NSW Government Response

Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW

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INTRODUCTION

The NSW Government is committed to improving health outcomes and access to healthcare, including the delivery of specific health services and specialist care in remote, rural and regional NSW.

The Regional Health Strategic Plan 2022-2032 guides the strategic focus and provides a blueprint to ensure improved outcomes for people living in regional, rural and remote NSW. This response to the Legislative Assembly Select Committee on Remote, Rural and Regional Health *Report 2: The implementation of recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW* describes the work underway and progress achieved since the Legislative Council Portfolio Committee No.2 Health's *Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (the Rural Health Inquiry).

The NSW Government acknowledges the Select Committee's view that more needs to be done to address the recommendations from the Rural Health Inquiry. The 32 recommendations in this report of the Select Committee complement the 44 recommendations from the Rural Health Inquiry. This response provides information about the progress to date on the implementation of the recommendations relating to the delivery of specific health services and specialist care.

The NSW Government supports 11 recommendations, supports in principle 13 recommendations and notes 8 of the 32 recommendations.

Many findings from this report are aligned with recommendations from the Special Commission of Inquiry into Healthcare Funding (SCOI) Final Report. There may need to be further alignment with the SCOI recommendations as they are responded to and acted upon.

The NSW Government will continue to monitor progress and report on the implementation of the 44 recommendations from the initial Rural Health Inquiry, including the 22 complementary recommendations from the Select Committee's Report 1 and the 32 complementary recommendations in Report 2.

The NSW Government also acknowledges the Select Committee's final report into *the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities*. The Report makes 12 findings and 18 recommendations which are complementary to the 44 recommendations from the Rural Health Inquiry. NSW Government will respond to the Final Report by 22 November 2025.

Work underway to implement the recommendations has been reported in the Rural Health Inquiry Progress Report 2024 which highlights the implementation of the recommendations as at 30 June 2024.

To ensure this work continues with ongoing monitoring and reporting, all 44 recommendations and supporting actions are included in the NSW Regional Health Strategic Plan 2022-2032.

RESPONSE TO RECOMMENDATIONS

RECOMMENDATION 1

That NSW Health urgently undertake a formal assessment of its maternity services and develop a statewide, publicly accessible plan that sets out how it will maintain and re-establish hospital birthing services in remote, rural and regional areas with appropriate staffing levels. This plan should include:

• changes in service levels over the past 10 years

• key performance indicators that monitor the number of births delivered in rural and regional public hospitals against the birth rate of their catchment population

• *consideration of how the tiered perinatal network structure can support smaller units and communities more effectively.*

Position	*Supported in principle*
Response	The NSW Government has committed to delivering an action plan for networked maternity services which will be complete by the end of 2025. The work to improve the way we classify maternity models of care and increase access to midwifery continuity of care will complement the aims of the Maternity Clinical Services Plan and will be reassessed as the plan develops. The NSW Government recognises that all women, their babies and families should have access to maternity care, in the right place, at the right time and as close to home as possible. Maternity services and models of care are planned and provided across NSW according to local population needs, birth numbers and availability of staff. NSW maternity services are networked into 8 tiered perinatal networks across NSW and the ACT, each led by a tertiary referral maternity unit. This networked system enables the safe transfer to an alternate or higher-level care facility if the woman or her baby requires higher-level specialist care, or if unexpected workforce shortages occur. Maternity and neonatal service capability levels range from level 1 (antenatal and postnatal care only) through to level 6 (tertiary level care). NSW Health requires each local health district to provide an annual snapshot of maternity and neonatal service capability levels as per the NSW Health Guideline *Maternity and Neonatal Service Capability*. The re-establishment of birthing services in remote, rural and regional areas is reliant on the availability of the health workforce and infrastructure. The NSW Government is committed to rebuilding the essential workforce, including maternity workforce such as midwives, obstetricians and anaesthetists through major investments to attract and retain health workers.

	NSW Health works to align planning for health services, including maternity services, with the needs of the community. For example, the 'Shared Understanding Project' is leading activities focused on building an understanding of how NSW Health can ensure the community: • is well-informed about future changes in health service delivery • understands the health system and the responsibilities of NSW Health and other health partners • recognises health as a trusted decision-maker of public health service delivery. NSW Health has initiated the 'NSW Nursing and Midwifery workforce modelling to 2040 project' to establish indicative workforce requirements. This project is due for completion in 2026. NSW Health invests more than $6 million a year into the Pregnancy Connect initiative which focuses on improving early access to specialist maternity care, particularly for women in regional and rural NSW.

RECOMMENDATION 2

That NSW Health work with colleges and other relevant stakeholders to:

• identify and remove barriers to attracting and retaining obstetric trainees in remote, rural and regional NSW, and

• set targets for the number of obstetric specialists and rural generalists that are employed by rural and regional LHDs after completing their training

• ensure that there are fully functioning networked services for clinical support and training.

Position	*Supported in principle*
Response	General Practitioner (GP) training is funded and governed by the Australian Government. NSW Health is working with the Australian Government to support a stable clinical workforce for rural and regional communities, including boosting numbers of junior doctors choosing to train as a GP. NSW Health is undertaking research to identify barriers and enablers to attracting and retaining obstetric trainees and Rural Generalist Obstetricians in remote, rural and regional NSW. Due to uncertainty around workforce availability and changing service demands, setting targets is challenging. Pregnancy Connect and networked maternity services provide clinical support and training for staff. NSW Health is working with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists which coordinates networked

training across NSW. Together they are considering defining a scope of practice for rural generalist obstetricians.

To strengthen the training pathways for Rural Generalists in NSW, including development of transition to independent pathways and consideration of skills maintenance for Rural Generalist Obstetricians working in small volume services, NSW Health is also working with LHDs, the Rural Doctors Association, the Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine.

Rural Generalist Training is coordinated by the two GP Colleges, Royal Australian College of General Practice (RACGP) and Australian College of Rural and Remote Medicine (ACRRM), in conjunction with the NSW Rural Generalist Coordination Unit.

