

**Submission
No 11**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND
REGIONAL HEALTH**

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NSW Health submission

Inquiry into Regional Workforce, Culture and Funding Recommendations



Health

NSW Parliamentary Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

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Executive summary

NSW Health is committed to delivering safe, high-quality healthcare and improving access to health services for people living in regional, rural and remote areas of NSW.

The NSW health system is one of the best in the world, and each day thousands of people receive high quality care in our regional health facilities, but no health system is without its challenges¹. NSW Health acknowledges more needs to be done to improve access to healthcare and health outcomes for people living in regional, rural and remote areas and recognises the enormous contribution our health workforce makes to keeping these communities healthy.

The NSW Parliamentary Inquiry into Health Outcomes and access to health and hospital services in rural, regional and remote NSW (the Rural Health Inquiry) provided an important opportunity to identify and address issues in our regional health system and to build on our ongoing commitment to best practice healthcare and reform.

Since the Rural Health Inquiry, NSW Health has continued to listen to and engage with communities, staff, partners in healthcare and other key stakeholders as part of our ongoing work to strengthen healthcare in rural and regional NSW. The new Regional Health Division led by the Deputy Secretary, Regional Health, works closely with all regional Local Health Districts (LHDs), stakeholders and within the broader health system to drive improvements in regional healthcare. Significant progress has been made to support improvements to regional healthcare and to better serve the more than three million people who live in regional, rural and remote NSW. A recent review showed that NSW Health has already completed or made progress on most of the recommendations from the Rural Health Inquiry.

NSW Health welcomes the opportunity to provide an update on the work underway to improve health outcomes in regional NSW which continues within the context of [Future Health: Guiding the next decade of health care in NSW 2022-2032](#) which provides a decade long prioritisation plan which includes investment in preventative health, care in the community, in the home, and through virtual health services which are all driven by a person-centred approach to healthcare, enabling people to have more control over their own health.

The delivery of the [NSW Regional Health Strategic Plan \(2022-2032\)](#) in February 2023 addressed issues raised in the Rural Health Inquiry and, through extensive consultation, identified strategic priorities to guide the provision of regional health services over the next decade. Key priorities include improving access to safe, high-quality, timely healthcare and strengthening the regional health workforce. Attracting and retaining staff in regional NSW is a key priority as a strengthened regional health workforce will provide the foundation for NSW Health to achieve its vision of a sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

People living in regional areas have access to more than 170 NSW Health facilities, from major tertiary hospitals to small rural hospitals, Multi-Purpose Services and HealthOne centres. These health services across regional NSW, together with the broader health system provide excellent care for people and communities. The effective networking of services between larger and smaller health facilities, use of the latest technology to deliver world-class virtual care, and the support of the major metropolitan hospitals and clinicians, all contribute to this.

¹ Bureau of Health Information [Healthcare in Focus 2017 - How does NSW compare?](#) Released 29 August 2018

Additionally, a strengthened regional health workforce will provide the foundation for NSW Health to achieve its vision of a sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

NSW Health is responding to workforce challenges by focusing on a range of measures to attract and retain health staff in regional NSW.

The value of incentives available to help recruit staff to remote communities with critical staff vacancies has recently doubled for the hardest to fill critical locations. Funding has been provided to increase the number of Nurse Practitioners, and for the training and placement of Rural Generalists.

NSW Health is also working with the Australian Government to expand the Single Employer Model across NSW. This innovative program allows doctors to maintain their employment benefits as they undertake rotations between hospitals and General Practice to make rural general practice a more attractive option and to gain the advanced skills they need to support rural hospitals.

NSW Health has embarked on further significant work to address health workforce challenges in regional NSW, including strategies related to staffing recruitment and retention, workforce management and planning, and staff accreditation and training.

NSW Health is committed to nurturing a workforce culture focused on consumer experience and safety and has progressed actions towards strengthening this. The NSW Health Workplace Culture Framework is under development.

Consideration has also been given to funding for agencies, programs and incentives that support a sustainable, equitable and integrated regional health system.

1. Introduction

Nearly three million people live in regional NSW². Regional NSW encompasses all regional, rural and remote areas of NSW. It includes areas within the regional and rural LHDs: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. Some areas of other LHDs may also be considered regional such as South-Western Sydney and Nepean Blue Mountains. It is acknowledged that metropolitan LHDs and Specialty Health Networks (SHNs) also have patients in many regional locations.

People living in regional areas have access to more than 170 NSW Health facilities, from major tertiary hospitals to small rural hospitals, Multi-Purpose Services (MPS) and HealthOne centres. These health services across regional NSW, together with the broader health system provide excellent care for people and communities. The effective networking of services between health facilities, use of the latest technology to deliver world-class virtual care, and the support of the major metropolitan hospitals and clinicians, all contribute to the delivery of quality health care in regional communities. Together with a strengthened regional health workforce, NSW Health will have the foundation to achieve its vision of a sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

In September 2022, the former NSW Government tabled its response to the Rural Health Inquiry report and committed to deliver actions that address the report recommendations. NSW Health has been monitoring the delivery of these actions since that time and notes progress towards improving the safety and quality of healthcare services, expanding access to health and hospital services, and improving health outcomes for all people living in rural, regional and remote NSW.

In May 2023, NSW Health commissioned an independent review into the progress of the actions to implement the recommendations. The report found that the overwhelming majority (57) of actions were either complete and validated with evidence; or are in progress. Since the review was completed, progress has been made on the remaining 11 actions.

This NSW Health submission addresses the work underway and the systems in place related to recruitment and retention, workforce management and planning, training and accreditation, and workplace culture and complaints handling. It also describes the funding for agencies, programs and incentives to support improvements in regional health. Progress has been made to date and further work is continuing to ensure the sustainability and delivery of the longer term reforms.

² Regional NSW population: 2,800,326 Reference period: July 2019 - June 2020 in [Centre for Population analysis of Regional population data from the Australian Bureau of Statistics \(ABS\)](#)

2. Policy Context: responsibilities, governance and accountability

Australian Government responsibilities

The Australian Government has funding, and policy responsibility for the primary care system, including for General Practitioners (GP) and related services. The Australian Government funds GPs through the Medicare Benefits Schedule as well as the Pharmaceutical Benefits Scheme. GPs are a key workforce in rural and remote locations providing both primary and secondary care in these communities.

The Australian Government is also responsible for training the future GP workforce. Across Australia the number of doctors choosing to train as a GP has been falling³. GP trainees are an important workforce in rural and regional locations so the decline in trainee numbers has both short term and long term implications. In the long term, this means fewer new GPs to replace retiring GPs in rural and remote locations. In the short term, there are fewer GP trainees to participate in rural hospital on call rosters. As a result of having fewer trainees, some rural GPs have reduced their availability to local rural hospitals so that they can manage the needs in their own practices. In the long term this means fewer new GPs to replace retiring GPs in rural and remote locations.

