NSW Health

Ref: Q23/596

Dr Joe McGirr
Chair
Select Committee on Rural, Remote and Regional Health
Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000
Email: remoteregionalhealth@parliament.nsw.gov.au

NSW Health responses to questions on notice and supplementary questions from 27 November hearing

Dear Dr McGirr

I refer to the Select Committee on Rural, Remote and Regional Health's inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations, and to the hearing conducted on 27 November 2023.

Please find enclosed NSW Health answers to the Committee's questions taken on notice during the hearing and to supplementary questions provided.

For more information, please contact Ms Seija Duffy, Acting Director, Executive and Ministerial Services, NSW Ministry of Health, at [redacted]

Yours sincerely

[redacted]

Susan Pearce AM
Secretary, NSW Health
29 January 2024

The implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

Hearing – 27/11/2023

Questions on Notice

QUESTION 1 – Page 38

PHIL MINNS: General practice New South Wales. And in 2023, 83 per cent of first-year GP training positions were filled, and that is down from 88 per cent being filled in 2022, and 99 per cent in 2021. The performance in 2021 probably had a bit to do with COVID and international borders and how that affected people's decisions post their university education. But it is a decline. It continues, and hence the focus that we've been trying to bring to discussions with the Commonwealth.

The CHAIR: Do you have any data in relation to entry into rural general practice training?

PHIL MINNS: I may have it. It just might be something that someone will contact me on while we're in the Committee today and I will be able to provide it.

The CHAIR: Otherwise, could you take that as a question on notice?

RESPONSE

Entry into Rural General Practice training data is held by the Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine as the providers of GP training. GP training is governed and funded by the Australian Government,

NSW Health, in partnership with the Australian Government, provides training positions for GPs and GP trainees to gain advanced skills under the National Rural Generalist Pathway (NRGP) and the NSW Rural General Practice Procedural Training Program.

The number of NRGP training positions is increasing year on year. There were 50 positions available in 2022, 54 positions available in 2023, and 58 positions available in 2024.

The NSW Rural General Practice Procedural Training Program provides opportunities for rural GPs to acquire additional procedural skills. 20 full-time positions are available each year in a range of specialties, including anaesthetics, obstetrics, emergency medicine, mental health, and palliative care medicine.

QUESTION 2 – Page 40

...

The CHAIR: On that issue, would you be able to provide us, as a question on notice, some detail around where those partnerships of the nature you've just outlined are happening? It's not my impression that PHNs are particularly active in proactively planning. Secondly, our feedback has been that relationships between LHDs and PHNs do vary in quality. I definitely agree that there's an opportunity where they work well together, but I think there's a variation. Any particular information on where they work together to address it—if you could come back to it.

RESPONSE
NSW Health has a long history of working collaboratively with NSW Primary Health Networks (PHNs) and the Australian Government Department of Health and Aged Care (DoHAC) on key projects and joint initiatives relevant to primary care.

The NSW PHN-NSW Health Statewide Committee is one example. The Committee drives key primary care related reforms in NSW, by providing statewide leadership and strategic oversight, contributing to the national reform agenda and supporting work at the regional level. The Committee has recently advised on key reforms such as NSW Urgent Care Services, NSW Regional Health Strategic Plan, National Mental Health and Suicide Prevention Agreement and Bilateral Schedule.

The Committee meets quarterly and includes representation from PHN Chief Executive Officers (CEO), Local Health District (LHD) Chief Executives, DoHAC, and NSW Ministry of Heath Executives. In its work, the Committee embodies the four components of the NSW PHN-NSW Health Joint Statement:

- a one health system mindset
- NSW PHNs and NSW Health working together
- a regional focus backed by the right system support, and
- planning and evaluating our actions.

The Joint Statement is another example of NSW Health's partnership with NSW PHNs. The Joint Statement was co-signed by NSW Health, the NSW PHNs and the DoHAC in 2021. The Joint Statement sets out how these parties will work together to address three key priority areas: focusing on care in the community, establishing regional planning processes and governance, and data and outcomes. Three working groups were established based on these priority areas, each with representation from LHDs and PHNs.

There are also established Collaborative Commissioning Partnerships in four regions across NSW. These partnerships have care pathways that are jointly delivered by primary care (commissioned through the PHN) and local health districts. The focus of these pathways are identified following a local needs analysis. The pathways currently in implementation in regional LHDs include:

- Murrumbidgee LHD and Murrumbidgee PHN with a pathway for chronic heart failure and chronic obstructive pulmonary disease
- Western NSW LHD, Far West LHD, Western NSW PHN and Rural Doctors Network with a focus on type 2 diabetes.

There are two further partnerships in development, including one regionally:

- Southern NSW LHD, Illawarra Shoalhaven LHD and South Eastern NSW PHN with a focus on chronic obstructive pulmonary disease.

QUESTION 3 – Page 40

PHIL MINNS: Chair, I'd make the observation that the work that has been occurring with the Commonwealth on workforce has probably tried to go after the immediate challenges—looking at the visa system, the arrangements for people qualifying to be able to practise in Australia. It's referred to as the Kruk review. It's got an interim report. We're expecting a final report to arrive before the end of the year for consideration by the health Ministers' meeting. That's where the energy has gone at the moment, into those sorts of initiatives. If we're going to get to a point where we have a national 10-year rural and remote medical and health workforce recruitment and retention strategy, we actually need all of the health Ministers to engage because we can't do it from New South Wales alone. We definitely need the Commonwealth involved and playing a leading role. We're happy to co-lead on things like that, as we have been so far on the immediate responses to shortage. But I think it has to be a focus for next year in our deliberations with the Commonwealth.

The CHAIR: Before I hand to Ms Saffin for the next question, could you take this as a question on notice? What do you see as the implications of the Kruk review for NSW Health

in terms of both rural primary care and rural specialist workforce? That's quite an important piece of work. ...

RESPONSE
On 6 December 2023, National Cabinet endorsed the Final Report of the Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners, led by Ms Robyn Kruk AO. The Final Report makes 28 recommendations to streamline regulatory settings to make it simpler, quicker, and cheaper for international health practitioners to work in Australia.

Implementation of the Kruk recommendations supports easier recruitment of internationally trained GPs and specialists to rural areas. Implementation of the Kruk Review recommendations will be overseen by the Health Workforce Taskforce.

QUESTION 4 – Page 41

Mrs LESLIE WILLIAMS: That's good. I'm pleased to hear that there is feedback on it. That's great. My second question is in relation to nurse educators. I noticed that it was mentioned. I think you mentioned that there was increased funding for nurse practitioners. Is it the same for nurse educators? And how do we know that a nurse educator in a hospital setting is 100 per cent focused on nurse educating and not being used to backfill positions?

DEBORAH WILLCOX: Ms Williams, I would have to take that on notice, unless other colleagues here have—

Mrs LESLIE WILLIAMS: I'm happy for you to take it on notice.

PHIL MINNS: I could make one remark. We did see quite a significant increase in the number of CNEs— nurse educators—across about the last six to eight years. I've seen that table. I can't recall its numbers, but we can get that for you on notice. The situation within a ward or a facility with an educator is ideally that they get to do the education work. But there are likely certain circumstances where late withdrawals of staff through illness, et cetera, and the inability to get someone for agency or casual shift basis does present challenges. That would be occurring in some of our smaller facilities. But it's not the planned intention; it's when the labour supply fails us.

Mrs LESLIE WILLIAMS: I totally understand that after working in a very busy hospital. But my concern is that we're hearing that nurse educators aren't actually getting to do much nurse educating. The knock-on effect of that is that those post-grad students or their colleagues aren't getting the professional development that they should be getting with those CNEs in those positions. I will leave that as a comment.

RESPONSE
Clinical Nurse and Clinical Midwife Educator positions in NSW Health have increased by 47.5% from 900 FTE in 2017 to 1,327 FTE in 2023, reflecting significant additional support for nurses and midwives, including graduates, across that period.

This growth has occurred evenly across both metro and regional NSW, with a 199 FTE occurring in Metro areas and a 217 FTE increase occurring in regional areas.

This increase reflects the significant additional support for nurses and midwives, including graduates, across that period.

In situations when all resources have been exhausted in filling an unplanned absence (such as sick leave), a Clinical Nurse Educator may be called upon to provide direct patient care.

This is not an intended plan, but a strategy to ensure patient safety when labour supply is limited.

Note: FTE growth shows the same pattern from 2021 to 2023 – overall NSW Health 25.7% increase

QUESTION 5 – Page 43

Ms JANELLE SAFFIN: It may be relevant, but it's separate to recommendation 1. The EY report, which you commissioned, says it is done. That was the question I was asking. Maybe you might want to take it on notice.

LUKE SLOANE: I am happy to take it on notice and give further information. But, again, I think the evidence that EY have been taking—and/or, again, just noting it was a completely independent review of how we were progressing against it—was more than likely referring to that periodic review of ABF funding and small hospital funding models on a per annum basis, including MPSs and other small sites.

Ms JANELLE SAFFIN: That's quite unsatisfactory.

DEBORAH WILLCOX: It is an annual process. I would probably just add that, slightly off the point of the actual recommendation, it's part of the mid-term review of the National Health Reform Agreement. The funding models for health in general, but certainly small rural, are incorporated in that review. Obviously the Commonwealth is a critical partner in that as well, but I think the recommendation says "a review". From what I'm understanding from our colleagues, every year we do a review of local health district funding and that would meet the intent of recommendation 1. But we'll take that on notice and get you some further detail. I understand your point.