NSW Health works in partnership with the Australian Government to deliver the following programs:

- The NSW Rural Generalist Training Program (RGTP) is funded by the NSW Government and supports GP Trainees wishing to combine a career in rural general practice with advanced skills (AST) able to support hospital or acute care services in rural communities. A total of 16 new positions have been committed over 4 years. In 2023 there were 54 positions, which increased to 58 positions for 2024. There are 62 positions in 2025 and a total of 66 positions in 2026. Obstetrics is one of the specialty areas that are funded. All Rural Generalist trainees undertaking AST positions in NSW also receive a $3,000 scholarship. The two training colleges, RACGP and ACRRM, determine when trainees are suitable to undertake AST training and provide accreditation.
- The NSW Rural General Practitioner Procedural Training Program is funded by the NSW Government and provides opportunities for rural fellowed GPs to acquire additional procedural skills, including obstetrics. From 2023 there are 20 positions available each year, an increase from 15 positions available in 2022. From 2023 these positions are now paid equivalent to Level 1 Staff Specialists.
- The Rural Doctors Network is currently undertaking a mapping process of all AST positions against the community need, including Obstetrics.

NSW Health supports the attraction of rural generalist trainees through the Rural Generalist Single Employer Pathway which offers rural generalist trainees a length-of-training contract of up to four years with a regional LHD, including through their advanced skills training in areas such as obstetrics, anaesthetics or emergency medicine.

This is a 4-year collaborative trial with the Australian Government, which began in 2024. To date, the Pathway has supported 50 rural generalist trainees across 8 regional Local Health Districts.

RECOMMENDATION 3

That NSW Health work with professional midwifery associations and other relevant stakeholders to address challenges faced by its remote, rural and regional midwifery workforce. As part of this work, NSW Health should work with rural and regional Local Health Districts to:

• collect necessary data to monitor the application of the Rural Health Workforce Incentive Scheme at the local level and ensure it is applied fairly and consistently

• identify where on-call arrangements are not in effect

• increase the number of rural and regional placements available to midwifery trainees and graduates.

Position	S*upported in principle*
Response	The Rural Health Workforce Incentive Scheme (Scheme) is a key initiative designed to attract, recruit, and retain health professionals in rural and remote areas by offering additional incentives for hard-to-fill and critical vacancies. The Scheme is administered by participating LHDs and Specialty Networks (LHD/SN), with oversight and strategic support provided by the Ministry of Health (Ministry). NSW Health monitors the implementation and uptake of the Scheme, in accordance with the policy directive *Rural Health Workforce Incentive Scheme* (PD2024_012), through established reporting mechanisms, and regular engagement with participating LHDs and speciality health networks. LHDs have on-call arrangements and remunerate consistently with the Award for nurses and midwives. Most LHDs reviewed their on-call arrangements consistent with recommendation 19 from the Rural Health Inquiry. LHDs have established procedures in place to manage workforce requirements based on local factors. LHDs are best placed to evaluate their operational rostering arrangements, including whether on call is required and/or feasible. There are two educational pathways to become a midwife in NSW – the undergraduate pathway with employment into NSW Health through GradStart and the postgraduate pathway via MidStart. Rural maternity services generally rely more on the postgraduate pipeline as this enables their workforce to hold dual registration (nursing and midwifery) which generally better meets the service needs of smaller sites. The postgraduate pathway (MidStart) is a strong pathway into midwifery in rural NSW Health and has grown in recent years from 52 trainees in 2019 to 114 trainees in 2024. NSW Health works with tertiary education providers to address the shortage of midwives in regional, rural and remote NSW, noting that there is a recognised shortage of midwives internationally and across

	Australia. Student and graduate choice of study or work location has a significant impact on these numbers. Under a new Memorandum of Understanding between Hunter New England LHD and Charles Darwin University a maternity simulation hub has been established in Tamworth Base Hospital to support both undergraduate midwifery and postgraduate midwifery students to learn and live in their local community and on country. In addition to MidStart, NSW Health has a rural postgraduate midwifery student strategy which is designed to address midwifery workforce deficits and increase the viability of small rural maternity services. The strategy funds midwifery student positions in small rural sites for local registered nurses to undertake postgraduate training in midwifery. Funds are allocated on a needs basis, and locations change from year to year. On average 10 positions are funded annually at $90,000/student and positions are additional to the staffing profile for that maternity service.

RECOMMENDATION 4

That NSW Health work with all rural and regional Local Health Districts to prioritise the implementation of midwifery continuity of care models, including co-designed Birthing on Country services for Aboriginal women in remote, rural and regional areas.

Position	*Supported*
Response	The NSW Government is committed to increasing access to maternity continuity of care models as outlined in Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW. Objective 6.1 highlights a range of continuity of care models for that are available for maternity care, including all-risk midwifery models and culturally safe continuity of care models for Aboriginal women. All LHDs are responsible for planning services and developing maternity models of care to meet their local population needs. A range of factors are considered when planning and developing maternity models of care, including midwifery models, including safety, sustainability, adequate funding equity and access. There are a variety of midwifery-led continuity models of care across NSW. These models vary in structure, depending on geographic distances and availability of clinical staff. Provision of culturally safe maternity care is a priority of the NSW Government. This is reflected in the first goal of the *Blueprint,* which is that women receive maternity care that is socially and culturally respectful. This goal recognises that all women have a right to woman-centred maternity care that respects their individual needs and is provided with consideration to culture, religious beliefs and right to privacy. It promotes the development of models of care that are developed in partnership with Aboriginal women and communities.