Collaboration with the Australian Government

NSW Health is committed to working with the Australian Government to explore opportunities for greater coordination to support a stable clinical workforce for rural and regional communities.

NSW Health is collaborating with the Australian Government to advance work in relation to health workforce issues in NSW. These issues are discussed at various forums⁴:

- NSW Health has leveraged the **Health Ministers' Meeting** (HMM)⁵ to highlight the impact of issues in relation to the interface between primary and acute care services in regional NSW, this includes issues with the primary healthcare workforce. The Health Ministers have requested an external review be undertaken to examine whether the objectives of the Addendum to the National Health Reform Agreement (NHRA) 2020-25 (the Addendum) are being met. The review will consider whether the Addendum's health funding, planning and governance architecture is fit-for-purpose given emerging priorities for better integrated care and more seamless interfaces between health and primary care, mental health, aged care and disability systems. NSW Health has provided a written submission to this review to advocate for changes to the NHRA. In its submission to the mid-term review, NSW Health has focused on issues including but not limited to the need for shared goals and policy alignment and the need for co-designed funding models to optimise value. NSW Health has highlighted broadening the scope of the NHRA to enable the sustainable trialling, embedding and scaling of innovative workforce models and strengthening alignment of governance structures to facilitate joint planning and decision making

³ Sax Institute (2021), Paper 1 - Changes in rural medical workforce and health service delivery since 1990, pp.1-2. ³ Sax Institute (2021), Paper 1 - Changes in rural medical workforce and health service delivery since 1990, pp. 14.

⁴ Recommendation 8, 9 of the Rural Health Inquiry

⁵ The Health Ministers Meeting works to progress health issues of national importance which require cross-border collaboration. It is made up of the health ministers of each state and territory government, along with the Australian Government Minister for Health and Aged Care.

(especially at the local level) to expedite development and expansion of community-based, collaborative care and hospital avoidance models of care that are person-centred.

- The **Health Chief Executives Forum** (HCEF)⁶ has identified and is working towards improving the interface between primary health and hospital-based services as a key focus for 2022-23. The Secretary, NSW Health represents the health interests of NSW in this forum.
- At the last **Bilateral Regional Health Forum**, held in Tamworth in 2022, discussions occurred on the following priority issues and a [Joint Communiqué](#) was published after the meeting:
 - the shortages of general practitioners and the initiatives underway to reduce this pressure on the system
 - current and future opportunities for innovative and collaborative approaches to rural health in NSW
 - progressing the implementation of the National Medical Workforce Strategy
 - growing the rural generalist allied health and nursing workforces in regional NSW.

Workforce issues will also be discussed at the next Bilateral Regional Health Forum to be held in October 2023 and co-chaired by the Federal Assistant Minister for Rural and Regional Health and the NSW Minister for Health and Regional Health.

- The **Health Workforce Taskforce**⁷ (HWT) was established in August 2022 and provides national coordination on issues related to national health workforce strategies, including relevant priorities agreed by the HMM, under the direction of the HCEF. It is chaired by the Secretary, NSW Health. The HWT is progressing work to address workforce distribution issues and retention in regional, rural, remote, and high needs areas and post-pandemic workforce impacts and issues.

Recommendation 11 of the Rural Health Inquiry states that NSW Health will collaborate with the Australian Government on the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy if a strategy is commissioned.⁸

NSW responsibilities

Responsibility and funding for different parts of the overall health system is split between State and Australian governments.

The States and Territories provide public hospital services and some community-based services. The NSW Government is responsible for employing specialist and non-specialist medical practitioners to deliver services in publicly funded hospitals and community health services. GPs are engaged as Visiting Medical Officers in rural hospitals and MPS to provide a range of services including anaesthetics, emergency care and obstetrics.

Governance and engagement

The NSW Health Performance framework documents how the NSW Ministry of Health (the Ministry) sets performance expectations for public sector health services and monitors

⁶ The Health Chief Executives Forum is an intergovernmental forum for joint decision-making and strategic policy discussions that helps to efficiently deliver health services in Australia. It is made up of the health department chief executive officer from each state and territory and the Australian Government.

⁷ The Health Workforce Taskforce (HWT) was established in August 2022 and provides national coordination on issues related to national health workforce strategies, including relevant priorities agreed by the HMM, under the direction of the HCEF.

⁸ Recommendation 11

performance against those expectations. Service agreements are in place with LHDs and SHNs. Performance Agreements and Statements of Service are in place with pillar and support organisations, respectively. The agreements are the central component of the NSW Health Performance Framework, which articulates how the performance of LHDs, SHNs, pillars and support organisations is managed.

Each LHD and SHN has been established with a governing Board which are responsible for the strategic direction and operational efficiency of the LHD or SHN they oversee to ensure the health services meet the health needs of the community. The Boards are also responsible for establishing and overseeing an effective governance and risk management framework for the LHD, setting its strategic directions, and monitoring its performance. Service Agreements are negotiated annually and issued prior to the commencement of the financial year. Service Agreements with LHDs and SHNs also provide the basis for the Australian Government's contribution to funding public hospital services.

The Service Agreements are integral to the devolution of NSW Health's service purchasing approach, with Activity Based Funding a key component.

LHDs provide hospital, community and population-based healthcare services that meet the health needs of their local community. Providing a comprehensive range of medical specialties, LHDs deliver in-hospital care, outpatient services, mental health services, child and family health services, oral health services, Aboriginal health services, and drug and alcohol rehabilitation.

Within this governance context the overarching policies that guide regional workforce, culture and funding initiatives across NSW Health include the following:

NSW Future Health: Guiding the next decade of care in NSW 2022-2032

[Future Health: Guiding the next decade of health care in NSW 2022-2032](#) (the Future Health Strategy) sets out the vision is for a sustainable health system that delivers outcomes that matter most to patients and the community.

NSW Regional Health Strategic Plan (2022-2032)

The [NSW Regional Health Strategic Plan 2022-2032](#) (the Plan), provides a blueprint for the future that understands, and celebrates, the diverse and unique nature of regional communities. It aligns with and supports the Future Health Strategy and the [NSW Health Workforce Plan 2022-2032](#) while addressing issues that are specific to regional, rural and remote communities. Actions in response to the recommendations of the Rural Health Inquiry, are included in the Plan.

NSW Health undertook an extensive consultation with LHDs, consumers, community members and an extensive stakeholder network to inform the development of the Plan.

The Priorities of the Plan are:

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

NSW Health Workforce Plan 2022-2032

The [NSW Health Workforce Plan 2022-2032](#) provides a framework to guide the implementation of Future Health's workforce-related strategies across NSW Health. The plan outlines priorities, outcomes and activities that will help ensure the NSW health system can continue to deliver high quality care to those in need:

1. Build positive work environments that bring out the best in everyone
2. Strengthen diversity in our workforce and decision-making
3. Empower staff to work to their full potential around the future care needs
4. Equip our people with the skills and capabilities to be an agile, responsive workforce
5. Attract and retain skilled people who put patients first
6. Unlock the ingenuity of our staff to build work practices for the future.

