

# Progress Report

Parliamentary Inquiry into Health Outcomes  
and Access to Health and Hospital Services in  
Rural, Regional and Remote New South  
Wales

as at 30 June 2024



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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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# Contents

<b>A message from the NSW Minister for Regional Health</b>	<b>2</b>	<b>Recommendation 17</b>	<b>41</b>
<b>Report snapshot</b>	<b>3</b>	<b>Recommendation 18</b>	<b>43</b>
<b>Delivery of recommendations</b>	<b>4</b>	<b>Recommendation 19</b>	<b>44</b>
<b>Status of the 44 recommendations</b>	<b>4</b>	<b>Recommendation 20</b>	<b>47</b>
<b>What does this mean for people living in regional, rural and remote NSW?</b>	<b>7</b>	<b>Recommendation 21</b>	<b>50</b>
<b>Introduction</b>	<b>8</b>	<b>Recommendation 22</b>	<b>52</b>
<b>Purpose of the report</b>	<b>8</b>	<b>Recommendation 23</b>	<b>54</b>
<b>Background</b>	<b>8</b>	<b>Recommendation 24</b>	<b>56</b>
<b>Timeline</b>	<b>9</b>	<b>Recommendation 25</b>	<b>58</b>
<b>Status of Recommendations</b>	<b>10</b>	<b>Recommendation 26</b>	<b>59</b>
<b>Recommendation 1</b>	<b>10</b>	<b>Recommendation 27</b>	<b>61</b>
<b>Recommendation 2</b>	<b>12</b>	<b>Recommendation 28</b>	<b>63</b>
<b>Recommendation 3</b>	<b>15</b>	<b>Recommendation 29</b>	<b>65</b>
<b>Recommendation 4</b>	<b>18</b>	<b>Recommendation 30</b>	<b>68</b>
<b>Recommendation 5</b>	<b>19</b>	<b>Recommendation 31</b>	<b>71</b>
<b>Recommendation 6</b>	<b>21</b>	<b>Recommendation 32</b>	<b>73</b>
<b>Recommendation 7</b>	<b>22</b>	<b>Recommendation 33</b>	<b>75</b>
<b>Recommendation 8</b>	<b>24</b>	<b>Recommendation 34</b>	<b>77</b>
<b>Recommendation 9</b>	<b>26</b>	<b>Recommendation 35</b>	<b>78</b>
<b>Recommendation 10</b>	<b>28</b>	<b>Recommendation 36</b>	<b>79</b>
<b>Recommendation 11</b>	<b>30</b>	<b>Recommendation 37</b>	<b>80</b>
<b>Recommendation 12</b>	<b>32</b>	<b>Recommendation 38</b>	<b>81</b>
<b>Recommendation 13</b>	<b>34</b>	<b>Recommendation 39</b>	<b>83</b>
<b>Recommendation 14</b>	<b>35</b>	<b>Recommendation 40</b>	<b>85</b>
<b>Recommendation 15</b>	<b>37</b>	<b>Recommendation 41</b>	<b>87</b>
<b>Recommendation 16</b>	<b>39</b>	<b>Recommendation 42</b>	<b>89</b>
		<b>Recommendation 43</b>	<b>92</b>
		<b>Recommendation 44</b>	<b>94</b>
		<b>Acronyms</b>	<b>95</b>



# A message from the NSW Minister for Regional Health

Our regional, rural and remote communities across NSW are wonderful places to live, study and work. I know from my travels across our state that every community is unique and welcoming with different strengths, challenges and opportunities.

It is our job to ensure everyone who lives in these towns can access the best health care as close to home as possible.

The *Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales* (the Rural Health Inquiry) highlighted the diverse challenges and strengths of our regional and rural communities and we are thankful for their courage and resilience in sharing their stories.

There is always more work to be done and these shared experiences have helped us begin to bring about real change.

I thank the former Legislative Council Portfolio Committee No. 2 – Health for their tireless work and the comprehensive report handed down in 2022. The Committee held 15 hearings and reviewed over 700 submissions from individuals, charities, associations and non-government organisations. Themes included policy reform, access to healthcare, better coordination of care, attraction and retention of staff, growing services in the regions, improving cultural awareness and improving community engagement.

This Progress Report showcases the work NSW Health has already achieved to address each of the recommendations. I am committed to ensuring we strengthen healthcare delivery by bringing together varied perspectives and expertise to address unique health challenges, improve care delivery, and foster innovative solutions tailored to local needs. These efforts would not be possible without our staff on the ground including our wonderful team of nurses, midwives, allied health clinicians, General Practitioners, specialists and non-clinical staff.

Improving access to health care requires a coordinated effort across state, Commonwealth and local governments, NSW Health, local communities, primary health networks and Aboriginal community controlled health organisations.

To ensure this work continues, all the recommendations and supporting actions are included in the *Regional Health Strategic Plan 2022-2032*. The Strategic Plan is a roadmap for NSW Health to continue to build our future regional workforce, innovate and foster new and sustainable ways of delivering care in our regional communities.

This Progress Report demonstrates what can be achieved when we work collaboratively towards a common goal – to improve, adapt and innovate for the health and wellbeing of our communities.

A handwritten signature in black ink that reads "Ryan Park". The signature is written in a cursive, slightly slanted style.

The Hon Ryan Park MP  
Minister for Health, Minister for Regional Health  
and Minister for the Illawarra and the South Coast



# Report snapshot

Every day across regional, rural and remote NSW we are improving the way we care for our communities. Turning challenges into opportunities and ideas into innovations is setting us on the path to a stronger, safer and more compassionate health system.

Delivering healthcare that responds to the diverse needs of our regional communities is complex, but through renewed focus and a common purpose built on collaboration and action, we are seeing results.

Since the *Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales* (Rural Health Inquiry) handed down its report in May 2022, there have been many notable achievements.

More than half of the Rural Health Inquiry's recommendations have been completed, more will be finalised by the end of this year, and the remainder are on track for completion over coming years with funding and policy commitments.

The stories of change from the frontline of our regional health system, and from the community, are clearly demonstrating improvements across a range of key priority areas.

Access to healthcare is being improved through the enhancement of initiatives such as the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) which supports regional people needing to travel for specialist treatment. People like Noeline Nicholls from Pilliga in remote NSW whose personal journey is shared to help others in her community access the care they need.

The Rural Health Inquiry highlighted the need to strengthen the regional health workforce. There have been programs introduced to attract, train and retain health workers – filling critical gaps and providing a much-needed boost to our regional communities.

Supporting models of care aimed at delivering the best possible outcomes for people living in regional, rural and remote NSW is a cornerstone of our response to the Rural Health Inquiry. There is no greater example of this than the re-establishment of maternity services at Glen Innes Hospital. Through a new collaborative model of midwifery care, women are offered continuity and personalised care from a known midwife, in partnership with a general practitioner obstetrician.

Through these examples, and many more, we are seeing real difference being made on the ground, as part of a shared journey of improvement.

Crucial to this progress is continued collaboration with our valued partners including the Australian Government, Primary Health Networks, local government, professional medical organisations, Aboriginal health services, charities and community groups.

There has been significant progress achieved over the past two years in implementing the recommendations of the Rural Health Inquiry and to deliver strategies and actions for the future provision of health services in regional, rural and remote NSW.

# Delivery of recommendations

The NSW Government is committed to implementing all 44 recommendations from the Rural Health Inquiry. In many cases the ongoing work and commitment to address issues raised in the Rural Health Inquiry goes beyond the original scope of the recommendations to ensure safe and high-quality health care services for all residents in NSW. We have identified where legislative changes and funding are needed to implement some of the recommendations.

NSW Health has been monitoring the progress of recommendations with regular engagement with branches, pillars, health organisations and LHDs on implementation. Quarterly reports are provided to the Ministry Executive, Health System Strategy Group and Regional Health Committee which consists of the Chief Executives of all the regional LHDs .

In April 2023, we commissioned an independent review to report on progress and developments of the implementation of recommendations to ensure we were on track. This independent review report was provided to Portfolio Committee No.2 in July 2023.

## Status of the 44 recommendations

NSW Health has completed 25 recommendations, with significant work underway to implement the remaining 19 recommendations. Many of the recommendations are on track for completion in 2024.

Those recommendations that will be completed after 2024 are making good progress and require a longer-term strategic roll out. NSW Health will continue to work on completing all 44 recommendations and build on the success of those already delivered.

The actions that have been implemented will regularly be reviewed for effectiveness and improvements. All recommendations have been included in the NSW Regional Health Strategic Plan 2022-2032 to monitor progress and achievements. The Regional Health Committee and the Regional Health Plan Steering Committee oversee the governance of the Plan.

### Status of the 44 recommendations

Rec #	Theme	Status
1	Review the current funding models	Completed
2	Isolated Patients Travel and Accommodation Assistance Scheme Review	Completed
3	Improving access to transport	Completed
4	Air transport funding review	Completed
5	Engage with charity groups to understand healthcare services	Completed
6	Report on progress against Inquiry	Completed
7	Engagement with Australian Government	Completed
8	Investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas	Completed
9	Single Employer Model	Completed
18	Employ a geriatric nurse in all peer group C hospitals and provide staff training in geriatric care	Completed
20	Review of nursing and midwifery workforce	Completed
21	Access private-public cancer services	Completed
24	Expand Far West NSW Palliative and End-of-Life Model of Care	Completed
25	Mental Health Inquiry	Completed
26	Midwifery continuity of care model throughout rural, regional and remote NSW (Maternity Blueprint)	Completed
27	LHDs review maternity services	Completed
32	Improve cultural safety of health services and facilities	Completed
36	Regional Health Minister	Completed
37	Evaluation of Rural Health Plan	Completed
38	New Rural Health Plan	Completed
39	Collaboration with Primary Health Networks	Completed
41	Independent office of the Health Administration Ombudsman	Completed
42	Local Health Advisory Committees	Completed
43	Develop place-based needs assessment	Completed
44	Health in All Policies	Completed

### 5 recommendations are on track to be completed by the end of 2024

Rec #	Theme	On track for completion by
13	State-wide system of GP/VMO accreditation independent of the LHDs	December 2024
15	Review trainee doctors' employment arrangements and remuneration structure	December 2024
19	Nurses and midwives' remuneration; engage with the EDs to develop plans to address security issues; and professional development opportunities	December 2024
23	Plan palliative care access and services for people in regional NSW and establish an agreed, uniform state-wide platform for the collection of palliative care data	December 2024
40	Review of workplace culture and complaints management	December 2024

### 14 recommendations are on track for completion after 2024

Rec #	Theme	On track for completion by
10	Collaborative Care/RACCHO pilot	2026
11	10-year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy	Dependent on Australian Government agreement and timeframes
12	Review working conditions, contracts and incentives of GPs working as VMOs	2025
14	Increase rural GP and specialist positions	2027
16	Expedite the review of nursing and midwifery workforce	2027
17	To widely implement the Nurse Practitioner model of care in rural, regional and remote NSW	Dependent on Australian Government timeframes
22	Partner to improve communication between service providers, including the use of shared medical record systems	2028
28	NSW Health and NSW Ambulance and unions review the use of ambulance vehicles for patient transfers	2025
29	NSW Health in conjunction with NSW Ambulance identify paramedic needs of communities	2025
30	Continuity of quality care with the aim of a regular on-site doctor and improve virtual care access and training	2025/26
31	Acknowledge the cultural barriers telehealth poses for First Nations communities	2025/26
33	Building the Indigenous workforce including increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers.	2025
34	Formalise partnerships with ACCHOs	2025
35	Require an Aboriginal community representative on each LHD board	2025

## What does this mean for people living in regional, rural and remote NSW?

The 44 recommendations in the Rural Health Inquiry have helped to identify areas to improve access to healthcare and health outcomes for people living in regional, rural and remote NSW. By implementing the recommendations and ensuring continuous improvements are made long after the recommendations have been met, we are future-proofing healthcare for regional, rural and remote NSW.

The themes of the recommendations include the need for more clinical health staff (including rural generalists, nurse practitioners and midwives), integrated health facilities and models of care, a more strategic approach to planning for regional healthcare and better coordination of care. Addressing these means that communities can expect timely and high quality care as close to home as possible.

Throughout the report there are case studies of staff, patients, carers and community members that are benefiting from the recent changes made because of the Rural Health Inquiry recommendations. These stories highlight the positive changes that our communities can expect for their own care experiences and the care experiences of their loved ones.

# Introduction

## Purpose of the report

This report provides detail on the implementation of 44 recommendations of the *Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales* (Rural Health Inquiry), including completed actions and those that are in progress. Many of the actions and improvements delivered are long-term and now embedded in business as usual to ensure sustainability.

The report also shares stories directly relating to inquiry recommendations – from the perspective of patients, staff, and the community. NSW Health acknowledges the importance of the Rural Health Inquiry and is committed to regularly sharing the progress being made to deliver on the 44 recommendations.

Quarterly monitoring and reporting on the recommendations have been undertaken since the NSW Government response to the Inquiry Report was tabled on 5 May 2022. This has ensured the NSW Health Executive has been regularly briefed on achievements, status, risk, issues and proposed mitigation strategies.

This report will also be provided to the *Legislative Assembly Select Committee on Remote, Rural and Regional Health* and published. Input has been provided by branches and divisions across NSW Ministry of Health, NSW Health Pillars and agencies and LHDs (LHDs) who are leading on the recommendations.

## Background

### **The Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales.**

On 16 September 2020, an Upper House inquiry was established to inquire into the health outcomes and access to health and hospital services in rural, regional, and remote New South Wales.

The Inquiry examined health outcomes, patient experience, wait-times and the care provided to patients living in regional, rural, and remote NSW, and how these measures compare to the services provided to patients in metropolitan LHDs. The Inquiry also set out to examine service availability, barriers to access and the quality of available services.

The Inquiry ran for 21 months, included 15 hearings across Sydney and regional NSW, 220 individual witnesses and received more than 700 submissions.

In May 2022, the Legislative Council Portfolio Committee No.2 - Health released its final report (no. 57) which contained 22 findings and made 44 recommendations to address the challenges facing the provision of health services in rural, regional, and remote areas.

The findings included, but were not limited to:

- Shortages in the health workforce causing staff fatigue and pressure
- Shared responsibility between the Australian Government and the NSW Government leading to gaps in service delivery
- Concerns with activity-based funding
- Cancer patients facing out of pocket costs
- Sub-optimal access to specialist care and maternity, palliative and ambulance services



- Concerns with the use of virtual care
- Issues with patients navigating the health system
- A lack of genuine consultation between LHDs and the community
- Reluctance by some Aboriginal people to seek medical assistance
- A lack of transparency and accountability of NSW Health in terms of the governance of health
- Issues with workplace culture
- Challenges with transport and travel to access appropriate healthcare.

The NSW Government provided its **Response to the Rural Health Inquiry** on 1 September 2022, highlighting the important work of the Inquiry and recognising its findings. The NSW Government has committed to implement all 44 recommendations.

The Inquiry has provided NSW Health with an important opportunity to identify and address the issues faced by people who access healthcare in regional, rural, and remote areas of NSW. This work builds on our commitment to ensuring all those in NSW have access to safe, equitable, timely and quality healthcare.

### Independent review of progress against the Rural Health Inquiry

In April 2023, the Regional Health Division of NSW Health commissioned an independent review to report on progress and developments of the implementation of actions committed to in the NSW Government response.

This independent review report was delivered in August 2023 and was provided to Portfolio Committee No.2 in July 2023. The Independent Review was a point-in-time review of progress towards the recommendations for NSW Health to prioritise effort and understand barriers to implementation.

## Timeline



# Status of Recommendations

## Recommendation 1

### Status: Completed

That NSW Health review the current funding models for all rural and regional LHDs in order to identify any service delivery gaps and provide any recommendations for funding increases.

### At a glance

- NSW Health conducted a review of the NSW Small Hospitals Funding Model.
- The National Health Reform Agreement (NHRA) Mid-Term Review was completed, and negotiations are underway for the 2025-30 NHRA.
- **The Special Commission of Inquiry into Healthcare Funding in NSW** is underway.
- NSW Health continues to review funding for regional LHDs annually through the purchasing and service agreement progress.

### What we've done

#### Review of the NSW Small Hospitals Funding Model

In early 2024, NSW Health conducted a review of the NSW Small Hospitals Funding Model to assess areas for improvement to ensure regional LHDs (LHD) with small hospitals can continue to provide high quality, sustainable health services.

The review was done in consultation with the seven regional LHDs that have small hospitals and was guided by a Steering Committee with representatives from regional LHDs and the Ministry of Health.

The review made 9 recommendations for action. Recommendations centre on adjusting the current funding model to ensure funding is more closely aligned with costs of delivering care in rural and remote areas and responsive to changes in the economy. The review also recommended a longer-term working group is established to explore options for the creation of a future funding model for small hospitals in NSW that ensures small hospitals can provide sustainable, integrated care that best serves the needs of rural, regional and remote communities.

#### National Health Reform Agreement (NHRA) Mid-Term Review

NSW block funds health facilities in NSW through the NSW Small Hospitals Funding Model, which broadly aligns with block funding provided by the Australian Government.

The NHRA Mid-Term Review published in October 2023 identified 45 recommendations including that *“Block funding arrangements should be retained as a feature of a future Nation Health Reform Agreement, recognising that certain services and functions, particularly in rural and remote areas, are more appropriately funded in this way”* (Rec 25 of the NHRA Mid-Term Review)<sup>1</sup>. NSW Health made a submission to inform the mid-term review. The 45 recommendations will inform the negotiations for the NHRA 2025-2030 which are currently underway.

### **Special Commission of Inquiry into Healthcare Funding in NSW**

In August 2023, the NSW Government announced a Special Commission of Inquiry to conduct a review of healthcare funding in NSW. The Inquiry will report on the funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future.

Hearings commenced in late 2023 and continue throughout 2024 with many of the regional LHDs and health care partners invited to give evidence. The Commissioner is expected to hand down the findings by March 2025.

### **Ongoing review of funding for regional LHDs**

NSW Health will continue to review funding for regional LHDs on an annual basis, to determine whether hospitals should receive funding through the Activity Based Funding model or be block funded through the NSW Small Hospital Funding Model. Annual review of LHD funding also considers service gaps and whether LHDs require additional one-off funding for certain services or to account for cost disparities.

## **Looking forward**

The Ministry of Health will seek to implement all recommendations from the Small Hospitals Funding Review over the coming months to ensure small hospitals are funded and supported to deliver high quality care in rural and remote NSW.

It is anticipated the NHRA negotiations will be completed by the end of 2024.

The Special Commission of Inquiry into Healthcare Funding in NSW is due to report in March 2025. NSW Health will carefully consider any recommendations from the inquiry to improve funding of health services in regional areas.

<sup>1</sup> NHRA Mid Term Review – October 2023  
[NHRA Mid-term Review Final Report \(health.gov.au\)](https://www.health.gov.au/nhra-mid-term-review-final-report)

## Recommendation 2

### Status: Completed

That the NSW Government review the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) as a matter of priority, with a view to:

- increasing the current reimbursement rates for accommodation and per kilometre travel
- expanding the eligibility criteria, with consideration given to people participating in medical trials, those that hold private health insurance and those that are referred to treatment centres that are not geographically closest to them due to the urgency of the treatment required
- streamlining the application process to make it easier for patients to access the scheme
- undertaking on an ongoing basis a public awareness program of the scheme across the state in communities and among health professionals who can then inform patients.

### At a glance

- NSW Health reviewed the IPTAAS subsidies and increased these for travel and accommodation in 2022.
- More services were added as eligible services under the scheme including high risk foot services, more highly specialised allied health services, some specialised and publicly funded dental services and non-commercial clinical trials in 2022. Voluntary assisted dying (VAD) services were added in 2023.
- A review of the forms was conducted in 2023, and changes were made based on consumer feedback.
- An IPTAAS Client survey and an IPTAAS Awareness survey were conducted in July 2023.
- Promotion and awareness raising campaigns in 2022 and 2023 resulted in increased applications, enquiries and website hits.
- A monitoring and evaluation framework was developed and implemented in 2023.

### What we've done

In 2022, NSW Health immediately increased the financial subsidies for travel and accommodation following this recommendation from the Rural Health Inquiry. This saw the average patient return increase from \$319 to \$467 in financial year 2022-2023.

NSW Health has also increased and expanded on the eligibility criteria, including more services under the scheme. Additional services include high risk foot services, more highly specialised allied health services, some specialised and publicly funded dental services, non-commercial clinical trials and voluntary assisted dying (VAD services).

To ensure those benefiting from the scheme, and other key stakeholders are given a voice in the management of IPTAAS, a stakeholder consultative forum was established in 2023. This forum identifies concerns, barriers, risks, and issues with IPTAAS and key insights from the people and stakeholder organisations who use IPTAAS, with ongoing quarterly meetings to ensure continued consumer and stakeholder input.

The average IPTAAS subsidy increased from

**\$319-\$467**

following the enhancements to IPTAAS in August 2022.

Based on feedback from this forum, and other insights, several changes have been made to help streamline the application process and make it easier for patients to access the scheme. This includes changes to the form design to improve readability and the creation of patient fact sheets.

NSW Health also conducted two surveys in July 2023. The IPTAAS Client survey was completed by 4,858 people who had used IPTAAS since the new increases were made in August 2022. The IPTAAS Awareness Survey sampled 530 people from regional, rural and remote areas within NSW to establish a baseline of community awareness and understanding about the scheme.