	The NSW Government continues to invest in and support various initiatives including:
	• Significant funding to support the establishment of the Gudjaga Gunyahlamai Birth Centre and Community Hub in Nowra. Waminda's birth centre will be the first Aboriginal owned and midwifery-led birth centre in Australia. This Birthing on Country initiative supports Aboriginal mothers and babies by providing culturally safe continuity of midwifery care including antenatal, birthing and postnatal support.
	• Working in partnership with the Aboriginal Health and Medical and Research Council to address Closing the Gap Socio Economic Target 2: Aboriginal children are born healthy and strong. This involves identifying and exploring:
	  ○ gaps in maternity service provision across NSW for Aboriginal women and families
	  ○ the potential expansion of the Aboriginal Maternal Infant Health Service into the Aboriginal Community Controlled Health sector
	  ○ innovative models of Birthing on Country across NSW.

RECOMMENDATION 5

That NSW Health work with all rural and regional Local Health Districts to actively consider removing restrictions on visiting rights for privately practising midwives, where these restrictions are in place.

Position	*Supported*
Response	The NSW Government is committed to facilitating options for maternity care including supporting privately practising endorsed midwives to have admitting and practice rights in NSW Health facilities. NSW Health enables visiting rights for privately practising midwives (PPM) via the Policy Directive '*Visiting Endorsed Midwife Practice'.* All midwives work collaboratively with medical and other health practitioners as part of best practice and meeting professional standards. The requirement for privately practising endorsed midwives to have a formal documented collaborative arrangement with a medical practitioner was removed as a legislative requirement in 2024. Work is underway in NSW Health to remove the requirement from the NSW Health Policy Directive '*Visiting Endorsed Midwife Practice'.* An updated policy directive will be issued later in 2025. Decisions to provide visiting rights to PPMs are made at the local health district level, and based on assessment of the PPM's application, in accordance with the policy directive, as well as local considerations.

	NSW Health has an established Midwifery Community of Practice with senior midwifery leaders across NSW. Access to visiting rights for privately practising has been actively discussed and supported in this forum Funding arrangements for privately practicing endorsed midwives occurs via the Medicare Benefits Schedule and is the responsibility of the Australian Government. It is further noted that the 2024 Australian Government Budget announced the expansion of Medicare Benefits Schedule items, relevant to privately practicing endorsed midwifery care provision. This expanded arrangement commenced on 1 March 2025.

RECOMMENDATION 6

That the NSW Government take urgent action to address the shortfall in paediatric services across hospital and community-based settings in remote, rural and regional NSW. Consideration should be given to:

• increasing funding to provide early intervention programs with sustainable financial support

• targeted recruitment efforts to improve the availability of paediatric, GP and allied health services.

Position	*Supported*
Response	The 2025-2026 NSW Budget allocated $18.6 million over 4 years to provide additional paediatric allied health staff to increase support to children with developmental vulnerabilities in NSW. Funding has been allocated to all LHDs and the Sydney Children's Hospitals Network. As part of this commitment, $2.28 million over 4 years was provided to Royal Far West to increase support for children with developmental concerns who live outside metropolitan areas. Recruitment and development of local models of care commenced from September 2024. Recruited professions include speech pathology, occupational therapy, physiotherapy and social work to become part of multidisciplinary teams. The Australian Government, and State and Territory Governments have agreed to design new foundational supports for children under 9 with autism and developmental delay, and general foundational supports for all people with disability. Governments are working together on how and when these services will be rolled with a long-term agreement on foundational supports.

RECOMMENDATION 7

That NSW Health work with key stakeholders to explore options for addressing paediatric service gaps in rural areas through networked models of care, including through multidisciplinary teams, with a focus on developmental care. This should include the coordination of services between Local Health Districts, Primary Health Networks, relevant government agencies and non-governmental service providers.

Position	*Supported*
Response	NSW Health is working with key stakeholders to develop a statewide paediatric strategic plan which responds to identified issues in paediatric care across NSW. This work will include, but not be limited to, considering models of care and other opportunities to improve access to paediatric care for regional, rural and remote communities. The strategy will recognise the breadth of the paediatric care system and the connections between LHDs, Children's Hospitals, PHNs, the Aboriginal community-controlled health sector, government and non-government providers.

RECOMMENDATION 8

That NSW Health:

• conduct an audit of regional cancer centres to determine where significant out-of-pocket costs remain for public cancer patients accessing public-private services, and

• work with private providers to address any remaining disparities in these costs across remote, rural and regional NSW.

Position	*Supported in principle*
Response	NSW Health has made significant progress in reducing out-of-pocket costs for regional cancer patients since the Rural Health Inquiry. This has been reported in the Rural Health Inquiry Progress Report 2024 and NSW Government Responses to the Select Committee's Inquiries. Work includes: • Opening of the new cancer service at the Tweed Valley Hospital that has significantly reduced the need for patients to access care at private facilities and reduced travel to Queensland. • Subsidies for travel and accommodation expenses through the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). This included adding non-commercial clinical trials as IPTAAS eligible services and supporting patients to access

private cancer services when public services are not available locally.

- Increasing 'hypofractionated radiation therapy' (radiation treatment in which the total dose of radiation is divided into large doses and treatments are given once a day or less often) which 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.
- Strengthening partnerships with Cancer Council NSW to deliver financial counselling support to patients and their families.
- Developing online information about managing the costs of cancer.

NSW Health is working with private providers to address gaps and will continue to monitor any issues that are identified in the future.

Examples of current work underway including partnerships with private and public-private services include:

- Murrumbidgee LHD has agreements in place with Riverina Cancer Care Centre in Wagga Wagga and Cancer Care Griffith that guarantee no out-of-pocket treatment expenses for patients
- South Western Sydney LHD has one private cancer centre that operates at Southern Highlands Private Hospital (SHPH) in Bowral. There are no out-of-pocket costs for public patients accessing SHPH.
- Mildura's ICON (private provider) has an arrangement that if a NSW patient is referred via the Mildura Public Hospital there are no out-of-pocket costs for radiotherapy.
- Broken Hill Health Service is the only facility within the Far West LHD that provides chemotherapy, immunotherapy, and visiting cancer specialist consultations under the public system with no significant out-of-pocket costs to the patient.
- Southern NSW LHD provides public outpatient cancer treatment services including Specialist Medical Oncology and Haematology consults and Chemotherapy and infusion services. These services are all bulk billed to Medicare.