Monitoring and Reporting on the NSW Government's Response to the Rural Health Inquiry

In the NSW Government's Response to the Rural Health Inquiry report, NSW Health committed to 68 actions to address the 44 recommendations. Since the response was tabled in September 2022, progress and developments of these actions has been monitored and reported to the Ministry Executive.

In mid-2023, NSW Health commissioned an independent review on progress towards implementing the 68 actions in the NSW Government's Response. The report found that the overwhelming majority (57) of actions were either complete and validated with evidence; or are in progress, on track and validated with evidence. Since the review was completed, progress has been made on the remaining 11 actions.

Regional Health Ministerial Advisory Panel

The panel was established in August 2022 to provide advice on opportunities and solutions to improve healthcare, and hospital and health support services in regional NSW.

Regional Health Plan Steering Committee

This Committee was established in July 2022 and includes representation from NSW Health staff, NSW Government agencies, health professionals from partner organisations, Aboriginal leaders, academics, local councils and consumers.

Regional Health Committee

The Regional Health Committee is comprised of Chief Executives of the regional LHDs. Its functions are to set strategic priorities for regional health; lead and improve system performance; lead and inform responses to emerging critical health issues; and to manage and advise on general business in regional LHDs and across the health system.

Local health committees

A comprehensive review has been undertaken across NSW so that NSW Health can provide ongoing support to strengthen and promote local health committees. This has led to the development of new guiding principles to support the reinvigoration of local health committees across NSW. The [Strengthening Local Health Committees report](#) was published on the NSW Health website in February 2023. Implementation and monitoring of the principles will occur across all LHDs to strengthen local health committees.

3. Staffing numbers, recruitment and retention, and related workforce management and planning issues

This section specifically focuses on staffing numbers, recruitment and retention, and related workforce management and planning issues (including Recommendations 8, 9, 11, 12, 15, 16, 17, 18, 30 and 33 of the Rural Health Inquiry).

Staffing numbers

Nursing and midwifery staffing levels⁹

In August 2023, the NSW Government entered into a Memorandum of Understanding (MoU) with the Nurses and Midwives' Association that commits 2,480 Full Time Equivalent (FTE) positions towards minimum nursing and midwifery safe staffing levels. The safe staffing levels will commence in emergency departments, and subsequently being rolled-out into other areas including Intensive Care Units (ICUs), maternity wards, MPS, and those wards currently covered by the existing Nursing Hours Per Patient Day system.

Recruitment and Retention

Workforce Incentives

The NSW Health Rural Workforce Incentive Scheme rolled out in July 2022 has significantly improved the attraction and retention of health staff in rural areas. Over 1,100 new health workers have been recruited to regional, rural and remote locations in NSW using incentives under this scheme. Importantly, the retention rate of health workforce has markedly improved since the scheme began, with over 9,000 staff retained with incentive payments.

The Ministry has received approval for three years to double the value of the incentives program to offer \$20,000 recruitment incentive packages for the hardest to fill locations. This program commenced on 1 August 2023.

Expanding the Single Employer Model

The NSW Government is collaborating with the Australian Government on the Single Employer Model (SEM) as a strategy to increase the number of doctors choosing general practice as a career.¹⁰ SEM provides a coordinated pathway to make it easier and more attractive for junior doctors to train as rural generalists.

The NSW Rural Generalist Single Employer Pathway already provides coordinated placements in GP practices and rural hospitals within the Murrumbidgee LHD.

In early 2023, the Australian Government's Minister for Health and Aged Care confirmed support of the NSW proposal to expand SEM across NSW to support the growth of Rural Generalism and address primary care market failure.

The NSW collaborative trials will support up to 80 trainees at any one time over the four-year trial. Collaborative trial 1 of the expanded SEM will include Far West, Illawarra Shoalhaven, Murrumbidgee, Southern NSW and Western NSW LHDs. Collaborative trial 2 will include Hunter New England, Mid North Coast and Northern NSW LHDs.

⁹ Recommendation 16 of the Rural Health Inquiry

¹⁰ Recommendation 9 of the Rural Health Inquiry

Building the Aboriginal Workforce

Building and strengthening the Aboriginal workforce and ensuring the cultural safety of staff, is key to improving health outcomes for Aboriginal people through providing culturally appropriate care and support.

The Aboriginal workforce in regional and rural NSW has increased by 0.15% to 4.52% from 30 June 2022 to 30 June 2023 (compared to NSW Health at 3%).¹¹

NSW Health offers Aboriginal nursing and midwifery cadetships and scholarships. These support the sustainability of the Aboriginal nursing and midwifery workforce by providing access to education and subsequent employment. Cadetships provide Aboriginal students undertaking a Bachelor of Nursing or Bachelor of Midwifery, the opportunity to be employed in an NSW public health facility during their studies. Cadetship positions are allocated to LHDs based on applicant location and alignment of NSW Health priorities. On completion of the program, cadets are guaranteed employment with NSW Health.

NSW Health funds more than 100 cadetships each year across the state. Twenty additional rural cadetships are being offered to support rural undergraduate students from 2023-2026.

An alternative scholarship pathway is also available to support Aboriginal nursing and midwifery students in their undergraduate studies.

Funding has been committed for every LHD and SHN to employ Aboriginal Care Navigators and Aboriginal Peer Workers. Eighteen Aboriginal Mental Health Care Navigator and Aboriginal Peer Workers have been allocated to each regional LHD, with positions adjusted to meet the need of the local services.

A review of the Aboriginal Mental Health Workforce Program has been undertaken. A Community of Practice has been established to support this program, with over 250 Aboriginal staff registered across NSW Health and the Aboriginal community controlled sector. The Aboriginal Mental Health Workforce Program has been completed and the final report is in development.

The Central West Aboriginal Mental Health and Wellbeing project has been established and addresses the current service gaps for trauma-informed wellbeing services for Aboriginal people in central west NSW. It is a collaborative, co-designed initiative of the Ministry, Western NSW LHD and 4 Aboriginal Community Controlled Health Organisations (ACCHOs). The project supports a regional workforce model between stakeholders that is suitable to the local community.

NSW Health is implementing Aboriginal mental health models of care. Twelve grants have been allocated to LHDs, Networks and ACCHOs to co-design and sustain culturally appropriate mental health models of care across NSW. The grants have been utilised to develop workforce and models of care in partnership between the sectors.

¹¹ Recommendation 33

Workforce management

Working conditions, contracts and incentives of GPs working as Visiting Medical Officers

The Rural Doctors' Employments Arrangements (RDEA) Working Group was established in November 2022 to address Recommendation 12 of the Rural Health Inquiry report.