A Monitoring and Evaluation Framework was developed in December 2022 to assess how effectively IPTAAS is meeting the aim of improving access to specialised healthcare for people living in regional, rural and remote NSW. A Monitoring and Evaluation Baseline Report was finalised in early 2024, with a midterm report due in 2025 and the final report to be published in 2026. This baseline report provides a starting point to assess how the scheme is tracking against the monitoring and evaluation framework. Data is reported against 2022-23 financial year with some comparison data from 2021-22.

To continue increasing awareness and uptake of IPTAAS two public awareness campaigns (24 October – 9 December 2022 and 1 June – 14 July 2023) have been undertaken and have been successful in increasing IPTAAS patients, applications, and call volume. The first campaign contributed to a 9% increase in applications, and the second contributed to a 36.1% increase in applications. New patients also increased by 1.8% and 37.3% respectively. The baseline for both campaigns was September 2022.

## Looking Forward

NSW Health is committed to making continuous improvements to IPTAAS, including regularly reviewing the IPTAAS policy and Assessment Guidelines to ensure it is benefiting regional, rural, and remote patients in an equitable way.

We are building on the initial work to simplify the application process by removing the requirement for a referrer signature on the form (Part C), introducing a new authentication platform for online users and redeveloping the online portal.

Further communication and promotional activities, including awareness campaigns are in development with particular focus on increasing awareness and uptake of IPTAAS by Aboriginal people, communities, and organisations, those who are culturally and linguistically diverse (CALD) and General Practitioners.

NSW Health is committed to increasing the amount of Aboriginal people who access IPTAAS and will pilot the provision of IPTAAS funds directly to Aboriginal Community Controlled Health Organisations.

## Story of Change: Isolated Patients Travel and Accommodation Assistance Scheme – Noeline’s Journey

“If it wasn’t for IPTAAS, I wouldn’t be here.”

As far as Noeline Nicholls is concerned, it’s as simple as that - without the financial assistance she received through IPTAAS she would not have sought specialist medical treatment.

“Where we live, we travel to get food, petrol and medical. If I didn’t have IPTAAS, I wouldn’t have been able to do all the medical things I needed to do,” said Noeline.

Noeline lives at Pilliga in remote NSW - a three-hour drive from Tamworth. She regularly visits Aboriginal Health Worker Jacob Shanley at Tamworth Hospital’s Healthy Deadly Foot Clinic to receive essential medical care.

IPTAAS provides financial assistance towards travel and accommodation costs when patients need to travel distances over 100km, or more than 200km weekly, for specialised health treatment that is not available locally.

Jacob and his colleagues regularly help patients access IPTAAS to ensure they receive essential care at the Healthy Deadly Foot Clinic.

“One of the biggest barriers we find with people is transport and money. A lot of people are coming to



IPTAAS Client Noeline Nicholls with Aboriginal Health Worker Jacob Shanley

see us from as far away as Pilliga, Moree and Wee Waa, up to three hours away. Our high-risk foot clinic is the closest service,” said Jacob.

Jacob encourages Aboriginal patients to use IPTAAS financial assistance to attend medical appointments. “There is a lot of pride, especially in our community, about not wanting to take handouts, but if it is going to be the difference between getting to an appointment or not, I say fill out the form and get to your appointment.”

Learn more about Noeline’s IPTAAS journey and other client stories at the IPTAAS website.



## Recommendation 3

### Status: Completed

That NSW Health, the rural and regional LHDs and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas.

### At a glance

- Transport for NSW's 16 Cities Program has been implemented and more than 3,500 additional weekly routes have gone live, an increase of more than 36% to the existing bus networks within the 16 cities.
- Review of NSW Health's Transport for Health Policy is underway in collaboration with Transport for NSW, NSW Ambulance, HealthShare, Ministry of Health and LHDs.
- The NGO Grants Program for community transport grants continues.
- HealthShare NSW is planning expansion of the Patient Transport Service into more regional locations.
- Most regional LHDs partner with private transport providers and non-government organisations to ensure that patient needs are met, and to reduce the use of patient transport vehicles.

### What we've done

#### Community Transport Grants

NSW Health works collaboratively with LHDs and Transport for NSW to administer and monitor the governance and performance management for the NGO Grants Program for community transport grants. This involves providing ongoing grant funding to community transport providers to support people to attend medical appointments in rural, regional and remote areas. Annual governance meetings for 2023 were completed, with the next meetings scheduled for November 2024.

An assessment of NGO performance was also completed in financial year 2023-2024.

#### Patient Transport Service (PTS)

NSW Health is making improvements to current Patient Transport Service and has identified areas for new initiatives at a district level as part of the ongoing strengthening of the rural and regional health system.

The NSW Patient Transport Service (PTS), managed by HealthShare NSW, receives booking requests for non-emergency patient transport and employs business rules to engage other health agencies as needed, including NSW Ambulance. HealthShare NSW provide non-emergency patient transport services in greater metropolitan Sydney, Hunter New England, Central Coast and Illawarra Shoalhaven LHDs.

The Health Patient Transport Reservations Model was recently trialled in Hunter New England LHD. The reservations model is seeing significant improvements in transport timeliness and has improved patient flow and access.

HealthShare NSW is working on an expansion of PTS into more regional LHDs. A high-level transition approach has been developed to outline how the transition to PTS could be implemented.

HealthShare NSW has reviewed PTS and LHD-led transport through consulting with the Regional Health Committee on a statewide centralised service. The first quarterly PTS Strategic Engagement Meeting commenced in February 2024. PTS continues to collaborate with regional LHDs that have expressed an interest in implementing the service.



# 3,500

additional bus routes  
have gone **live in 16  
cities** (36% increase)

While PTS continues to position itself to operationalise expansion into regional areas, implementation is reliant on LHD engagement and support.

The NSW Patient Transport Service regularly reviews demand and capacity to ensure appropriate resourcing and coverage. It does not support 24/7 services for non-emergency patient transport as it is not reflective of the current demand profile. These 24/7 services are not often associated with positive patient experience and there are risks associated with night driving, particularly in regional areas.

### Transport for Health policy

NSW Health is conducting a review of the Transport for Health policy to identify strategies that will help people select transport options that best suit local needs and resources. The review will take a statewide approach, but place an emphasis on rural, regional, and remote communities.

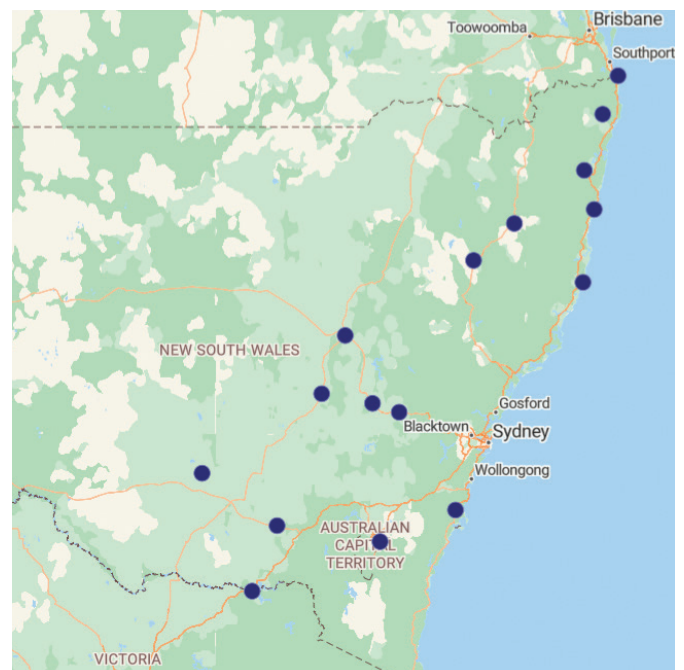
This project will review the current state of non-emergency patient transport in NSW, including capturing what is working well and identifying any gaps or areas requiring further work. It will also involve the development of a desired future state in collaboration with key stakeholders and make practical and informed recommendations for moving towards this future state.

It is envisaged this work will lead to a refreshed approach to transport for health that provides a one-system approach and improves access to care for all NSW residents, particularly those in regional communities.

LHD initiatives will be identified through this review and shared as exemplars in the final report to be completed by the end of 2024.

### Transport for NSW 16 Cities Regional Service Improvement Program

Transport for NSW has completed the 16 Regional Cities Services Improvement Program as part of the commitment to improving bus services throughout regional NSW. The 16 cities that received the upgrades were Albury, Armidale, Bathurst, Coffs Harbour, Dubbo, Grafton, Greater Nowra, Griffith, Lismore, Orange, Parkes, Port Macquarie, Queanbeyan, Tamworth, Tweed Heads and Wagga Wagga.



The program delivered bus service improvements in 16 regional cities, designed to:

- better meet customer travel needs
- ensure equitable access to public transport
- provide integrated, multi-modal end-to-end journeys
- improve services
- enhance cross border journeys.

Over 3,500 additional weekly routes have gone live across the 16 cities, an increase of more than 36% to the existing bus networks within the 16 cities.

For further detail about the enhancements to each of the 16 cities, please refer to **16 Regional Cities Services Improvement Program | Transport for NSW**.

### Partnerships with private providers

LHDs, such as Murrumbidgee, Far West and Southern NSW, partner with private transport providers and non-government organisations to ensure that patient needs are met, and to reduce the use of patient transport vehicles and district-funded taxi vouchers.

Southern NSW LHD, Mid North Coast LHD, Northern NSW LHD, and Murrumbidgee LHD have leveraged a variety of service providers from the private market, to assist in demand management.

### Looking forward

NSW Health are finalising the Transport for Health policy review in consultation with key stakeholders across Transport for NSW, HealthShare NSW, Health and Social Policy Branch and NSW Ambulance.



Bus stop plinth

## Recommendation 4

### Status: Completed

That NSW Health review the funding available for air transport.

#### At a glance:

- The review of Air Transport funding is completed which was done in collaboration with NSW Ambulance, HealthShare, LHDs, and Ministry of Health branches to ensure a sustainable funding approach for the future.
- New funding has been provided to the Little Wings charity to fly sick children to medical appointments.
- Funding continues to be provided to the Royal Flying Doctor Service for flying clinicians to deliver clinics in rural and remote, for fixed wing transfers, oral health and drug and alcohol services.

#### What we've done

NSW Health has undertaken a review of funding for Air Transport. The purpose of the review was to:

- Determine the funding provided by NSW Health for air transport across various services and programs
- Assess if there is unmet demand for these services and programs, including through an assessment of utilisation of fixed wing services
- Undertake a value for money assessment of these services and programs that uses an analysis of inputs, activities, outputs (and where data is available, outcomes)
- Develop a forward plan to improve how those services and programs could be better structured to enhance their effectiveness and financial sustainability, giving consideration to alternative mixes of service delivery, economies of scale and innovation to derive value for money and high quality patient outcomes.

The scope of the review included air transport for patients including non-emergency fixed wing services,

IPTAAS and interstate transfers as well as air transport for healthcare workers.

A Steering Committee and a Working Group were established in February 2024 for the Air Transport Funding Review. Stakeholder consultations have been conducted across the Ministry of Health, HealthShare NSW Ambulance, NSW Health Pathology and with several regional LHDs (WNSWLHD, FWLHD, MLHD and HNELHD) to understand how air transport is used in NSW Health and how service delivery could be improved.

Financial and performance data has been collated to inform the performance analysis of services and programs across NSW Health.

A final report has been endorsed by the Steering Committee. The report describes the current state and funding of air transport programs, recommended future principles for air transport, future operating model options, whole of Health and agency specific recommendations.

#### Looking forward

Air transport is critical in enabling access to specialist care for Regional NSW and reducing the tyranny of distance. Air transport should support equity of access to care.

Air transport programs cater for a range of patient acuities. The clinical requirements of the patient should guide the air transport modality used, and there should be consistency across NSW Health in how patients are classified.

Air transport, due to its inherent nature, is generally best planned at a statewide level. Due to historical arrangements and the overlap with primary care services, service planning should also include the Australian Government.

## Recommendation 5

### Status: Completed

That NSW Health and the rural and regional LHDs actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that where possible and appropriate, service gaps are filled by government.

### At a glance

- NSW Health conducted a review of the role of charities and community groups in supporting health in 3 regions in NSW.
- A **position paper** was published in June 2024, outlining the findings and recommendations of this work.
- All regional LHDs have been encouraged to undertake reviews to map local charities and community groups.

### What we've done

NSW Health engaged with a cross-section of charities, local community groups, primary health organisations, local councils and NSW Health staff to better understand their contribution to healthy communities and to explore opportunities for improved collaboration. This process also included a review of national and international literature about partnering approaches between health entities and charities and local community groups.

The position paper, **Understanding the charity and local community sector in regional NSW**, shares key findings and opportunities for enhanced collaboration between charities and local community groups and NSW Health.

NSW Health engaged in research and consultation to build an understanding of the charities and local community groups in regional NSW and their approaches to collaboration. Consultation occurred over 12 months and the findings were validated through a review of state, national and international literature and case studies.

NSW Health is conducting comprehensive resource mapping with local community groups and charities to understand their capability and capacity to provide locally relevant services and resources. This includes services provided within the public and private health system, as well as Australian Government funded initiatives and agencies.

### Looking forward

The position paper and findings have been shared and the Ministry of Health will continue to work with regional LHDs to improve local oversight and integration with charities and community groups.



NSW Health developed the position paper, **Understanding the charity and local community sector in regional NSW**



## Story of Change: Understanding the charity sector in NSW Health

Charities and local community groups have contributed to the health and wellbeing of regional NSW for generations. Their partnerships with government, at all levels, and other organisations helps them to better respond to the needs of their communities. The strength of these partnerships is vital to ensure the ultimate goal of a healthy community is achieved.

NSW Health encourages improved cohesion of the health and charity sector, facilitated through local partnerships and collaboration, to better understand and respond to the local needs of regional communities.

Over 12 months, NSW Health engaged in research and consultation to build an understanding of the charities and local community groups in regional NSW and their approaches to collaboration.



Rotary Lodge Chairman Phil Hafey during a consultation session with Lynn Lelean and Charlotte Westbrook from the Regional Health Division

The findings of this research, validated through a review of state, national and international literature, case studies and broader stakeholder consultation, are detailed in the position paper [Understanding the charity and local community sector in regional NSW](#).



## Recommendation 6

### Status: Completed

That on the two-year anniversary of the tabling of this report, Portfolio Committee No. 2 – Health undertake an inquiry and report on the progress and developments that have been made to address the matters raised by this inquiry

### At a glance

- A Legislative Assembly Select Committee on Remote, Rural and Regional Health has been established to inquire into and report on the implementation of the recommendations from the Rural Health Inquiry. Two inquiries have been held to date.
- NSW Health has been monitoring and reporting on progress of the implementation of the recommendations since 2022.
- An Independent Review was commissioned in 2023 to provide a status report and identify risks to implementation.
- This Progress Report provides the current status of the implementation of the recommendations.

### What we've done

NSW Health commissioned an Independent Review of the progress of implementing the Rural Health Inquiry recommendations in 2023. This review provided a point in time review of the progress and developments of NSW Health's implementation of the actions that were committed to in the NSW Government response to the Rural Health Inquiry.

Following engagement with branches, pillars and agencies, the independent review report was provided to NSW Health in July 2023. The review highlighted areas for NSW Health to focus on before the two-year anniversary of the tabling of the Portfolio Committee No. 2 – Health report. The report was also provided to the Select Committee on Remote, Rural and Regional Health in August 2023.

This Progress Report provides a status update on the implementation of all recommendations as at 30 June 2024.

NSW Health has provided submissions to the two inquiries of the Legislative Assembly Select Committee on Remote, Rural and Regional Health. This committee was established to inquire into and report on health outcomes and access to health and hospital services in rural, regional and remote New South Wales, specifically the implementation of the recommendations made by the Legislative Council Portfolio Committee No.2 Report. Staff from NSW Health has also participated in the hearings of the Select Committee and supported visits by the Select Committee to regional, rural and remote locations.

### Looking forward

NSW Health will continue to support and participate in the Select Committee's inquiry into the implementation of the recommendations made by the Legislative Council Portfolio Committee No.2 report.

NSW Health is committed to ongoing monitoring, reporting and evaluation of the recommendations through:

- Annual public reporting until all recommendations are completed
- Reporting and evaluation of the Regional Health Strategic Plan 2022-2032 which includes all the recommendations from the Inquiry and will demonstrate the sustainability and ongoing actions to implement the recommendations.
- Reporting through the Regional Health Committee and discussions with other governance groups such as the Regional Health Ministerial Advisory Panel.

## Recommendation 7

### Status: Completed

That the NSW Government urgently engage with the Australian Government at a ministerial level to:

- establish clear governance arrangements and a strategic plan to deliver on the health reforms recommended in this report to improve doctor workforce issues
- progress those initiatives that both levels of government have identified as meritorious, but where progress has been slow or non-existent.

### At a glance

- The Bilateral Regional Health Forum (the Forum) between NSW Health and the Australian Government has reconvened. They have met twice since 2022 – at Tamworth NSW on 9 December 2022 and virtually on 3 October 2023.
- NSW Health Secretary, Susan Pearce AM, chairs the Health Workforce Taskforce which provides advice and recommendations to the Health Ministers' Meeting on priority workforce matters.
- NSW Health collaborates with the Australian Government to deliver the Rural Generalist Single Employment Pathway (RGSEP) across regional NSW.
- NSW Health is participating in the Strengthening Medicare Taskforce to provide recommendations on the highest priority improvements to primary care.
- NSW Health meets regularly with the Australian Government Office of the Rural Health Commissioner to progress system-wide improvements in health outcomes for regional, rural and remote communities of NSW.

### What we've done

The Bilateral Regional Health Forum recommenced in December 2022 and is jointly chaired by The Hon. Ryan Park MP, NSW Minister for Health and Minister for Regional Health and The Hon. Emma McBride, Commonwealth Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister for Rural and Regional Health.

The Forum has met twice since recommencing – at Tamworth NSW on 9 December 2022 and virtually on 3 October 2023. Joint interests in rural and regional primary care, mental health and suicide prevention and aged care in NSW were discussed.

The Forum aims to establish common interests between the Australian Government and NSW Government to improve health outcomes and access to health services in regional, rural, and remote NSW. The Forum monitors progress on Australian Government and NSW Government commitments and discusses ways to address priority issues in regional, rural, and remote health.

These include:

- health workforce, education, and training
- access to primary care, aged care, Aboriginal and mental health services
- health service delivery and opportunities to address service provision
- the effectiveness of key regional health care initiatives
- The alignment of state and commonwealth structures, programs, and initiatives.

The Forum has discussed several joint issues and have progressed actions in key areas, including:

### **Multipurpose Services**

The Australian Government Department of Health and Aged Care and NSW Health have commenced joint planning sessions to better understand the future demand and priorities for new and existing MPS sites and support a collaborative approach for rural and remote locations.

### **Single Employer Model**

The Australian Government is supporting 3 trials of the Single Employer Model in NSW, with up to 80 Rural Generalist Single Employer Pathway training posts over the four-year trial. 21 trainees commenced this pathway in 2024.

### **Collaborative Care**

There is joint support and commitment for the expansion of the Collaborative Care program, based on the outcomes of the scalability assessment and program evaluation underway.

## **Looking forward**

The Bilateral Regional Health Forum will continue to meet as needed to discuss joint issues and how the NSW Government and the Australian Government can work together to address those issues.

## Recommendation 8

### Status: Completed

That the NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector’s critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales.

### At a glance

- NSW Health is implementing the Rural Generalist Single Employer Pathway across all regional LHDs to support the growth of the primary health sector.
- The scalability assessment of Collaborative Care has been completed to inform the expansion of this program across 5 more sites. Collaborative Care is an approach to support communities to develop solutions to local primary care challenges.
- The NSW Primary Health Network-NSW Health Statewide Committee supports primary care reform in NSW and this is underpinned by the **Joint Statement**.
- LHDs have supported their Primary Health Networks to develop regional place-based needs assessments.

- Leveraging the Health Ministers’ Meeting to highlight the impact of interface issues in regional NSW.
- Leveraging the recommendations of the Mid Term review of the NHRA as part of the negotiations for the next Addendum of the NHRA due to commence in July 2025.
- Collaborating with stakeholders to address the social determinants of health. Stakeholders include Primary Health Networks and other healthcare providers such as the Royal Australian College of General Practitioners, NSW Health Child Wellbeing Units and Domestic Family Violence Crisis Response to develop a suite of violence, abuse and neglect health pathways.

### What we’ve done

All jurisdictions have committed to working together to improve the interface between primary and acute care services under the *National Health Reform Agreement* (NHRA). It also required extensive collaboration with other government agencies, communities, local councils, community support organisations, non-government organisations, cross border agencies and other health care providers to address the social determinants of health.

Several mechanisms have been established to ensure that continuous improvement and alignment occurs as best practice emerges. These include:



Joint Statement Shared Commitments

The NSW PHN-NSW Health Statewide Committee supports primary care reform in NSW with a key focus on regional and rural health, which is underpinned by the Joint Statement. To achieve this, the Committee:

- collaborates at the system level to support work at the regional level
- identifies opportunities for, and monitors the progress and impact of reforms
- identifies key and emerging issues and opportunities relevant to primary care in NSW and provides advice about how to respond
- addresses shared challenges and system-based solutions to support integrated, patient centred healthcare
- encourages consistency and continuity in vision and policy, resourcing and funding.

## Looking forward

NSW Health is working with the Australian Government to address thin markets of primary care in regional, rural and remote NSW.

## Recommendation 9

### Status: Completed

That NSW Health work with the Australian Government and the Primary Health Networks to expedite the implementation of a single employer model for GP trainees across rural, regional, and remote New South Wales.