RECOMMENDATION 9

That NSW Health commence an interim evaluation of the Rural, Regional and Remote Clinical Trial Enabling Program (R3-CTEP) within the next six months. The evaluation should identify the extent to which the program has been implemented and to which it has improved access to clinical trials in remote, rural and regional NSW. The findings of the evaluation should be published within the next 12 months to inform the ongoing implementation of the program.

Position	*Noted*
Response	The Rural, Regional and Remote Clinical Trial Enabling Program (R3-CTEP) initiative is funded by the Australian Government. Reporting on the R3-CTEP is in progress. NSW Health will collaborate with the Australian Government in any evaluation conducted by it. A Mid-term Readiness Assessment commenced in late 2024. It is being conducted by the Office for Health and Medical Research, in collaboration with the Northern, Western and Southern Clusters of the program by their completion of a self-review. These reports and the outcomes will inform future evaluation opportunities, ahead of the final program evaluation.

RECOMMENDATION 10

That the NSW Government works with the Australian Government to explore funding options for rural and regional nurses to undertake specialised training in aged care to help meet the growing demand for these services.

Position	*Supported in principle*
Response	The Australian Government holds full funding, regulatory and policy responsibility for the aged care system. NSW Health continues to collaborate with the Australian Government across a wide range of initiates relating to aged care. Providing care to older persons falls within the scope of practice of all nurses. For those nurses interested in specialising in aged care, postgraduate training opportunities are available. To support this training, NSW Health offers postgraduate scholarships and fully funded places in graduate certificate courses to assist nurses pursuing further education in this field. In addition, the Health Education and Training Institute (HETI), provides an Aged Care Nursing Education Navigator Tool in NSW Health's eLearning system (My Health Learning) which supports access to a set of relevant learning resources designed, structured and custom built for nurses who work in aged care settings.

RECOMMENDATION 11

That NSW Health provide up-to-date information within the next six months on how many peer group C hospitals do not have a geriatric nurse, and outline strategies it intends to take to address any staffing shortfalls in this area.

Position	*Noted*
Response	NSW Health does not use the term “geriatric nurse”. Care for older persons is within the scope of practice of all nurses and is a central part of the delivery of healthcare in most settings. Specialist nursing expertise and support for the care of older persons is provided within LHDs, either at facility or district level, as determined locally to best meet the needs of staff and services. NSW Health (Nursing and Midwifery Office) will undertake work to establish what specific specialist nursing supports are provided in peer group C hospitals for older persons.

RECOMMENDATION 12

That the NSW Government works with the Australian Government to ensure that local councils in remote, rural and regional NSW are appropriately supported during the implementation of national aged care reforms, including the Support at Home program.

Position	*Noted*
Response	The Australian Government holds full funding, regulatory and policy responsibility for the aged care system. The Australian Government is driving a significant aged care reform agenda, including the introduction of the new Aged Care Act which will come into effect on 1 November 2025. The Australian Government is consulting with the community, aged care providers and others on key elements of the aged care system. The NSW Government will recommend that the Australian Government include local councils that are aged care providers as part of the Australian Government’s consultation approach.

RECOMMENDATION 13

That the NSW Government provide additional targeted funding for palliative care services to address existing inequities and ensure adequate staffing of palliative care services across remote, rural and regional NSW.

Position	*Supported*

Response	All regional, rural and remote LHDs will receive additional End of Life and Palliative Care annualised enhancements funding allocations for 2025-26 and 2026-27, via the World Class End of Life Care commitment. These additional funds can be used to meet specific local needs. LHDs have submitted comprehensive funding plans to demonstrate how they intend to use additional Palliative Care funding to improve service delivery and increase staffing. The regional, rural and remote LHDs have proposed a range of initiatives across hospital and community services to address existing inequities, the needs of underserved populations and to promote the attraction and retention of specialist staff in rural areas. Three new palliative care units will be opened in regional areas of NSW in 2026 and 2027. Units at Orange and Wyong Hospital will be commissioned in 2025-26. A unit at Tamworth Hospital will be commissioned in 2026-27. Regional and rural staff were prioritised in an expression of interest released in March 2025 by HETI for scholarships for a Certificate in Palliative Care in association with Flinders University.

RECOMMENDATION 14

That NSW Health urgently publish its new palliative care governance framework and share key palliative care datasets with Local Health Districts and relevant networks within the next six months to inform palliative care service planning.

Position	*Supported in principle*
Response	This recommendation aligns to 2 separate comprehensive projects - the review of the 'NSW End of Life and Palliative Care Framework 2019-2024', and the development of the 'Foundational Indicators for Monitoring and Reporting Palliative Care in Publicly Funded NSW Health Services.' NSW Health is reviewing the NSW End of Life and Palliative Care Framework 2019-2024. This project addresses recommendation 23 from the Rural Health Inquiry and actions that arose from a palliative care governance review completed in December 2023. A new governance committee - the End of Life and Palliative Care Framework Review Advisory Committee convened in May 2025. This committee has broad stakeholder representation across the end of life and palliative care sector. This includes membership of the organisations recommended in the Inquiry such as 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. In addition, the Framework review includes engagement of cultural advisors to ensure

	meaningful engagement with Aboriginal communities including in regional and remote locations. Updates and information on the Framework review and Committee, including the Terms of Reference, will be published on NSW Health End of Life and Palliative Care Framework webpage. It is anticipated the next iteration of NSW Health's End of Life and Palliative Care Framework will be published in early 2026. A second project; 'Foundational Indicators for Monitoring and Reporting Palliative Care in Publicly Funded NSW Health Services' has identified existing and new key indicators for monitoring palliative care services. The indicator set will be aligned with existing end of life and palliative care enhancement monitoring and reporting processes. Implementation will be through a phased approach which may involve prioritising and piloting specific individual indicators. The timeframe for implementation of the indicators is expected to be about 12-18 months from indicator set approval.