RESPONSE

NSW Health continues to work with the Special Commission of Inquiry into Healthcare Funding in NSW to identify opportunities to improve the funding model for NSW Health, including for regional LHDs. The Inquiry will examine the existing governance and accountability structure of NSW Health and how NSW Health funds health services delivered in public hospitals and community settings. The Inquiry will also consider strategies available to address escalating costs and limit wastage and identify areas of improvement in procurement process and practice, including in regional, rural and remote local health districts. The Commissioner will visit regional areas and consult with key stakeholders as part of the comprehensive review. At this point in time, the Inquiry is due to report in August 2024.

NSW Health reviews funding for regional LHDs annually to determine the appropriateness of funding models for health facilities (i.e. Activity Based Funding, block funding) to ensure the facilities can operate sustainably. New service agreements are established each year setting out the service and performance expectations for funding and other support provided to LHDs. NSW Health has also commenced a review of the small hospitals funding model in NSW to identify any opportunities for improvement to better support regional LHDs.

QUESTION 6 – Page 45

The CHAIR: ... For us to make sense of those figures on their own is a bit hard. There have been 1,347 recruited with incentives. I presume what you're saying is that in the six months or whatever the year prior to that, there weren't as many recruited and that recruitment lifted. Likewise, the retention figure—how do you know someone has been retained? I presume, again, that you're comparing a figure to something that's gone before, a decline that's happened before. Would you be able to provide those?

PHIL MINNS: Yes. Rolling retention graphs show an average curve for just about all disciplines, where we've got a classic U reflected in the data. I'm happy to make that available.

The CHAIR: I think that would be helpful for us to understand the impact of it.

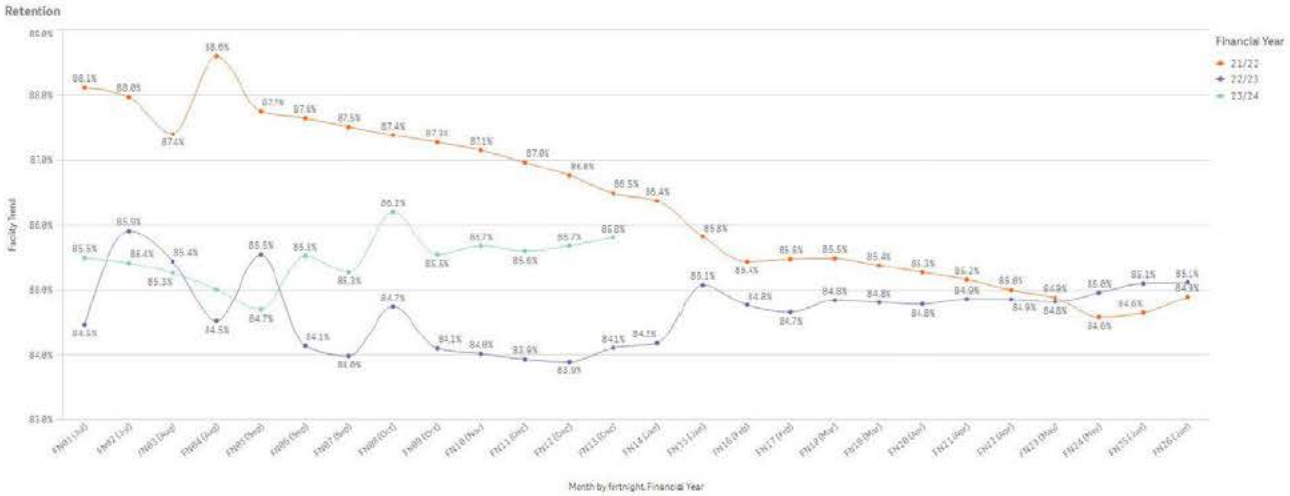
RESPONSE

The Rural Health Workforce Incentives Scheme report identifies the number of health workers by headcount, position number, and Full Time Equivalent (FTE) who have been newly appointed into a position or retained in their existing positions with an incentives package.

Health organisations must report whether health workers receiving an incentive package have started in a new position (recruitment) or have remained in an existing position (retention).

The Rural Health Workforce Incentives Scheme Policy has been in place since July 2022 and has shown positive impact to date.

The below chart shows the % of staff retained across rural and regional NSW, including rural and regional facilities that do not attract or receive incentives. The declining trend in retention is evident in the 2021-22 financial year which stabilises and increases in the subsequent years following the introduction of the rural and remote incentives which have served to attract and retain staff in these locations.



QUESTION 7 – Page 47

DEBORAH WILLCOX: ... In terms of managing the development of a workforce pipeline, that work is done through Mr Minns' division and works with the colleges and universities. We would not leave a district alone to try to manage a chronic shortage of workforce. Generally their job is to try and sustain and maintain their services with our support. But in terms of retention—

The CHAIR: What is the pipeline for the specialist obstetric workforce into rural New South Wales?

PHIL MINNS: I'd have to take that on notice, Chair.

The CHAIR: I'm going to make the suggestion that I'm not sure there is a pipeline for it. I understand the concept of devolved authority—I appreciate you taking that on notice, Mr Minns. Mine was more in the way of a comment. I understand the concept of devolved structure, but it strikes me this is something that needs a statewide approach. Otherwise I think we'll have maternity services continuing to slowly disappear, frankly, and even specialist high-volume services. It is a concern, so I just put that out there.

RESPONSE

There is no direct pipeline for Specialist Obstetrician and Gynaecologists working in rural NSW. The Royal Australian and New Zealand College of Obstetrician and Gynaecologists (RANZCOG) does require trainees to spend a minimum of 23 weeks of their 4 years of basic training in a rural facility (it can be up to 46 weeks).

NSW Health partners with the Commonwealth in providing training opportunities for GPs and GP trainees in Obstetrics.

The NSW Rural General Practice Procedural Training Program provides opportunities for rural GPs to acquire additional skills, including Obstetrics. There are 20 positions available each year over 6 different specialty areas.

The National Rural Generalist Program (NRGP) offers Advanced Skills Training (AST) in a range of specialties including Obstetrics. This program provides rural GP trainees an option to undertake AST in Obstetrics in a public hospital. The number of available training positions is increasing year on year.

QUESTION 8 – Page 52

PHIL MINNS: We've recently developed a psychological safety framework that is being rolled out in response to the changes in the New South Wales law in that area. That is in the process of being engaged on with districts. We will receive requests from districts for funding to support initiatives to respond to their PMES results and we'll process those and send them the funding money. The secretary has issued, more than once, a message to staff that she expects people to be able to make complaints and raise concerns and issues. The work we put into building the portal—and I don't know if the Committee has ever seen the employee or manager portal in operation. We would need you to get on the network to show it to you.

Mr CLAYTON BARR: Is that AIMS?

PHIL MINNS: No.

The CHAIR: I don't think we can access it, can we?

PHIL MINNS: No, we'd need to get you on the network somehow, so you might have to come to Reserve Road to do that.

Mr CLAYTON BARR: We'd love to do that.

PHIL MINNS: I think there would be some value in that because it shows the tools that we've built.

RESPONSE

In late December 2023, the Regional Health Division invited the Select Committee to attend the Ministry of Health, 1 Reserve Road, St Leonards for a complaint portal demonstration. The Select Committee secretariat has accepted this invitation, and a suitable date is being determined.

QUESTION 9 – Page 53

PHIL MINNS: Not necessarily. I think there are more breakdowns than that, that I would provide you.

The CHAIR: I just want to make a couple of observations here. In relation to recommendation 40 in the Ernst and Young report that I'm looking at, the response is the development of the refreshed culture framework, which you've spoken about. What's been interesting from today's discussions has been clearly that's not just the response. Clearly, once that's refreshed, you've got a range of strategies that you intend to implement around empowering staff and educating staff and so on. To take on notice, I'd be interested to know what's going to be involved in that going forward with the framework, because simply having the framework on its own won't be sufficient.

RESPONSE

The Culture and Staff Experience Framework will be supported by a range of tools and resources to facilitate implementation. NSW Health is working on establishing a suite of metrics that will enable monitoring of cultural progress both at a statewide and local level. These metrics will flag areas that need further investigation and will be validated through consultation with local Health organisation leadership teams.

Workforce Planning and Talent Development Branch, Ministry of Health will lead the development of statewide resources to enable interventions by the local People and Culture

teams, supported by a diagnostic tool and assessment process. The Ministry is also creating an online portal for people leaders, People and Culture teams and staff members to access and utilise practical tools that will educate and support the culture and staff experience work being undertaken by Health organisations.

QUESTION 10 – Page 53

The CHAIR: ... The two other issues we're going to need to get a response to on notice that have come up for us are the locum issue, which has been consistently raised—the high use of locums, the expensive nature of locums and the fact that it's actually undermining efforts at recruitment and retention in rural areas. I understand NSW Health is tackling that at the Commonwealth level because there's a sense of it being a national issue, but it would be important to get some more detailed information on that response, please, about what the plan for that is.

PHIL MINNS: Chair, I'm happy to do so, but I might request that it is in camera because of the nature of some of the issues we have to consider that relate to national regulation et cetera.

RESPONSE

In line with Mr Minns' evidence at the hearing that was supported by the Select Committee, the response to this question will be provided to the Committee in camera.

QUESTION 11 – Page 54

The CHAIR: We'll facilitate that. The second issue that has come up has been the time taken to recruit staff. Partly connected to that has been the issue of credentialing across workforce and across areas for locum staff, who do move, but a big issue has been the delays on recruitment. I understand some local health districts have been able to reduce delays, but they're the exception. We've consistently heard about delays of two to three months. I'm flagging that that's an issue. What strategies are being put in place to try and reduce that?