### At a glance

- The NSW Rural Generalist Single Employer Pathway (RGSEP) has been established, building on the successful pilot in Murrumbidgee, with the first cohort of 21 trainees commencing in 2024.
- Recruitment is underway for the second cohort of trainees to commence in early 2025.

### What we've done

In January 2024, the Single Employer Model began its expansion to 3 trial sites across regional, rural and remote NSW. As of March 2024, 21 GP Registrars commenced the RGSEP. There are 80 positions available each year for the next 4 years.

Following the Bilateral Regional Health Forum in December 2022 (see Recommendation 7), NSW Health and the Australian Government published a joint communique committing to expediting the implementation of the single employer model for General Practitioner trainees. The NSW Health proposal was approved by the Australian Government to expand the single employer model to 3 trial sites (80 training positions per year) throughout rural, regional, and remote NSW.

A Memorandum of Understanding between the Department of Health and Aged Care and NSW Health for the RGSEP trial was developed, and the Australian Government granted an exemption under Section 19(2) of the *Health Insurance Act 1973* to 69 GP Practices for the 2024 clinical year. This exemption allowed NSW Health employed GP Registrars to work in private GP practices.

A GP Practice Agreement has been signed between individual GP practices participating in the RGSEP program and LHDs to support placement of GP Registrars in these locations as employees of the state.

NSW Health worked with the LHDs to recruit 21 GP Registrars to participate in the RGSEP program in the first year of the four-year trial.

Ongoing consultation with key stakeholders will continue to be a priority of the project team to ensure the RGSEP program provides a robust workforce solution for rural, regional, and remote communities.

### Looking forward

NSW Health will continue ongoing funding of administrative support roles for districts to manage the additional workload associated with the RGSEP program, as well as ongoing funding of roles to support the project implementation across the trial sites. Work will continue over the next four years of the trial.

NSW Health will develop an evaluation framework to assess the success of the model locally. The NSW evaluation will complement the national evaluation being led by the Australian Government.



**21 trainees** commenced the NSW Rural Generalist Single Employer Pathway in 2024. **80 positions** are available over the next 4 years



## Story of Change: Rural generalism – a rewarding career choice

The next generation of dedicated rural generalist doctors who will work, live, and train in regional NSW, have begun work under the state's new Rural Generalist Single Employer Pathway.

The innovative program is helping to increase the number of rural generalists across NSW, growing the GP workforce while at the same time improving access to specialist medical practitioners for regional, rural, and remote communities.

Dr Tess Plattfuss calls Deniliquin home and is pleased to be part of the growing number of doctors choosing to 'go rural.'

"It's really important especially in rural towns to have rural generalists around who can be that all-encompassing doctor looking after patients and families through every stage of their lives.

"I feel like it's the most rewarding kind of doctor you can be. You can become as specialised in certain areas as you want," Tess said.



Rural Generalist trainee Dr Tess Plattfuss at Deniliquin

When she completes the program Tess will be a Rural Generalist GP Obstetrician who will be able to work in both the GP and hospital settings. She said the security of working for NSW Health and the entitlements that brings, such as study leave, annual leave, and parental leave, was a deciding factor for her involvement with the program.

## Recommendation 10

### Status: In progress

That the NSW Government work with the Australian Government to establish a Rural Area Community Controlled Health Organisation (RACCHO) pilot, with a view to evaluating and refining it for rollout in all areas of New South Wales where existing rural health services do not meet community needs.

### At a glance

- A scalability Assessment of the Collaborative Care Program has been conducted.
- Groundwork has been laid to expand the Collaborative Care Program to an extra 5 sites across regional NSW.
- Eight Urgent Care Services have been established in regional NSW including 5 General Practice led services at Long Jetty, Wagga Wagga, Dapto, Armidale and Orange; and 1 geriatric outreach model at Tweed Region; 1 virtual care service at Mid North Coast LHD and 1 statewide service called virtualKIDS.
- Work is underway to establish more Urgent Care Services in regional areas by September 2024 at Hunter New England Local Health District, Goulburn and a Wagga Wagga networked service.

### What we've done

The NSW Health commitment on this recommendation was to “develop and trial models that support communities where existing rural health services do not meet community needs.” RACCHO was one model proposed by the National Rural Health Alliance. The Collaborative Care program and Urgent Care Services were also identified as models to address this recommendation.

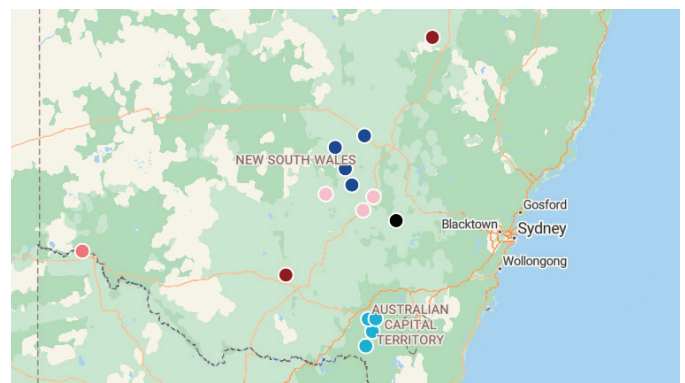
The Bilateral Regional Health Forum met in December 2022 and October 2023 and discussed workforce innovation models of which Collaborative Care and Urgent Care Services were discussed.

### Collaborative Care

Collaborative Care is a community centred, place-based approach to mapping and planning solutions to address healthcare challenges in regional communities. It involves partnering with key stakeholders in a community to understand health needs and identify fit-for-purpose solutions. The program was previously implemented by the Rural Doctors Network in five regional locations.

The Ministry of Health commissioned the Sax Institute to conduct a scalability assessment of the program which was completed in December 2023. The scalability assessment outlined key enablers for the success of the Collaborative Care model and made recommendations about the role NSW Health can play in enabling this model moving forward.

NSW Health is working with the Rural Doctors Network on a partnership to implement the program in five new sites. Initial engagements have commenced in Leeton and Wee Waa and three additional sites have been identified.



#### Site Group

● 4Ts ● Canola Fields ● Lachlan Valley ● New Site ● Snowy Valley ● Wentworth Shire

**5** Collaborative Care model to be piloted in 5 additional sites alongside the RDN

**8** 8 Urgent Care Services are available in regional NSW

## Looking forward

NSW Health is currently expanding the Collaborative Care approach to other locations across regional NSW.

Three more Urgent Care Services are on track to be implemented in regional NSW by September 2024.

### Urgent Care Services

Urgent Care Services provide care for patients with urgent but not life-threatening injury or illness.

NSW Health is establishing 25 Urgent Care Services by June 2025. There are 8 Urgent Care Services currently available in regional NSW. The services will take a range of forms including virtual, in-person clinics and outreach services and are a mixture of LHD based and primary care. There are:

- 5 General Practice led services located at Long Jetty, Wagga Wagga, Dapto, Armidale and Orange
- 1 Geriatric outreach model in Tweed region
- 1 virtual care model run in Mid North Coast
- 1 statewide service virtualKIDS.

In addition to the 25 Urgent Care Services NSW Health has committed to delivering, the Australian Government has also established 14 Medicare Urgent Care Clinics in NSW, with 9 based in regional LHDs. These clinics are based in existing GP clinics or community health centres and located close to hospital emergency departments.

NSW Ambulance is working collaboratively to develop pathways that allow NSW Ambulance clinicians to refer to Urgent Care Services.

Patients can now access Urgent Care Services by calling Healthdirect which will ensure they are directed to the right care.

## Recommendation 11

### Status: In progress

That NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy. This should be done in consultation with rural, regional and remote local government, schools, community services, human services, unions, professional organisations, general practice, pharmacists and community organisations. It should set out a clear strategy for how NSW Health will work to strengthen and fund the sustainability and growth of rural, regional and remote health services in each town including quantifiable targets for tangible improvement in community-level health outcomes, medical and health workforce growth, community satisfaction, and provider coordination and sustainability. It must also address hospital and general practice workforce shortages including General Practitioner, nurses and midwives, nurse practitioners, mental health nurses, psychologists, psychiatrists, counsellors, social workers, paramedics, allied health practitioners and Rural Generalists.

### At a glance

- The Secretary, NSW Health chairs the National Health Workforce Taskforce.
- NSW Health supports and contributes to national workforce strategies that are in place and being developed.
- The NSW Health Workforce Plan 2022-2032 includes workforce priorities for regional, rural and remote areas.

### What we've done

NSW Health is committed to working with the Australian Government on the development and implementation of a rural and remote medical workforce strategy. NSW Health are also committed to continuing implementation on statewide workforce strategies to address the needs of regional communities.

Work currently underway includes:

- National Medical Workforce Strategy 2021-2031: Collaborative work has already been completed between NSW Health and the Australian Government. The Strategy is focused on ensuring a better distribution of the medical workforce between metropolitan and regional, and across different specialties
- Australia's Primary Health Care 10 Year Plan 2022-2032
- National Nursing Workforce Strategy: The Australian Government in collaboration with all other states and territories are developing this strategy to address workforce challenges and support the nursing profession to deliver person-centred, evidence based, compassionate care to Australian communities
- The National Mental Health and Suicide Prevention Agreement: signed by all jurisdictions in 2022, agrees to the development of a national mental health workforce strategy
- The NSW Health Workforce Plan 2022-2032 (HWP) articulates the state workforce priorities in partnership with LHDs and workforce providers.

The HWP identifies clear priorities on closing workforce gaps in rural and remote areas in collaboration with local stakeholders and using cross sector workforce planning. The priorities, early wins and outcomes from this plan could also contribute to the Australian Government's strategy

- NSW Health is developing a 10-year workforce strategy for the Alcohol and Other Drugs workforce. This has been developed through extensive consultation and outlines a shared vision for the Alcohol and Other Drugs workforce
- National Allied Health Workforce Strategy. Phase 1 Environmental Scan - has commenced. The environmental scan is focused on reviewing existing strategies to identify themes and factors that impact the allied health workforce nationally. Outcomes from Phase 1 will be used to inform the scope, recommendations and/or actions in the National Allied Health Workforce Strategy.

The actions currently in progress will fulfil the intent of the recommendation, noting that the approach seeks to reduce duplication where possible.

## Looking forward

Informal discussions have occurred with the Australian Government Department of Health and Aged Care. NSW Health is considering a formal proposal to the Health Workforce Taskforce to develop a national rural health workforce strategy.

NSW Health will continue to implement and report on the NSW Health Workforce Plan 2022-2032.

## Recommendation 12

### Status: In progress

That NSW Health review the working conditions, contracts and incentives of GPs working as Visiting Medical Officers in public health facilities in rural, regional and remote New South Wales, to ensure that the GP/VMO model remains viable while broader innovation and reform progresses.

### At a glance

- A Rural Doctors Employment Arrangements (RDEA) Working Group was established in November 2022 to enable collaboration between key stakeholders and improve the working conditions, contracts and incentives of GP Visiting Medical Officers (VMOs).
- Three additional item numbers came into effect on 1 February 2023 for the Rural Doctors Settlement Package (RDSP) for discharge summaries, Admission Medication Reconciliation and Discharge Medication Reconciliation.
- A new item number to compensate GP VMOs at Rural Doctors' Settlement Package sites for supervision was added to the RDSP on 21 June 2023.
- In April 2024, a non-standard remuneration determination permitting select GP VMOs to be incremented at higher hourly rates when working under expanded sessional VMO contracts at RDSP sites.

### 3 Additional item numbers for the Rural Doctors Settlement Package (RDSP):

- Discharge Summary
- Admission Medication Reconciliation
- Discharge Medication Reconciliation

### What we've done

A Rural Doctors Employment Arrangements (RDEA) Working Group was established in November 2022 to enable collaboration between key stakeholders and provide an opportunity to discuss feedback and proposed solutions. The forum consists of members from the NSW Ministry of Health, Rural Doctors Association, Australian Medical Association and LHDs .

The RDEA Working Group identified short, medium and long-term objectives in relation to improving the working conditions, contracts and incentives of GP Visiting Medical Officers (VMOs).

#### Short term objectives

Short term objectives identified by the RDEA working group have been completed. This resulted in including three additional item numbers to the Rural Doctors Settlement Package (RDSP) which were approved by the NSW Ministry of Health and came into effect on 1 February 2023. The three new codes are:

- Item number 1005 Discharge Summary
- Item number 1006 Admission Medication Reconciliation
- Item number 1007 Discharge Medication Reconciliation.



A new item number to compensate GP VMOs at Rural Doctors' Settlement Package sites for supervision (item 1011 for supervision) was added to the Rural Doctors' Settlement Package Hospitals Indexation of Fees – VMOs on 21 June 2023.

NSW Health is continuing to monitor the number of VMO claims and working with the Rural Doctors Association to increase awareness of the new item numbers. The Ministry of Health collates and presents claim data at each quarterly Rural Doctors Association Liaison Committee meeting. A list of frequently asked questions about the new item numbers will also be distributed to the relevant LHDs.

### **Medium term objectives**

The RDEA Working Group and several subgroups are currently working on finalising the medium-term objectives. These include implementing expanded and incremented sessional rates for GP VMOs at RDSP sites and a fixed daily rate payment for GP VMOs employed at select RDSP sites.

In April 2024, the Ministry approved a non-standard remuneration determination permitting select GP VMOs to be incremented at higher hourly rates when working under expanded sessional VMO contracts at RDSP sites.

Funding was approved to support implementation of this initiative. The Workplace Relations Branch in the Ministry of Health sent out communications and budget supplementation letters to the relevant Districts in the June 2024 funding cycle.

The RDEA Working Group agreed on the final methodology for a fixed daily rate at select RDSP sites. The Workplace Relations Branch has now progressed a proposal to NSW Health Executives. The proposal will then be sent to the Senior Officials Wages Advisory Committee for consideration.

### **Long term objectives**

The completion of the medium-term objectives tie into many of the long-term objectives identified by the RDEA Working Group. For example, the RDEA Working Group identified the review of rural generalist sub-specialty remuneration arrangements as a long-term objective. Implementation of expanded and incremented sessional rates support this objective.

### **Other initiatives**

The Ministry of Health is also working with eHealth NSW to ensure there is ongoing collaboration with the Royal Doctors Association in the transition from Cerner to Epic for the creation of the Single Employer Record.

### **Looking forward**

The RDEA Working Group are currently finalising the medium-term objectives and will soon turn to implementing the long-term objectives which are expected to be finalised in December 2025.

## Recommendation 13

### Status: In progress

That NSW Health establish a state-wide system of GP/VMO accreditation, which is independent of the LHDs. As part of this system, NSW Health should ideally look to establish an online GP/VMO availability system where GP/VMOs can nominate dates and locations they are available to work that can be accessed by the rural and regional LHDs and general practices in filling vacancies.

### At a glance

- Workshops have been held with the LHDs to review current processes for credentialing and onboarding GP/VMOs.
- Analysis of different platforms has occurred.
- Mandatory onboarding training is also being reviewed.

### What we've done

NSW Health committed to review GP/VMO credentialing processes in LHDs to establish consistent and streamlined processes that are not onerous, and ensures that GPs have the skills, qualifications and experience to deliver safe and high-quality services at regional facilities.

Workshops have progressed with LHDs on their current processes for credentialing and onboarding GP VMOs. An analysis was then undertaken on the different platforms used to appoint medical practitioners, including ROB, e-credentialing and V-money.

Mandatory onboarding training is also being reviewed as part of **Time for Care** to identify duplication.

### Looking forward

Some quick wins to improve the application process will be progressed this year while longer term solutions will focus on integration of platforms (credentialing, Human Capital Management and recruitment platforms). This integration will reduce administrative tasks for recruiters and reduce duplication for GP/VMOs.

## Recommendation 14

### Status: In progress

That NSW Health work with the Australian Government, the Primary Health Networks, the university sector and the specialist medical colleges to increase rural GP and specialist training positions, integrating these within the new employment and service delivery models recommended in Recommendations 9 and 10.

### At a glance

- The investment to attract and retain staff in regional NSW includes funding for 15 new Intern positions in 2024, 15 new Postgraduate Year Two (PGY2) positions to start in 2025, 15 positions for PGY2 Psychiatry and 7 postgraduate fellow positions.
- There are a further 2 rounds of positions to be offered, 15 interns commencing in 2025 and in 2026 and 15 PGY2's for 2026 and 2027.

### What we've done

The NSW Government committed funding to provide flexible and bespoke recruitment and retention incentives to build and sustain the rural and regional health workforce. This funding supports incentive grants to attract GPs to work in NSW hospitals through the Rural Health Workforce Incentive Scheme (RHWIS).

Funding approved for

**15** Intern positions (2024, 2025, 2026)

**15** PGY2 positions (2025)

**15** PGY2 Psychiatry positions (2025)

**7** postgraduate fellow positions

The RHWIS aims to recruit and retain staff in eligible positions at health services across regional and rural NSW. Under the scheme, incentives over and above award entitlements may be offered to entice the workforce to hard-to-fill roles and assist health agencies in stabilising the supply of health workers in rural and regional locations. Incentive packages of up to \$20,000 are available for some rural and regional NSW roles. These incentives can include accommodation assistance and, in some locations, relocation benefits, a rural and regional health allowance, additional travel, additional leave, and professional development.

It is noted that that the Australian Government is responsible for funding training positions for GPs. However, NSW Government funding has been approved to increase rural intern positions.

Funding has been provided for 15 new Intern positions to start in 2024 and 15 new PGY2 positions to start in 2025. Funding has also been provided for 15 new PGY2 positions in Psychiatry. Allocation of positions was done through EOI application and scoring process. The allocations were made across all prevocational training networks to ensure a fair and equitable distribution.

Funding has also been provided to fund 7 post-graduate fellow positions in 7 regional LHDs which commenced in 2024.

A review of how the positions were filled was undertaken in March 2024 and is outlined below. This will be tracked on a 6 monthly basis.

- 15 Interns funded to commence in 2024 clinical year confirming 14 out of 15 positions have been filled
- 15 Psychiatry PGY2 positions funded to commence in 2024 clinical year, 12 positions have been filled and the remaining 3 are undergoing recruitment
- Currently 2 of the 7 postgraduate fellow positions have been filled.

There are a further 2 rounds of positions to be offered, 15 interns commencing in 2025 and in 2026 and 15 PGY2's for 2026 and 2027. The LHDs have responded to an expression of interest for the intern positions for 2025 and PGY2 positions for 2026. The submissions will be evaluated and allocated over the next month. In 2025, the last expression of interest will be undertaken for the rest of the funded positions.

## Looking forward

It is expected that this recommendation will be completed by 2027 once all funded positions are allocated and recruited to.

## Recommendation 15

### Status: In progress

That NSW Health review the current employment arrangements and remuneration structure for trainee doctors with a view to aligning rural trainees' remuneration and incentives with those provided to metropolitan students travelling for rural training.

### At a glance

- In 2023, a determination was issued regarding non-standard remuneration for rurally based junior medical officers (JMO) undertaking rotations at other NSW sites.
- The review of remuneration and incentives for travelling trainee doctors is currently being progressed through the Accommodation Advisory Group.
- The JMO Living Away From Home Reimbursement Grant is being implemented which is valued at up to \$20,000 per annum per eligible position.
- The Rural Health Workforce Incentive Scheme provides financial and non-financial incentives, including professional development, accommodation assistance and help with relocation costs, additional personal leave, family travel assistance, rural or regional allowance or bonus (of up to \$20,000) if relevant to the advertised role.

### What we've done

#### JMO determination

In early 2023, the Ministry of Health issued a determination regarding non-standard remuneration for rurally based junior medical officers undertaking rotations at other NSW sites. This determination outlined that as of 28 October 2022, a medical officer undertaking rotation from a relevant country hospital to select sites will have their salary increased by one incremental step. These are sites at Nepean Blue Mountains LHD, Northern NSW LHD, South East Sydney LHD, South West Sydney LHD, St Vincent's Hospital Network, Southern NSW LHD, Hunter New England LHD, Illawarra Shoalhaven LHD and Western Sydney LHD.

#### Review of remuneration and incentives for travelling trainee doctors

The review of remuneration and incentives for travelling trainee doctors is currently being progressed through the Accommodation Advisory Group. The group was established to provide advice to the Ministry of Health on options to address accommodation issues faced by trainees rotating from country locations to regional and metropolitan locations. Terms of reference for the Accommodation Advisory Group were developed, which acknowledge that 'trainees based in rural locations and rotating to metropolitan locations do not get the benefit

Up to  
\$20,000 p.a.

JMO Living Away From Home Reimbursement Grant per eligible position



of the allowance, or the provision of accommodation'. The Accommodation Advisory Group has determined that implementation of the JMO Living Away From Home Reimbursement Grant will be most beneficial to JMOs under the approved envelope of funding.

### **JMO Living Away From Home Reimbursement Grant**

The Ministry of Health is implementing the JMO Living Away From Home Reimbursement Grant (the Grant). The Grant was developed in consultation with the Accommodation Advisory Group. In March 2024, the Ministry of Health approved a non-standard remuneration determination to support accommodation of rural and regional JMOs. The determination endorsed the Grant. The Grant will support both regional and rural trainees as well as those relocating from metropolitan facilities to rural and regional facilities not already provided for under existing policy.

The Grant is valued at up to \$20,000 per annum per eligible JMO position. To be eligible for the Grant, the JMO must:

- be on an eligible rotation requiring relocation;
- demonstrate that they are maintaining an existing rental lease or mortgage at their usual place of residence during the rotation;
- not sublet their usual place of residence during the rotation;
- demonstrate that they are paying for accommodation at the destination site.