The RDEA Working Group has been reviewing the working conditions, contracts and incentives of General Practitioner Visiting Medical Officers (GP VMO) to propose alternative employment arrangements for rural and regional GP VMOs. The review focuses on GP VMOs engaged under the Rural Doctors Settlement Package (RDSP). The future remuneration structure will aim to achieve alignment with the Future Health Strategy outcomes to ensure:

- Contemporary employment arrangements are introduced
- The health system is managed sustainably with optimal use of resources
- GP VMOs are engaged and well supported
- NSW Health can attract and retain GP VMOs
- Regional, rural and remote workforces better match local demand.

Key deliverables of the RDEA Working Group include:

- Identifying and documenting issues impacting the working arrangements of GP VMOs engaged on the RDSP
- Providing recommendations for consideration on options for changes to current employment arrangements of GP VMOs aligned with the Future Health Strategy
- Providing recommendations for consideration on alternative employment models which allow LHDs and GP VMOs increased flexibility.

Short term objectives for the RDEA Working Group included the implementation of a discharge summary payment; implementation of a medication reconciliation payment; recognition that GP VMOs may need to attend LHD/Facility Meetings as agreed between the GP VMO and LHD and should have the ability to claim meeting rate; and supervision payments.

All short-term objectives have been completed. Item numbers for discharge summaries, medication reconciliation upon admission and discharge and supervision were published on the RDSP between February to June 2023.

Medium term objectives for the RDEA Working Group include fixed daily rate dependent on the activity level of the hospital; sessional contracts; marketability of GP VMO income (fixed daily rate, engagement as Staff Specialist are options that present marketable incomes, work would need to be undertaken to determine how RDSP Fee For Service (FFS) could be better marketed); and the acknowledgement of GP role in hospitals including expectations about when doctor is required on site (particularly overnight). LHDs have a role in educating nursing staff about when a doctor should be called as well as managing community expectations about this issue.

The Ministry has considered implementation of sessional rates for GP VMOs working at RDSP sites and sought feedback from internal and external stakeholders. They are developing a fixed daily rate payment for GP VMOs employed at select RDSP sites and is further incentivising GPs working in rural areas to work as GP VMOs at these sites.

Long term objectives include flexibility in GP VMO staffing models, including development of salaried model, the creation of local locum pool (to be funded and driven by LHDs) and the provision of locum coverage in general practice.

Nurse Practitioners

Implementing Nurse Practitioner positions within rural NSW Health services is a strategy to improve access to quality healthcare in areas of need.¹² Nurse Practitioners (NP) are registered nurses who have obtained additional education and training, allowing them to practice at an advanced level and provide a wide range of healthcare services, including diagnosis, treatment, and management of various health conditions.

NSW Health has developed and published [Rural Nurse Practitioner – A framework for service and training in NSW Health](#) to support rural LHDs to implement a NP model of care within their services. In addition to the framework, NSW Health has committed funding for 20 Rural Generalist NP positions.

This framework describes two service models and a training and development pathway for rural generalist NPs. Those NPs working in rural areas need to manage a broad range of acute and chronic presentations across the lifespan, in recognition of the needs of patients, communities and priority populations. The models and pathway focus on the delivery of accessible, person-centred care in rural settings.

Regional LHDs are in varying stages of recruitment to NP positions, from conducting needs assessment to model design and recruitment activities.

NSW Health is leading engagement with the Australian Government through the Health Ministers Meeting to address barriers to creating and supporting NP roles, create awareness of NPs and promote alignment with other states and territories on this issue.

The Federal Budget in May 2023 provided financial measures to support with addressing some of the practical barriers associated with NP roles. These measures have not yet been implemented but were supported by the Australian College of Nurse Practitioners and include the following:

- The legislated Collaborative Arrangements that put patients of nurse practitioners at financial disadvantage, and limit NP practice, will end
- Medicare rebates for Nurse Practitioners will rise by 30%, at a cost of \$46.8 million
- 1,850 Postgraduate scholarships are being funded for registered nurses to become Nurse Practitioners at a cost of \$50.2 million.

Employment arrangements and remuneration structure for trainee doctors

The Advisory Accommodation Group (AAG) was established in late 2022 to address Recommendation 15 of the Rural Health Inquiry Report¹³. Junior Medical Officers (JMOs) rotate to various facilities to complete their training, often necessitating a relocation. There is currently disparity in payments made to JMOs on rotation which favours metropolitan-based JMOs rotating to a rural location. The Regional Health Ministerial Advisory Panel made recommendations that this disparity be resolved.

A Determination has been implemented to ensure rural trainees are paid the secondment allowance when they rotate to metropolitan LHDs and LHDs are self-funding the increment.

¹² Recommendation 17

¹³ Recommendation 15

The Determination provides equity in relation to the increment for rural JMOs rotating to metropolitan hospitals. It does not cover regional rotations.

Funding has been provided to extend the incremental allowance of rural and regional JMOs and to implement a relocation grant to support regional and rural trainees and those relocating from metropolitan facilities not included in the award for training.

On-call arrangements for nurses and midwives

LHDs have on call arrangements and remunerate consistently with the Award.¹⁴ Most LHDs have already 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. On call rosters may not be required, or operationally supported, in all contexts.

During 2023 Award negotiations, as part of the NSW Nurses and Midwives' Association's claim, the Association sought for an on-call roster to be developed where there are insufficient casual staff available to cover unexpected leave. The Ministry committed to an analysis of the on-call arrangements currently in place in regional LHDs to determine the likely cost of implementing this claim by June 2024.

Workforce and virtual care

Health care services in all communities rely not only on doctors, but also nurses, paramedics and allied health professionals. In rural and regional hospitals, GP VMOs are on call and provide medical support as required. Where a GP VMO is not available, the LHD may engage a locum.¹⁵

When a doctor is not physically present, nursing staff have access to clinicians via telephone and virtual care technologies. These clinicians provide support to the bedside team treating the patient and the development of a care plan.¹⁶

Employing nurses to care for geriatric patients

The foundational training of all Australian nursing graduates is generalist based (including aged care) and is regulated by the Nursing and Midwifery Board of Australia. Individual nurses build on their foundation training to enable them to practice in any health setting.¹⁷

Many LHDs already have clinical nurse consultants and specialists with specific expertise in aged care.

¹⁴ Recommendation 19

¹⁵ Recommendation 30

¹⁶ Recommendation 30

¹⁷ Recommendation 18

4. Staff accreditation and training

This section specifically focuses on staff accreditation and training (including Recommendations 13, 14, 19, 20, 23, and 29).

Staff accreditation

Independent Review of Overseas Health Practitioner Regulatory Settings

On 30 September 2022, National Cabinet announced an independently led, rapid review of Australia's regulatory settings relating to health practitioner registration and skills and qualification recognition for overseas trained health professionals and international students who have studied in Australia.