PHIL MINNS: We'll give you some data as well as the strategies.

RESPONSE

NSW Health is in the process of co-designing, with the wider system, a standardised process for general recruitment. Currently, the average time to recruit is 49.4 days across all of NSW Health (based on data from 1 November 2022 to 31 October 2023) and it is anticipated that the proposed standardised process will reduce the average time to recruit.

The proposed standardised process has been created via statewide consultation and is informed by lessons learnt from Health organisations via their improvement actions to reduce the delays. There has been analysis of key bottlenecks and recruitment system changes. Implementation of the proposed practices will aim to improve recruitment process and update policy that will enable NSW Health to onboard talent more efficiently.

Following the implementation of the proposed standardised process, broader improvements will be made in areas such as international recruitment, assessment processes and candidate checks.

Note that data on current times for recruitment to vacancies and new positions by LHD is provided in response to Supplementary Question 9 below.

QUESTION 12 – Page 54

The CHAIR: The other was that there was a commitment to review the credentialing process for GP VMOs.

PHIL MINNS: We have a specialist adviser on the medical workforce. I'm sure I can organise for her to provide a status paper for you.

RESPONSE

For a general practitioner to practise in an LHD there are several onboarding processes that need to be undertaken. These include:

Credentialling: this is the formal process of assessing and verifying a medical practitioner's credentials and other relevant professional attributes for the purpose of forming a view about their competence and suitability to provide safe, appropriate health care services.

- An assessment of 'clinical privileges'; This includes the kind of clinical work (subject to any restrictions) that a LHD determines a medical practitioner is allowed to perform at any of its hospitals or other health services, as determined by the available support services, staffing profile, minimum safety standards and other requirements. This is done by the LHDs Medical and Dental Appointments Advisory Committee.
- Other onboarding requirements, such as mandatory training.

Based on the delineation of clinical privileges, a GP's scope of practice may vary between LHDs and within facilities of LHDs based on differences in hospital role delineation. There may also be different mandatory training requirements between LHDs.

NSW Health is implementing several mechanisms to assist with reducing duplication in onboarding activities for both LHDs and GPs. This includes:

- The implementation of a NSW Health online credentialing program, eCredential which is a web-based platform which streamlines the credentialing process and provides LHDs with an update to date profile of an applicant. eCredential is used by the majority of LHDs and has the functionality to share information within and across LHDs.
- The State Scope of Clinical Practice Unit (SSCPU), funded by LHDs, was created to develop and maintain model scopes of clinical practice for each medical and dental speciality. Model scopes of clinical practice provide guidance and consistency in the way clinical privileges are delineated, while still allowing for local decision making in line with the facility's needs and role delineation.
- In 2022, NSW Health launched a new vendor management system (VMS) to relieve the administrative burden on LHDs and streamline the end-to-end medical locum recruitment process. This electronic solution provides secure storage of medical locum credentialing records with automatic reminders. Currently, five LHDs are using the VMS for medical locum recruitment.
- In 2024, NSW Health will be conducting workshops to assess and review the use of eCredential, the VMS system and other GP VMO credentialling and onboarding systems and processes in use across LHDs. This will also include reviewing the mandatory training requirements of GP VMOs to determine if there is unnecessary duplication. The aim is to determine if further efficiencies can be introduced into the process to streamline the onboarding process further for GP VMOs, while ensuring proper due diligence is maintained for credentialling and delineation of clinical privileges.

QUESTION 13 – Page 42-43

The CHAIR: Yes. If you look at the specific recommendation, it's that NSW Health review the current funding models for all local health districts, rural and regional, in order to identify service delivery gaps and provide a recommendation for funding increases. There are two actions associated, both of which are rated as "completed". Essentially the commentary is that, according to this, you have embedded it in an annual review process. The second one is that block funding is in scope for the National Health Reform Agreement. Neither of those commentaries really outline what happened in terms of the review process and what the implications of that have been. You partly alluded to that in your reference to something that Murrumbidgee did, but there's no detail on that here. It would be good to understand that a

bit more. It would also be good to understand what, if anything, happened as a result of that review process in terms of the small hospitals. I think that's what Ms Saffin is getting at.

RESPONSE

The Ministry of Health undertakes an annual purchasing review in development of Service Agreements. This process involves analysis of the latest available activity, cost, and funding for all rural and regional local health districts.

Following the annual review of the costing data, the 2023-24 funding allocation includes the following key elements:

1. The scope of the Small Rural Hospital Funding Model was adjusted to exclude non-admitted mental health and teaching and training in developing the fixed and variable components of the model. These two services are now funded at their full cost escalated.
2. The model parameters were adjusted to increase the variable component, rather than setting it at the State Efficient Price as has been done in the past. This recognised the additional variable costs associated running these hospitals.
3. The growth allocation mechanism did not change as this ensure that any increases in activity are fully funded. Concurrently any decreases in activity do not result in any funding adjustment.

Additionally, one rural hospital (Milton Ulladulla) was transitioned to Activity Based Funding as it met the criteria.

The Ministry of Health will continue to review the Small Rural Hospital Funding Model as part of the annual purchasing process.

QUESTION 14 – Page 52-53

DEBORAH WILLCOX:

...

The second one is initiative that the Secretary triggered earlier this year called Time for Care and asked Dr Nigel Lyons, who you may know, to do this piece of work. That was to identify what are some of the things in the daily work of a clinician in a hospital or service that get in the way, noting there will be industrial and award-like issues that are not things that can be fixed so simply. A suite of things have come back. I think around 4,000 staff contributed to that—I may need to correct that figure—and gave us a good list of things. The Secretary is driving this very strongly to make sure that we get and respond to all of these things, because they take the noise away for our staff on the ground. That's equally important but that's not to diminish that there are more deeper structural things that matter to them as well. But I think helping them with timeliness around recruitment, some of the reporting and recording of things we request of them—there's a list that we could provide to the Committee if the Committee were interested in it.

RESPONSE

Time for Care is about working with frontline clinicians to reduce the amount of time spent on unnecessary administrative tasks that do not add value to patient care. Through interviews, focus groups, and a system-wide survey, more than 3,300 NSW Health employees were engaged, representing over 60 different roles across the 17 NSW Local Health Districts and Specialty Health Networks, state-wide and shared services, and Pillars.

The consultation identified a range of issues that are taking clinicians away from quality time with patients including:

- Recruitment processes that require significant time from candidates, managers, and directors, and can provide a poor experience for candidates.

- Roster management and time tracking that take significant time to complete, despite tools available to support some of these processes.
- Onboarding and ongoing education that is not consistently available and some mandatory training which does not have a clear applicability to staff responsibilities.
- System limitations which may require staff to document high volumes of sometimes repetitive information across multiple systems while offering low visibility of helpful system data.
- Significant pressure to progress patients, paired with variability in patient flow practices leads to a dependence on manual and time-intensive communication channels to manage patient movement.
- Time spent adapting guidelines and checklists to the local context while changes to prevent duplication or remove redundant tools are not always well communicated.
- Variability in inventory and equipment management practices leading to some clinicians chasing lost equipment or restocking stores.

Initiatives have been developed in response to the issues identified above and work is being progressed at a state-wide and local level to demonstrate meaningful action for frontline clinicians. Time for Care is being implemented through collaborations with frontline clinicians, and among the Ministry, districts, networks, and other NSW Health agencies.

QUESTION 15 – Page 53

Ms LIZA BUTLER: I add to that that we have heard today, and at other places we've gone, that when you go through that complaints process and make a complaint, staff are subject to ongoing weaponisation. They're the notes I've actually taken. We've heard that firsthand. Mr Minns, you say that 43 per cent of bullying is undertaken by peers but that means that 57 per cent is from a leadership role.

PHIL MINNS: Not necessarily. I think there are more breakdowns than that, that I would provide you.

RESPONSE

The breakdown of complaints and their relationships for rural and regional NSW Health is as per the below table. This data includes 2023 complaints reported for Quarters 1 to 3 by the rural and regional Local Health Districts in Service Now. The complaints are those being assessed as meeting a threshold for bullying, as per NSW Health Prevention and Management of Workplace Bullying in NSW Health PD2021_030.

The schedule for quarters is:

Quarter 1 – January to March

Quarter 2 – April to June

Quarter 3 – July to September

Quarter 4 – October to December (data will be available in February 2024).

Rural/Regional	
Relationship	**%**
Peer > Peer	40.8%
Manager > Employee	16.3%
Employee > Manager	16.3%
No reporting relationship	18.4%
Senior Management > Manager	0.0%
Employee > Senior Management	6.1%
Senior Management > Employee	2.0%
Total	100.0%

The implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

Hearing – 24/11/2023

Supplementary questions

QUESTION 1

1. The Committee was provided with the independent review of actions taken in response to the 2022 upper house inquiry (the EY Report).

a. Are there any recommendations from the upper house report that you now consider to be fully resolved?

b. Will the response to the recommendations be limited to those actions you have identified in the independent review?

