

**Submission
No 43**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

Organisation: NSW Health

Date Received: 26 April 2024

NSW Health submission

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



Health

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Executive summary

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

This submission focuses on recommendations relating to specific health services and specialist care in remote, rural and regional NSW. NSW Health welcomes the opportunity to provide an update on the implementation of these recommendations.

Since the *NSW Parliamentary Inquiry into Health Outcomes and access to health and hospital services in rural, regional and remote NSW* (the Rural Health Inquiry), NSW Health has continued to strengthen healthcare in rural and regional NSW.

NSW Health continues to monitor on the progress of the implementation of Rural Health Inquiry recommendations. Significant progress has been made to support improvements to regional healthcare. As at March 2024, 13 of the 44 recommendations from the Rural Health Inquiry have been completed in full. It is expected that all recommendations will be completed or have significant progress by 30 June 2024. Some recommendations may require ongoing effort for implementation, monitoring and sustainability.

The first inquiry of the Select Committee on Remote, Rural and Regional Health provided an important opportunity for NSW Health to inform the Committee and the wider community of the progress to date. The NSW Health [submission](#) to this inquiry into the implementation of recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health demonstrated NSW Health is addressing issues in our regional health system and building on our ongoing commitment to best practice healthcare and reform.

NSW Health will publish a progress report on the implementation of the Rural Health Inquiry recommendations by June 2024. The purpose of this report is to inform the Select Committee, key stakeholders and the community of NSW Health's progress towards the 44 recommendations from the Rural Health Inquiry.

The *Regional Health Strategic [Plan](#) 2022-2032* addresses the 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 enabling better access to safe, high quality and timely health service and strengthening the regional health workforce. Working towards achieving the key objectives in the Plan will ensure that people living in regional, rural and remote NSW have access to the best patient care possible and better health outcomes.

NSW Health is responding to issues regarding access to health and hospital services and workforce challenges by focusing on a range of measures to improve transport and assistance schemes; deliver appropriate services in the community; leverage virtual care; streamline pathways to specialist care; and attract and retain health staff in regional NSW.

There is also a focus on maternity services in regional NSW. The *Connecting, Listening and Responding: [Blueprint](#) for Action Maternity Care in NSW* will guide NSW Health to address contemporary maternity organisational challenges, including establishing and sustaining continuity of care and models of maternity care.

NSW Health is committed to building a culturally safe and responsive health system. Acknowledgements of Country are prominently displayed in most health facilities in regional NSW.

The delivery of mental health services and care to support the wellbeing of people across the State is an ongoing priority for NSW Health. This includes driving government priorities related to mental health and suicide prevention through cross agency collaboration and engagement.

The goal for NSW Health is that all residents, their families and carers have access to and receive the best possible end of life and palliative care, based on their individual needs. NSW Health also has a range of measures in place to support people to access the services they need to live in their own homes, maintain their independence as they get older and provide access to residential aged care in Multi-Purpose Services across rural and remote areas.

The *NSW Cancer [Plan 2022–2027](#)* marks an ambitious direction for cancer control in NSW. Over the next five years, the Cancer Institute NSW and partners will focus on addressing inequities in outcomes to reduce the impact of cancer on our communities and improve survival.

On the advice of the Select Committee, this submission does not include information that was provided in the previous NSW Health [submission](#) to the inquiry into workforce issues, workplace culture and funding considerations for remote, rural and regional health. It also does not include information that was provided to the Select Committee in [response](#) to Questions on Notice and supplementary questions from the hearings held in November 2023. This information has instead been referenced.

1. Introduction

In 2022, NSW Health led the NSW Government’s response to the *Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW* (Rural Health Inquiry). NSW Health also commenced regular monitoring and reporting on the implementation of the recommendations from the Inquiry as commitment to addressing the issues raised in the Inquiry. The NSW Government is implementing the 44 recommendations handed down by Portfolio Committee No 2 in the report of the Rural Health Inquiry.

NSW Health welcomed the establishment of the *Select Committee on Remote, Rural and Regional Health* and its first 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*. NSW Health provided a [submission](#) to this inquiry and staff appeared at the public hearings. Visits to regional health facilities by the Select Committee were also supported.

The [NSW Regional Health Strategic Plan 2022-2032](#) was published in February 2023 and addressed issues raised in the Rural Health Inquiry. Extensive consultation helped to identify strategic priorities to guide the provision of regional health services over the next decade. Key priorities include enabling better access to safe, high quality and timely health service and strengthening the regional health workforce. Streamlining pathways to specialist services outside the local area in NSW and patient pathways to access care closer to home and improve specialist services for Aboriginal patients are some of the key objectives of the Plan.

The [Progress Snapshot](#) for 2022–23 highlights work being undertaken to implement the NSW Regional Health Strategic Plan 2022-2032 including key achievements against the strategic priorities.

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. This includes

implementing actions that address the intent of those recommendations where the evidence for the recommendations is not clear or available.