The Workplace Relations Branch sent out communications to inform key stakeholders of implementation of the Grant. The Grant will be implemented in August 2024 and payments will be backdated to the start of the clinical year.

### **Rural Health Workforce Incentive Scheme**

As noted in recommendation 14, the RHWIS aims to recruit and retain staff in eligible positions at health services across regional and rural NSW. Under the scheme, incentives over and above award entitlements may be offered to entice the workforce to hard-to-fill roles and assist health agencies in stabilising the supply of health workers in rural and regional locations. Incentive packages of up to \$20,000 are available for some rural and regional NSW roles. These incentives can include accommodation assistance and, in some locations, relocation benefits, a rural and regional health allowance, additional travel, additional leave, and professional development.

### **NSW Health Deployment Program**

NSW Health is progressing career development and secondment opportunities for healthcare workers based in regional, rural, and remote NSW through the NSW Health Deployment Program. Under this program, workers from over 20 professions will have the opportunity to partake in short-term placements across NSW. Workers will be employed as a member of the Central Resource Unit (CRU), a team of staff who travel throughout NSW to fill short term vacancies of 2-13 weeks which may be affecting service delivery. This also gives the employee an opportunity to experience living and working in a rural setting before they commit long term.

### **Looking forward**

It is expected that all the actions under this recommendation will be completed by July 2024. The actions will address the recommendation in full.



## Recommendation 16

### Status: In progress

That NSW Health expedite its review of the nursing and midwifery workforce with a view to urgently increasing nurse and midwifery staffing numbers based on local need across rural, regional and remote New South Wales. The outcome should ensure there are staffing levels that enable optimal patient care and for that care to be delivered in a professionally, physically and psychologically safe environment. NSW Health should publicly report on an annual basis its performance in meeting this outcome.

### At a glance

- The NSW Nursing and Midwifery workforce modelling to 2040 project has commenced.
- The Safe Staffing Levels Taskforce started in May 2023 and is working to implement the election commitment for nurses and midwives across NSW Health. The Taskforce is initially focused on levels 5 and 6 emergency departments.
- The RHWIS has identified eligible positions for incentives, leading to increased recruitment and retention across nursing and midwifery positions.
- 1,925 health workers or 1,632.82 FTE have been recruited to nursing and midwifery roles across 10 health organisations between July 2022 and June 2024.

**2,776** Regional health workers  
(since July 2022)

**1,925** Nursing and midwifery  
roles (2022 to 2024)

### What we've done

#### Rural Health Workforce Incentive Scheme (RHWIS)

The RHWIS has significantly improved the attraction and retention of health staff in rural areas. Since using incentives under this scheme, over 2,776 health workers have been recruited to NSW's regional, rural, and remote locations across all specialties. Importantly, the health workforce retention rate has markedly improved since the scheme began, with over 10,629 staff retained with incentive payments. The Ministry of Health has received three years' approval to double the incentive program's value and offer recruitment incentive packages of up to \$20,000 for the hardest-to-fill locations. This increase commenced in August 2023..

As of June 2024, across 14 rural and regional sites at As of end of June 2024, across 14 rural and regional sites at MMM3 - MMM7 locations for all specialities, the RHWIS has:

- Identified 11,678 eligible FTE in 3,746 eligible positions for incentives.
- Recruited 2,776 health workers in 1,264 positions, representing 2,382.76 FTE.
- Retained 10,566 health workers in 4,083 positions, representing 8,044.62 FTE.
- 1,925 health workers / 1,632.82 FTE have been recruited to nursing and midwifery roles across 10 health organisations.

NSW Health has reviewed and released version 2 of the RHWIS Policy Directive, collaborating with Industrial Associations and Unions to ensure that it remains fit for purpose.

### **Nursing and Midwifery Workforce modelling to 2040**

The NSW Nursing and Midwifery workforce modelling to 2040 project has been initiated. This will enable NSW Health to establish indicative workforce requirements to 2040.

A staged plan for consultation with both metro and regional/rural LHDs has been developed starting in 2024 and due for completion in 2026.

### **Implementation of Safe Staffing Levels across NSW**

The Safe Staffing Levels Taskforce started in May 2023 and is working to implement our election commitment for hardworking nurses and midwives across NSW Health.

Representatives from NSW Health and the NSW Nurses and Midwives' Association serve on the taskforce. They are progressing the implementation of safe staffing levels.

The taskforce is initially focused on level 5 and 6 emergency departments. The intention is that safe staffing levels will be progressively rolled out across other departments.

The rollout is planned to continue through to June 2027. The Safe Staffing Levels Taskforce will discuss, monitor and plan additional rollout schedules.

### **Looking forward**

It is expected that this recommendation will be completed by 2027.

## **Story of Change: Relocation assistance a great move for Chelsea**



Registered Nurse Chelsea Devenish at Orange Base Hospital.

**Chelsea Devenish couldn't be happier working at Orange Base Hospital. She loves the support she gets from her co-workers, the variety and depth of skills she is gaining, and the country feel of the friendly regional city.**

Chelsea is a local of Scone. She studied nursing at Charles Sturt University's Port Macquarie campus and is now living and working in the Central West of NSW.

Chelsea is a recipient of NSW Health's New Graduate Nursing and Midwifery Relocation Scholarship and is grateful for the support she has received to help with relocation costs.

**"Moving to a new town, this was a lifesaver. It helped take away the financial stress and made the transition into a new job so much easier. I'm not going anywhere!"**

Chelsea's story shows how NSW Health is working to increase its nursing and midwifery staff numbers across rural, regional, and remote NSW.

## Recommendation 17

### Status: In progress

That NSW Health work to widely implement the Nurse Practitioner model of care in rural, regional and remote New South Wales, by:

- funding the recruitment and training of additional Nurse Practitioners to work in rural, regional and remote areas, particularly in facilities without 24/7 doctor coverage, or that utilise virtual medical coverage
- working with the Australian Government to address the practical barriers to creating and supporting these roles identified by the Australian College of Nurse Practitioners.

### At a glance

- As of June 2024, there are 163.30 FTE Nurse Practitioners in regional NSW<sup>2</sup>.
- There are 20 Rural Generalist Nurse Practitioners positions.
- The **Rural Nurse Practitioners Framework** was published in February 2023.
- NSW Health has engaged with the Australian Government and the Australian College of Nurse Practitioners to address some of the barriers to creating and supporting Nurse Practitioner roles.
- The **Regional Health Strategic Plan 2022-2032 Priority Framework** identifies a target that there will be 100 more Nurse Practitioners working in regional LHDs by 2026<sup>3</sup>.

### What we've done

NSW Health is leading engagement with the Australian Government through the Health Ministers' Meeting forums to address barriers, create awareness and promote alignment with other states and territories.

In May 2023, the federal Budget provided funding to help address some of the practical barriers associated with Nurse Practitioner roles. These measures were supported by the Australian College of Nurse Practitioners and include the following:

- Ending the legislated Collaborative Arrangements that put patients of nurse practitioners at financial disadvantage, and limited nurse practitioner practice. The Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024 was passed in May 2024 and comes into effect on 1 November 2024
- Increasing Medicare rebates for Nurse Practitioners by 30%, at a cost of \$46.8 million
- Funding 1,850 Postgraduate scholarships for registered nurses to become Nurse Practitioners at a cost of \$50.2million

**163.3**

FTE regional  
LHD nurses  
(June 2024)



**20**

Rural  
Generalist  
nurses  
(June 2024)

<sup>2</sup> Workforce data includes Nepean Blue Mountain LHD as well as the 9 regional LHDs (Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW, and Western NSW).

<sup>3</sup> Reporting against this target will occur through the annual Regional Health Strategic Plan 2022-2032 Progress Snapshot (The most recent Snapshot: [Progress Snapshot for 2022-2023](#))

Work that has already been conducted includes the development of the Rural Nurse Practitioner Framework. The framework was designed and published by the Nursing and Midwifery Office and provides a training and development pathway for Rural Nurse Practitioners. This framework also includes a pathway that enables the progression of Registered Nurses to Nurse Practitioner positions.

As of June 2024, 20 Rural Generalist nurse practitioner positions have been successfully recruited.

## Looking forward

NSW Health will continue to work with the Australian Government to support nurse practitioner roles.

NSW Health will also continue to reach the target of 100 more Nurse Practitioners in regional NSW by 2026 which was identified as a target in the **Regional Health Strategic Plan 2022-2032 Priority Framework**.

## Story of Change: Nurse practitioner role is a ‘privilege and honour’ for Elsie

Nurse Practitioners, like Elsie Mari from Central Coast Local Health District, are expert, highly qualified nurses who can work independently and collaboratively at an advanced level of practice.

Nurse Practitioners assess and diagnose patients, request, and interpret tests, prescribe therapies and medications, and receive and make referrals to other health practitioners.

From neonates to aged care, emergency to women’s health and rural healthcare, Nurse Practitioners deliver care across the life span in a broad range of health settings.

“I have the privilege and honour of providing compassionate, individualised care – holding someone’s hand and just being present – as well delivering complex clinical expertise,” said Elsie.



Central Coast Local Health District Nurse Practitioner Elsie Mari.

## Recommendation 18

### Status: Completed

That in addition to peer group B hospitals, NSW Health employ a geriatric nurse in all peer group C hospitals. Where a geriatric nurse is not employed, NSW Health develop and provide staff members with annual training in geriatric care to ensure an ageing population is given the best health care when visiting a health care facility.

### At a glance

- An Aged Care Nursing Education Navigator Tool has been developed and is live in My Health Learning, which is NSW Health's online, statewide learning system. It provides staff with access to mandatory training and professional development.
- The education modules are embedded in a technical tool that was designed, structured, and custom built for nurses who work in aged care settings.

### What we've done

As of June 2024, the Working with Older People Navigator Tool (the Navigator) has been published in My Health Learning so staff can access this training.

The Navigator structure was developed following a rapid literature review and thematic analysis of 16 national and international practice standards, competency frameworks and academic papers.

The Navigator consists of 5 Domains (Legal, Ethical & Professional Practice, Person Centred Care, Mental Health & Wellbeing, Providing Care to older People and Partnering and Collaborating for Care).

79 relevant My Health Learning resources are aligned to the 5 domains containing 17 sub-domains.

Consultation in developing the Navigator included:

- The Nursing and Midwifery Office (NaMO), NSW Ministry of Health
- The Regional Health Division, MoH with a request to distribute to Divisional members
- Members of the ACI Rural Health Network via the Network Lead
- Members of the ACI Aged Health Network via the Network Lead
- Aged Care Unit, Health and Social Policy Branch, Ministry of Health
- Mental Health Branch, Ministry of Health
- Members of Rural, Remote and Allied Health, and the Professional Practice and Interprofessional Collaboration within Health Education and Training.

### Looking forward

NSW Health will promote the Tool to nurses who work in aged care settings.

## Recommendation 19

### Status: In progress

That the rural and regional LHDs :

- formalise and remunerate on call arrangements for nurses and midwives across all public health facilities in accordance with industrial awards.
- engage with the emergency departments in their area to develop agreed plans to address security issues with timeframes and regular progress reporting.
- increase and formalise professional development opportunities for nurses and midwives, ensuring that rostering accounts for this.

### At a glance

- Most regional LHDs have on-call arrangements for nurses and midwives. All districts remunerate according to the relevant Award. Most have reviewed their arrangements.
- Many regional LHDs have developed plans to address security issues in emergency departments.
- There are many professional development opportunities for nurses and midwives across regional locations and scholarships are available to support them to participate.

### What we've done

In early 2023, NSW Health worked with the regional LHDs on their on-call arrangements for nurses and midwives and offered support to conduct a review. Most LHDs noted that they have on-call arrangements for nurses and midwives.


All LHDs remunerate per the Award and most have reviewed their arrangements. All LHDs that have reviewed their arrangements indicated that they did not require support at that time.

### Addressing security issues in emergency departments

Following on from the Ministry of Health updating and releasing the NSW Health security manual **Protecting People and Property** in 2022, which was completed in response to the Anderson Report<sup>4</sup>, over 100 resources were developed to implement the manual, such as checklists, templates and model procedures.

Specific ways in which the regional LHDs have addressed security issues include:

### Rural Nursing Pathways in Practice (RNPIP) resources for rural nurses



<sup>4</sup> The Ministry of Health engaged The Hon. Peter Anderson AM to conduct a review to identify and consider whole of NSW Health strategies for security in hospitals (including those in the Justice Health and Forensic Mental Health Network) to ensure staff, patients and visitors are kept safe from violence and aggression. The final report by Peter Anderson was published in 2020 and made recommendations to continue to improve security in hospitals.

<sup>5</sup> Ibid



Hunter New England LHD has an LHD-wide strategy to address security issues in Emergency Departments, including an annual security risk assessment for all Emergency Departments with actions and controls recorded.

The Illawarra Shoalhaven LHD has overarching plans to address security risks within Emergency Departments and all Emergency Departments have local plans to address this issue. The LHD has completed all recommendations from the Anderson Report<sup>5</sup>.

EDs in Mid North Coast LHD have dedicated Health and Security Assistants (HASAs) rostered with additional support available across the facility. In response to the Anderson Review, Mid North Coast LHD has a recommendations action plan which is reported through the People and Culture Committee and to the Governing Board.

Murrumbidgee LHD holds monthly Security Steering Committee meetings to develop action plans for Emergency Departments. These plans mitigate areas of identified risk that need to be addressed to achieve compliance with legislation and NSW Health policy standards.

Northern NSW LHD has implemented measures to address security issues in Emergency Departments including mandated training, response plans and safety huddles, regular reviews of HASA staffing requirements, and requirements for staff to wear a personal duress alarm.

In Gosford ED in the *Central Coast LHD*, all staff always wear personal duress alarms and central duress alarms are in all pods across the department. Regular Emergency Departments and Security Team meetings take place to discuss security matters.

## Professional development opportunities for nurses and midwives

### Rural Nursing Pathways in Practice (RNPIP)

Regional LHDs have implemented **Rural Nursing Pathways in Practice** (RNPIP) which is a collection of professional development resources designed for all rural nurses. RNPIP provides foundational education to enable nurses to work to their optimal scope of practice and includes:

- A pathway which consists of six online workplace learning modules, focusing on nursing assessment skills
- Scholarships for rural nurses to undertake postgraduate studies as part of the pathway, including fully funded graduate certificates in rural nursing offered for the first time in 2023.

### NSW Health Nursing and Midwifery Scholarships

Postgraduate scholarships of up to \$10,000 are awarded to NSW Health nurses and midwives to support professional development in a range of areas including, clinical nursing, education, management, midwifery and nurse practitioner.

### Funding Rural New Policy Proposal (NPP)

In March 2023, funding was made available to regional LHDs to support the transition to rural and remote new graduate program. Funding for FY 24/25 and FY 25/26 has also been committed. This funding supports rural and remote graduate nurses allocated to small rural facilities or Multipurpose Services (MM4-MM7) to undertake a supernumerary placement at a larger facility or Emergency Department. Alternatively, this funding could be utilised to enable education and clinical support to be delivered at the graduates' place of work. All Rural LHDs have been allocated a proportion of this funding, which includes backfill, accommodation, and travel costs.

## Development Opportunities

### Midwifery Pathways in Practice (MidPiP)

MidPiP has been designed to support undergraduate midwifery students, midwives and midwifery leaders within NSW Health and is available from July 2024. MidPiP consists of education, mentoring and links to leadership programs and scholarship opportunities. The Nursing and Midwifery Office (NaMO) has partnered with the Health Education and Training Institute (HETI) to develop a Midwifery Learning Navigator Tool in MidPiP, which is via the My Health Learning platform to enable consolidated access to education resources.

### Paediatrics Pathways in Practice (PaedPiP)

NaMO has engaged HETI to partner on the development of a foundational paediatric nursing program aimed at nurses working in non-specialised paediatric facilities.

The foundational paediatric nursing program will provide part of the educational element of the NaMO Paediatric Pathways in Practice initiative and will support nurses' capability to practice to their full role scope within a paediatric clinical environment.

### Emergency Care Assessment and Treatment – ECAT

Emergency Care Assessment and Treatment (ECAT) is a state-wide, co-designed program that aims to standardise nurse-initiated emergency care, reduce unwarranted clinical variation, improve patient experiences and staff satisfaction. The Agency for Clinical (ACI) Innovation and partners have led the development of 73 clinical ECAT Protocols covering a range of adult and paediatric presentations, prerequisite education modules, an education and recognition of prior learning guide, a NSW Health emergency nursing capability framework and a policy directive.

Senior First Line Emergency Care (FLECC) nurses working in regional areas have been using the Rural Adult Emergency Clinical Guidelines to provide care for urgent category 1 and 2 patients for over 10 years. The ECAT program will build on this foundation to also enable nurse-initiated care to be provided for category 3, 4 and 5 patients. In addition, ECAT has a tiered system for using the protocols according to the nurse's level of education and training and therefore will support all Registered and Enrolled Nurses working in regional emergency settings to initiate emergency care.

The standardisation of emergency nursing education occurring in the ECAT program will increase equity of access to education programs for nurses working in regional NSW. Nurses will have an improved experience and job satisfaction, and there will be transferability of ECAT skilled nurses across NSW.

The ACI has supported regional LHDs and Speciality Health Networks (SHN) to implement the ECAT program in May-June 2024. All LHDs and SHNs commenced ECAT roll out by the end of June 2024.

Griffith Hospital was the first site to go live in May 2024. As of 4 July, 131 other sites across the state have started using the ECAT protocols, including the majority of sites in HNELHD, MLHD, MNCLHD and CCLHD, SNSWLHD, NNSWLHD and FWLHD.

## Looking forward

NSW Health will continue to develop and identify development opportunities for nurses and midwives and work with all regional LHDs to ensure that there are plans in place to address security issues in Emergency Departments.

## Recommendation 20

### Status: Completed

That NSW Health, as part of its review of the nursing and midwifery workforce:

- develop stronger partnerships with the university sector to more proactively engage local people and support them through rurally and regionally based education, training and professional development to become qualified nurses and midwives
- develop partnerships between rural, regional and metropolitan LHDs to devise programs for nurses and midwives who are either early career, specialised or are experienced to practice in rural and remote locations
- implement professional, financial and career enhancement incentives for nurses and midwives who work in rural and remote locations.

### At a glance

- There are strong partnerships between all regional LHDs and universities, vocational education and training providers for nursing and midwifery.
- The LHDs have many programs to support the ongoing learning and development of their nursing and midwifery workforce.
- Partnerships between regional and metropolitan LHDs have delivered communities of practice and clinical facilitation models to enhance student experience.

### What we've done

We continue to develop strong partnerships with universities to engage local people and support them through rurally and regionally based education, training and professional development to become qualified nurses and midwives.

Responses from all regional LHDs indicate strong partnerships with feeder education providers including universities and vocational education and training to

support workforce growth and development locally. Some of these include:

- Enhancing access to both training and clinical placements for local students
- A focus on the model and quality of clinical placement to enhance the student experience
- Partnerships with local high schools, TAFE and universities to attend various careers events
- Partnerships with local high schools to provide work experience placements.

LHDs have many and varied education programs to support the ongoing learning of the local nursing and midwifery workforce. Some of these include:

- Transition to practice programs
- Clinical, professional development and leadership pathways
- Rural generalist programs and pathways
- Local scholarships and financial supports
- Support programs including clinical supervision, preceptorship, coaching and mentoring
- Aboriginal workforce strategies.

Central Coast LHD currently have Student Placement Agreements (SPA) with the following universities for General Nursing, Midwifery and Nurse Practitioner under/post graduate students.

- Australian College of Nursing (Grad Certificates)
- Avondale University
- Charles Darwin University (Midwifery)
- Curtin University
- Deakin University
- Edith Cowan University
- Flinders University
- University of Newcastle
- University Tasmania
- University of Technology Sydney
- Western Sydney University.

CCLHD aims to prioritise clinical placements for students within the region to achieve clinical practice hours close to home.

Far West LHD has partnered with the Broken Hill University Department of Rural Health, Sydney Nursing School (University of Sydney) and Dubbo Rural Clinical School in the development of a Rural Nurse-Centred Career Pathway Framework to bolster the existing FWLHD Nursing and Midwifery Career Pathways Guideline.

Murrumbidgee LHD has existing partnerships with Charles Sturt University (CSU) and TAFE Riverina to endorse our Grow Your Own initiative. The Rural Generalist Nurse Internship program was developed in partnership with CSU as an employment pathway for undergraduate nurses seeking a career in rural and remote communities. The Collaborative Placement program is ongoing in partnership with TAFE Riverina to support local students to undertake clinical placements within their local health facilities and support transition into permanent employment within the region. MLHD also has ongoing partnership with NaMO to support the Aboriginal Cadetship program.

Partnerships have been developed between rural, regional and metropolitan LHDs to devise programs for nurses and midwives who are either early career, specialised or are experienced to practice in rural and remote locations.

Most LHDs report strong engagement between LHDs including regional, rural and metro locations.

Some of the supportive programs arising from this engagement include:

- Flexible work practices with a mobile workforce (example – Fly in fly out)
- Communities of practice to share ideas and strategies
- Internal clinical facilitation models to enhance student experience.

## Looking forward

Future work aims to build more locally based education, training and clinical placement options in regional, rural and remote locations.

## Story of Change: International recruitment boosts Southern's nursing numbers



Intensive Care nurses Susan Thomas and Libin Baby and their young family have relocated to Southern NSW Local Health District

Communities across Southern NSW LHD are benefitting from the addition of 12 nurses who have taken up roles at Moruya Hospital, Batemans Bay Hospital and South East Regional Hospital.