1.a. The Ministry of Health considers that the following 10 recommendations are implemented:

- **Recommendation 2:** Review the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) as a matter of priority.
- **Recommendation 7:** Urgently engage with the Australian Government at a ministerial level.
- **Recommendation 9:** Expedite the implementation of a single employer model for GP trainees across rural, regional and remote NSW.
- **Recommendation 21**: 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.
- **Recommendation 25:** Portfolio Committee No. 2 – Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote NSW in the future.
- **Recommendation 26:** NSW Government implement the midwifery continuity of care model throughout rural, regional and remote NSW.
- **Recommendation 36:** Maintain a Regional Health Minister in cabinet.
- **Recommendation 37:** Complete and publish the final evaluation of the NSW Rural Health Plan: Towards 2021 before finalising the next rural health plan for NSW.
- **Recommendation 38:** 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, measurable and quantifiable goals in terms of tangible health outcomes, provides the funding and support required to deliver against those goals.
- **Recommendation 42**: That the rural and regional Local Health Districts:
  - 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.

While the actions from the recommendations listed above are noted as completed by NSW Health, work will continue to ensure that initiatives, engagement and collaboration continue to

improve health outcomes and access to healthcare for people living in regional, rural and remote areas of NSW.

1.b. In the response to the Portfolio Committee No. 2 – Health's report, the NSW Government committed to undertake 68 actions that address the 44 recommendations.

In June 2023, Ernst & Young completed an independent review to report on the progress of the 68 actions that were committed to in the NSW Government response to the Rural Health Inquiry.

Monitoring and reporting against all actions and recommendations is ongoing with regular engagement with branches, pillars, health organisations and local health districts regarding implementation.

NSW Health is committed to implementing actions that address the intent of the recommendation where the evidence for the recommendations is not clear or available. In many cases the ongoing work and commitment to address issues raised in the Rural Health Inquiry goes beyond the original scope of the recommendation to ensure safe and high-quality health care services for all residents in NSW.

For some recommendations there will be barriers to full implementation such as legislative changes and budget constraints. Where there are barriers, NSW Health has identified further or supplementary actions that can be taken that are aligned with the intent of the recommendation.

QUESTION 2

2. Could you update the Committee on the progress being made on:
   a) The review of funding available for air transport? (rec. 3)
   b) Work with the federal government on the 10-year strategy for Rural and Remote Medical Health Workforce Recruitment and Retention? (rec. 11)
   c) The review of GP/Visiting medical officer credentialling processes? (rec. 13)
   d) The recruitment of an addition 3,800 staff to the regional health system, particularly in relation to nurses and midwives? (rec. 16)

RESPONSE

2.a.

NSW Health is reviewing non-emergency fixed wing (air) patient transport costing data. This project is being led by HealthShare NSW with support from the Strategic Procurement Branch and the Regional Health Division in the Ministry of Health. NSW Ambulance will be engaged as a partner in this discussion, given the existing statewide retrieval network consisting of a rotary and fixed wing fleet managed by NSW Ambulance, on behalf of NSW Health.

Project scoping has been completed and the project will commence in January 2024. The non-emergency air transport funding review working group will provide strategic advice and guidance regarding the review of funding for non-emergency air transport.

The review will include:

- Consideration of fixed wing non-emergency transport services for NSW Health patients.
- Examination of services funded by Ministry of Health, Healthshare NSW, and through Ministerial Approved Grants, including an analysis of value for money, outcomes, and current and future needs.
- Review of current costs for non-emergency air transport against demand capacity and utilisation.
- Developing a forward plan for non-emergency air transport funding based on demand utilisation and funding available.

2.b. - NSW Health collaborated with the Federal Government on the development of the National Medical Workforce Strategy 2021 –2031. The strategy includes recommendations related to rebalancing supply and distribution of workforce, reforming training pathways, building generalist capability and a flexible and responsive workforce.

The success of a 10-year strategy for Rural and Remote Medical Health Workforce Recruitment and Retention is reliant on all state and territory governments to engage, with leadership from the Australian Government. Should this occur, NSW Health looks forward to contributing to the development and implementation of the recommendations with the Australian Government.

2.c. – Please refer to response to Question on Notice 12.

2.d. – Since November 2021 the NSW Health rural and regional workforce has grown by 2,400 FTE. The Nursing and Midwifery workforce grew by 1,240 FTE.

QUESTION 3

3. Does NSW Health have any plans to modify the scope or delivery of recruitment and retention incentives that are provided for regional Local Health Districts (LHDs)?

a. Have you considered providing funding for non-government health services, so that they can provide similar incentives that are available in the public system?

RESPONSE

3 – There are currently no plans to modify the scope of recruitment and retention incentives for local health districts. The relevant policy directive is being revised to include advice on what incentives are available for each eligible location.

Health organisations remain responsible and accountable in the offering and review of incentive packages to eligible health workers in eligible locations and positions.

3.a. –
The Rural Health Workforce Incentives Scheme applies to Affiliated Health Organisations that are engaged by NSW Health under the Health Services Act 1997 and have services in eligible locations. NSW Health has not considered providing funding for non-government health services. These organisations are non-government organisations, are privately funded, and have their own commercial interests.

QUESTION 4

4. Is any work being done to develop new transport initiatives for patients in remote areas who require services in cities or major regional centres?

RESPONSE

HealthShare NSW is working closely with the Regional Health Division on an expansion of the Patient Transport Service (PTS) into rural and regional local health districts. This work aligns with recommendations from the Rural Health Inquiry for collaboration among key stakeholders to ensure, where feasible, availability of appropriate transport services to support people to attend medical appointments in rural and regional areas.

Local health districts, such as Murrumbidgee, Far West and Southern NSW, also 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.

As an example, Far West LHD is partnering with Maari Ma Health Aboriginal Corporation to provide transport for health needs in the communities of Balranald, Ivanhoe, Wilcannia, and Menindee. This transport enables patients to be transported to larger regional towns for services (e.g. from Balranald to Swan Hill).

NSW Health is conducting a review of the Transport for Health policy directive. 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, rural and remote communities.

Refer to supplementary question 2.a for further information on air transport for remote, regional and rural patients.

QUESTION 5

5. What actions are you taking that focus specifically on remote NSW, rather than system-wide initiatives aimed at remote, rural and regional areas?

RESPONSE

There are an extensive number of initiatives focused on supporting people living in remote NSW across many local health districts. Details on these initiatives are attached (TAB A).

NSW Health focus on remote NSW includes strengthening Hospital in the Home (HITH) (such as drone delivery of medications and pathology tests done at home), Virtual ICU; community care models including multidisciplinary assessment in community settings, increasing public outpatient clinics (such as for fractures, wound care services and cardiology) and increasing mobile services, such as school dental vans, and travelling clinics to support remote areas.

QUESTION 6

6. Please provide detail on all rural and regional obstetric services, detailing their designated level of service and their current level of service, and numbers of births per year for each of the past five years as well as current staffing levels of obstetricians and midwives.

RESPONSE

The NSW Health *Maternity and Neonatal Service Capability Guideline* (GL2022_002) describes the planned activity and clinical complexity that a facility is capable of safely providing, and outlines the processes for assessment, notification and reporting.

In NSW Health facilities, maternity and neonatal service capability levels range from level 1 (antenatal and postnatal care but no planned birthing or neonatal care unit) through to level 6 (specialist supra-local health district maternity and neonatal care). The 'highest' (most complex) level of care is provided by level 6 facilities.

Maternity and neonatal care in NSW is delivered through a tiered perinatal network structure. There are 8 tiered perinatal networks across NSW/ACT (noting that the ACT provides support for Murrumbidgee and Southern Local Health Districts), each comprised of between one and 3 local health districts.

Each tiered perinatal network is led by a level 6 tertiary hospital which partners with services at other lower service capability levels within its network and provides statewide access to higher level care. These networks provide a pathway to a higher level of care at a tertiary hospital if required, for women living in rural or remote communities who need urgent or emergency care.

The table below outlines the maternity service capability levels of maternity facilities located in rural and regional areas noting that this data was last reported to the Ministry 30 June 2022. Information about the level of maternity service capability is not held centrally by the Ministry and the data is therefore requested periodically from LHDs.

Maternity Service Capability	Regional and Rural hospitals
Level 6	John Hunter Hospital
Level 5	Gosford Hospital Lismore Base Hospital Tweed Heads Hospital Dubbo Base Hospital Wollongong Hospital Wagga Wagga Base Hospital
Level 4	Coffs Harbour Hospital Grafton Base Hospital Port Macquarie Base Hospital Armidale Hospital Tamworth Base Hospital Manning Base Hospital Bathurst Base Hospital Orange Base Hospital Maitland Hospital
Level 3	Bowral Hospital Shoalhaven Hospital Kempsey Hospital Inverell Hospital Mudgee Hospital Forbes Hospital Bega Hospital Goulburn Base Hospital Moruya Hospital Queanbeyan Hospital Broken Hill Hospital
Level 2	Leeton Hospital Scott Memorial Hospital- Scone Singleton District Hospital Belmont Hospital Macksville District Hospital Murwillumbah District Hospital Byron Central Hospital Wyong Hospital
Level 1	Bourke District Hospital Milton Ulladulla Hospital Wilcannia Health Services Dareton Health Services Menindee Health Services

Numbers of births per year, for the years 2018 – 2022 for rural and regional maternity services are attached (Tab B).

The table below details current staffing levels of obstetricians and midwives:

Year	Average FTE Medical Obstetrics	Average FTE Registered Midwives
2018/19	214.0	1476.7
2019/20	220.8	1501.0
2020/21	236.3	1534.2
2021/22	248.0	1526.7
2022/23	246.7	1536.0

Source: Workforce Dashboard

Notes: Medical Obstetrics includes the specialty of Obstetrics and Gynaecology and the sub specialties Maternal Fetal Medicine and Obstetrics and Gynaecological Ultrasound

QUESTION 7

7. For remote, rural and regional health services please provide detail on current annual locum costs by rural LHD for each of the past five years.