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 still aligned with the intent of the recommendation.

NSW Health continues to monitor and report on the progress of the implementation of recommendations. As at March 2024, 13 of the 44 recommendations have been completed in full. It is expected that all recommendations will be completed or have significant progress by 30 June 2024. At this time, NSW Health will publish a Progress Report to inform the Select Committee, key stakeholders and the community of NSW Health's progress on the implementation of actions and recommendations.

Detail on governance and engagement was provided in the previous NSW Health submission to the Select Committee's Inquiry into workforce issues, workforce culture and funding considerations for remote, rural and regional health (pages 7-9). This includes information on the NSW Health Performance framework, Regional Health Ministerial Advisory Panel, Regional Health Plan Steering Committee, Regional Health Committee and local health committees.

This submission addresses the work underway and the systems in place related to the delivery of specific health services and specialist care in remote, rural and regional NSW. Progress has been made to date and further work is continuing to ensure the sustainability and delivery of the longer-term reforms.

2. Policy Context: responsibilities, governance and accountability

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

Australian Government responsibilities

Australian Government investment in hospital funding to NSW has grown by 128%, from **\$4.3 billion** in 2012–13 to an estimated **\$8.2 billion** in 2022–23, increasing to an estimated **\$9.8 billion** in 2025–26¹.

The Australian Government funds Aboriginal Community Controlled Health Services (ACCHSs) and other health initiatives through the Indigenous Australians' Health Programme.

NSW responsibilities

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 regional hospitals and Multi-Purpose Services (MPS) to provide a range of services including anaesthetics, emergency care and obstetrics.

¹ Australian Government, Department of Health and Aged Care *Health Funding Facts*, <https://www.health.gov.au/resources/apps-and-tools/health-funding-facts/app>

Collaboration with the Australian Government

National Health Funding Agreements

Two key national agreements articulate the roles and responsibilities of the Australian Government and States and Territories in the delivery of health services and recognise the importance of collaboration in driving improved health outcomes for communities.

The *National Health Reform Agreement 2011* (NHRA) is a companion piece to the National Healthcare Agreement and provides the architecture, governance and guidance required to calculate the Australian Government's financial contribution to the cost of delivering public hospital services. All jurisdictions agreed to an Addendum to the NHRA which is operating from 1 July 2020 to 30 June 2025.

In 2023, an independent mid-term review of the NHRA Addendum was undertaken to evaluate effectiveness and identify any areas requiring reform. The review recommended that the next Addendum to the NHRA should have a standalone rural and remote schedule that addresses specific issues.

Following agreement by National Cabinet in December 2023, all jurisdictions have commenced negotiations on the next addendum which will run from 1 July 2025 to 30 June 2030.

NSW Health is committed to working with the Australian Government and other jurisdictions to improve the interface between primary and acute care services in rural, regional and remote areas of NSW under the 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 regional areas.

Section 19(2) Directions

Section 19 of the Commonwealth *Health Insurance Act 1973* (the Act) prohibits the payment of Medicare benefits where other government funding is provided for that service. Under Section 19(2) of the Act, the Australian Government can direct that Medicare benefits can be paid in certain circumstances. Examples of programs where the Australian Government has issued directions are:

- **Council of Australian Governments (COAG) 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 of March 2024, NSW has 48 health sites with an exemption in small rural towns, remote communities and very remote communities.
- **Single Employer Model Trial – Rural Generalist Training Pathway** – this trial is funded by both the Australian Government and NSW Health and operates under a section 19(2) exemption granted by the Australian Government. This exemption allows NSW Health to employ Rural Generalist Trainees as they move between hospital and General Practice training. It is designed to address barriers to entering Rural Generalist Training which are resulting in workforce shortages across regional NSW. Under a section 19(2) Direction issued by the Australian Government, the GP Trainee can access MBS for professional services provided.

- **Urgent Care Clinic Program Direction** - the Australian Government and the NSW Government fund Urgent Care Clinics. The Australian Government grants an exemption under Section 19(2) for the NSW Urgent Care Service. This allows Medicare benefits to be paid for professional services provided under the Australian Government Medicare Urgent Care Clinic Program.

National Mental Health and Suicide Prevention Agreement

NSW is signatory to a \$383 million Bilateral Schedule with the Australian Government under the National Mental Health and Suicide Prevention Agreement. The National Agreement provides a framework for all jurisdictions to work with the Australian Government to deliver mental health and suicide prevention reform. The development of this Agreement and associated Bilateral Schedules was informed by advice from the National Suicide Prevention Adviser and relevant matters from the Royal Commission into Victoria's Mental Health System.

There are seven key co-funded initiatives under the bilateral schedule:

- Universal Aftercare
- Headspace
- Head to Health Adult mental health centres and satellite services
- Head to Health Kids Hubs
- Perinatal mental health screening
- Postvention support services
- Distress Brief Support Trial Program

Aged care services

NSW Health works with the Australian Government to ensure older people are able to access the care that best meets their needs when they are no longer able to manage at home without assistance.