An Interim Report was submitted to National Cabinet in April 2023 with a final report to be considered by National Cabinet later this year. The Interim Report has made a number of recommendations to improve the recruitment of overseas trained health practitioners while ensuring practitioners meet minimum standards and protecting the public. The reforms are expected to save overseas health practitioners and employers time and money and bring Australia's regulatory system more into line with key international competitors, like Canada, New Zealand and the United Kingdom.

Credentialing in LHDs

eCredential is a state-wide, web-based system that allows LHDs and SHNs to support the administrative and managerial aspects of credentialing and clinical privileging.¹⁸ It records credentialing and clinical privileging of senior medical and dental officers.

Clinicians can create and maintain their own clinical profile including qualifications, employment history and training via a secure online interface. The clinician only needs to complete their profile once and can keep it up to date easily. Clinicians can choose to share their profile with a health service for the purposes of credentialing and re-credentialing.

Training and professional development

Rural Health Scholarships

NSW Health offers a range of scholarships to support NSW Health staff and students living and working in rural and regional areas. These scholarships are specifically designed to support and develop the rural and regional workforce.¹⁹ 232 scholarships were awarded in 2022-23.

Nine scholarship programs for 2023-24, designed to support the Rural and Regional Health Workforce, will progressively open again from October 2023. These scholarships are:

- Aboriginal Rural Allied Health University Student Scholarship
- Rural Allied Health Assistant Scholarship
- Allied Health Rural Generalist Program (Level 1) Scholarship
- Allied Health Rural Generalist Diploma Rural Practice (Level 2) Scholarship
- Getting Started in Medicine Scholarship for First Year Students
- Supporting Entry into University Medicine (GAMSAT) (September exam)

¹⁸ Recommendation 13

¹⁹ Recommendation 20

- Supporting Entry into University Medicine Program Scholarship (UCAT)
- New Graduate Nursing and Midwifery Rural Support Incentive
- Diploma of Nursing Rural Travel Support Incentive.

Rural GP and specialist training positions

The NSW Rural Generalist Training Program is a state-wide training program for junior doctors wishing to combine a career in rural general practice with advanced skills able to support hospital or acute care services in rural communities²⁰. This program offers the opportunity for junior doctors to gain advanced skills in areas such as anaesthetics, obstetrics, emergency medicine, mental health, palliative care, and paediatrics. The number of Rural Generalist Training positions has increased from 15 positions, when the program commenced, in 2013 to 54 positions in 2023.

Rural Generalist Trainees can apply for a Rural Generalist Single Employer Pathway position in a regional LHD.

The NSW Rural General Practice Procedural Training Program provides opportunities for rural GPs to acquire additional procedural skills such as anaesthetics or obstetrics. There are 20 positions available per year.

Training for nurses and midwives

Education and study leave hours for nurses and midwives²¹ have increased:

- In financial year 2021/22 this was 287,568 hours and
- In financial year 2022/23 this was 460,401 hours

Additional hours from ward-based/on the job learning including (but not limited to) in-services, clinical upskilling via ward re-deployment are not included in these figures above.

NSW Health offers scholarships and financial assistance programs to support nurses, midwives and nursing and midwifery students.²² Some of these are targeted at supporting rural health professionals and some are available to all. These include:

- Aboriginal cadetships and scholarships
- Undergraduate scholarships and grants
- Postgraduate and career development scholarships
- Diploma of nursing students
- Re-entry to nursing or midwifery scholarships.

Scholarships are also available annually for a range of other professional groups, including:

- Aboriginal Allied Health workers
- Medical trainees in rural and remote areas
- Prospective medical students
- Eligible NSW rural vocational and prevocational medical trainees undertaking metropolitan training
- Allied health professionals and students
- Allied health assistants, pharmacy assistants and technicians
- Mental health professionals

²⁰ Recommendation 14

²¹ Recommendation 19

²² Recommendation 20

- Rural allied health professionals completing postgraduate training.

[Rural undergraduate scholarships](#) of up to \$5000 are awarded to rural students in areas of workforce need. [Undergraduate clinical placement grants](#) of up to \$1000 are available to students to support travel and accommodation cost related to their clinical placements.

[Postgraduate Scholarships](#) of up to \$10,000 are awarded to NSW Health staff to support professional development in a range of specialties, including, clinical, education, management, midwifery and nurse practitioner.

Rural postgraduate midwifery student scholarships are provided as a “Grow your own” strategy for midwifery. These scholarships are allocated to small rural maternity units, to support the employment of a midwifery student, in addition to their existing full-time equivalent establishment profile. The scholarships support the sustainability of small rural maternity units by funding a local registered nurse to train as a midwife.

There are challenges in accessing Bachelor of Midwifery programs close to home for rural students, due to small cohorts which makes the courses less financially viable for universities. One distance education program is available, with intensives each semester in Sydney. There is an opportunity for the Federal Government and universities to explore funding models for midwifery education delivery in rural and regional settings to support study closer to home.

The Rural Nursing Pathways in Practice (RN PiP) is a recruitment and retention strategy and supports nurses working within rural settings to work to their full scope. RN PiP is a program designed to support rural nurses of all levels, from Enrolled Nurses to Registered Nurses. The pathway supports the development of clinical skills and knowledge via a series of e-learning modules, supporting nurses including new graduates transitioning to rural and regional areas to thrive. Further e-learning modules are in development including plastering, suturing and wound closure and nurse-initiated X-Ray.

Scholarships are available for rural nurses to undertake postgraduate studies as part of the pathway, including fully funded graduate certificates in rural nursing offered for the first time in 2023.

Deployment Program

The NSW Health Deployment Program is a program that is available to a range of health professions, including nursing and midwifery, to undertake short-term placements at services and facilities across NSW.²³ These placements open career opportunities, provide unique experiences and expand on professional skillsets. The program provides opportunities for professional development and growth which might not be available in metropolitan areas.

Opportunities to travel and work for different LHDs across NSW is a unique and rewarding experience. Employees of the Central Resource Unit are a dedicated team of staff who travel around NSW filling short term vacancies that may be affecting service delivery. Deployment positions can be between 2 and 13 weeks.

Employees may also be able to access the [Rural Health Workforce Incentive Scheme \(RHWIS\)](#) on a pro rata basis when fulfilling a critical or hard to fill role.

²³ Recommendation 20

Training in Palliative care

NSW Health provides online training modules via My Health Learning, an electronic learning platform for NSW Health staff, to support education and training of staff in palliative care.²⁴ These modules include, but are not limited to:

- Palliative Care Outcomes Collaboration series of modules
- SHAPE End of Life Conversations
- Introduction to Advanced Care Planning
- End of Life Care – Series of 5 Modules to support all aspects of care including culturally appropriate care
- Rural Generalist Nurse Program: Palliative Care.