RESPONSE

In line with the response to Question on Notice 10, the response to this question will be provided to the Committee in camera.

QUESTION 8

8. Please provide documentation on the effect of the incentive scheme on remote, rural and regional NSW health workforce (as indicated in the hearing).

RESPONSE

The NSW Rural Health Workforce Incentives Scheme is demonstrating a positive impact on rural and regional health organisations in providing incentives for new health workers looking to relocate and work in positions with hard-to-fill and critical vacancies and allowing recognition of existing staff that work in these positions.

As of 22 November 2023, the scheme has offered recruitment incentive packages to 1,566 health workers and retention incentive packages to 9,950 health workers, with a total spend of $61.5 million.

Health organisations	14
Eligible positions	4,229
Recruited health workers	1,566
Recruited full-time equivalent (FTE)	1,347.97
Retained health workers	9,950
Retained full-time equivalent (FTE)	7,105.13
Total incentives spend	$61,505,436.80

QUESTION 9

9. Please provide data on current times for recruitment to vacancies and new positions by LHD (average, median, minimum, maximum) for clinical and non-clinical staff and how these compare over the past five years.

RESPONSE

Average Days to Fill per Requisition

Health Agency	18/19	19/20	20/21	21/22	22/23
CCLHD	68	59	57	64	54
FWLHD	41	47	45	39	40
HNELHD	70	75	78	73	86
ISLHD	44	40	37	37	42
MLHD	47	48	44	47	38
MNCLHD	63	62	58	50	51
NNSWLHD	73	68	64	62	69
SNSWLHD	87	81	61	61	63
WNSWLHD	54	40	40	44	54

QUESTION 10

10. Please provide detail on current and planned roll out of the Single Employer model

RESPONSE

The Rural Generalist Single Employer Pathway program is in the project planning phase. The project implementation phase will commence in February 2024 to align with the start of the new clinical year. Preliminary offers have been extended to GP trainees across MNCLHD, NNSWLHD, HNELHD, WNSWLHD, SNSWLHD, ISLHD and MLHD who will join the 5 existing Murrumbidgee LHD GP trainees in the statewide rollout of the program.

The project planning phase has included the following activities:

- **Governance**: including the development of a Memorandum of Understanding between the Department of Health and Aged Care and NSW Health for the SEM 4 year trial, the development of a GP Practice Agreement to support the placement of GP trainees (employed by NSW Health) in GP Practices for training terms and the establishment of a project steering committee to act as the governing body throughout the project life cycle.
- **Resourcing**: recruitment of a Principal Project Officer and pending recruitment of 2 Senior Policy Officers to oversee the project implementation and the allocation of funds to support the administration of trial for each participating LHD
- **Communication**; development of a project communication plan and the establishment of periodic stakeholder meetings

QUESTION 11

11. Please provide an update on action on recommendation 11 (of the previous inquiry)

RESPONSE

Please see response to supplementary question 2.b.

QUESTION 12

12. Please provide detail of specific actions taken on recommendation 1 (of the previous inquiry).

RESPONSE

Please refer to questions 5 and 13 in Questions on Notice for more information about annual purchasing reviews for the development of service agreements and the review of the small hospitals funding model.

QUESTION 13

13. How many facilities use virtual care to provide medical care when on site medical care is not available and how often is this done?

RESPONSE

Virtual care is used to supplement medical oversite when a facility does not have a doctor to provide face- to-face care. There are no permanent arrangements in place for facilities in NSW to provide virtual care when on site medical care is not available. Use of virtual care in the absence of on-site medical support at any given facility is variable and dependent upon availability of medical staff which can fluctuate from week to week.

QUESTION 14

14. Please provide details of the impact of the lack of primary care services on NSW health facilities and services and the steps taken by NSW Health to try to meet this challenge in remote, rural and regional NSW, including innovative solutions.

RESPONSE

NSW Health is committed to working with the Commonwealth and other jurisdictions to improve the interface between primary and acute care services in rural, regional and remote areas of NSW under the National Health Reform Agreement (NHRA). This commitment aims to provide a meaningful change and deliver improved support for the primary healthcare sector and is actioned through leveraging the Health Ministers' Meetings, the Mid-Term review of the NHRA and NHRA negotiations to highlight and represent the impact of regional NSW interface issues and lack of primary care in rural areas.

NSW Health supports the Bilateral Regional Health Forum, which recommenced in December 2022, to facilitate meaningful discussion on common interests between the Commonwealth and NSW Governments. The Bilateral Regional Health Forum aims to improve health outcomes and access to health services in regional, rural and remote NSW through innovative and collaborative opportunities and approaches. At the Bilateral Regional Health Forum in 2023, both the Australian and NSW Government expressed joint support in the expansion of the Collaborative Care Program in recognition of their shared responsibility for addressing primary care challenges in regional NSW.

The NSW Collaborative Care Program provides place-based solutions to primary healthcare challenges impacting our regional, rural and remote communities including the recruitment and retention of health practitioners, financial sustainability of health services, and continuity of care. This program is being piloted in 5 regional locations.

In 2023, the Regional Health Division commissioned the Sax Institute to complete a Scalability Assessment of Collaborative Care and place-based planning approaches. This assessment was conducted to seek opportunities to address primary healthcare challenges in regional NSW highlighted under recommendations 10 and 43 of the Rural Health inquiry as well as Priority 5 of the NSW Regional Health Strategic Plan 2022-2032 *(Expand integration of primary, community and hospital care).*

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.

NSW Health also supports the COAG Section 19(2) Exemptions Initiative – Improving Access to Primary Care in Rural and Remote Areas. This initiative aims to improve access to primary health care. As at 1 December 2023, NSW has 48 sites with an exemption in small rural towns, remote communities and very remote communities (Monash Medical Model (MMM) areas 5-7).

Collaborative Commissioning involves patient centred co-commissioning groups, made up of local health districts and PHN's identifying and prioritising local health needs and developing care pathways to improve patient and community outcomes. It aims to address the gaps in patient care and embed local accountability to ensure care is truly integrated for patients. There is seed funding provided by the Ministry of Health to support the implementation of aspects of pathways that do not attract existing funding.

The NSW Single Front Door, a partnership with Healthdirect Australia that provides 24/7 registered nurse phone advice and referrals to care for people with unplanned, urgent healthcare needs, provides equity of access with virtual urgent care options including the virtualGP and virtualKIDS services. Consumers who meet clinical criteria are provided timely consults and treatment plans by call/videocall at home, reducing avoidable Emergency Department presentations and improving patient experiences and time taken to receive care.

The lack of primary care services has resulted in an increase in presentations to emergency departments. To meet this challenge, partnerships between regional, rural and remote LHDs have been established to deliver virtual care services. Further information about services is provided in response to supplementary question 15.

QUESTION 15

15. Please provide details of innovative approaches by NSW Health to improve support for remote, rural and regional services through partnerships with metropolitan health services, including virtual care and support and dual appointments.

RESPONSE

There are many NSW Health initiatives to improve support for remote, rural and regional services through partnerships with metropolitan health services such as:

- Telestroke: a service that connects 23 rural and regional hospitals across NSW with a network of virtual specialist stroke doctors, managed by the Prince of Wales Hospital
- Virtual Hubs: to give community members the ability to have telehealth appointments in a dedicated space at a District facility, fitted with the equipment needed for a remote consultation, including a large wall-mounted screen, high-quality camera, speaker, wireless mouse and keyboard.
- Virtual kids urgent care service: Sydney Children's Hospital Network (SCHN) have developed a state-wide urgent care model for families linking to Healthdirect for medical advice.

Please see Tab C for a summary of some of the initiatives which have been implemented by NSW Health and local health districts where metropolitan facilities support regional, rural and remote facilities and communities.

TAB A – SUPPLEMENTARY QUESTION 5

5. What actions are you taking that focus specifically on remote NSW, rather than system-wide initiatives aimed at remote, rural and regional areas?

Initiative	Description	LHD/Branch responsible
Development of a fixed daily rate for select sites on the Rural Doctors' Settlement Package (RDSP)	The Ministry is working with the Rural Doctors Employment Arrangements (RDEA) Working Group to develop a fixed daily rate for select sites on the RDSP. While the model is still in development, the RDEA Working Group is considering a Modified Monash Model (MM) loading for RDSP sites located in MM5-MM7 to support doctors in working in remote areas. The loading will increase incrementally for each MM category.	WRB
Virtual Rural Generalist Service (VRGS)	The Virtual Rural Generalist Service (VRGS) is a partnership between Southern NSW LHD (SNNSWLHD) and Western NSW LHD (WNSWLHD). VRGS is a virtual model of care supported by a team of Rural Generalist General Practitioners. The VRGS medical officers work virtually and in person to provide comprehensive medical coverage for hospitals and Multi-Purpose Services (MPS). A successful 6- month pilot has been undertaken, with an extension of the partnership and service agreement approved until June 2025	SNSWLHD & WNSWLHD
Rural Generalist Nurse Education Program (RGNEP)	The program was developed by WNSWLHD and aims to develop rural and remote nursing staff to have the competence and confidence in nursing assessment skills to support clinical services at Southern NSW LHD's rural and remote health facilities.	SNSWLHD & WNSWLHD
Brewarrina Student Dental Program	This program is a partnership between WNSWLHD, Charles Sturt University (CSU) and Brewarrina Shire Council to provide a bespoke student placement program as the sole dental service provider in the community. CSU provide at least 8 one-week visits spread from February to October each year using a locally established 4 chair dental clinic.	WNSWLHD
Mobile Oral Health Centre	The two-chair dental clinic contained within a trailer moves between the communities of Nyngan, Warren, Trangie, Gulargambone and Baradine each year, providing a public dental service. Unlike other outreach models, the two-chair clinic enables new graduate staff to work alongside an experienced clinician, building workforce capacity for outreach services to remote areas. The service operates two days per week.	WNSWLHD