RECOMMENDATION 15

That NSW Health work with key Aboriginal stakeholders to ensure culturally safe end-of-life care is available to Aboriginal people living in remote, rural and regional communities. This should include consideration of funding for Aboriginal Community Controlled Health Organisations to deliver palliative care services.

Position	*Supported*
Response	Aboriginal Health Workers are funded in each LHD and speciality health network through the *Improving Access in Palliative Care* and *More Choice in Palliative Care* funding enhancements, to support culturally safe and trauma-informed care across NSW. The *End of Life and Palliative Care NGO Grants Program* aims to increase community capacity to engage with death and dying. The Grants Program supports the non-government, not-for-profit sector, including Aboriginal Community Controlled Organisations to deliver initiatives through one-off grants over 4 years (2023-24 to 2026-27). This includes a total of $1.3 million that was awarded to 2 Aboriginal organisations (Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation and Bullinah Aboriginal Health Corporation) across the 4-year grant program. The *End of Life and Palliative Care Framework* review will include meaningful and considered consultation with Aboriginal communities, staff and services to ensure the updated Framework is culturally safe and trauma informed. The Framework Review Advisory Committee includes representation from the Aboriginal Health and Medical Research Council and Centre for Aboriginal Health within the Ministry, to ensure Aboriginal perspectives

	are captured and supported throughout the review. The End of Life and Palliative Care Aboriginal Senior Policy Officer (Identified Position) is a member of the Secretariat team to support Aboriginal members and ensure Aboriginal perspectives are included in the project planning.

RECOMMENDATION 16

That NSW Health prioritise the development of a comprehensive, long-term workforce strategy for mental health services across remote, rural and regional NSW. This strategy should address:

• any funding considerations necessary to support recruitment

• the development of training pathways that will adequately support mental health services.

Position	*Supported in principle*
Response	NSW Health acknowledges that a comprehensive workforce strategy, supported by appropriate funding and targeted recruitment initiatives, can assist in addressing workforce shortages. NSW Health invests in targeted funding initiatives to support the development of training pathways to strengthen retention and skills development of the mental health workforce across remote, rural and regional LHDs. These initiatives include: • Partnering with HETI to support funding for the Child and Youth Mental Health Services Scholarship program. This program offers fully funded postgraduate study for NSW Mental Health staff providing services to infants, children, young people and their families/carers. Scholarship funding continues in 2025. • Targeted training is available through HETI such as “The Assessment and Care Planning for Child and Youth Mental Health Clinicians Unit” and the “Introduction to Child and Youth Mental Health Services (CYMHS) Training” that support the training of the CYMHS workforce. The Perinatal Child and Youth team within the Ministry of Health also undertakes targeted workforce training within program areas. A Family Focused Recovery online learning resource is currently under development. • A review of the NSW Child and Adolescent Mental Health Services Competency Framework is due for completion by the end of 2025. • Further developing regional and rural training pathways for psychiatry trainees. In addition, NSW Health has developed ‘Mental Health Pathways in Practice’, an online workplace-based education platform that provides

	evidence-based education and training to support mental health nurses and allied health professionals in developing the knowledge and skills required for safe and effective practice. Aboriginal communities in remote, rural and regional areas experience distinct challenges that require culturally responsive and locally informed approaches to mental health service delivery, particularly in relation to attracting and retaining a skilled mental health workforce. Examples of specific initiatives include: • The NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025 (the Strategy) focuses on developing training pathways that will adequately support mental health services specifically for Aboriginal communities. NSW Health monitors the implementation of localised plans by Districts on an annual basis. • The Central West NSW Aboriginal Mental Health and Wellbeing Program provides $1.2 million in recurrent annual funding to support the implementation and delivery of an Aboriginal-led model of care that addresses mental health, alcohol and other drug use, and social and emotional wellbeing.

RECOMMENDATION 17

That NSW Health, in collaboration with the Department of Communities and Justice, investigate innovative and effective early intervention models for alcohol and other drugs treatment to address the service gaps for young people living in remote, rural and regional NSW. This should include a focus on integration with mental health services.

Position	*Supported*
Response	NSW Health is working with key partners, including the Department of Communities and Justice, to improve alcohol and other drug (AOD) services for young people in remote, rural, and regional areas. This includes integrating mental health support, addressing the needs of vulnerable youth, and identifying and addressing the needs of children and young people in contact with the child protection system. The Ice Inquiry highlighted the importance of integrated care for at-risk populations. Integrated approaches break down siloed services, improving access to tailored, coordinated support. New targeted AOD services are being delivered by government and non-government providers, particularly in regional areas. Examples include: • A residential withdrawal and rehab service in Hunter New England delivered by the Ted Noffs Foundation. • Community-led prevention programs for Aboriginal youth. • New day rehabilitation and counselling services for young people. • “The Bridge” AOD Hub in Singleton, which collaborates with local mental health services.

	The Drug Summit emphasised the need for better supports for children, and young people, with recommendations made relating to system navigation, harm reduction, diversion, and targeted treatment. The NSW Government is developing a response to these recommendations. To further engage children, and young people, NSW Health is exploring avenues for a suitable advisory structure that will complement existing mechanisms and include a focus on those with co-occurring mental health and substance use issues.

RECOMMENDATION 18

That NSW Health work with relevant stakeholders to review the relevant industrial frameworks for its Aboriginal workforce, including the Aboriginal Health Workers' (State) Award 2023, and progress negotiations to address barriers to recruitment and retention under the Award.

Position	*Supported*
Response	NSW Health has commenced a review of the Aboriginal Health Workers' Award to develop a classification structure within the Award for the Aboriginal Health Worker and Aboriginal Health Practitioner workforce. The aim is to better meet the needs of the Health Service and support recruitment and retention by providing a framework for career progression. Negotiations on this award are commencing with the Health Services Union as part of the broader award reform work for all awards covered by the Union.