The Health Education Training Institute (HETI) is currently developing a Navigator for Palliative/End of Life Care in the My Health Learning system. The navigator in the Learning Management System groups modules together so that staff can identify learning clusters and undertake training based on contemporary research and evidenced-based education.

Training in geriatric care

NSW Health provides online training modules through My Health Learning to support education and training of staff in caring for the older person. Some of these modules include:

- Health for Older Aboriginal People
- Abuse of Older People
- Aged Care Quality Standards
- Culturally Inclusive Care for Aboriginal People Living with Dementia
- Differentiating Dementia's
- Frailty education for the multidisciplinary team
- Responding to behaviours and care needs of the person with Dementia
- Caring for Older Persons
- Anxiety and Depression in the Older Person
- Older People with Dementia: A Personal Centred Approach
- Rural Generalist Nurse Program: Aged Care
- Falls Prevention and Falls Risk Management Strategies for Clinical Staff

HETI Higher Education offers postgraduate degrees (award qualification) and units of study related to the older person's mental health such as core skills when working with older people, responding to transitional crises for older people, and engaging with older persons. Postgraduate courses in aged care for nurses are also supported by scholarships.

Addressing security issues in Emergency Departments

The Ministry updated and released the NSW Health security manual [Protecting People and Property](#) in 2022. This document sets out the security standards to be in place in all facilities. The document was updated to reflect the relevant recommendations from the review - [Improvements to Security in Hospitals](#) (Anderson Review). To support the implementation of this document, over 100 resources have been developed. These resources include checklists, templates and model procedures and are designed to assist front line managers.

The NSW Health safety and security audit tools were also refreshed, providing standardised audit tools to assess compliance with relevant NSW Health policy standards and achieve

²⁴ Recommendation 23

continuous improvement. These audits test that facilities have systems and practices in place to ensure staff are physically and psychologically safe in the workplace.

As part of the safety and security audit programs in place across NSW Health, action plans are developed to reflect areas that need to be addressed to achieve compliance with legislation and NSW Health policy standards.²⁵ All audits include consultation with workers, including in emergency departments as part of assessing compliance with standards.

Facility audits include emergency departments and action plans would include the remediation actions that need to occur in emergency departments.

The Ministry's security audit program assesses the governance in place to ensure the implementation of action plans. Ministry audits also recommend, as necessary, any additional actions to be added to these action plans. The Ministry will then assess progress made on action plans six months after the audit has been completed.

Expanding the scope of Paramedics

All NSW Ambulance paramedics are registered health professionals and are highly trained and equipped to safely provide a range of advanced clinical interventions and treatment to patients.²⁶ All paramedics, regardless of skill set, form part of the integrated clinical services model of NSW Health.

Intensive Care Paramedics (ICPs) are an enhanced clinical role in NSW Ambulance, requiring a more comprehensive skill set, and are able to provide additional specialist care. ICPs are credentialed and equipped specialist registered paramedics who treat acutely ill and injured patients with advanced procedures and medications. ICPs assess and treat a wide range of illnesses, and potentially life or limb threatening conditions. ICPs utilise their knowledge to enable rapid and appropriate treatment in the early phases of an acute presentation. They are primarily located in areas of sufficient workload to maintain current competency and safety.

There is work underway to convert more than 200 paramedics to ICPs in regional areas. This complements the rollout of 50 Specialist Intensive Care Ambulances into rural and regional areas. As at 5 September 2023, 160 positions have been converted to intensive care specialists, with 117 being in regional NSW.

NSW Ambulance continues to deliver the largest Extended Care Paramedic (ECP) program in Australia which continues to grow year on year. An ECP is a credentialed and equipped specialist registered paramedic who has undertaken further education and training who has the knowledge and skills required to care for patients with urgent as well as chronic and complex healthcare needs. They are primarily located in areas of sufficient workload to maintain current competency and safety.

The main focus of ECPs is towards addressing chronic and complex low acuity presentations with a view to diverting this cohort from emergency department attendance to pathways of more appropriate specialisation for their presenting condition. These options improve patient, carer and families experience of care. ECPs utilise their knowledge to enable comprehensive assessment and appropriate treatment in the treatment of chronic and complex lower-acuity presentations.

NSW Ambulance applies a Clinical Capability Assessment as well as a service planning methodology to determine the placement of clinical resources, including ICPs, within

²⁵ Recommendation 19

²⁶ Recommendation 29

geographical areas. This methodology considers patient safety and the volume and mix of services required when determining clinical service levels. Identified locations provide the right balance between frequency and complexity of clinical exposures. Additionally, the selected locations provide a necessary community-of-practice to ensure that specialists are not isolated and can participate across all domains of specialist practice and can remain current and recent in their area of specialty. This Clinical Capability Assessment in the placement of ICPs is essential to maintain patient safety when ICPs are performing highly complex procedures in the out of hospital environment.

Community Paramedicine is currently not fully defined in the NSW context. Community Paramedicine is featured in the [NSW Ambulance 2021-2026 Strategic Plan](#). Development of Community Paramedicine as a model is progressing in line with related work being led by the Ministry through the Paramedic Workforce Forum.

Further collaboration has commenced between the Agency of Clinical Innovation and NSW Ambulance relating to expanded scope of practice for paramedics in NSW Health. NSW Ambulance is engaging with internal and external stakeholders including the Ministry, the Agency for Clinical Innovation, LHDs, Primary Health Networks and the tertiary sector.

Local training for paramedics

To ensure safe standards of clinical practice, specialist training requires significant access to specialist training equipment and infrastructure and colleagues, as well as a high volume of incidents that align with the learning outcomes for specialist training.²⁷ This is particularly important for early practitioners in their specialist roles in the interests of staff and patient safety and quality. The identification of these key factors has facilitated the greatest roll out of specialist paramedics in NSW Ambulance's history over the past 3 years. However, not every location is safe or appropriate for specialist training, as is the case with all other health care specialties.

Wherever possible currency training is provided locally. However, it remains critical that specialists do not practice in isolation and are regularly connected with other specialists practising the same craft.

Virtual Care

Staff members and the community have access to training resources which helps them to use virtual care confidently and effectively²⁸.

There is ongoing training provided by the Health Education Training Institute (HETI) team for clinicians, this includes the release of two new learning modules underway with production to be completed by 2023.

²⁷ Recommendation 29

²⁸ Recommendation 30

5. Workplace culture, including forthcoming reviews of workplace culture and complaint handling mechanisms

This section specifically focuses on workplace culture, including forthcoming reviews of workplace culture and complaint handling mechanisms (including Recommendations 40 and 41).

NSW Health workplace culture

NSW Health is developing a refreshed culture framework in consultation with all health agencies.²⁹ Fundamental to this work is further embedding the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment. The Culture Framework refresh will be aligned with existing strategies and guidelines including Future Health 2022-2032, the NSW Health Workforce Plan 2022-2032, the NSW Regional Health Strategic Plan 2022-2032, and Health initiatives including [Elevating the Human Experience](#) and the Time for Care project. Time for Care is an initiative to reduce the impact of administrative responsibilities for front line staff.