Australian Cervical Cancer Foundation (ACCF) project	The Women's Health Service have been providing cervical screening services to communities in Brewarrina, Lightning Ridge, Walgett, Coonamble, Gulargambone and Lightning Ridge, with a potential expansion to Brewarrina in 2024. A Service Level Agreement has been established with OCHRE Health for the provision of women's health services in Bourke, Brewarrina and Coonamble. A Fly in/Fly out Women's Health Service to Bourke, Brewarrina and Cobar is also provided.	WNSWLHD
Bourke Antenatal & Postnatal Care	Outreach midwives fly or drive to remote communities to provide antenatal care, enabling women to receive their care in their community e.g., Lightning Ridge, Brewarrina. Transferring post birth (at Dubbo) to Bourke Hospital also assists with 'discharge on country'. This initiative is part of the Bourke model of care, specifically tailored to that community through consultation and Elder feedback to strengthen connection to country and support a culturally safe maternity service.	WNSWLHD
Arboviruses surveillance and mitigation strategies	NSW Arbovirus Surveillance and Mosquito Monitoring Program (ASMMP) that is designed to act as an early warning system for the environmental circulation of arboviruses. The ASMMP is undertaken from spring to autumn of each year, in defined geographical areas that include five sites in the WNSWLHD communities of Bourke, Forbes, Cowra, Macquarie Marshes and Walgett. Five towns were selected to be part of the serosurvey for Japanese encephalitis virus (JEV) due to demonstrated evidence of localised JEV-infected mosquitoes.	WNSWLHD
WNSWLHD targeted immunisation programs	The implementation of the Aboriginal Immunisation Project, which employs Immunising Aboriginal Health Workers has resulted in an improvement in the childhood immunisation. The proportion of Aboriginal children aged between 60 and 63 months who are fully vaccinated in the region's remote communities is 98.8% compared to the NSW average of 94.2%.	WNSWLHD
Assistant In Nursing (AIN) Traineeship Program in Multipurpose Services (MPS)	Recognises remote communities are particularly vulnerable to workforce shortages and access to training and education in remote locations is scarce. Part of WNSWLHD's 'grow your own' strategy, this program is only offered to small rural and remote facilities to support locals to become skilled and facilitate a pathway for employment.	WNSWLHD

Overseas Nurse Orientation Program	A growing number of overseas nurses are now working in remote facilities. The Program, based at WNSWLHD's Simulation Centre in Wellington, is intended to enhance education and support for this particular cohort of nurses	WNSWLHD
After Hours Virtual Clinical Nurse Educators	Clinical Nurse Educators (CNEs) are based in remote facilities (Walgett and Cobar) and largely utilised by the remote facilities. This provides after-hours access to ED/Critical Care qualified CNEs to provide support, guidance, and advice either via phone or camera. There is also the Virtual Education Service providing education sessions for smaller facilities.	WNSWLHD
Rural & Remote CNEs	Rural and remote CNEs provide in-reach services specifically to rural and remote sites – this includes Critical Care Nurse Educators /CNEs who only provide service to rural and remote facilities.	WNSWLHD
Rural Intensive Care Nurse Residency Program (RIC-NR)	The RICNR program is a WNSWLHD initiative designed to up skill registered nurses into the speciality of ICU through an accelerated pathway. In 2024, this program will be expanded under funding provided by Nursing and Midwifery Office to include the 'Speciality Sprint: Accelerating Nurse Expertise' Program.	WNSWLHD
Rural Nurse Practitioners	WNSWLHD are in the process of employing an additional 12 Nurse Practitioners. Four of these will be dedicated to Rural Generalist practice covering multiple meta specialities and will sit in clustered models covering several facilities within an hour of their footprint both physically and virtually. WNSWLHD will combine two proposed models (site specific and hub and spoke) into a bespoke Rural Generalist model that will service the needs of the nursing workforce as well as the community they service. Each Rural Generalist Nurse Practitioner (RGNP) will work to a core service delivery model.	WNSWLHD
Rural Allied Health Assistant Program	Implemented in Nyngan, Warren, Narromine, Coonamble, and Gilgandra to provide allied health resources in rural and regional facilities. The program seeks to enable AHAs to practice at top of scope, streamline communication and mitigate risks.	WNSWLHD
Point of care testing – blood borne viruses	The HIV and Related Program (HARP) team deliver a range of pop-up targeted "blitz days" across remote and very remote areas of both WNSWLHD and Far West Local Health District (FWLHD) using a van. These clinics include screening and point of care testing for blood borne viruses and initiation of treatment utilising a nurse practitioner. Blitz days involve extensive community liaison, partnering with other services providers such as the Royal Flying Doctor Service and are delivered at the following locations: Lightning Ridge, Walgett, Collarenebri, Coonamble AMS, Grawin, Coonabarabran, Bourke and Brewarrina.	WNSWLHD & FWLHD

Crossing the Border Collaboration to Close the Gap	The Boggabilla Community Health Service and Goondiwindi Medical Centre collaboration aims to improve clinical outcomes, self-empowerment, health literacy, and connectivity to health services for Aboriginal and Torres Strait Islander community members. The collaboration has been extremely successful, with a 114% increase in individual health appointments since 2018.	HNELHD
Macintyre Health Alliance	The Macintyre Health Alliance has been established and formalised to bring together key health stakeholders representing remote border towns in north-western NSW and south-western QLD. The group regularly meets to discuss cross-border health matters that directly impact the rural and remote communities in that region (including Toomelah and Boggabilla within NSW). The Alliance is proactive in identifying practical solutions and actions, with a particular focus on transport, GP access, providing equitable access to health services for communities on both sides of the border, resource sharing, data sharing and funding.	HNELHD
Community paediatrician	The Enhancing Paediatrics in Primary Care (EPiPC) commenced in 2021 with the aim to enhance the capability and capacity of general practitioners and their teams to identify and manage vulnerable children in the first 2000 days experiencing developmental and behavioural issues. A part time community paediatrician is co-funded between the Murrumbidgee Local Heath District and the Murrumbidgee Primary Health Network (MPHN) to lead the implementation of EPiPC.	MLHD
Midwifery services for a remote community in Hillston NSW	The Rural Doctors Network (RDN) provides outreach funding to support a midwife one day per week to provide antenatal, postnatal care and education to women residing in Hillston. The objective of this service is to reduce travel for women residing in Hillston and receive care closer to home.	MLHD
Lake Cargelligo Aboriginal Health Services	Aboriginal health services in Lake Cargelligo are jointly provided by MLHD and the Murrin Bridge Aboriginal Medical Service (AMS) managed by Griffith AMS. The AMS offers a five day/week service for the Aboriginal and non-Aboriginal population with a visiting GP once a week, visiting physiotherapy services, transport to appointments at the AMS only, which is located in the township of Lake Cargelligo. The MLHD Aboriginal Health team provide programs and services to the Lake Cargelligo and Murrin Bridge communities to improve accessibility to health services and enable consumers, families and communities stay “on country” and close to family support to receive medical advice and management.	MLHD

Living way your well	Living Well Your Way improves accessibility to healthcare services for people with chronic conditions in rural communities. The Outreach Heart Failure Diagnostic Clinics aims to ensure patients at risk of heart failure have timely and affordable access to screening and diagnostic assessment including echocardiography in rural communities. There is a particular focus on Aboriginal people within the Murrumbidgee. Clinics are delivered in remote areas of the District, including Hay, West Wyalong, Hillston and Lake Cargelligo.	MLHD
St Vincents Drug & Alcohol Specialist Virtual Model	The Drug and Alcohol Telehealth Service (ADTS) began as a pilot project in collaboration with St Vincents hospital Sydney and Murrumbidgee Local Health District to improve accessibility to specialist addiction medicine advice. This project has since continued as a fundamental part of providing drug and alcohol treatment throughout the District. St Vincent's Hospital Sydney uses videoconferencing technology to connect addiction medicine specialist services to clients located in rural and remote communities in the Murrumbidgee region. This service provides twice weekly specialist clinics for consumers, who are supported locally by the District's drug and alcohol service.	MLHD
Three Rivers Collaboration	MLHD is collaborating with Three Rivers Department of Rural Health at Charles Sturt University, to support student placement models that promote working in remote rural areas. The collaboration also extends to partner on research projects related to healthcare in rural and remote settings.	MLHD
Dialysis Service in Wilcannia	The development of a dialysis service in Wilcannia has reduced the demands of excessive travel into a central town (Broken Hill) for this essential service. This dialysis service has been developed despite the fact that the patient numbers are significantly smaller than would normally be considered for service establishment.	FWLHD