RECOMMENDATION 19

That NSW Health review its Aboriginal Health Worker Guidelines and work with key stakeholders, including Aboriginal Community Controlled Health Organisations (ACCHOs), to develop statewide scopes of practice for all levels and occupations of the Aboriginal health workforce.

Position	*Supported in principle*
Response	NSW Health is undertaking a full review of the *Aboriginal Health Worker Guidelines.* Statewide solutions are being developed by considering the industrial framework review to implementing both Aboriginal Health Worker and Aboriginal Health Practitioner roles. Support mechanisms which underpin the ability of individuals to perform their scope of practice are being developed.

	The Aboriginal Health Practitioner in Multi-Disciplinary Teams project is underway and includes identifying barriers and proposing solutions. There is consultation with internal and external partners and stakeholders to optimise scope of practice for the Aboriginal Health Practitioner workforce. This process includes engaging with National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) as the national peak body for the profession and aligns to the strategic objectives of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.* NSW Health will also take into consideration as part of its program of work the following: • The recently released NAATSIHWP Final Report - Achieving greater national consistency for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner professions project • The 2025-2026 review of the *Poison and Therapeutic Goods Act 1966* and associated Regulation 2008 which will influence the policy environment and is anticipated to provide further opportunity to create consistency across service types and further optimise scope of practice.

RECOMMENDATION 20

That the NSW Government prioritise incentives to support the growth of the Aboriginal community-controlled health sector, either through targeted incentive mechanisms for Aboriginal Community Controlled Health Organisations (ACCHOs), or by amending the *Health Services Act 1997* to include ACCHO staff that are working in partnership with NSW Health or providing services directly to Aboriginal communities.

Position	*Noted*
Response	The public health system competes for scarce workforce supply with a range of sectors. The rural incentives scheme is targeted at public health workforce intentionally to create some competitive advantage. There is opportunity to consider shared workforces that will be of benefit to both the Aboriginal Community Controlled Health Organisation (ACCHO) sector, and the public health system, particularly in rural settings where the roles may be part-time due to activity, or where operating across both sectors may provide better job design and care continuity. Aboriginal Health Practitioners, who operate predominantly in the primary care sector, may be attracted to work across both sectors with incentives that may be applied by the public health system. The primary option to address a workforce which sits between NSW Health and ACCHOs is a collaborative commissioning model. Implementation is reliant on Australian Government changes and documented exemptions to existing Medicare provisions.

	If the system were to move to consider prioritising incentives to the ACCHO sector, significant work around scope would be required.

RECOMMENDATION 21

That all regional Local Health Districts work with Aboriginal Community Controlled Health Organisations and Primary Health Networks, using genuine principles of co-design, to:

• conduct an assessment of needs within the district, and

• map the Aboriginal health services offered to identify unmet needs and reduce any duplication of services.

Position	*Supported in principle*
Response	The NSW Aboriginal Health Plan 2024–2034, emphasises that successful partnerships and streamlined delivery of services will be achieved through a range of strategic actions. An Implementation Plan for the Aboriginal Health Plan is being developed. This plan will outline specific actions to support further needs assessments and service planning and will consider local approaches that are fit for purpose and ensure the inclusion of community input in the assessment process. **NSW Primary Health Network – NSW Health Joint Statement (Joint Statement)** The Joint Statement represents a shared commitment to fostering a 'one health system' mindset, enhancing coordination and integration of care, and addressing key priorities related to care in the community, regional planning processes, governance, and data and outcomes. The joint governance structures now established across all PHN–LHD partnerships provide a strong foundation for more meaningful and consistent engagement with Aboriginal Community Controlled Health Organisations (ACCHOs), particularly in identifying service gaps and reducing duplication in Aboriginal health care. A key priority for the next phase of the Joint Statement's implementation is to undertake a review of joint needs assessment processes within PHN–LHD partnerships and to implement appropriate models that strengthen collaboration and improve outcomes. Some examples of where needs assessments are already being conducted include: • **Hunter New England LHD** reviewed its partnerships with 8 Aboriginal Medical Services (AMS), leading to a new district-wide framework involving senior leadership. Three Regional Sector Groups now guide local service reviews and identify gaps in Aboriginal healthcare.

	• **Northern NSW LHD, Mid North Coast LHD, and Healthy North Coast PHN** have an MoU supporting joint needs assessments, co-designed care pathways, and value-based initiatives to reduce duplication and variation. Future assessments will be conducted with ACCHOs and other providers. • **Southern NSW LHD** is undertaking a joint needs assessment with the PHN and ACCHOs to identify service gaps and map Aboriginal services within 12–18 months (FY 2025–26). It also supports Koori Interagency Networks and participates in Coalition of Aboriginal Peak Organisations consultations to align services with the State Closing the Gap Implementation Plan. • **Murrumbidgee LHD** is working with 3 independent AMSs—Griffith, Riverina, and Viney Morgan—to develop Statements of Commitment and explore formal partnerships. It also collaborates with Albury-Wodonga AMS.

RECOMMENDATION 22

That NSW Health amend the *Health Services Act 1997* to formalise the requirement for at least one Aboriginal community representative on each LHD's governing board.

Position	*Supported*
Response	The NSW Government introduced a Bill on 14 May 2025 which will amend the *Health Services Act 1997* to formalise this requirement. The Bill was assented to on 11 June 2025 and became an Act of Parliament. The relevant provision will commence upon Proclamation. NSW Health has supported amending the *Health Services Act 1997* to require Aboriginal representation on each local health district Board. Mandating Aboriginal representation on local health districts boards will help ensure that the voices and experiences of Aboriginal persons are better represented within and across local health district decision-making.

RECOMMENDATION 23

That NSW Health urgently address the community transport service gap under the Isolated Patients Travel and Accommodation Assistance Scheme to allow patients to claim subsidies for community transport.