The new nurses were recruited from the United Kingdom as part of the Rural Health Workforce Incentive Scheme which offered incentive packages of up to \$20,000 to attract health workers to regional NSW.

The new nurses were recruited as part of an overseas recruitment drive that will result in more than 80 nurses moving to Southern NSW from the United Kingdom in 2024.

Susan Thomas and Libin Baby and their young family have travelled from South Africa via the UK to start their new lives in the Bega Valley. Both Intensive Care Nurses, they have two primary school-aged children at Bega Valley Public School and say they are all enjoying the big move to the Sapphire Coast.

Elizabeth Vinu, a child and family nurse who commenced in Moruya in January, travelled from London to start a new life on the south coast of NSW. Originally from India, Elizabeth says she has felt more welcomed on her arrival in Moruya than anywhere else in her career – which has seen her work across three countries over 14 years.

“The team at Moruya Hospital and the local health district are really supportive and I’ve felt welcomed by the community of Moruya as well. I feel this is the place I’m meant to be,” Elizabeth said.

Southern NSW LHD Chief Executive Margaret Bennett said workforce shortages had been a significant challenge for health services across Australia over the past few years.

“The response to our overseas recruitment drive has been overwhelmingly positive. Our staff and local communities are rolling out the red carpet for our wonderful new UK nurses,” Ms Bennett said.

## Recommendation 21

### Status: Completed

That NSW Health working with the Commonwealth and all relevant service providers investigate strategies to ensure public patients being treated in regional cancer centres can access private-public services while reducing out-of-pocket costs.

### At a glance

- The Cancer Institute NSW has taken a key role in addressing this recommendation, establishing three defined priority areas delivered under the broader work of the NSW Cancer Plan.
- 9,166 cancer patients received travel and accommodation assistance through IPTAAS to reduce the out-of-pocket costs to access cancer services in 2023.
- Hypofractionated radiation therapy is decreasing the number of visits required for patients to complete their course of radiation therapy which helps with access and out-of-pocket costs. In 2022, 97% of early-stage breast cancer patients in public facilities and 88% in private facilities received hypofractionated external beam radiation.
- The Cancer Council NSW delivered 35% more financial assistance services and 23% more home help services in 2023 compared to 2022.

### What we've done

#### Financial counselling support is provided to patients

The **NSW Cancer Plan** and its complementary Implementation Plan, includes an action to ensure people who experience cancer and their families and carers are actively linked with supportive care and services such as psychosocial care, allied health care, financial counselling and legal support. Cancer Council NSW is the lead agency for this activity, delivering information and support services to people affected by cancer, including financial assistance, financial counselling, and legal support.

The Cancer Council NSW reported they delivered 35% more financial assistance services and 23% more home help services in 2023 compared to 2022.

The Cancer Institute NSW also provides **online information** about managing the costs of cancer. From 1 April 2022 to 31 Dec 2023 online patient information provided by the Cancer Institute NSW had 105,793 users across all pages accessed, including 41,827 users accessing multicultural/translated pages. During this period 'Cancer costs' was the most popular page with 12,256 active users.

#### Reducing out of pocket costs for travel and accommodation

Financial assistance for travel and accommodation costs is available for cancer patients through the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). IPTAAS provides financial assistance towards travel and accommodation costs when patients need to travel long distances for specialised health treatment that is not available locally.

Between January and December 2023 there were 9,166 IPTAAS claims relating to cancer treatment.



# 9,166

Cancer patients received **travel and accommodation assistance** (2022-2023)



The Cancer Institute NSW led research, in partnership with the Cancer Council NSW, which established the vital role of financial support in a person's decision to participate in a cancer clinical trial. This supported the expansion of the IPTAAS program to include support for patients participating in non-commercial clinical trials.

### **Hypofractionated radiation therapy is decreasing the number of visits for patients with breast cancer**

The Cancer Institute NSW commenced a breast hypofractionated radiation therapy project in 2016. For non-hypofractionated radiation therapy for early-stage breast cancer, patients require 25 fractions (or treatments). However, evidence based guidelines now indicate that in the majority of cases this treatment can be given using 15 treatments at slightly higher (hypofractionated) doses. This means people receiving hypofractionated radiation therapy need fewer visits to complete their course of radiation therapy, reducing time and travel costs for patients.

In 2022, 97% of cancer radiation therapy treatment courses in public facilities and 88% of treatments in private facilities were hypofractionated.

The Cancer Institute NSW reports the uptake of hypofractionation treatment annually to all radiotherapy centres (public and private).

### **Looking Forward**

Regular reporting of usage of hypofractionated radiation therapy for early-stage breast cancer will continue and will be used in discussions with each LHD.

Ongoing delivery of information and support services to people affected by cancer including financial assistance, financial counselling and legal support by the Cancer Council NSW.

IPTAAS will continue to be promoted to people with cancer and health providers who support people with cancer.

## **Story of Change: Reducing costs of cancer treatment for regional patients**

Lilli Forrest's world was turned upside down after her cancer diagnosis – a very rare melanoma on her left iris needed immediate treatment. On top of that, it was the height of the COVID-19 pandemic, and Lilli had also just discovered she was pregnant with her second child.

Postponing treatment until after her baby was born was not an option. Due to the nature of the cancer, neither was being treated locally.

Lilli lives near Lismore in northern NSW and received care in Brisbane approximately 200 kilometres away. It involved months of navigating border closures, medical procedures, organising travel and accommodation. Happily, Lilli recovered, and she and her family welcomed the safe arrival of baby Lucinda, their little ball of energy and joy.

Another turning point for Lilli and her family was being able to access the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), a program Lilli had heard about from others.



Lilli Forrest from Northern NSW received help to travel for specialist cancer treatment.

IPTAAS provides financial assistance towards travel and accommodation costs when one needs to travel long distances for specialised health treatment that is not available locally.

Having the IPTAAS program means that you have less financial burden and you're able to get that treatment as soon as you can," said Lilli.

## Recommendation 22

### Status: In progress

That NSW Health and the rural and regional LHDs work with the Primary Health Networks and other partners to promote improved communication between service providers, including through the use of shared medical record systems, in order to ensure continuity of care for patients.

### At a glance

- eHealth NSW is partnering with LHDs, the Primary Health Networks, the Royal Flying Doctor Service and Aboriginal Medical Services to deliver the Co Located Clinics project. This project will deliver an information sharing solution for patient information across the services and providers.
- NSW Health participates in the National Health Information Exchange Jurisdiction Advisory Group that is focusing on the development of a National Provider Directory as an enabler of national healthcare interoperability.
- As of 20 June 2024, 28% of general practices in regional areas are enrolled in the Lumos program. The Lumos program links data from general practices with other health service data to provide a more comprehensive view of patient pathways.

### What we've done

NSW Health is committed to working with Primary Health Networks, partner agencies, vendors and cross jurisdictional agencies to improve communication and the sharing of patients' clinical information between different health care settings.

#### Co-Located Clinics project

Considerable progress has been made with the Co-Located Clinics project. This project has been designed to address issues faced by clinicians in accessing and sharing patient information between LHDs and primary care settings.

As part of the Co-Located Clinics project, eHealth NSW is currently partnering with Western NSW local health district, Far West local health district, Western NSW Primary Health Network, Royal Flying Doctor Service and Aboriginal Medical Services. The project will deliver an information sharing solution leveraging existing systems, enabling patient information to be shared between NSW Health and non-NSW Health services and providers of care. The roll out of the Information Sharing solution throughout rural and remote locations has been planned for delivery by September 2024.

Following the Privacy Impact Assessment conducted in October 2023, the project received several recommendations aimed at strengthening the technical, legal, compliance, and privacy measures needed to securely share NSW Health clinical information with non-NSW Health clinicians. To address these recommendations and ensure compliance with privacy legislation, technical amendments have been integrated into the solution and additional artefacts have been developed as part of the project.

# 28%

Regional General Practices enrolled in the **Lumos program** (June 2024)



## Primary care providers accessing the NSW Health Information Sharing Solution

As part of the Co Located Clinics project, meetings were held with primary care information system vendors, including Medical Director, Best Practice and Genie, to discuss opportunities to improve information sharing between the public health system and the primary care sector.

An agreement was reached that primary care providers who send regular Shared Health Summaries to My Health Record would be provided access to the NSW Health Information Sharing Solution. These Shared Health Summaries would be viewable by NSW Health clinicians through the patient's My Health Record. The ability for primary care providers to upload shared summaries to My Health Record was already funded and enabled through the My Health Record project.

## The National Health Information Exchange Jurisdiction Advisory Group

eHealth NSW participates in the National Health Information Exchange Jurisdiction Advisory Group which is chaired by the Australian Digital Health Agency. This group was established to facilitate delivery of a key component of the National Healthcare Interoperability Plan.

The current focus of the group is to inform the development of a National Provider Directory as an enabler of national healthcare interoperability. The use of national healthcare identifiers is another area of focus of the National Healthcare Interoperability Plan.

NSW Health has completed a project that assigned GPs a Health Provider Identifier and is now updating LHD systems with these identifiers to allow discharge summaries and specialist letters to be easily sent from NSW Health services to local doctors. The delivery of pathology results to My Health Record also now includes the Health Provider Identifier-Individual (HPI-I) and other updates will include HPI-I over time.

## Lumos

The **Lumos program** is a pioneering program that provides new insights on the patient journey through the NSW health system. In Lumos, de-identified data from general practices 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, remote and metropolitan areas across NSW. Participating general practices and PHNs receive a customised report about patients that visit their practice that they can use to improve care.

## Looking forward

It is anticipated that the Co-Located Clinics project will go live in late 2024. Work is underway to ensure that due diligence and approvals are sought. Change and adoption activities are also being progressed.

NSW Health is aiming to have 50% of general practices signed up by 2026. NSW Health is continuing to build relationships to expand participation in the Lumos program.

## Recommendation 23

### Status: In progress

That NSW Health, in conjunction with The Australian and New Zealand Society of Palliative Medicine, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Aboriginal Health and Medical Research Council of NSW urgently establish a palliative care taskforce to:

- plan palliative care access and services of equivalence to those living in metropolitan areas
- map who is currently providing palliative care services and their level of training, as well as where these services are offered
- establish an agreed, uniform state-wide platform for the collection of palliative care and end of life care data to allow for clinical benchmarking of regional palliative care services
- investigate and promote innovative models of palliative care services
- ensure culturally appropriate palliative care services are available to Aboriginal people.

### At a glance

- In 2023 NSW Health conducted a broad review of current gaps in palliative and end of life governance. This review informs a more integrated approach to palliative and end of life governance across NSW Health and for palliative care governance for Aboriginal people. Actions from this review will inform a wider governance framework for palliative care.
- The development of the preliminary palliative care indicator set (previously referred to as the minimum data set) is underway.

### What we've done

NSW Health is committed to ensuring all residents in the state have access to equitable palliative and end-of-life care services.

#### The terms of reference for the End of Life and Palliative Care Committee has been reviewed

Following a review of the End of Life and Palliative Care Committee and relevant working groups it was determined other methods may better provide a robust

state-wide governance structure for palliative care in NSW. Therefore, a broader review of the current gaps in palliative and end of life governance was conducted. This was intended to inform a more integrated approach to palliative and end of life governance across NSW Health and bring heightened focus on governance for palliative care for Aboriginal people.

This review was completed in December 2023. The actions identified will be embedded into a wider governance framework for palliative care which will be developed as part of the review of the End of Life and Palliative Care Framework 2019-2024.

The NSW Aboriginal Palliative Care Network provides a forum for the NSW Aboriginal Palliative Care Workforce, LHDs, and Specialty Health Networks to share information on initiatives such as training, improvement initiatives, and exchange information regarding culturally appropriate palliative care.

To further ensure Aboriginal people have equitable access to quality Palliative Care services, NSW Health has committed to funding 18 FTE Aboriginal Health Workers in Palliative Care across NSW. These positions include Aboriginal Health Workers, Senior Aboriginal Health Workers (AHW), Aboriginal Health Practitioners (AHP) and Principal Aboriginal Health Workers.

Some NSW Health districts have also created additional AHW roles in palliative care outside of the initial funding envelope. At the time of this report, Hunter New England LHD have 5 AHWs in palliative care.

### **Establishing the preliminary palliative care indicator set**

Progress on establishing the preliminary palliative care indicator set (previously referred to as the minimum data set) is underway. A final approved version of the preliminary indicator set will soon be communicated to LHDs and networks.

The preliminary palliative care indicator set will collate existing data items that can inform access to and quality of palliative care. Use of existing data items enables monitoring and evaluation without requiring development of an additional data asset or adding data collection burden at a local level. The indicator set will be regularly reviewed to inform further development and refinement. The preliminary palliative care indicator set will be used in monitoring and evaluation to:

- present key population data relating to death and dying
- demonstrate trends and patterns in palliative care activity, quality and access
- support identification of variations in care and track changes over time.

## **Looking forward**

Governance will be further considered in the review and consultation on the End of Life and Palliative Care Framework 2019-2024.

All districts and networks have funding for an Aboriginal Health Worker in Palliative Care. 15 FTE Aboriginal Health Workers were in position as of September 2023, and recruitment is in progress at the district and network level to fill the currently vacant 3 FTE positions.

Some LHDs have more difficulty recruiting to these positions than others. NSW Health is identifying strategies to address this including reviewing the Aboriginal Health Worker Award.

The establishment of the preliminary palliative care indicator set is continuing with final endorsement scheduled before the end of 2024.

## Recommendation 24

### Status: Completed

**That NSW Health and the rural and regional LHDs expand the Far West NSW Palliative and End-of-Life Model of Care to other rural and remote settings across New South Wales.**

### At a glance

- NSW Health recognises the success of the Far West NSW Palliative and End-of-Life Model of Care and is encouraging other LHDs to develop their own local models by sharing exemplars and creating resources.
- Many LHDs are implementing models of care that suit the needs of their local communities.
- Evidence based end-of-life and palliative care organisational models are published and promoted.

### What we've done

The Far West NSW Palliative and End-of-Life Model of Care is an example of progressive and effective care delivered in rural and remote areas of NSW. NSW Health is committed to ensuring successful models of care and strategies, such as this, are promoted and shared across LHDs and Speciality Health Networks (SHN).

To address the intention of this recommendation to help LHDs develop successful models like the Far West model, the Agency of Clinical Innovation regularly promotes examples of good end of life palliative care organisation models, with information on effective local implementation of the clinical principals. This is disseminated out to LHDs and SHNs across the state.

Further to this, NSW Health has also increased awareness of successful end of life palliative care models by supporting the Palliative Care NSW Biennial Conference in 2022 where updated information about

end-of-life palliative care models was shared and providing support to the Oceanic palliative care conference 2023.

By actively communicating with palliative care teams across LHDs and SHNs, NSW Health is confident that successful, locally relevant models of care and initiatives can be implemented for patients in rural and remote NSW. As well as the success of the Far West Model, many other LHDs are implementing models that suit the needs of their communities. These include:

- Northern NSW LHD has a palliative care telephone after hours support service. Previously, palliative support was only available Monday-Friday, 8am-4pm, now patients can now contact the telephone service any time.
- Western NSW LHD recognises its geographical diversity and aims to ensure equitable access to palliative care services for all residents. To achieve this, the district is actively developing innovative models of care, including virtual approaches.
- Over the past year, significant efforts have been made to establish a virtual palliative care physician model. The virtual Physician collaborates closely with the Dubbo Multidisciplinary Specialist Palliative Care Team. Their role extends beyond Dubbo itself, reaching remote areas up to 4 hours away. These regions include Lightning Ridge and Cobar.
- Southern NSW LHD has strengthened palliative care services across the district through robust community and palliative nurse models of care, Nurse Practitioner palliative care positions, volunteer coordinators, and a contracted medical model.



## Looking forward

NSW Health will continue to support opportunities for networking and sharing best practice examples, including through regular communication between the Ministry of Health and the Palliative Care Service Development Officer group and the NSW Palliative Care Service Development Officer Network SharePoint.

ACI is continuing to work with LHDs to publish **End of life and palliative care organisational models**, along with information on effective local implementation of Clinical Principles for end-of-life palliative care.

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## Recommendation 25

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### Status: Completed

That the Portfolio Committee No. 2 – Health considers undertaking an inquiry into mental health, including into mental health services in rural, regional, and remote New South Wales in the future.

### At a glance

On 4 June 2024, the Legislative Council Portfolio Committee No.2 Health published the report into the inquiry into **Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales Report** ([nsw.gov.au](https://nsw.gov.au)). NSW Health will lead a whole of government response to the Legislative Council's report, due to be tabled by 4 September 2024.

### Looking forward

NSW Health will respond to the Legislative Council's report by 4 September 2024.

### What we've done

NSW Health made a submission to the Parliamentary Inquiry into community and outpatient mental health which includes regional and rural health<sup>6</sup>. NSW Health witnesses attended two of the hearings.

NSW Health has prepared a gap analysis report focussed on the community mental health system. The Minister for Mental Health has provided it to the NSW Alliance for Mental Health.

There have been many Australian Government and State reviews and inquiries into mental health care, resulting in significant progress benefiting NSW regional, rural and remote communities.

<sup>6</sup> [Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.](#)

## Recommendation 26

### Status: Completed

That the NSW Government implement the midwifery continuity of care model throughout rural, regional, and remote New South Wales.

### At a glance

NSW Health has published the **Connecting, Listening and Responding: Blueprint for Action Maternity Care in NSW** (the Blueprint) which will guide and address contemporary maternity organisational challenges, including establishing and sustaining continuity of care and models of maternity care.

Extensive public and targeted consultation informed the development of the Blueprint which included 1,000 people participating in face-to-face consultations, over 18,000 people responding to the two online surveys, 513 submissions from the public and targeted consultation with key NSW Health stakeholders.

### What we've done

The NSW Health policy document **Connecting, Listening and Responding: Blueprint for Action Maternity Care in NSW** (the Blueprint) was published in March 2023. The Blueprint builds on the previous NSW Health Policy Directive Towards Normal Birth in

NSW which has now been rescinded. The Blueprint aims to address contemporary maternity organisational challenges, including establishing and sustaining continuity of care and models of maternity care.

Two committees have been established to support implementation of the Blueprint:

- **The NSW Health Maternity Consumer Reference Group:** membership of this group have a wide range of lived experience of maternity care in NSW within the last 5 years and includes people who live in regional, rural and remote NSW. The first NSW Health Maternity Consumer Reference Group was held on 28 November 2023 and continue to meet bimonthly.
- **The NSW Health Maternity Expert Advisory Group:** co-chaired by a Consumer and the Deputy Secretary, Health System Strategy and Patient Experience. Membership includes Obstetric and Midwifery District Co-leads, Senior leaders from NSW Health Ministry and Pillars and up to 3 self-nominated consumers from the Maternity Consumer Reference Group. The first NSW Health Maternity Expert Advisory Group was held on 5 December 2023 and continue to meet bimonthly.

The Ministry of Health has also established a Midwifery Continuity of Care Community of Practice (CoP) that meets monthly to provide opportunities for midwifery leaders to discuss the development, implementation and sustainability of midwifery continuity of care models in their services. The Midwifery Continuity of Care CoP provides a network of support and collaboration.

# 19,513

Public inputs into **Connecting, Listening and Responding: Blueprint for Action Maternity Care in NSW** (March 2023)



An updated **NSW Health Continuity of Care Models: A Midwifery Toolkit** was published on 2 June 2023. The toolkit aims to provide a consistent approach for implementing Midwifery Continuity of Care in NSW and encourages health services to consider Midwifery Continuity as a way forward to align with community and workforce expectations. The toolkit has been expanded to include the many important partnerships that are required when designing and implementing these models, including Child and Family Health Services, and acknowledging the strong benefits of these models for Aboriginal and Torres Strait Islander women and babies.

## Looking forward

NSW Health will use Connecting, Listening and Responding: Blueprint for Action Maternity Care in NSW to address contemporary maternity organisational challenges, including establishing and sustaining continuity of care and models of maternity care.

## Story of Change: Continuity of maternity care at Glen Innes

Maternity services have been re-established in Glen Innes under a new collaborative model of maternity care.

Glen Innes Hospital offers women continuity and personalised care from a known midwife, in partnership with a general practitioner obstetrician.

It is being rolled out gradually, with the aim of providing an additional safe and supportive option for local families wanting to birth close to home.

Hunter New England local health district, Executive Director of Nursing and Midwifery Elizabeth Grist said a small team of experienced midwives work alongside pregnant women and their families for their maternity care.

“All pregnant women in Glen Innes will have access to this program, with their place of birth to be guided by risk factors in consultation with the GP obstetrician,” she said.



Baby Stevie Mae with parents Liam Carmichael and Nikki Griffiths and midwives Tracey Barnden, Heather Thomas and Melody Atkinson.

“Our midwives are looking forward to forming close relationships with women in our community and helping to support them all the way through their birthing and postnatal journey.”

“We’re proud to be able to introduce this collaborative model in Glen Innes.”

## Recommendation 27

### Status: Completed

That the rural and regional LHDs, and those metropolitan LHDs that take in regional areas of the state, review their maternity services in order to develop plans for midwifery, GP Obstetrics, specialist Obstetrics and newborn services.

### At a glance

- NSW Health developed **Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW**
- The NSW Health Guideline Maternity and Neonatal Service Capability requires all LHDs to provide an annual update of their maternity and neonatal service capability levels.
- All LHDs are required to complete a Service Capability Assessment for each maternity and neonatal service by the end of 2024, using the Maternity and Neonatal Service Capability Assessment Tool.
- The Pregnancy Connect initiative will focus on improving timely access to specialist maternity care and the safe transfer of women who require higher levels of care, particularly for women in regional NSW. It will be supported by an ongoing annual investment of \$6.19 million.