TAB B Rural and regional obstetric services birth counts, 2018–2022

Local Health District–Hospital		Year					TOTAL
		2018	2019	2020	2021	2022	
		No.	No.	No.	No.	No.	No.
Illawarra Shoalhaven	Milton & Ulladulla	0	2	2	0	0	4
	Shoalhaven	857	856	881	921	802	4317
	Wollongong	2564	2502	2546	2867	2534	13013
	TOTAL	3421	3360	3429	3788	3336	17334
Central Coast	Gosford	2976	2999	3068	3364	3045	15452
	Wyong	78	91	16	0	1	186
	TOTAL	3054	3090	3084	3364	3046	15638
Hunter New England	Armidale	429	432	402	432	496	2191
	Glen Innes	36	55	66	43	12	212
	Gunnedah	171	149	145	116	83	664
	Inverell	226	229	195	221	206	1077
	Moree	138	143	130	136	141	688
	Narrabri	92	80	86	92	56	406
	Tamworth Base	1058	1029	1030	1175	1175	5467
	Gloucester Soldiers Memorial - Hosp	6	1	0	0	0	7
	Manning Base	611	626	656	660	633	3186
	Maitland	1525	1706	1721	1935	2036	8923
	Muswellbrook	103	76	69	44	7	299
	Belmont	151	121	141	154	158	725
	Scott Memorial, Scone	51	45	34	32	37	199
	Singleton	117	126	122	139	137	641
	John Hunter	4132	4077	3953	4328	4062	20552
	TOTAL	8846	8895	8750	9507	9239	45237
Northern NSW	Grafton Base	388	364	377	405	394	1928
	Lismore Base	1155	1293	1181	1426	1274	6329
	Murwillumbah	49	66	54	41	34	244
	Tweed Heads	1207	1088	1009	1023	988	5315

TAB B Rural and regional obstetric services birth counts, 2018–2022

	Byron Central Hospital	140	133	124	109	117	623
	TOTAL	2939	2944	2745	3004	2807	14439
Mid North Coast	Bellinger River	1	0	0	0	0	1
	Coffs Harbour	1069	1103	1040	1108	1095	5415
	Kempsey	243	253	210	242	258	1206
	Macksville	40	36	47	37	35	195
	Port Macquarie Base	792	810	814	912	845	4173
	TOTAL	2145	2202	2111	2299	2233	10990
Southern NSW	Bega	250	239	251	264	285	1289
	Cooma	137	161	133	134	108	673
	Goulburn Base	276	297	315	301	340	1529
	Moruya	320	312	316	350	271	1569
	Queanbeyan	558	533	518	532	598	2739
	TOTAL	1541	1542	1533	1581	1602	7799
Murrumbidgee	Lake Cargelligo	0	1	0	0	0	1
	Deniliquin	96	81	78	95	70	420
	Young	152	150	118	132	121	673
	Griffith Base	516	509	536	510	491	2562
	Leeton	16	22	18	12	4	72
	Narrandera	0	3	0	0	1	4
	Temora	56	60	58	48	47	269
	Tumut	55	13	29	44	21	162
	Wagga Wagga Base	1195	1229	1286	1390	1429	6529
	The Cootamundra	54	50	54	42	31	231
	TOTAL	2140	2118	2177	2273	2215	10923
Western NSW	Bourke	0	0	0	0	1	1
	Coonamble	0	0	0	0	1	1
	Dubbo Base	1232	1279	1261	1395	1342	6509
	Mudgee	229	216	235	268	273	1221
	Walgett	0	0	0	1	0	1

TAB B Rural and regional obstetric services birth counts, 2018–2022

	Warren	0	0	0	2	0	2
	Bathurst Base	501	478	446	561	443	2429
	Cowra	130	122	130	158	130	670
	Forbes	131	185	219	235	199	969
	Orange Base	997	1008	1011	1141	1129	5286
	Parkes	144	35	2	1	0	182
	TOTAL	3364	3323	3304	3762	3518	17271
Far West	Broken Hill Base	192	218	179	200	205	994
	TOTAL	192	218	179	200	205	994

Source: NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.
Date analysed: 12 Dec 2023.

SUPPLEMENTARY QUESTION 15

Please provide details of innovative approaches by NSW Health to improve support for remote, rural and regional services through partnerships with metropolitan health services, including virtual care and support and dual appointments.

The table below provides examples of some of the innovative approaches to improve support for remote, rural and regional services through partnerships with metropolitan health services.

Initiative	Description	LHD/Branch responsible
Telestroke	The NSW Telestroke Service is a collaboration between the Prince of Wales Hospital in Sydney, eHealth NSW, the Agency for Clinical Innovation and the Ministry of Health. The NSW Telestroke Service connects 23 rural and regional hospitals across NSW with a network of virtual specialist stroke doctors, managed by the Prince of Wales Hospital. This includes: ▪ FWLHD - Broken Hill ▪ HNELHD - Moree, Armidale, Tamworth, Manning ▪ ISLHD – Shoalhaven ▪ MNCLHD - Port Macquarie, Coffs Harbour ▪ MLHD - Griffith, Deniliquin, Wagga Wagga ▪ NBMLHD - Lithgow, Blue Mountain ▪ NNSWLHD - Tweed, Lismore, Grafton ▪ SNSW - Goulburn, Moruya, Cooma, SERH ▪ WNSW – Dubbo, Orange, Bathurst The Stroke Foundation has partnered with NSW Health to support the roll out of the service. This includes delivering F.A.S.T. (Face. Arms. Speech and Time) signs of stroke community education in the state's regions. The service is jointly funded by the NSW and Commonwealth Governments.	ACI

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Integrated Care Paediatric Network	The Integrated Care Paediatric Network upskills local health services staff using telehealth and virtual care services, enabling access to specialist paediatric care, for children with complex needs, closer to home. It is particularly focused on regional and rural areas to reduce the patient/carer travel burden and ensure quality care and consultations close to the patient's family.	NSW Health
RPA Virtual Hospital	RPA Virtual Hospital (SLHD) collaborates with FWLHD to offer: • The RPAvirtual emergency department (rED) program • RPA Virtual Nurse Assist and Midwifery Care • RPA Virtual Fracture clinic • RPA Virtual Intensive Care Unit (vICU) Service	SLHD & FWLHD
Psychogeriatric services-on-screen (SOS)	St Vincent's Hospital provides consultation, supervision and education to clinicians in rural and remote NSW working with older adults experiencing mental health issues through the Psychogeriatric services-on-screen.	St Vincents Hospital
Westmead state-wide care services	Westmead Hospital (WSLHD) provides statewide care through: • Metabolic Genetic Medicine service • Comprehensive Epilepsy service • Transcultural Mental Health service • State-wide perinatal mental health service	WSLHD
Installation of Virtual Hubs	Virtual hubs are available at Junee, Tumut, Hillston, Lake Cargelligo, Hay, Deniliquin and Moulamein, which provides a location for reliable connectivity for virtual care consultations for members of the community.	MLHD
NSW virtualKIDS	The NSW virtualKIDS urgent care service is a state-wide service provided by paediatric nurses and doctors based at two clinical hubs within Sydney Childrens Hospital Network and Hunter New England Local Health District. Children and families across NSW can rapidly access virtual care provided by specialist clinicians who assess, advise, treat and if needed, refer to local services for follow-up.	NSW Health/ SCHN/ HNELHD
Rehabilitation and cardiology	Dual appointments with St Vincent's Hospital Sydney and Griffith Base Hospital.	MLHD
Neonatal emergency treatment service	A virtual service for the assessment and clinical management of newborns.	MLHD

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Haematology service level agreement	Service Level Agreement with St Vincents Hospital for provision of services to Griffith Base Hospital. This includes virtual consultations where appropriate.	MLHD
Ophthalmology service	Provision of public ophthalmology clinics by Foresight Australia (through Gordon Eye Surgery).	MLHD
Virtual case conference and virtual chronic kidney disease (CKD) clinics	In collaboration with SLHD, this service provides monthly support to haemodialysis clients to support increased demand and fly-in fly-out chronic kidney disease clinics.	MLHD
MLHD Virtual Nurse Assist	In partnership with Royal Prince Alfred and St Vincent's Hospital, MLHD provides virtual support for nurses, by clinical nurse consultants, to assess and manage patients.	MLHD
Chronic pain referral service to Nepean	This is a formal service level agreement between MLHD, Primary Health Network and Nepean Blue Mountains LHD. This service provides a multidisciplinary telehealth clinic that facilitates access to specialist pain management physicians, physiotherapists, psychologists, and nurses.	MLHD/NBMLHD
Teleburns service	In partnership with the Concord burns unit, this service provides assessment and treatment to patients with burns who are supported by local clinicians and enables patients to receive care closer to home.	MLHD
Paediatric porta-cath monitoring	Partnership with Sydney Children's Hospital for paediatric patients with porta-a-caths for continued care.	MLHD
Wagga Wagga Base Hospital (WWBH) paediatric clinics	The WWBH paediatric department provides specialty services to all major towns in the MLHD, providing high-quality paediatric care. These services are provided face-to-face or virtually.	MLHD
WWBH Pacemaker Clinic	Visting cardiologists from St. Vincent's Hospital Sydney assist with running the pacemaker clinic at WWBH.	MLHD
WWBH subspecialty visiting clinics	Provided in partnership with Sydney Children's Hospital, with face-to-face consultations. This include cardiology, neurology, nephrology, cancer care, haematology, rheumatology, and neurology.	MLHD
Oral Health partnerships	MLHD has established a collaborative recruitment program for new graduate dental officers with SLHD enabling 4 new dental officers to complete 6-month rotations within MLHD in 2024. In partnership with South-East Sydney LHD and the University of Sydney, MLHD will participate in a virtual orthodontic research program in 2024 that aims to increase access to public orthodontic care within MLHD.	MLHD