Position	*Noted*
Response	Under the current IPTAAS Policy and Assessment Guidelines a patient who uses Community Transport may receive a subsidy if the Community Transport operator does not receive government funding. Some Community Transport operators do not receive government funding such as those that are funded by charitable donations or provided by charity

	organisations or NGOs. Patients using these services may be eligible for IPTAAS. Eligible community transport travel is calculated using the public transport subsidy rate for IPTAAS. However, under the current Assessment Guidelines, Community Transport that receives any form of government funding is not eligible under IPTAAS. Community Transport that receives government funding may include grants from the Australian Government, such as the Commonwealth Home Support Program (CHSP), and services funded by NSW Government such as the Community Transport Program (CTP). It may also include grants from the NSW Health Non-Government Organisation (NGO) Grants Program, which provides grants for community transport to over 20 NGOs or local councils across NSW (see recommendation 25 for further information). NSW Health will review the IPTAAS policy in relation to Community Transport that receives government funding in consultation with Transport for NSW, the Community Transport Organisation, and the Australian Government. This will form part of the broader work underway to develop a new Transport for Health Policy for NSW Health. There may be significant costs associated with expanding IPTAAS eligibility to include Community Transport services that receive government funding. New funding may need to be secured to expand eligibility to Community Transport services that already receive government funding.

RECOMMENDATION 24

That NSW Health identify and address additional service gaps within the Isolated Patients Travel and Accommodation Assistance Scheme and consider expanding the eligibility of services, including further allied health services, as part of the ongoing monitoring and evaluation of the Scheme.

Position	*Supported in principle*
Response	IPTAAS is regularly reviewed based on patient and stakeholder feedback to ensure the services covered and the subsidies provided help to improve access to specialised healthcare for people living in regional, rural and remote NSW. The IPTAAS Monitoring and Evaluation Plan assesses the extent to which IPTAAS is meeting its aim and objectives. The first Baseline Report for the evaluation was published in in 2024. The mid-term report will be published in late 2025. **Expanding services** NSW Health has identified several areas where IPTAAS could be expanded if additional funding becomes available. These include: • Women's health clinics including menopause and endometriosis clinics

- Health screening services including breast cancer screening/mammograms, cervical cancer checks and skin cancer screening
- Paediatric allied health services such as early childhood development checks for children 4 years old and under, audiology/hearing screening, and psychological and behavioural diagnostic testing.

Increasing subsidies

The taxi subsidy for IPTAAS has not changed since 2007. Taxi rates have increased approximately 33% in that time following regular reviews of fares by the Independent Pricing and Regulatory Authority. An increase of 33% to the current subsidy would result in an increase in the subsidy from $20 to $26.60 subsidy per day.

Other accommodation providers such as Airbnb and Stayz are currently considered 'private accommodation' according to the IPTAAS Assessment Guidelines. If these were classified as 'for profit' accommodation, this would increase the subsidy from $40 to $75 per night, an 87% increase in subsidy.

It has been modelled that the cost of implementing the expanded services and increased subsidies above would require an additional $6.4 million per year.

RECOMMENDATION 25

That the NSW Government provide additional funding for community transport providers, through the Community Transport Program and NGO Grants Program, and work with the Australian Government and relevant providers to address any funding gaps for community transport services across remote, rural and regional NSW.

Position	*Noted*
Response	NSW Health is reviewing its approach to non-emergency patient transport with the aim to develop a refreshed approach to transport for health which facilitates equitable access to care for all NSW residents, particularly those in regional communities.This review includes consideration of Community Transport services. NSW Health, including NSW Ambulance, HealthShare NSW, and local health districts is working collaboratively with Transport for NSW, to deliver the Transport for Health project. Detailed review work and business case development is needed to understand the current Community Transport landscape, funding gaps and the intersection with other transport options including the Community Transport Program, Commonwealth Home Support Program and NSW Health's NGO Grants Program.

	It is noted that these services are not the only Community Transport options available, with a suite of non-government funded options existing. There are also services run by local councils. The NSW Government continues to work with the Australian Government on Community Transport following the passage of its recent aged care reforms.

RECOMMENDATION 26

That the NSW Government work with community transport providers to improve the affordability of community transport across remote, rural and regional NSW, through the development of pricing benchmarks for passenger co-payments and publicly accessible guidelines for community transport fees. This should include any updates to the Isolated Patients Travel and Accommodation Assistance Scheme, as per Recommendation 23 of this report.

Position	*Noted*
Response	NSW Health is reviewing the Transport for Health policy directive. This will be a key first step in considering principles and implementation requirements for health-related transport programs. The review includes extensive collaboration and engagement with Transport for NSW, non-Government organisations, charities, Aboriginal Community Controlled Health Organisations and other stakeholders which will help to understand the issues, including relating to pricing. Many Community Transport providers in NSW have public information about fees on their websites. Pricing for community transport can vary based on factors like location, distance, type of service and eligibility. The development of a pricing benchmark would require significant investment and long-term planning and engagement with all stakeholders. The new Transport for Health policy directive will consider the intersection with existing government supported programs such as the Community Transport Program, the Commonwealth Home Support Program, and the NSW Health's Non-Government Organisations Grants Program.

RECOMMENDATION 27

That NSW Health evaluate the first tranche of the Patient Transport Service rollout to rural and regional Local Health Districts and identify priority areas for the continued expansion of the service in order to relieve pressure on paramedics across remote, rural and regional NSW.

Position	*Supported*

Response	HealthShare NSW has progressed plans to expand its Patient Transport Service (PTS) with the first tranche of the transition planned to go-live in the Mid North Coast and Northern NSW LHDs by 31 July 2025. The transition is expected to deliver a range of benefits to both Districts, including improved timeliness and visibility, greater patient flow outcomes, better patient and staff experience, and improved financial performance by reducing reliance on NSW Ambulance. To maintain PTS's existing scope of service throughout the rollout, additional operational and capital investment will be required. The specific investment needs will be determined post-transition, with a formal evaluation period, estimated to commence in July 2026, as at least 12 months of post-transition data will be required to fully understand the implications of the rollout. This extended assessment will provide valuable insights into operational outcomes and enable informed decision-making for ongoing service improvements. NSW Ambulance provides representation on HealthShare's Regional and Rural PTS Steering Committee and will be consulted to assess the impact of reduced demand following the transition.