The culture framework will be an overarching system guideline that local agency culture frameworks can anchor to to ensure consistency and connection. The consultation process for the new framework will incorporate the principles of workplace culture that have contributed to positive change since 2011.

NSW Health has been consulting with health agencies via the Workforce Wellbeing Collaborative to identify ways to enhance the staff experience to ensure that working for NSW Health contributes to each staff member's wellbeing. A Staff Experience project was established to develop consistent approaches that focus on our eight contributors to wellbeing that include security, purpose, health, happiness, clarity, connection, growth and achievement. A Workforce Wellbeing Strategy is planned to align with the Culture Framework refresh and other strategies to outline our vision, principles and strategies to enhance the wellbeing of our workforce.

NSW Health administers the annual NSW People Matter Employment Survey (PMES), which asks NSW public sector employees about their experience and perceptions of a range of workplace issues and practices. This includes measures of staff engagement and culture. Prior to the PMES, NSW Health administered the YourSay Survey.

NSW Health has measured a "culture index" since 2011. The culture index has improved from 46 percent to 58 percent, and the engagement index has improved to a high of 65 percent in 2019 (dipping slightly to 62 percent, across the COVID years).

Creating a physically and psychologically safe workplace

The NSW Health Mental Health and Wellbeing Framework has been developed to ensure staff are engaged and well supported and experience a safe and mentally healthy workplace.³⁰ It is an evidence-informed, integrated approach underpinned by collaboration, communication and consultation. The Framework assists NSW Health organisations to comply with their legislative requirements to protect the physical and psychological health, safety and welfare of all workers at work. The Framework aims to unify and focus resources in the Health system to impact organisational culture, performance, practice leadership and

²⁹ Recommendation 40

³⁰ Recommendation 40

team/worker experience. It includes strategic action in leadership, culture and connection, organisation interventions and recovery at work across all levels of the organisation (organisational, team and individual). The Framework has been published on the NSW Health intranet.

The Framework will be supported by action planning to prioritise the strategic actions. This is occurring in consultation with stakeholders including the unions and health agencies. By prioritising actions, this will inform ongoing work to ensure we are using resources wisely and focussing on key areas to continue to deliver a psychologically safe environment.

The Ministry has also finalised a comprehensive Guideline to assist workplaces to identify and manage work related fatigue. This Guideline is supported with a range of resources to aid implementation including:

- A fatigue identification checklist
- A fatigue control chart to assist in determining the risk indicators for fatigue
- Individual fatigue identification tool and workplace safety plan
- Information sheets for managers and workers.

In addition, to ensure the NSW Health policy framework continues to reflect best practice, policies and guidelines are regularly reviewed and updated. This includes a current review of policies related to leave matters, bullying and harassment, managing misconduct and recruitment and selection.

Overall workers compensation claims arising from mental stress are trending down. More specifically workers compensation claims related to bullying and harassment were reduced from those in 2021/22.

Complaints and grievances handling

NSW Health provides complaints management training at point of service for front line staff.³¹ Training in the early management of grievances is available for all managers.

Addressing Grievances and Concerns Portal

The Addressing Grievances and Concerns Portal (Managers and Staff Portals launched in July 2021 and February 2023, respectively) is a simplified online complaints and grievance management process resource underpinned by policy to support complainants (Staff) and Managers in more easily navigating the process.³²

The Managers Portal has resources such as processes, flowcharts and guides to support managers to deal with complaints and concerns as soon as they arise including those of a more complex and serious nature. By having the confidence to act early and by understanding what they can do, managers can prevent issues from escalating and causing unnecessary distress and disruption to their staff.

The Staff Portal aims to support Staff (complainants) with hands on resources, tip sheets, processes, and guides to build knowledge and confidence to self-resolve grievances early when they arise to avoid escalation into the serious matters. It also provides a pathway on how to participate in the process when the issue has been escalated to the manager for

³¹ Recommendation 40

³² Recommendation 40 and 41

assistance outlining benefits and importance of dealing with the matter as early as possible to prevent further impact and disruption in the workplace.

Communication Toolkits to support the launch of the Portals across NSW Health workplaces. The Toolkit targeted all NSW Health organisations and their Workforce department to support local implementation. Promotion of the portals is an ongoing project. Many NSW Health organisations have incorporated the portals into their manager's training programs and orientation.

The Ministry of Health is investigating analytics data on portal usage to enable refinement of communications messages on these tools for managers and employees.

Awareness Tools and Communications

The Ministry has developed a dedicated web page on the NSW Health website that is accessible via <https://www.health.nsw.gov.au/workforce/culture/Pages/default.aspx>, called 'Help for a workplace issue'.

The webpage includes details on the relevant policy frameworks that may be applicable in managing those concerns. It also outlines the roles of the Ministry, the Health Care Complaints Commission, and the NSW Ombudsman, and how to contact each of those bodies.

The Ministry has also communicated further information on this webpage and how staff can get help with a workplace issue via the Secretary's newsletter, which is distributed via email to all staff across the NSW Health system. This information was communicated in March 2023, and further communications will be issued via this channel throughout 2023/24.

Option to approach the NSW Ombudsman

In letters of response to complainants where there is an allegation of serious wrongdoing, the Ministry continues to include the option for the complainant to seek review by the NSW Ombudsman if they are dissatisfied with the way a matter has been handled by NSW Health.

Commencement of the Public Interest Disclosures Act 2022

NSW Health is currently preparing for the commencement of the Public Interest Disclosures Act 2022 on 1 October 2023 and supporting implementation across the NSW health system.

The Ministry is supporting staff members and managers to understand their roles and responsibilities under the Public Interest Disclosure Act. There is a dedicated resource to support the implementation process through to July 2025, and this role will explore what improvements can be made to systemwide processes to better support and respond to staff who raise concerns.

6. Funding for agencies, programs and incentives

This section specifically addresses funding for agencies, programs and incentives (including Recommendations 1, 4, 10, 23, 24, 30 and 38), and any funding issues relating to the other relevant recommendations.

The delivery of high-quality healthcare services and enhancing access to care for people living in rural, regional, and remote parts of NSW has been a key investment focus which has included:

- New or upgraded hospitals in rural and regional New South Wales, with works underway
- Flexible and bespoke recruitment and retention incentives to build and sustain the rural and regional health workforce. This included increased training positions locally and supported professional development to build the skills and expertise to meet regional needs
- Investment in Ambulance NSW across the State, with new ambulance stations at Warilla, Lisarow, Gateshead, Swansea and Kincumber
- Expansion of access to, and eligibility for, the Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS), allowing more people in remote locations to access critical healthcare services over four years.