# \$6.19m

Ongoing annual investment in **The Pregnancy Connect initiative** focussing on maternity care in regional NSW

- The Resilience Assessment in Maternity Services facilitation guide and supporting resources assist health services to understand the components of mature safety systems and to follow a structured process to facilitate a resilience assessment.
- Over the last four years NSW Health, in collaboration with key stakeholders, has implemented the Hyperemesis Gravidarum Initiative.

### What we've done

NSW Health continues to review and support maternity services in NSW to strengthen maternity care in regional, rural and remote NSW. These include:

#### **Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW**

As noted under Recommendation 26, Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW (the Blueprint) was published on 1 March 2023 following extensive consultation with stakeholders, including consumers and maternity care providers.

#### **Maternity and Neonatal Service Capability**

The NSW Health Guideline Maternity and Neonatal Service Capability describes the planned activity and clinical complexity that a facility is capable of safely providing, and outlines the processes for assessment, notification and reporting.

NSW Health requires each LHD to provide an annual update of their maternity and neonatal service capability levels as of 30 June each year. The data captured is published as part of the annual reporting in the NSW Health Mothers and Babies report.

## Maternity and Neonatal Service Capability Assessment

The Ministry of Health will request that all LHDs complete a Service Capability Assessment for each maternity and neonatal service by the end of 2024, using the Maternity and Neonatal Service Capability Assessment Tool. This will provide a rapid review of service capability which will assist districts to identify any potential issues that require a documented risk assessment of their planned services.

## NSW Ambulance

NSW Ambulance paramedics provide unplanned maternity care in the community when required. All paramedics are trained in providing labour, birth and early postnatal care and initiation of care in the event of maternal or neonatal emergencies.

Since 2018, NSW Ambulance paramedics have undergone 'maternal care for non-routine maternal care providers' training.

## Pregnancy Connect

Announced on 18 March 2024, the Pregnancy Connect initiative will focus on improving early access to specialist maternity care and the safe transfer of women who require higher levels of care, particularly for women in regional NSW. It will be supported by an ongoing annual investment of \$6.19 million.

Pregnancy Connect will consolidate the improvements achieved through the Maternal Transfers Redesign initiative. The initiative will continue a focus on the efficient local management, care and follow up of women with urgent pregnancy complications, particularly in smaller regional communities.

The rollout of Pregnancy Connect will include all 15 NSW LHDs and the ACT. All NSW LHDs have been provided with funding for midwifery and obstetric lead positions.

## Resilience Assessments

Maternity services need to be able to prepare for adverse events by having in place several important safety structures and processes, culture and programs.

A Resilience Assessment sets out to evaluate the capability of complex systems to maintain safety, flexibility and recover from a range of potential adverse events.

The Resilience Assessment in Maternity Services facilitation guide and supporting resources are intended to assist health services understand the components of mature safety systems and to follow a structured process to facilitate a resilience assessment.

## Severe nausea and vomiting in pregnancy and hyperemesis gravidarum (HG)

Over the last four years NSW Health, in collaboration with key stakeholders, has implemented the Hyperemesis Gravidarum Initiative.

The Initiative has delivered a range of projects that included enhancing and embedding evidence-based clinical care, provision of education, research, and improving service integration between hospital, community and primary care providers. These include:

- Publication of the first NSW Health statewide clinical guideline for nausea and vomiting in pregnancy and Hyperemesis Gravidarum
- Establishment and/or augmentation of models of care in LHDs
- Provision of Community Packages (ComPacks) to women with Hyperemesis Gravidarum
- Updates to Health Pathways
- Provision of education to NSW Health clinicians, general practitioners, rural generalist and pharmacists
- Dedicated Nausea and vomiting in pregnancy and Hyperemesis Gravidarum website, consumer resources and media campaigns
- Innovation grants for LHDs and a research grant
- Introduction of standardised assessment tools.

## Looking forward

Monitoring and evaluation of all these initiatives will continue to map progress and monitor outcomes.



## Recommendation 28

### Status: In progress

That NSW Health in conjunction with NSW Ambulance and unions review the use of ambulance vehicles for patient transfers, and in partnership with the rural and regional LHDs explore extending the hours of operations of patient transfer vehicles to provide 24-hour coverage and minimise the number of low-acuity jobs that paramedics attend to, to relieve pressure on ambulance crews.

### At a glance

A proposal to expand Patient Transport Services (PTS) into regional and rural LHD's has been developed which would address current challenges associated with non-emergency transport and improve patient and customer experience.

### What we've done

As noted in response to recommendation 3, the NSW Patient Transport Service (PTS), managed by HealthShare NSW, receives booking requests for non-emergency patient transport and employs business rules to engage other health agencies as needed, including NSW Ambulance.

Expansion of PTS into regional and rural LHDs is an initiative of the Comprehensive Expenditure Review (CER) put forward to Treasury. PTS are engaging regional and rural LHDs, with the geographical location of Mid North Coast LHD and Northern NSW LHD identified as the first 2 LHDs to form part of the first tranche of the rollout, planned in 2025.

Expansion in Mid North Coast LHD has commenced in a limited capacity with the LHD recently requesting PTS' support for their existing patient transport unit (PTU) due to resourcing constraints as of April 2024.

A rollout to other regional and rural LHDs is planned, noting that it is unlikely that expansion would occur in Far West LHD given the unique geographical challenges. PTS would be positioned to provide guidance and support to Far West LHD on localised transport initiatives.

An analysis of the demand profile in Hunter New England LHD where PTS currently operates was conducted to inform consideration of operating hours expansion. This analysis confirmed that peak demand occurred during current operating hours (6am – 12am), decreasing rapidly during the evening.

PTS regularly reviews demand and capacity to ensure appropriate resourcing and coverage. PTS does not support 24/7 services for non-emergency patient transport as the demand profile does not support this. It also provides a poor patient experience and there are several risks associated with night driving, particularly in regional and rural NSW.

This proposal to expand PTS into regional and rural LHDs will address current challenges associated with non-emergency transport and improve patient and customer experience through:

**Service innovations:** Existing initiatives could be rolled out including reservations model, ETA technology, real time data, patient surveys, Infection Prevention and Control (IPAC) best practice and stronger crisis response.

**Efficiency and timeliness uplifts:** PTS serviced districts with similar drive times indicate potential for improved efficiencies of 10-15% in trips per hour and dedicated non-emergency transport will reduce delays in these areas, improving overall timeliness.

**Greater NSW capacity:** If PTS delivered regional transports at their current rate in metro Sydney, between 6,000 and 23,000 less patients would be transferred by NSW Ambulance per year.

**Greater access to care and careers:** Through increasing scope of practice, PTS would deliver more services to patients in regional areas, ensuring better access to care and create more regional career opportunities.

**Financial benefits:** PTS could deliver savings due to the reduced cost of transports currently undertaken by NSW Ambulance.

## Looking forward

NSW Health is continuing to explore options for expanding Patient Transport Service availability in regional LHDs.

## Recommendation 29

### Status: In progress

That NSW Health in conjunction with NSW Ambulance:

- Undertake a community profiling program across rural, regional and remote New South Wales to identify the paramedic needs of communities
- Ensure the equitable distribution of paramedics at all levels, including Extended Care and Intensive Care Paramedics and update ambulance deployment modelling to reflect present day demand, ensuring that ambulances are deployed as rostered
- Expand the Intensive Care and Extended Care Paramedic programs across rural, regional and remote New South Wales and allow paramedics outside metropolitan areas to undertake training, skills consolidation and skills maintenance locally
- Explore innovative models of care utilising the skill sets of paramedics to better support communities that lack primary health care services, including consideration of embedding paramedics at facilities that do not have access to a doctor
- Undertake a review of the efficacy of the current call triaging system and referral services.

### At a glance

- The Integrated Paramedic Workforce Model Project will explore the feasibility of a workforce model integrating paramedics within established multidisciplinary teams across a range of health care settings. This project will assess whether new workforce models can effectively contribute to patient care in areas where this is most needed, especially in regional NSW.
- The project will trial new ways for paramedics to work in acute care settings and collaborate with nurses, doctors, and allied health professionals to deliver care. These pilots would see paramedics acting as an additional skilled resource. Two sites have been identified for the initial pilots, which will take place in the second half of 2024.
- NSW Ambulance conducts regular analysis of all locations within NSW to identify areas of growing demand for the prioritisation of resources. This includes using best practice modelling software that maps Triple Zero (000) calls to determine the most suitable location for emergency care, including

examining current response areas and modelling potential station locations to meet community needs.

- The NSW Auditor General's report into ambulance services in regional NSW identified that NSW Ambulance undertakes holistic service planning, and effectively considers demand, workload, coverage and capability requirements when planning its workforce to efficiently deliver ambulance services in regional NSW.

### What we've done

#### The Integrated Paramedic Workforce Model Project

Paramedics have been identified as the first workforce to test integrated workforce models as they have the knowledge and experience to contribute to the delivery of care across a range of health care settings.

The Integrated Paramedic Workforce Model Project will explore the feasibility of a workforce model integrating paramedics within established multidisciplinary teams

across a range of health care settings. This project and its outcomes will inform the NSW Ambulance community paramedicine program. It is aligned to the NSW Health Future Health Strategy and the NSW Health Workforce Plan 2022-2032.

The project is being jointly delivered by the Agency for Clinical Innovation, the Ministry of Health, LHDs, and NSW Ambulance. Findings and insights from the initial pilots will inform further pilots in a range of settings.

Through a series of pilots in LHDs during 2024, the project will trial new ways for paramedics to work in acute care settings and collaborate with nurses, doctors, and allied health professionals to deliver care where paramedics would be additional skilled resources. Two sites have been identified for the initial pilots, which will take place in the second half of 2024.

A workshop series has been delivered at both LHD pilot sites. These workshops have enabled the design of bespoke pilot service models for each site, including development of the paramedic's role within the local multi-disciplinary team. Several workshop deliverables will form the basis of consultation with unions, site staff, and consumers over the coming months. Following conclusion of the consultation period, the pilots will go-live later this year under advice of the Executive Steering Committee.

This project will assess whether new workforce models can effectively contribute to patient care in areas where this is most needed, especially in regional NSW. This project will also explore new ways to improve access to timely patient care, strengthen the health workforce to deliver care, and build future work practices.

### **Extended Care Paramedics (ECP)**

Identification of potential regional Extended Care Paramedics (ECP) locations according to service planning methodology has been completed. ECPs are only one element of a comprehensive and integrated program that includes Virtual Clinical Care and may incorporate Community Paramedicine in the future. ECP efficacy and value is only realised where service planning identifies case demand and presentation are supported by the necessary referral pathways.

### **Clinical Capability Assessment**

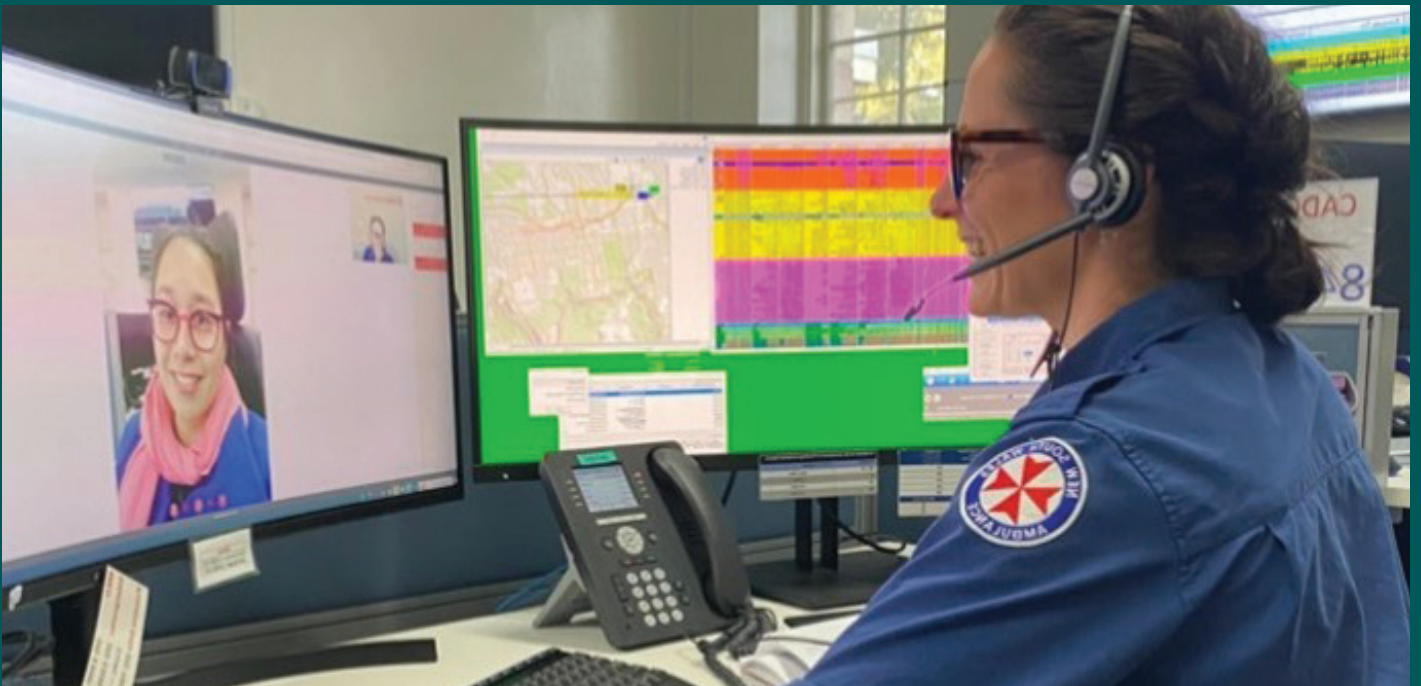
NSW Ambulance applies a Clinical Capability Assessment as well as a service planning methodology to determine the placement of clinical resources, including Intensive Care Paramedics (ICPs). Identified locations provide the right balance between frequency and complexity of clinical exposures. Additionally, the selected locations provide a necessary 'community-of-practice' to ensure that specialists are not isolated and can participate across all domains of specialist practice and can remain current and recent in their area of specialty. This Clinical Capability Assessment in the placement of ICPs is essential to maintain patient safety when ICPs are performing highly complex procedures in the out of hospital environment.

### **Looking forward**

NSW Health will continue to implement the Integrated Paramedic Workforce Model Project and identify potential locations for the Extended Care Paramedics (ECP) program.

ECPs are currently a funded model of care in Metropolitan Sydney, Central Coast, Hunter and Illawarra, targeting reducing Emergency Department demand through safe and effective alternate referral pathways and avoidance of dual crewed ambulance responses. The program has significant potential to affect health care outcomes for patients, and support for paramedics, in regional NSW.

## Story of Change: Innovative NSW Ambulance program supporting regional communities



NSW Ambulance's Virtual Care Clinical Care Centre in Action

The NSW Ambulance Virtual Clinical Care Centre (VCCC) aims to reduce health inequities for people in rural and remote communities, while reducing demand on paramedics, control centre staff and hospitals.

At the point of a Triple Zero (000) call, the VCCC triages suitable patients - those who don't require an emergency ambulance - to the most appropriate healthcare provider to meet their immediate need. This approach avoids unnecessary dispatch of ambulances, paramedics and reduces the pressure on the health system's emergency departments.

Through telehealth and video conferencing the VCCC provides thorough assessment and care advice, including connecting patients with their local healthcare provider, such as their GP, pharmacist or other health care service. This ensures patients receive the right care, at the right time, at the right place, and in many cases avoids them having to travel outside of their homes and community to receive care.

A recent example showed how the VCCC connects patients in rural and remote NSW locations with the right care, at the right time, in the right place and by the right healthcare provider.

A Triple Zero (000) call was received from a Residential Aged Care Facility (RACF) regarding a patient who had developed a rash but was otherwise well. After a primary triage, the incident was sent directly to the VCCC for review.

A VCCC clinician called the aged care facility to undertake a secondary triage with the patient and carer, where it was established the patient's usual GP was unavailable. Following the VCCC's assessment the patient was determined to be eligible for a referral pathway. The clinician discussed options with the patient and their carer and, with consent, the patient was connected with a virtual health care service. A doctor completed a consultation, and the patient was able to be managed in her home at the Residential Aged Care Facility.

## Recommendation 30

### Status: In progress

That NSW Health:

- Commit to providing continuity of quality care with the aim of a regular on-site doctor in rural, regional and remote communities
- Commit to a model of care under which virtual care technology is used to supplement, rather than replace, face-to-face services
- Where virtual models of medical care are operating, roster additional suitably trained nursing staff to assist in the provision of the physical care usually attended to by the medical officer
- Provide staff members with training on how to effectively use telehealth and other virtual models of care
- Create a public information campaign specifically targeted to rural, regional and remote communities in order to assist patients to effectively engage with virtual care, including factsheets and checklists to set expectations and support positive interactions
- Ensure that the use of virtual care, if required, is undertaken in consultation with community members, health providers and local governments in rural, regional and remote areas
- Investigate telehealth cancer care models to improve access to cancer treatment and care including the Australasian Tele-trial model to boost clinical trial participation in regional areas.

### At a glance

- Education and training are key enablers to build capability and confidence of the workforce. Multiple initiatives have been provided to support the successful and sustainable implementation of virtual care.
- Communication materials and promotional activities have been conducted to disseminate the key messages of the **Virtual Care Strategy 2021-2026**. These initiatives are designed to encourage greater adoption of virtual care among clinicians and patients. Our message is that virtual care complements traditional face-to-face care—it does not replace it.
- A short survey to collect and share information about models of care that exist in virtual care across the state, with a focus on cancer services was conducted.

- Opportunities to enhance access to clinical trials across rural, regional and remote communities will be enabled through digital technologies.

### What we've done

#### Education and Training

NSW Health continues to focus on enhancing the capability and confidence of clinicians to use virtual care. The following initiatives are examples of education and training activities:

- Targeted training has been developed to upskill clinicians and teach them how to adapt their practice to successfully engage with patients, build rapport and have challenging conversations virtually.
- Two new statewide training modules have been developed that focus on further enhancing clinician knowledge and build virtual care capability.



They are:

1. Determining the suitability and appropriateness of virtual care with consumers
  2. Collaborating to conduct patient assessment with virtual support.
- The **Virtual Care in Practice guide** has been revised and digitised. This comprehensive resource provides access to information to successfully integrate virtual care into clinical practice.
  - The **Remote Patient Monitoring (RPM) Implementation Guidance** was developed and further education sessions were provided to enhance awareness and prepare clinical services to implement remote patient monitoring.
  - NSW Health has an ongoing commitment to transfer learnings of successful integration of virtual care through the **Spotlight on Virtual Care**, the virtual care community of practice and **innovation exchange** forums and **register**.
  - Clinical videoconferencing training (my virtual care and Pexip) has been provided to 974 people as of end of May 2024.
  - Supporting inclusion of virtual care into higher education curriculum by upskilling NSW TAFE Teachers.

### Communications and promotional activities

Key initiatives aimed at enhancing awareness of virtual care across the community are underway, including:

- Tailored key messages, posters, flyers and video testimonials. specific for remote, rural and regional, Aboriginal and CALD communities.
- Social media campaign promoting virtual care, key initiatives, and resources to support adoption of virtual care.
- Continued work with Engagement Leads/Community Leads in regional districts to better understand how to raise awareness and acceptance of virtual care.
- Consultation with the Centre for Aboriginal Health to understand how to best disseminate information to Aboriginal people and communities.
- Developed a toolkit for virtualKIDS that informs parents and carers about available healthcare

options, emphasising Healthdirect's role as a supplementary service to in-person care. It supports staff with resources on effective telehealth use and guidelines for nursing support in virtual consultations.

### Virtual care in NSW cancer services

The Cancer Institute NSW undertook work in collaboration with the Ministry of Health and ACI, conducted a survey gathering and disseminating information on virtual care models across the state, with a particular emphasis on cancer services. The goal was to monitor and utilise established models of care for cancer-specific virtual services across NSW. The project identified that while all LHDs and SHNs had the technology and capability to deliver virtual care, there was variation in the extent to which it was used.

As a result, the Cancer Institute has supported the cancer services to connect in with the statewide virtual care network operated by the ACI to ensure consistent delivery of best practice models of virtual care within cancer services across NSW.

### Cancer treatment clinical trial participation in regional areas

The Rural, Regional and Remote Clinical Trial Enabling Program (R3-CTEP) is a \$30.6 million Australian Government Medical Research Future Fund (MRFF) grant designed to improve access to clinical trials for rural, regional and remote (RRR) people in NSW and ACT over five years (2022 to 2027). The program is delivered through three clusters of LHD members (9 LHDs and Canberra Health Services/ACT Health) across Northern, Western and Southern NSW.

The R3-CTEP has committed to leverage, adapt, and broaden the existing infrastructure of the Virtual Care Platform to explore opportunities for a new clinical trial delivery model. The goal is to increase access to clinical trials through a decentralised model, and not limited to cancer care. This model can reduce the burden of travel to participants through appropriate and specific activities occurring away from a central facility, improve a participants' experience and increase equity of access to potential treatment options for people in regional and remote areas in NSW.

The Decentralised Clinical Trials (DCT) project will be completed in phases including an environmental scan and feasibility assessment undertaken in phase 1, likely to commence later in 2024.

The Office for Health and Medical Research (OHMR) is leading the implementation of the R3-CTEP which intends to build a sustainable trial ecosystem across RRR NSW beyond the life of the grant through attracting industry partners and sponsors to build support.