RECOMMENDATION 28

That NSW Health provide an update within six months that tracks progress against the commitment to deliver an additional 500 paramedics to remote, rural and regional NSW. This update should include information on the numbers and locations of Intensive Care Paramedics and Extended Care Paramedics. It should also identify any barriers to implementation of the commitment and outline the actions that NSW Health will take to address these barriers.

Position	*Supported in principle*
Response	NSW Ambulance has completed the Year 1 and Year 2 recruitment of 250 of the Regional 500 registered paramedics. There have been no barriers identified in the roll out of the Regional 500 registered paramedics and it remains on track for delivery by 30 June 2027. NSW Ambulance varies the staffing profiles, numbers and locations of frontline staff, including intensive care and extended care paramedics, to meet operational demand. These allocations are subject to change based on service planning or operational requirements.

RECOMMENDATION 29

That NSW Ambulance urgently remove restrictions on Intensive Care Paramedics working in Category C and D stations and develop a plan to address identified barriers to the expansion of these specialist paramedics to ensure their equitable distribution across remote, rural and regional NSW.

Position	*Noted*
Response	NSW Ambulance conducts regular analysis of all Ambulance sites in NSW to prioritise resources based on demand. A Clinical Capability Assessment and service planning methodology determines the placement of clinical resources, including specialist paramedics. The methodology considers patient safety, appropriate service levels, networking factors, governance and healthcare partnerships. The NSW Ambulance Role Delineation of Services defines the capacity, profile and roles of current facilities and potential new service developments. It also incorporates the results of clinical capability assessments to determine service levels for safe and effective mobile health care provision within a local catchment and wider network. Through this process, Category C and D ambulance stations have been designated as suitable for a registered paramedic workforce. Intensive Care Paramedic locations are strategically selected and identified through the Clinical Capability Assessment and other methodology to meet clinical demand for complex cases while balancing the difficulty of performing highly complex procedures in the out-of-hospital environment. The selected locations provide a necessary 'community-of-practice' to Intensive Care Paramedics, to ensure that specialists are not isolated and can remain current in their area of specialty. This Clinical Capability Assessment in the placement of Intensive Care Paramedics is essential to maintain patient safety when they are performing highly complex procedures in the out of hospital environment. Recent training and capability uplift has enhanced the ability of registered paramedics to identify and manage causes of deterioration and cardiac arrest. The evaluation of the Integrated Paramedic Workforce Model may provide opportunities to review specialist paramedics and their distribution. For critically unwell patients requiring specialist intervention, aeromedical retrieval services are available via a statewide fleet of helicopters and fixed-wing aircraft. The NSW Ambulance helicopter fleet is staffed with a highly trained medical team, comprising of a critical care paramedic and critical care doctor. The aeromedical network was designed with the intention that each base cross-covers emergency medical support across geographical boundaries.

RECOMMENDATION 30

That NSW Ambulance implement options for paramedics to undertake training and skills consolidation for Extended Care Paramedics and other specialist roles locally across remote, rural and regional NSW.

Position	*Supported in principle*
Response	NSW Ambulance supports paramedics and paramedic specialists in undertaking training and skills consolidation within their local communities. Foundational programs, such as Intensive Care and Extended Care Paramedic training, are conducted at the State Operations Centre in Sydney, where staff have access to purpose built infrastructure, state-of-the-art equipment and subject matter expertise. Intensive care paramedics undertake clinical placements as part of their training either in metropolitan Sydney or regional NSW. The Extended Care Paramedic Program focuses on demand management by minimising avoidable emergency department visits. The program is targeted to areas of high-volume case load where the impacts can be greatest. Extended Care Paramedic trainees complete practicums and consolidation phases in metropolitan areas to ensure high clinical exposure and competency development under experienced mentors. Regional training units are located around the state to educate, govern and provide organisational clinical credentialing. NSW Ambulance has 9 regional training units located at: • Armidale • Bathurst • Gilgandra • Kempsey • Lismore • Nowra • Point Clare • Rutherford • Wagga Wagga All paramedics, including specialists, can undertake Mandatory Continuing Professional Development (MCPD) and re-credentialing education at these units. This blended approach fosters clinical excellence, regional capability, and workforce sustainability.

RECOMMENDATION 31

That NSW Health evaluate the Integrated Paramedic Workforce Model, based on the initial pilots, and publish the findings within six months. This evaluation should include discussion of how the model can be widely implemented in remote, rural and regional NSW.

Position	*Supported in principle*
Response	Two 10-week Paramedic Workforce Model Pilots were completed in December 2024 in the Mudgee Health Service Emergency Department and the Wagga Wagga Rapid Access Clinic. The Agency for Clinical Innovation has undertaken a formal evaluation of the pilots. The inaugural project report, inclusive of findings, will be provided to the NSW Health Secretary proposing a further consultation approach, and second phase of pilots, to inform longer term future implementation of fit for purpose integrated paramedic workforce models in remote, rural and regional NSW.

RECOMMENDATION 32

That NSW Health urgently publish its review of air transport funding and work with the Australian Government and key service providers to ensure adequate provision of air transport services across remote, rural and regional NSW.

Position	*Supported*
Response	A summary document of the review of non-emergency fixed-wing air transport funding has been published on the NSW Health website. An Implementation Working Group has been established to monitor implementation of the recommendations. NSW Health has a range of funding agreements in place with air transport service providers to support access to health care in remote, rural and regional NSW. NSW Health regularly works with a range of stakeholders including local health districts and transport providers to ensure adequate provision of services.