	MLHD oral health service partners with WSLHD to provide paediatric dental specialist outreach services and virtual care services. The MLHD partners with WSLHD to improve accessibility to paediatric dental specialist care that is sustainable, efficient, cost-effective, patient and family-centred. This model uses virtual consultations, outreach paediatric dental clinics and general anaesthetic services to improve access to care, while upskilling MLHD oral health staff in evidence-based chronic disease management protocols.	
Oral Health Services	Westmead Hospital (WSLHD) provides Oral Health services to MLHD, SNSWLHD and WNSWLHD.	WSLHD,MLHD, SNSWLHD, WNSWLHD
Paediatric Care Coordination Services	MLHD partners with Westmead and Sydney Childrens Health Network to provide care coordination services for children with medical complexities who require care navigation for patient, family and/or carers. This program now partners with all relevant tertiary hospitals, including interstate facilities.	MLHD
Children and adolescent diabetes clinic (type 1 diabetes)	The service offers education on diabetes management and linkages with dieticians. This was an existing service for Type 1 diabetics which was extended virtually, in response to Covid-19 restrictions. Virtual services were maintained and care is now provided to clients in regional and remote areas, improving accessibility to services and reducing travel requirements for clinicians and clients.	MLHD
District virtual gestational diabetes management	This service offers assessment and intervention for during pregnancy for gestational diabetes. This is a virtual service and works in conjunction with diabetes educators and dieticians within the MLHD.	MLHD
District virtual paediatric endocrinology clinic	In partnership with Sydney Childrens Hospital, MLHD provides up to 5 virtual paediatric endocrinology clinics per year. Diabetes educators support consumers locally during virtual consults and update treatment plans which are supplied to the consumers primary care provider and paediatrician. This service is available via paediatrician referral.	MLHD
Endocrinology Clinic	Royal North Shore Hospital (NSLHD) providing support to FWLHD through the RNSH/Broken Hill Endocrinology Clinic	NSLHD
Diabetes care - diabetes outreach health service	The St Vincent's diabetes service has created a mobile regional diabetes model of care which collaborates with primary care providers to enhance the quality of diabetes care consumers living in regional and rural areas.	SNSWLHD, MLHD

	This service has established partnerships with general practitioners and practice nurses within the Murrumbidgee Primary Health Network and MLHD.	
Substance use in pregnancy and parenting clinic	Drug and alcohol addiction medicine specialist clinics are provided to consumers in the MLHD via telehealth in collaboration with St Vincent's Hospital Sydney, allowing consumers to receive specialist care close to home and reducing travel requirements.	SNSWLHD
St Vincent's Addiction Medicine Clinics	MLHD partners with St Vincent's Hospital Sydney to deliver addiction medicine specialist clinics via telehealth and facilitate access to specialist care for people living in remote and rural areas in the Murrumbidgee region who are living with substance dependence.	MLHD
SNSWLHD memorandum of understanding with Illawarra Shoalhaven LHD and South-Western Sydney LHD.	This partnership includes strategic projects, shared clinical networks and opportunities for shared innovation. There are three strategic projects underway through the partnership; extension of the ICU Critical Care virtual network, allied health workforce project, and analytics project focussing on virtual hospital expansion and the use of data to identify key areas of virtual care expansion.	SNSWLHD
Virtual Rural Generalist Service Model	WNSWLHD independently delivers virtual care for emergency and critical care and remote inpatient monitoring services to 34 rural and remote health services in Western NSW. WNSWLHD in partnership with Southern NSW LHD has successfully expanded the Virtual Rural Generalist Service model of care to 5 health facilities in SNSWLHD.	SNSWLHD, WNSWLHD
St Vincent's Chronic Pain program	St Vincent's Chronic Pain program provides outreach and virtual consultations for patients in Southern NSW living with complex pain.	SNSWLHD
Hammondcare Palliative care	SNSWLHD has a partnership with Hammond Care to provide virtual and outreach palliative care specialist medical care for palliative patients across the district.	SNSWLHD
Specialised intellectual disability services	SNSWLHD is part of a clinical network for delivery of specialised intellectual disability services, with SWSLHD the lead for virtual and outreach tertiary support.	SNSWLHD
Virtually enhanced Community Care	An informal partnership has been in place with ISLHD since 2019 to provide Virtually enhanced Community Care (VeCC), home based remote monitoring for patients with COVID or chronic/complex disease. Staff training, education, and back up clinical support has been provided across	SNSWLHD

	the partnership, with the VeCC service linked into the Collaborative Commissioning Program with the Primary Health Network.	
ADHD and Behavioural Management Service	WNSWLHD is currently piloting an innovative model of care to support children and families with ADHD and Behavioural Management. This pilot is working in collaboration with SCHN to support the service with critical workforce including a Paediatrician and Clinical Psychologists. This pilot service will enable easy access to ADHD services for rural and remote communities through a hybrid model of care. This will support children to receive care in their local communities.	WNSWLHD
WNSWLHD Rural Kids GPS Service	The Rural Kids GPS Care Coordinator assists families with appointment coordination between local and tertiary services. The Rural Kids GPS service provides the linkages from tertiary services to the LHD by ensuring children with complex medical conditions have up to date management plans accessible for all to see.	WNSWLHD
Tele-ECG program	Tele-ECG program – is specialist nurse led decision support service for clinicians managing patients in rural EDs with symptoms suggestive of an acute cardiac presentation.	HNELHD
Virtual Heart Failure Service	Virtual Heart Failure Service supports patients in the community who have a diagnosis of congestive heart failure at risk of hospital representation, increased length of hospitalisation and poor quality of life.	HNELHD
My Emergency Doctor	My Emergency Doctor provides on-demand virtual access to Australian Trained Emergency Physicians accredited by the Australian College of Emergency Medicine. This service can provide care to all triage category patients and when necessary patients are stabilised and transferred to the most appropriate facility within the network. My Emergency Doctor does not replace doctors on the ground but provides a reliable alternative when the LHD are unable to secure medical coverage.	HNELHD
Diabetes Alliance Program Plus (DAP+)	Diabetes Alliance Program Plus (DAP+) is a partnership between HNELHD Hunter Medical Research Institute, Hunter New England Central Coast PHN and the University of Newcastle. DAP+ provides a holistic and individualised approach to diabetes care by providing GPs across the district the tools and support they need to provide evidenced based care.	HNELHD

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Drug and Alcohol virtual care service	HNELHD Drug and Alcohol Clinical Services (DACS) is funded to provide virtual care to improve access to Addiction Medicine Specialists for Opioid Agonist Treatment (OAT), for individuals living in the MNCLHD area. MNCLHD Alcohol and other Drugs (AOD) Service employs addiction medicine specialists on a mix model (fly in fly out / virtual care) delivering addiction medicine clinics and training for local GPs/registrars. MNCLHD Community Mental Health Service currently employ interstate-based locum Psychiatrists as a totally virtual resource and employ older person psychogeriatricians on a fly in fly out basis to ensure access to specialist older persons psychiatry.	HNELHD & MNCLHD
Emergency mental health	HNE Emergency Mental Health team (HNELHD) provides emergency mental health support to 1 x MNCLHD ED and 5 x NNSWLHD EDs.	HNELHD, MNCLHD, NNSWLHD
Chronic Disease Program	Use of remote patient monitoring across all parts of ISLHD. Follow up from 3 weeks to 6 months providing self-management, health coaching and monitoring, care coordination. Medical governance provided by general practitioner.	ISLHD
Virtual Hospital Ward	Provision of medical care to patients using remote patient monitoring who would otherwise require hospital admission. Service is district wide.	ISLHD
Use of Virtual modality in Community Palliative Care	Use of teams/My virtual Care by clinicians to instigate a medical officer review in the patient's home to provide timely review and access to care.	ISLHD
Wound Care reviews virtually	Access to wound care team by use of virtual modality for reviews and assessment.	ISLHD
Statewide Intellectual Disability Mental Health Outreach Service (SIDMHOS)	SIDMHOS provides virtual consultation for consumers with a dual diagnosis Intellectual Disability and Mental Illness. The Service is based at Prince of Wales in SESLHD	SESLHD
Westmead Hospital Based Familial Cancer Service	The Westmead Hospital Based Familial Cancer Service providing an outreach service to Wagga Wagga in MLHD.	WSLHD, MLHD
Allied Health partnership with SLHD	A partnership with SLHD and FWLHD which allows a new graduate rotation for an Occupational Therapist and a Speech Pathologist through FWLHD and SLHD 6 monthly in their first post grad year. The pilot was launched in 2024.	SLHD, FWLHD
Oral Health partnership with SLHD	A rotating dentist between SLHD and FWLHD every 2 weeks.	SLHD, FWLHD
Virtual Pharmacy	This is a partnership with WNSWLHD to implement virtual pharmacy services to Broken Hill Health Service (inpatients). It addresses the	FWLHD, WNSWLHD

	ongoing inability to fill pharmacist vacancies in the hospital. The program will also be implementing in the Integrated Care program (community).	
Virtual ED	FWLHD has partnered with SLHD in providing virtual ED services, with clinical support being provided by RPA clinicians	SLHD, FWLHD
Adelaide Specialist Cancer Services	Service Level Agreement for Specialist Cancer Services between Adelaide and FWLHD, for both visiting face to face and weekly virtual models of care	FWLHD
Virtual Nurse Assist and Midwifery Care	Virtual Nurse Assist is an innovative telehealth project collaboratively launched in 2023 by Far West Local Health District and Sydney Local Health District. With this system, nurses at any remote facility in the Far West can now seek assistance simply by calling a central number. Whether they need advice or find themselves in an emergency or for an inpatient, the RPA Virtual Centre's nurse can step in to handle notetaking and documentation of medications administered. This seamless coordination ensures a safer environment for patients receiving care in remote facilities.	RPA (SLHD), FWLHD