Funding models for regional LHDs

LHDs and SHNs are primarily funded through Activity Based Funding (ABF).³³ ABF provides funding to LHDs and SHNs on the basis of the number and mix of patients they treat. Funding is provided to the place of treatment and not where the patient resides. ABF recognises that the needs of some patients are more complex and require more resources than others.

Under the ABF model in NSW, health services are funded at a unit price (weighted activity unit) based on activity agreed in service agreements with the Secretary, NSW Health. Additional loadings are provided to regional hospitals to acknowledge the additional costs of delivering care in regional settings. This model, aligned with the funding model in the National Health Reform Agreement, provides a transparent and equitable process to allocate funds between hospitals.

Where a service is not appropriate for funding under the ABF methodology the NSW funding model provides a block funded amount for that service. Block funded amounts are guided by the latest full year clinical costing data submission. Included in the block funded component are Small Rural Hospitals, MPSs and some Specialty Hospitals. A variation to the block funding applies to the small rural hospitals which enables them to be funded for additional activity growth.

Funding for specific programs

Funding for air transport

NSW Health has committed to conduct a review of the funding available for air transport as part of its response to Recommendation 4 of the Rural Health Inquiry.³⁴ This review will include consideration of NSW Health's Patient Transport Service (PTS) non-emergency

³³ Recommendation 1

³⁴ Recommendation 4

fixed wing (air) patient transport costing data and will engage NSW Ambulance and HealthShare NSW as partners in this discussion. Current funding for non-emergency fixed wing patient transport services available across rural, regional and remote NSW will be examined, inclusive of services funded by the Ministry, HealthShare NSW and Ministerially Approved Grants. The review will inform future funding, delivery and outcomes for non-emergency air patient transport.

Collaborative Care Program

The Collaborative Care Program is a community centred and place based planning approach to address primary health care challenges in remote and rural NSW³⁵. To date, this program has been implemented across 5 sub-regions in Murrumbidgee, Western NSW and Far West LHDs. It has been led by the Rural Doctors Network in collaboration with LHDs, Primary Health Networks, ACCHOs, and other community stakeholders.

A scalability assessment of the Collaborative Care program is being undertaken. This project seeks to identify factors that can support success and scalability of the Collaborative Care approach. This project is anticipated to be completed in late November 2023.

The Rural Doctors Network is currently evaluating the program at the initial 5 sites. The outcomes of this will be shared with the Australian Government and the Ministry. Future sites for Collaborative Care are under consideration.

Urgent Care Services³⁶

The NSW Government is investing funding over two years, 2023-24 and 2024-25, to deliver 25 Urgent Care Services in NSW by mid-2025. Urgent care in NSW is defined as care required in the next 2 to 12 hours.

This expansion of Urgent Care Services across NSW will ensure that emergency departments can focus on the most critically ill or injured patients and supports the key role of primary care providers in providing urgent care.

Urgent Care Services in NSW complement the services provided by the primary care system and the public health care system. They consists of:

- Urgent care delivered in primary care services
- Urgent care clinics
- Virtual care services
- Urgent care access lines
- Services delivered in a patients' home and
- Rapid response hospital teams.

As of September 2023, 7 urgent care services have been announced, including Long Jetty Urgent Care Clinic (Central Coast LHD) and Tweed Valley urgent care response team (Northern NSW LHD).

NSW Health is on track to deliver 25 Urgent Care Services across the state including in rural and regional NSW and two virtual care services by June 2025. These will complement the 14 Australian Government operated Medicare Urgent Care Clinics in NSW. Six of these

³⁵ Recommendation 10

³⁶ Recommendation 10

Australian Government clinics are now operational in NSW and include clinics at Albury and Wollongong.

Funding for palliative care and end of life

NSW Health is delivering enhancements for end of life and palliative care and support services. The service enhancements include:

- employing extra nurses, allied health professionals, doctors, and support staff in palliative care
- funding allocated for an Aboriginal Health Worker in Palliative Care³⁷ in all LHDs
- boosting hospital capacity and implementing best-practice models for supportive and palliative care
- improving services for patients with late stage chronic and degenerative conditions, including cancer, and improving access to pain management services
- further strengthening outpatient and community health services
- supporting consumer choice and excellence in end-of-life and palliative care
- strengthening virtual care, transport, and equipment programs
- improving partnerships with non-government organisations, primary care, and aged care services.

LHDs have undertaken local planning to identify local gaps and priorities to support equitable access to end of life and palliative care and to prepare for implementation of enhancements.

Funding for virtual care³⁸

Virtual care provides access to high quality healthcare for clinically appropriate patients from the comfort of home or a location close to home. This means that people living in rural and regional areas can access world-class healthcare without having to travel long distances.

NSW has developed the [NSW Virtual Care Strategy](#) to comprehensively roll out virtual care across the state in Emergency Departments and inpatient and outpatient settings. Funding models are being determined. Several discrete projects focusing on virtual care are underway. They include:

- **VirtualKIDS** – designed to help keep children out of Emergency and gives families access to experienced paediatric nurses, as well as referral to an expert paediatrician where required. The VirtualKIDS Urgent Care Service is accessible via HealthDirect. It was initially established for families within the three LHDs with specialist paediatric hospitals – South Eastern Sydney, Western Sydney and Hunter New England LHDs. It is being expanded statewide by the end of 2023, taking its funding to \$8.7 million annually.
- The **Remote Patient Monitoring initiative** – a method of gathering patient data from a home environment via an app and sending this to a health care professional via a virtual care system. This initiative will deliver technical foundations for a state-wide remote patient monitoring solution within NSW Health. The \$20 million initiative is currently being rolled out across the state, and by 2024 we will see patients across NSW having access to this technology. Western NSW LHD and Southern NSW LHD will pilot the capability from September 2023.
- **Virtual Hospital in The Home** – embeds the use of virtual modalities in traditional Hospital in the Home models, where a patient is well enough to be discharged from hospital but continues to receive care from a clinician who visits them at home. NSW Health has recently invested \$1.17 million in this initiative.

³⁷ Recommendation 23

³⁸ Recommendation 30

- The **Virtual Rural Generalist Service** – was established developed by Western NSW LHD in 2020 to support its medical and nursing staff to deliver safe and high quality care to rural and remote communities 24/7. NSW Health has recently invested \$950,000 to pilot this model in Southern NSW LHD.

7. Evaluation and measuring improvement

Many of the programs and initiatives currently underway or being planned will take some time to demonstrate results, particularly those that are needed to influence regional health outcomes. NSW Health will evaluate the impact and sustainability of the actions to strengthen the regional health workforce and improve workforce culture over the short and long term.

NSW Health will continue to monitor, report and evaluate the actions in the NSW Regional Health Strategic Plan 2022 – 2032, including the actions that address the recommendations of the Rural Health Inquiry. Additionally, NSW Health will continue to draw upon health research and innovative models to improve and ensure that NSW Health is delivering safe, high-quality and timely healthcare for people living in regional, rural and remote areas of NSW.