The R3-CTEP will deliver 13 infrastructure projects and initiatives within five key activities over the next

three years which address the barriers of geographical isolation, and workforce capacity and capability, to enable increased participation in clinical trials for rural and regional people.

## Looking forward

NSW Health will continue to support the integration and access of virtual care by enabling the use of digital health in healthcare through the implementation of the Virtual Care Strategy 2021-2026.

## Story of Change: Virtual care transforming healthcare delivery



Iyeshya Roberts loves the flexibility that virtual care offers in helping her to manage her condition

In the heart of the Mid North Coast, Kempsey local Iyeshya Roberts is a proud Dunghutti woman whose journey through the complexities of autoimmune disease treatment embodies the transformative power of virtual care in Indigenous healthcare.

With 11 per cent of patients using the service identified as Aboriginal, Iyeshya's story shines a spotlight on the pivotal role of accessibility and flexibility in delivering quality healthcare.

"Virtual care is good because it gives you that flexibility of being able to fit it around your day-to-day," Iyeshya said.

Iyeshya's story serves as a testament to the transformative potential of virtual care, offering hope and possibility to countless others facing similar challenges.

## Recommendation 31

### Status: In progress

That NSW Health acknowledge the significant cultural barriers that telehealth poses for First Nations communities and work to ensure face-to-face consultations are prioritised.

### At a glance

- The **NSW Virtual Care Strategy – 2021-2026** was published in February 2022 and highlights the need for consultation with key Aboriginal stakeholders and community members to reduce existing barriers to using virtual care.
- Six LHD visits between October and November 2023 occurred to connect locally, consult, and discuss virtual care initiatives and further understand local challenges, enablers and opportunities to embed virtual care to support health care in Aboriginal communities.

### What we've done

The **NSW Virtual Care Strategy** acknowledges the need to consider existing cultural barriers for Aboriginal people when accessing health care and how that may impact on the use of virtual care by Aboriginal communities. The Strategy recognises that the Aboriginal workforce will be instrumental in ensuring that Aboriginal patients are provided with virtual care opportunities.

The NSW Aboriginal Strategic Leadership Group (ASLG) has been leveraged as a forum to discuss virtual care in Aboriginal Health including what considerations need to be made to further develop virtual care services for Aboriginal people, and how best to engage in local discussions with Aboriginal communities and leaders. Nominated staff members from the Aboriginal Health and Medical Research Council (AH&MRC) are invited to

monthly meetings to identify opportunities and solutions to integrate virtual care to promote accessible and equitable care for Aboriginal people.

The Ministry of Health, in collaboration with the AH&MRC, undertook a survey of Aboriginal Community Controlled Health Organisations (ACCHO) and Directors of Aboriginal Health. Survey results included information around organisational use of and familiarity with virtual care, along with perception around the cultural safety of virtual care for Aboriginal people.

NSW Health is also working with ACCHOs to ensure they can implement virtual care in their current infrastructure and services. There are ongoing investigations for community Virtual Care Hub spaces in collaboration with the Australian Government, Multipurpose Services (MPS), NSW Council of Social Services (NCOSS) and local communities ensuring culturally safe spaces supporting Aboriginal communities.

The ASLG recommended that roadshows were held, and the Virtual Care Unit (VCU) and the Centre for Aboriginal Health (CAH) conducted 6 LHDs visits between October and November 2023. The purpose of the visits was to connect locally, consult, and discuss virtual care initiatives and to further understand local challenges, enablers and opportunities to further embed virtual care to support health care services to Aboriginal communities. Ongoing work with Workplace Talent and Development (WPTD) is aimed to identify requirements that support the delivery of culturally sensitive virtual care.

## Looking forward

Following the LHD visits, the VCU has developed a report, with several recommendations with next steps to support Aboriginal people to adopt virtual care as a viable option for care delivery. The report recommendations include a communications toolkit. VCU is developing comprehensive virtual care communication toolkit for Aboriginal communities and clinicians servicing these communities. These toolkits will include materials for websites, newsletters, social media, and printed resources. Aimed at healthcare organisations, staff, Aboriginal community leaders and Elders, Aboriginal organisations, and anyone supporting Aboriginal communities.

NSW Health is also working on a public-facing web page that will host resources, campaign materials, and information to support healthcare providers on virtual care for Aboriginal people.



## Recommendation 32

### Status: Completed

That NSW Health and the LHDs improve the cultural safety of health services and facilities by engaging with Aboriginal Elders and local communities to:

- revise and incorporate local content into cultural awareness training such as **Respecting the Difference: Aboriginal Cultural Training**
- listen to their experiences of the healthcare system and seek guidance around what cultural safety strategies should be applied in their areas
- include prominent Acknowledgements of Country in all NSW Health facilities as a starting point.

### At a glance

- The *Respecting the Difference: Know the Difference* course which is mandatory for all NSW Health staff has been refreshed.
- The *NSW Government Aboriginal Procurement Policy and the NSW Health (Goods and Services) Procurement Policy and Procurement Procedures* has been developed. In 2022-2023 this led to:
  - o \$41.9 million spent directly with Aboriginal businesses, against a \$23 million target set by the NSW Procurement Board.
  - o 156 goods and services contracts awarded that are valued over \$10,000 to Aboriginal businesses, exceeding the target of 63 contracts set by the NSW Procurement Board.
  - o 234 Aboriginal businesses engaged, a 20% increase on the previous financial year.
- All regional LHDs display prominent Acknowledgments of Country at health facilities to support cultural safety and pay respect to the traditional owners of the lands.

### What we've done

#### Revised cultural awareness training

The Health Education and Training Institute (HETI) is a leading provider of high-quality training and education to support more than 110,000 clinical and non-clinical staff, trainers, managers, and leaders across the NSW Health system.

HETI has refreshed the eLearning module *Respecting the Difference: Know the Difference*. All NSW Health staff must complete the Respecting the Difference cultural training. The training is provided in two parts - an eLearning module and a face-to-face workshop. Staff must complete the eLearning before they take part in the workshop.

A monitoring and evaluation process is in place to track how many staff have completed the course. In financial year 2022/23, 40,418 NSW Health staff members completed mandatory eLearning and 13,031 NSW Health staff members completed local face-to-face training. In total 77% of staff in regional LHDs completed the eLearning Module and 56% completed the face-to-face training.

#### Engaging Aboriginal Businesses

NSW Health is committed to improving the cultural safety of health services and facilities by engaging with Aboriginal Elders and local community. A significant way to ensure that occurs is by buying directly from Aboriginal businesses.

**\$41.9m**

Spent with  
Aboriginal  
businesses

**156**

Goods and  
services  
contracts  
awarded

**234**

Aboriginal  
businesses  
engaged



Acknowledgement of Country and NSW Health apology at Narrandera Health Service

Both the *NSW Government Aboriginal Procurement Policy and the NSW Health (Goods and Services) Procurement Policy and Procurement Procedures* document encourage all NSW Health organisations to buy directly from Aboriginal businesses and award contracts to these businesses.

To facilitate this, the *Vendor Management System for Professional Services* has flagged Aboriginal businesses that are prequalified on relevant schemes and pre-loaded into the system to make it easier for staff to find these businesses.

To further educate staff on procuring from Aboriginal Business, 'Procurement Academy' training was delivered to all NSW Health agencies to reiterate the importance of engaging Aboriginal businesses and how to locate these businesses.

As a result of these actions there were significant improvements in Financial Year 2022-2023, including:

- \$41.9 million spent directly with Aboriginal businesses, against a \$23 million target set by the NSW Procurement Board
- 156 goods and services contracts awarded that are valued over \$10,000 to Aboriginal businesses, exceeding the target of 63 contracts set by the NSW Procurement Board
- 234 Aboriginal businesses engaged, a 20% increase on the previous financial year.

### Ensure all regional LHDs have Acknowledgments of Country at health facilities

All regional LHDs display prominent Acknowledgments

of Country at health facilities to support cultural safety and pay respect to the traditional owners of the lands.

Some examples include:

- In Far West LHD there is an Acknowledgement of Country at all meetings, gatherings, and community events. All Health services and facilities engage local traditional owners and/or Elders to undertake a Welcome to Country
- In Western NSW LHD all facilities have the Acknowledgement of Country displayed in their meeting rooms
- In Northern NSW LHD all facilities, including administration buildings, have Acknowledgement of Country plaques
- In Murrumbidgee LHD all services and facilities have signage of its statement of commitment, an Acknowledgement of Country and the NSW Health apology to the Stolen Generation from NSW Health Secretary prominently displayed in public areas.

### Looking forward

The *Aboriginal Procurement Policy* and increasing Aboriginal participation NSW Health's supply chain is an ongoing commitment. While NSW Health have exceeded the targets set for Financial Year 2022-2023, NSW Health is actively working to increase its engagement with Aboriginal businesses in Financial Year 2023-2024.



## Recommendation 33

### Status: In progress

That NSW Health and the LHDs, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers.

### At a glance

- NSW Health launched the **Aboriginal Workforce Composition Policy** and Information Bulletin in December 2023.
- NSW Health has set a minimum target to maintain an Aboriginal Workforce rate of 3.43% by 2031 for whole of NSW Health. The **Regional Health Strategic Plan Priority Framework** elevates this target as a minimum of 4% across all regionally based LHDs. Each agency are required to build local targets to meet population parity.
- 20 additional Aboriginal nursing and midwifery cadetship positions were developed with \$500,000 allocated to support study costs in both FY 22/23 and FY 23/24.
- NSW Health has set a target for a minimum of 53 FTE Aboriginal Health Practitioners across all rural/regional LHDs.

### What we've done

#### Increasing the target for Aboriginal employee employment

The **Aboriginal Workforce Composition Policy** and associated Aboriginal Workforce Composition Minimum Targets Information Bulletin were published in 2023. As a result of the Policy shift, the NSW Health Target has increased to 3.43% by 2031 with incremental targets established as: 3.10% by 2025 and 3.30% by 2031.

#### The **Regional Health Strategic Plan 2022-2032**

**Priority Framework** also establishes a target of 4% or greater representation of Aboriginal staff employed in each regional local health district.

As of 30 June 2023, NSW Health reported a 3.01% Aboriginal Workforce outcome across NSW. NSW Health will assess if there has been workforce growth and if the target has been met at the annual workforce reporting period (30 June 2024).

#### **Increasing the number of Aboriginal Nursing and Midwifery Cadetships**

In April 2023, the NSW Treasury approved funding to support 20 additional Aboriginal nursing and midwifery cadetship positions as part of the Building and Sustaining the Rural Health Workforce Policy Proposal (NPP). This funding is part of a strategy to increase the number of Aboriginal clinicians working within the NSW health system. The additional Nursing and Midwifery cadetship positions are supported over next four years (FY22/23-FY25/26). The additional cadetships have been implemented from FY22/23.

In FY22/23 the additional cadetships were allocated between CCLHD, FWLHD, HNELHD, ISLHD, MNCLHD, NNSWLHD, NBMLHD, with FTE varying between one and five.

In FY 23/24 they were allocated between FWLHD, MNCLHD, SNSWLHD, NBMLHD, HNELHD, WNSWLHD, and NNSWLHD. A total of \$500 000 was approved for FY22/23 and an additional \$500 000 approved for FY23/24.

Each cadet is provided \$25 000, inclusive of \$12,000 Study Allowance, \$1,000 Book Allowance, and \$12,000 Work Placement.

### **Increase the number of Aboriginal Health Practitioners**

The Aboriginal Health Practitioner workforce targets have been established for each LHD and SHN with a minimum of 53 FTE across rural/regional LHDs.

As of 30 June 2023, there were 29.02 FTE Aboriginal Health Practitioners across Rural/Regional LHDs. NSW Health will assess if the target of 53 FTE has been met at the annual workforce reporting period on 30 June 2024.

NSW Health have implemented supporting guidelines and policies to support the growth of this workforce. The Aboriginal Workforce Composition Policy states that LHDs and SHNs are required to have Aboriginal Health Practitioner roles embedded in workforce planning processes, with the view to embedding the registered clinical role within the multi-disciplinary team. The "Guide to the Role Delineation of Clinical Services" has been updated to include Aboriginal Health Practitioner Workforce against relevant clinical services from Level 1 to Level 6.

Aboriginal Health Practitioner students are eligible for the Tertiary Health Study Subsidies which were established in 2024. To date, there are 12 students commencing study as an Aboriginal Health Practitioner and 3 students graduating from study and commencing work with NSW Health as an Aboriginal Health Practitioner who have been awarded a financial subsidy.

### **Increasing the number of Aboriginal Mental Health Care Navigators and Peer Workers**

18 Aboriginal Mental Health Care Navigator and 18 Aboriginal Mental Health Peer Workers have been established across the state.

The LHDs and SHNs utilise a flexible model to support the transition of Aboriginal consumers from acute care services back into the community.

### **Looking forward**

NSW Health will continue to monitor and report on the rate of Aboriginal employment across the state with a focus on the regionally based LHDs. The target rates of employment are a minimum target, and it is expected that LHDs will develop their own strategies based on the Aboriginal population of the area that will be higher than the minimum rate.

NSW Health will continue to deliver the Aboriginal nursing and midwifery cadetship program and continue to support LHDs and SHNs to reach the rural/regional target of 53 FTE.

## Recommendation 34

### Status: In progress

That NSW Health and the LHDs prioritise formalising partnerships with all Aboriginal Community Controlled Health Services to support the delivery of health services and improve the health outcomes of First Nations people in New South Wales. These partnerships should include formal documentation of service delivery responsibilities and expected outcomes.

### At a glance

- The majority of LHDs and SHNs have reviewed their partnerships with Aboriginal Community Controlled Health Organisations (ACCHOs) or have a variation in place that provides a strong foundation for collaboration with ACCHOs in their region. The NSW Aboriginal Health Plan 2024-2034 will be launched in August 2024, and the NSW Health Aboriginal Governance and Accountability Framework is anticipated to be launched in September 2024.

### What we've done

Given the dynamic nature of partnerships, this is an ongoing area of focus as establishing formal partnership agreements can be complicated due to several factors including the size of the LHD, for example Western NSW LHD has 9 ACCHOs and within the footprint of the Sydney inner metropolitan LHDs, AMS Redfern is the only ACCHO.

There is also significant variation in the type of agreements. As well as LHD-wide formal agreements, there are Statements of Commitment, Memorandums of Understanding and Service Level Agreements which support operational partnership activity. Partnership agreements may also include other Aboriginal organisations that are not ACCHOs such as Regional Alliances.

It is important to note that LHDs also respect that some ACCHO's are not ready to enter into formalised agreements with the LHD and continue to build trust as they work towards more formal agreements.

Development of the NSW Health Aboriginal Governance and Accountability Framework is nearing completion with an expected launch date of September 2024. The framework will facilitate the development, maintenance and monitoring of shared decision-making and genuine partnership across NSW Health, and between NSW Health organisations and the Aboriginal Community Controlled Health Sector.

### Looking forward

A number of partnership agreements are currently under review and the Centre for Aboriginal Health will undertake a stocktake as a baseline measure for the NSW Aboriginal Health Plan, anticipated to be released in August 2024.

A priority outcome supported by the Plan's strategies is that NSW Health is engaged in and accountable to Aboriginal co-led and co-created formal partnership arrangements that are sustained, adequately resourced, trusted, impactful and committed to Aboriginal defined priority outcomes and strategies.

The Governance and Accountability Framework is anticipated to be launched in September 2024 and the supporting Partnership Metric in early 2025.

## Recommendation 35

### Status: In progress

That the NSW Government mandate the requirement for each LHD to have at least one Indigenous community representative on the governing board.

### At a glance

Each regional LHD has at least one designated Aboriginal community representative role and all except one of these roles are filled. The one vacancy exists due to a recent resignation and action is being taken to appoint a new member. This will be completed by December 2024.

### What we've done

NSW Health supports each regional LHD board having an Aboriginal community representative, and each regional LHD has an identified Aboriginal community representative role. All regional LHDs except for one have a currently appointed member to this role, with the exception being due to a recent resignation. Having Aboriginal community representatives supports community engagement, demonstrate active commitment to the Aboriginal voice, and increases accountability in policy decision making. Gender parity is also considered as Aboriginal male and female perspectives are important to be captured.

The *Health Services Act 1997* currently requires at least one board member to have “expertise, knowledge or experience in relation to Aboriginal health,” but does not expressly require appointment of a member of the Aboriginal community.

The Ministry of Health Corporate Governance and Risk Management team works with the regional LHDs to ensure that there is at least one Aboriginal community representative on each board and work with the LHDs when a representative resigns to ensure a new representative replaces them as soon as practicable.

### Looking forward

NSW Health is considering ways of strengthening the requirement to have at least one Aboriginal representative on their regional LHD boards, including amending the *Health Services Act 1997*. This will be completed in 2025.

## Recommendation 36

### Status: Completed

That the NSW Government maintain a Regional Health Minister in cabinet and provide that Minister with appropriate authority to address issues raised in the inquiry and future issues that affect the rural, regional and remote health system and its communities.

### At a glance

NSW Government is committed to strong governance and leadership to ensure that regional health remains a priority. A regional health portfolio has been established and maintained to ensure parliamentary representation.

### What has been done

A Minister for Regional Health was appointed in 2021, with responsibility for hospitals and health services in regional NSW.

A Minister for Regional Health has been retained within the Portfolio and is currently held by the Hon. Minister Ryan Park MP as Minister for Health and Minister for Regional Health.

# 3,600

More than 3,600 people across NSW participated in **The NSW Regional Health Strategic Plan 2022-2032** (2023)

[Click here to view](#)

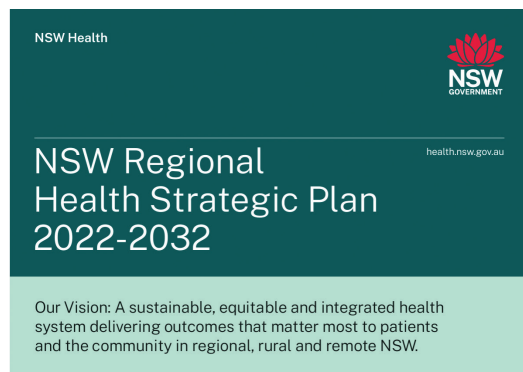
## Recommendation 37

### Status: Completed

That NSW Health complete and publish the final evaluation of the NSW Rural Health Plan: Towards 2021 before finalising the next rural health plan for New South Wales.

### At a glance

- NSW Health published the **Final Progress Review of the Rural Health Plan: Towards 2021** in April 2022.



Final Progress Review of the Rural Health Plan: Towards 2021

### What we've done

NSW Health completed and published the **Final Progress Review of the Rural Health Plan: Towards 2021** in April 2022 and published the report on 3 May 2022. The final review highlights key achievements in addition to the progress of the earlier reviews in 2015 and 2018. The final review also sets out future directions for regional, rural, and remote health policy.

### Looking forward

NSW Health used the future directions and key insights from the final progress review to develop the **NSW Regional Health Strategic Plan 2022-2032** which was published in February 2023.



## Recommendation 38

### Status: Completed

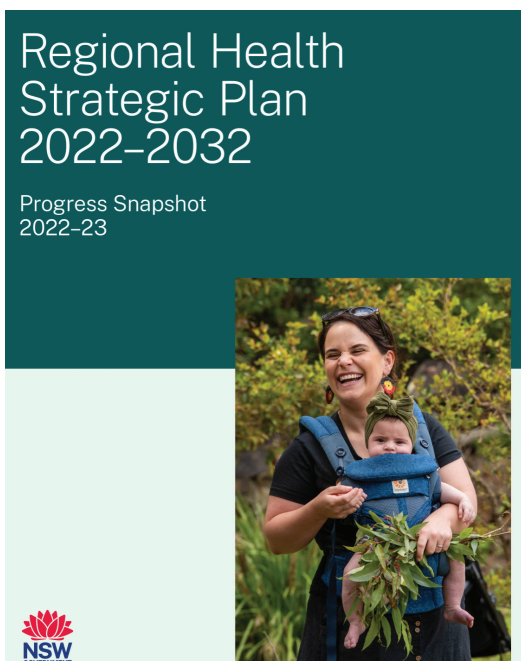
That the NSW Government ensure that the development of the next Rural Health Plan:

- acknowledges that rural and remote health systems are fundamentally different to urban and regional city health systems
- includes genuine consultation with rural and remote communities
- contains realistic, and quantifiable goals in terms of tangible health outcomes.
- provides the funding and support required to deliver against those goals.

### At a glance

NSW Health has developed the **NSW Regional Health Strategic Plan 2022-2032** and we are reporting against the strategic objectives, deliverables and actions identified for the first 3 years of the Plan.

Achievements from the first year of the Plan can be found in the **Progress Snapshot for 2022-2023** which was published in November 2023.



Regional Health Strategic Plan 2022-2032

### What we've done

NSW Health developed the **NSW Regional Health Strategic Plan 2022-2032** (the Plan) which was published in February 2023.

The Plan acknowledges the challenges that people living in regional, rural, and remote NSW have to access healthcare as compared with metropolitan areas and includes strategies to address those challenges.

Extensive consultation was conducted with consumers and health staff across NSW Health. 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 majority of them in regional, rural, and remote NSW.

The Plan is accompanied by the **Regional Health Strategic Plan 2022-2032 Priority Framework** (the Priority Framework) that contains realistic, measurable, and quantifiable targets for the first three years of the plan.

The first **Progress Snapshot for 2022-2023** was published in November 2023 and highlights early progress against the 19 targets set out for the first 3 years of the Plan. While this first snapshot shows there is still more to be done to improve health outcomes and access to health services, it also highlights significant progress in many key areas.

## Looking forward

The Regional Health Strategic Plan 2022-2032 will be regularly reviewed, and consultation undertaken to ensure effective planning, delivery, monitoring, reporting and evaluation which is responsive to the evolving needs of regional communities.

A comprehensive evaluation will be conducted at 3, 5 and 10 years to determine the impacts and success of the plan. These findings will be reported publicly to increase visibility and accountability from NSW Health to deliver on the actions in the Plan.

The Plan will continue to be overseen by the Regional Health Committee and the Regional Health Plan Steering Committee, which provide strong governance and are an avenue to escalate issues and promote successes of the Plan. The next Progress Snapshot is due to be released in late 2024.

## Recommendation 39

### Status: Completed

That NSW Health and the rural and regional LHDs upgrade and enhance their collaborative work with the Primary Health Networks to:

- Ensure that high quality health services for rural, regional, and remote New South Wales are cooperatively planned and successfully delivered
- Drive innovative models of service delivery, including those recommended elsewhere in this report.

### At a glance

- NSW Health has a **Joint Statement** with the NSW PHNs and the Australian Government that determines how to work together over the next two years to address three key priority areas - focusing on care in the community; establishing regional planning processes and governance; and data and outcomes.
- Collaborative Care has been explored and will be expanded to five trial sites. Collaborative Care is an approach to support communities to develop solutions to local primary care challenges.
- All regionally located PHNs have developed place-based needs assessments in collaboration with LHDs.

### What we've done

#### Bilateral Regional Health Forum

The Bilateral Regional Health Forum (BRHF) recommenced in December 2022. The most recent forum took place in October 2023. This forum was co-chaired by the Australian Government's Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister for Rural and Regional Health, the Hon Emma McBride MP, and the New South Wales Minister for Health and Minister for Regional Health, the Hon Ryan Park, MP.

At the BRHF, Ministers discuss joint interests in rural and regional mental health and suicide prevention, aged care, innovative workforce models, and virtual care in NSW.

At the last meeting, Assistant Minister McBride emphasised the work being undertaken to enhance and expand the Multi-Purpose Service (MPS) model and consideration of the aged care reforms for MPS, development of responses to thin or failing markets and approaches to improving the discharge of patients to residential aged care facilities. The Australian Government Department of Health and Aged Care and NSW Health have commenced joint planning sessions to better understand the future demand and priorities for new and existing MPS sites and support a collaborative approach for rural and remote locations.

Both Governments agreed to further explore the use of virtual care for mental health care.

There was also joint support for the expansion of the Collaborative Care program dependent on the outcomes of the scalability assessment and program evaluation underway.

The Ministers acknowledged that expanded access of remote patient monitoring to General Practitioners and primary care services will offer significantly improved opportunities for integration across healthcare settings and improve outcomes for patients.

Ministers committed to continuing dialogue on these priority areas with the next Bilateral Regional Health Forum to be held in mid-2024.

NSW Health and the Department meet regularly to progress action items arising from the forum.

### Joint Statement

The **Joint Statement** is an agreement between NSW Health, the NSW PHNs and the Primary Care Division of the Australian Government Department of Health.

The Statement encourages a one health system mindset which helps to support 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 different providers in a health system work together.

The Joint Statement sets out how NSW Health, the NSW PHNs and the Australian Government will work together over the next two years to address three key priority areas:

- Focusing on care in the community
- Establishing regional planning processes and governance
- Data and outcomes.

Implementation of the Joint Statement is being led by the NSW Primary Health Networks and has been funded by NSW Health and the Australian Government Department of Health.

### Collaborative Care (see recommendation 10)

Collaborative Care is a community centred, place-based approach to mapping and planning solutions to address healthcare challenges in regional communities. It involves partnering with key stakeholders in a community to understand health needs and identify

fit-for-purpose solutions.

*See recommendation 10 for more information.*

### Place-based needs assessment (See recommendation 43)

All regionally located PHN have developed place-based needs assessments in collaboration with LHDs as well as the Aboriginal Medical Services, local councils, allied health networks, universities, the Rural Doctors' Network, clinical councils, the business sector, community groups/organisations, and communities.

*See recommendation 43 for more information.*

## Looking forward

NSW Health will continue to work with PHNs and the Australian Government to address the priorities in the Joint Statement, ensure Collaborative Care is expanded so communities can build local solutions and support PHNs and LHDs to collaboratively develop place-based needs assessments.

## Recommendation 40

### Status: In progress

That NSW Health and the rural and regional LHDs :

- commission an independent review of workplace culture including complaints management mechanisms and processes to align with a culture in which feedback from staff is encouraged, based on values of openness, continuous improvement and respect
- implement complaints management training for staff, particularly those in management positions
- commission the conduct of independent and confidential staff satisfaction surveys to measure progress and cultural improvements over time
- review and enhance whistle blower protections to ensure staff feel comfortable in speaking up, with training material to be developed and implemented across the LHDs to support this change
- develop and fund a plan to eliminate bullying and harassment within the rural and regional LHDs .

### At a glance

We are developing better resources and easier to navigate platforms to make complaints reporting and management easier while prioritising psychological safety. This includes:

- Refreshing the Culture and Staff Experience Framework.
- Developing a NSW Health Mental Health and Wellbeing Framework to ensure staff are engaged and well supported and experience a safe and mentally healthy workplace.
- Developing an Employee Value Proposition (EVP).
- Launching the *Addressing Grievances and Concerns Portal* (Managers and Staff Portals launched in July 2021 and February 2023, respectively) which makes it easier to make online complaints and manage the grievance management process.

### What we've done

#### Culture and Staff Experience Framework

NSW Health has commenced a refresh of the culture framework and its associated strategies in consultation with all agencies. The NSW Health Workplace Culture Framework was initially developed in 2011, and the accompanying NSW Health CORE Values were introduced in this framework and remain important for supporting positive workplace cultures across the NSW Health system. In refreshing the framework, NSW Health is seeking to implement a system wide approach that will embrace other significant initiatives including Elevating the Human Experience, and the Time for Care project.

The refreshed framework will be an overarching system guideline that local agency culture frameworks can anchor to ensuring consistency and connection. Internal consultations were conducted in May 2024, and a final version is expected to be released later in 2024.

## Creating a physically and psychologically safe workplace

The NSW Health Mental Health and Wellbeing Framework has been developed to ensure staff are engaged and well supported and experience a safe and mentally healthy workplace. It is an evidence-informed, integrated approach underpinned by collaboration, communication and consultation. The Framework assists NSW Health organisations to comply with their legislative requirements to protect the physical and psychological health, safety and welfare of all workers at work. The Framework aims to unify and focus resources in the Health system to impact organisational culture, performance, practice leadership and team/worker experience.

## Employee Value Proposition

As a priority, the Ministry of Health also worked with the LHDs and Health organisations to develop the NSW Health Employee Value Proposition (EVP) for the whole of the health system. It is now moving to implementation of the strategy and communications framework, with content and collateral for use by the system. An employee value proposition is part of employer branding, and outlines what sets the organisation apart from other employers.

These initiatives are important to support both the attraction and retention of health staff in rural locations.

## Addressing Grievances and Concerns Portal

The *Addressing Grievances and Concerns Portal* (Managers and Staff Portals launched in July 2021 and February 2023, respectively) is a simplified online complaints and grievance management process resource underpinned by policy to support complainants (Staff) and Managers in more easily navigating the process.

The Managers Portal has resources such as processes, flowcharts and guides to support managers to deal with complaints and concerns as soon as they arise including those of a more complex and serious nature. By having the confidence to act early and by

understanding what they can do, managers can prevent issues from escalating and causing unnecessary distress and disruption to their staff.

The Staff Portal aims to support Staff (complainants) with hands on resources, tip sheets, processes, and guides to build knowledge and confidence to self-resolve grievances early when they arise to avoid escalation into the serious matters. It also provides a pathway on how to participate in the process when the issue has been escalated to the manager for assistance outlining benefits and importance of dealing with the matter as early as possible to prevent any further impact and disruption in the workplace.

## Looking forward

It is anticipated that the refreshed Culture and Staff Experience Framework will be completed in 2024. The refreshed framework will be an overarching system guideline that local agency culture frameworks can anchor to ensuring consistency and connection.

The Employee Value Proposition will be used to help drive attraction and retention of staff.



## Recommendation 41

### Status: Completed

The NSW Government establish an independent office of the Health Administration Ombudsman to receive and review concerns about the administrative conduct of management of LHDs and NSW Health from staff, doctors, patients, carers, and the public. The Health Administration Ombudsman is to be empowered to review administrative decisions of NSW Health and LHD management, including but not limited to, alleged coverups of medical errors or deaths, false or misleading data, inaccurate communications and/or media reporting, Visiting Medical Officer accreditation decisions, staff blacklisting, and bullying or harassment of whistle-blowers. Additionally, the Health Administration Ombudsman is to provide an annual report to Parliament and the public.

### At a glance

- We have strengthened our approach to complaints handling and have published the NSW Health Workplace Culture website which provides information on how to report information and seek assistance.
- Information is also provided at orientation to all new starters.
- There is a newly established role of Deputy Ombudsman, Health Administration within the Office of the NSW Ombudsman.

### What we've done

The NSW Government has created a new role of Deputy Ombudsman, Health Administration within the Office of the NSW Ombudsman. The role is to identify strategies to ensure all NSW Health staff are aware of the NSW Ombudsman role and their options for reporting concerns.

NSW Health staff have access to existing oversight bodies, the Health Care Complaints Commission and NSW Ombudsman, to report workplace concerns or issues.

To ensure this information is readily available to all staff, the **NSW Health Workplace Culture webpage** was updated to clearly inform all staff on how to seek assistance. This was further reiterated in a system wide email from the NSW Health Secretary in March 2023.

With the commencement of the *Public Disclosure Act 2022*, the NSW Health Workplace Culture website was further updated with information on how to report serious wrongdoing, and the protections available for whistleblowers.

**1,000** 1,000 people participated in **face-to-face consultations**

**18,000** Over 18,000 people responded to two **online surveys**

**513** 513 submissions from the **public and targeted consultations**

were received to inform the development of **Connecting, Listening and Responding: Blueprint for Action Maternity Care in NSW** which was published in March 2023.

## Looking forward

Ensuring staff have a safe and effective way to report misconduct is a priority for NSW Health. People managers and Disclosure Officers are required to undertake mandatory training on the Public Disclosures Act 2022 and all new starters will be informed about the complaints process. The website will provide information to all staff.

## Recommendation 42

### Status: Completed

That the rural and regional LHDs :

- review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning
- investigate methods of better informing communities about the services that are available to them and publish additional data such as wait times and minimum service standards for the facilities within their remit.

### At a glance

- NSW Health partnered with regional LHDs and local health committee to capture their experiences and reflect on their perspectives.
- Key themes from the review inspired five guiding principles to reinvigorate and promote community engagement through local health committees.
- NSW Health is continuing to work with regional LHDs to implement the guiding principles, supported by a best practice toolkit and resource hub and community of practice.

### What we've done

#### Guiding principles for engaged local health committees

In 2022, the Ministry of Health reviewed the local health committee model for community engagement and identified five guiding principles to strengthen local health committees in regional NSW. The Strengthening local health committees in regional NSW report outlines the key findings and guiding principles.

In 2023, the Ministry of Health partnered with regional LHDs to understand the key requirements for local implementation of the five guiding principles.

Continuing to work with LHDs to ensure that contemporary best practices are implemented.

In 2024, NSW Health is supporting the implementation of the five guiding principles through the development of a best practice toolkit and resource hub, and community of practice and masterclass series.

The implementation working group are supporting the development of the guidelines, tools and resources to ensure solutions suit local needs and activities engaged in will build learning networks that sustain ongoing maturity and improvement across regional NSW.

The Ministry of Health is also undertaking periodic monitoring to understand how implementation is progressing, refine the implementation program and showcase local health committees across regional NSW.

#### Online tool for community members to navigate local services

In 2022, eHealth NSW commenced development of a first beta release of a NSW Health app aiming to help patients navigate health information and NSW Health services. This was paused with the advent of the Single Digital Patient Record.

# 5

**Five guiding principles** were identified to strengthen local health committees in regional NSW

During the pandemic, NSW Health invested heavily in building cross-health sector linkages including the Single Front Door program (SFD) with Healthdirect Australia to connect patients with care models close to home and virtually. After the pandemic, focus has pivoted to aligning nationally and leveraging existing resources to deliver an app for NSW that incorporates the Single Front Door, supporting personalised connections to the right care and resources, with particular attention to regional residents. NSW Health will partner with Healthdirect Australia to build on existing digital capabilities for an app that meets the needs of the NSW community.

Key for regional users, functionality to be incorporated includes already available clinical navigation to help users interrogate their symptoms (Symptom Checker) and identify appropriate, timely care options or receive advice for informed self-care; a service finding function (Service Finder) linked to the National Health Service Directory that includes NSW Health, primary, private and community services; bookable appointments with primary and urgent care services; health and medication resources. Wayfinding to services listed on the NHSD is supported through native apps including Google Maps and Waze.

Through engagement with the National Digital Health Agency and Healthdirect, users will have access to view their My Health Record.

Future phase concepts for the NSW Health app build on the Single Front Door program work and include the provision of curated health information, tools to self-manage and track appointments, links to financial or practical assistance for health services, travel, accommodation or medication (including IPTAAS and other claim portals), and capability to join appointments virtually.

The NSW Health app is currently in pre-planning phase. The national Healthdirect app is live.

### **Informing communities about the services that are available to them**

Engage Health Portal: Consumers can access digital health services provided by NSW Health

through the Engage Health portal. These include the Health Outcomes and Patient Experience (HOPE) platform and the School Vaccination Program. As new services are developed, these too will be available on the portal, providing a digital front door for NSW Health services.

Publishing data for communities: NSW Health publishes Emergency Department waiting times in major NSW hospitals, this information is available to the public in real-time on the NSW Health website. The Bureau of Health Information (BHI) publishes reports on its website which show where the healthcare system is performing well and where there are opportunities to improve care for patients.

### **Leveraging the patient flow portal to provide better visibility of demand for services**

The Rollout of the Patient Flow Portal Incoming Patient Allocations Module will be completed in all regional LHDs (except Far West LHD) by December 2024 subject to approval from Mid North Coast and Northern NSW Executive.

This will be supported by the state-wide surgery demand and capacity dashboard and operating theatre scheduler which will provide all regional LHDs with a technology enabler to assist them to better manage their surgical demand and inform patient flow.

A pilot will begin in mid-July 2024 to implement patient risk algorithms in regional LHDs starting with Northern NSW and Southern NSW to assist in managing patient flow from the ED by identifying patients likely to be admitted earlier.

## **Looking forward**

The Ministry of Health will continue to support implementation of the guiding principles to strengthen community engagement through local health committees.

## Story of Change: Supporting the important work of local health committees



Regional Health Division Senior Project Officer Peta Andreone (left) taking part in the Local Health Advisory Committee Forum at Gundagai

Community involvement in local health decision making plays a vital role in keeping people living in regional, rural and remote NSW healthy.

The important work of structured local committees helps us shape health services into the future. Local health committees offer formal opportunities for the community to provide input into local health services.

The Regional Health Division of NSW Health is supporting LHDs to strengthen their committees by building connections, sharing learnings and partnering for capability development across the system.

The division partnered with local health committees to capture their experiences and reflect on their perspectives. The valuable insights gained through this consultation have contributed to the development of a report detailing the strengths, challenges and reinvigoration opportunities for local health committees. Key themes from this project have inspired five guiding principles to reinvigorate and promote community engagement through local health committees.

One health committee member said they were truly privileged to be part of the committee network and to help in many different ways.

“Health has become my passion, as is my passion for the community.”



## Recommendation 43

### Status: In progress

That the rural and regional LHDs work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population.

### At a glance

- All regional PHNs have developed place-based needs assessments.
- A Collaborative Care Program has been established in collaboration with NSW Health and the Australian Government across 5 five sub regions in:
  - o Murrumbidgee Local Health District
  - o Western New South Wales LHD
  - o Far West Local Health District.
- All place-based approaches and scalability assessments include shared decision making with Aboriginal organisations.

### What we've done

All regionally located PHNs have developed place-based needs assessments in collaboration with LHDs as well as the Aboriginal Medical Services, local councils, allied health networks, universities, the Rural Doctors' Network, clinical councils, the business sector, community groups/organisations, and communities.

NSW Health will work towards implementing Closing the Gap priority reform areas including Partnerships and Shared Decision Making whereby Aboriginal people are empowered to share decision-making with governments to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements.

NSW Health is also guided by the NSW Aboriginal Health Plan under strategic direction 3: Ensuring integrated planning and service delivery whereby services aim to provide an integrated, holistic and place-based approach for Aboriginal people.

A Collaborative Care Program has been established in collaboration with NSW Health and the Australian Government across 5 five sub regions in Murrumbidgee, Western NSW and Far West LHDs. This program incorporates a consultation-based approach with LHDs and communities to mapping and planning solutions to address primary care issues. This program involves identifying need, building local capacity, and making collaborative decisions around changes required. This can result in changes to models of care, new models of care or in more general coordination and collaboration initiatives.

NSW Health has facilitated a scalability assessment of the Collaborative Care Program to inform future investment in the model. The scalability assessment included a review of the Wentworth collaborative model, a model led by the Aboriginal Medical Service. The Scalability Assessment includes insights for the enablers of effective collaboration with Aboriginal stakeholders on co-designed programs (see Recommendation 10).

NSW Health representatives continue to engage with other NSW government agencies on place-based initiatives and projects.



## Looking forward

NSW Health is committed to supporting regional PHNs to review their place-based needs assessments every two years. This includes further partnerships with communities, care partners and organisations to ensure the assessments accurately reflect the community's needs.

The Collaborative Care Program scalability assessment will continue to identify areas that are ready to adopt the model.

## Recommendation 44

### Status: Completed

That the NSW Government adopt a Health in All Policies framework (similar to the policy in South Australia) to ensure that the health of people in New South Wales is central to government decision making, and which recognises that community physical and mental health is a responsibility of all Ministers and Departments of government. Further, such a framework should include a requirement that all decisions of government are assessed to determine the impact on human and environmental health to ensure a whole-of-government ownership of health outcomes for people living in New South Wales.

### At a glance

- The review of Health in All Policies has been completed.
- The review recommends that NSW Health focuses on embedding the principles of the Health in All Policies framework through existing statewide, regional and local mechanisms rather than as it was initially implemented in South Australia.

### What we've done

NSW Health has undertaken a review of the Health in All Policies framework to consider the evidence, benefits, costs and risks in adopting it for the NSW Government.

The methodology for the review was:

- A peer-reviewed evidence check, delivered by the Agency for Clinical Innovation, to consider the evaluative evidence of a Health in All Policies, and similar approaches including barriers and enablers for implementation
- Review of NSW Health partnerships with NSW Government agencies against the best practice principles for effective partnership found in the evidence check
- Consideration of a range of existing and planned mechanisms for supporting the overall intent of the Health in All Policies approach

- Consideration of the structural differences between the NSW and South Australian Governments.

The review was undertaken in consultation with Preventive Health, South Australia and key NSW Ministry of Health branches.

The review recommends that the NSW Government embed a Health in All Policies approach through existing mechanisms. It is noted that South Australia has now established 'Public Health Partner Authorities' as its mechanism for formal partnerships, rather than Health in All Policies.

The review includes recommendations aimed at embedding this approach. The recommendations were discussed and endorsed by the Ministry Executive in early June 2024.

### Looking forward

Based on the review findings, NSW Health will focus on embedding the principles of a Health in All Policies approach through existing statewide, regional and local mechanisms. It will also consult with Premier's Department, Treasury and The Cabinet Office on the evidence base and further opportunities for embedding the principles and key components of effective partnerships across the NSW Government.

## Acronyms

Acronym	Meaning
ACCHO	Aboriginal Community Controlled Health Organisation
ACI	Agency for Clinical Innovation
AMS	Aboriginal Medical Service
CALD	Culturally and Linguistically Diverse
CCLHD	Central Coast Local Health District
FTE	Full-time equivalent
FWLHD	Far West Local Health District
GP	General Practitioner
HETI	Health Education and Training Institute
HNELHD	Hunter New England Local Health District
IPTAAS	Isolated Patients Travel and Accommodation Assistance Scheme
ISLHD	Illawarra Shoalhaven Local Health District
JMO	Junior Medical Officer
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, or those questioning their gender identity, asexual, and those who may identify differently to these
LHD	Local Health District
MLHD	Murrumbidgee Local Health District

## Acronyms

Acronym	Meaning
<b>MNCLHD</b>	Mid North Coast Local Health District
<b>MMM</b>	Modified Monash Model
<b>MPS</b>	Multipurpose service
<b>NaMO</b>	Nursing and Midwifery Office, Ministry of Health
<b>NDIS</b>	National Disability Insurance Scheme
<b>NGO</b>	Non-government organisation
<b>NNSWLHD</b>	Northern NSW Local Health District
<b>NSW</b>	New South Wales
<b>PHN</b>	Primary Health Network
<b>PGY</b>	Postgraduate year
<b>R3-CTEP</b>	Rural, Regional and Remote Clinical Trial Enabling Program
<b>RDSP</b>	Rural Doctors Settlement Package
<b>RGSEP</b>	Rural Generalist Single Employer Pathway
<b>SHN</b>	Specialty Health Network
<b>SNSWLHD</b>	Southern NSW Local Health District
<b>VMO</b>	Visiting Medical Officer
<b>WNSWLHD</b>	Western NSW Local Health District