NSW Health operate a range of Australian Government funded aged care services including:

- **[Aged Care Assessment Teams \(ACAT\)](#)**
ACAT assess clients with complex and multiple care needs for referral to the appropriate services such as home care, residential or transitional care.
- **[Regional Assessment Service \(RAS\)](#)**
RAS assess clients for entry-level support provided under Commonwealth Home Support Services.
- **[Commonwealth Home Support Programme \(CHSP\)](#)**
CHSP services provided by NSW Health may be short-term, intermittent or ongoing, and can include help with daily tasks, home modifications, transport, social support, and nursing care.
- **[Transitional Aged Care Program \(TCAP\)](#)**
TCAP provides short-term care to help older people recover from a hospital stay and regain function. Different types of care and support may be provided such as low intensity therapy (physiotherapy, occupational therapy, social work and other allied health care), nursing support and personal care.

Multi-Purpose Services Program (MPS)

The MPS program is a joint initiative of the Australian Government and state/territory governments to provide integrated health and aged care services in rural and remote communities that cannot support both a separate aged care service and health service.

It combines funding for aged care services from the Australian Government with state and territory health services so that small rural and remote communities can offer flexible aged care services that meet the needs of their community.

NSW has the largest number of MPS in Australia. As of March 2024, there are 65 MPS sites in NSW across 7 regional local health districts (LHD) (Murrumbidgee, Far West, Western NSW, Hunter New England, Northern NSW, Southern NSW and Mid North Coast).

NSW Health is working with the Australian Government on the expansion of the MPS program and the impact of the new Aged Care Act and reforms on MPS in NSW.

3. Maternity services, obstetrics and paediatrics

This section specifically focuses on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations regarding maternity services, obstetrics and paediatrics (including Recommendations 19, 20, 26 and 27).

Improving pregnancy and maternity care in regional NSW through initiatives like the Aboriginal Maternal and Infant Health Service, Get Healthy in Pregnancy, the First 2000 Days Implementation Strategy and Brighter Beginnings are key focus areas for NSW Health.

As part of its commitment to Closing the Gap, NSW Health will continue to work with key stakeholders including the Aboriginal Health and Medical Research Council and Aboriginal Community Controlled Health Organisations (ACCHO) to strengthen culturally safe maternity care and services across regional NSW.

In the most recent BHI survey on maternity care (2019), the majority of the 4,400 women surveyed (statewide data only available) reported positive experiences of care including:

- 94% rated care during labour/birth as good
- 90% felt they were always treated with respect during labour/birth
- 92% of Aboriginal women felt health professionals supported their emotional health during pregnancy.

Review of maternity services to develop plans for midwifery, GP Obstetrics, specialist Obstetrics and newborn services (Rec 27)

NSW Health's maternity services

NSW Health continues to review and support maternity services in NSW to strengthen maternity care in regional, rural and remote NSW. Recent initiatives and progress are described below.

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

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

The NSW Ministry of Health is collaborating with key stakeholders to develop an implementation plan which will focus on the first phase of priorities to further strengthen maternity care in NSW, including in regional areas.

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

- The NSW Health Maternity Consumer Reference Group: membership will ensure a wide range of lived experience of maternity care in NSW within the last 5 years.
- The NSW Health Maternity Expert Advisory Group: co-chaired by a Consumer and the Deputy Secretary, Health System Strategy and Patient Experience.
 - Membership includes Obstetric and Midwifery District Co-leads, Senior leaders from NSW Health Ministry and Pillars and up to 3 self-nominated consumers from the Maternity Consumer Reference Group.

Maternity and Neonatal Service Capability

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

Information regarding maternity and neonatal service capability levels, the numbers of births per year, for the years 2018–2022 for regional maternity services and the current staffing levels of obstetricians and midwives was provided in in NSW Health's [response](#) to the Select Committee's Questions on Notice and Supplementary Questions in January 2024.

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

Maternity and Neonatal Service Capability Assessment

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

NSW Ambulance

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

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

Pregnancy Connect

Announced on 18 March 2024, the [Pregnancy Connect](#) initiative will focus on improving early access to specialist maternity care, particularly for women in regional NSW. It will be supported by an ongoing annual investment of \$6.19 million.

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

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

Resilience Assessments

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

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

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

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

To address severe nausea and vomiting in pregnancy and HG, a statewide Guideline has been released and the [MotherSafe](#) service has been enhanced.

HG Innovation Grants were distributed to LHDs along with a research grant, and a learning module for NSW Health clinicians. Education has been provided to general practitioners and pharmacists, and resources have been developed for consumers.

Maternity Models of Care (Recs 26 and 27)

There is a nationwide shortage of midwives and obstetricians and recruiting to regional areas continues to be a challenge which impacts on the implementation, availability, and sustainability of continuity of care models including midwifery continuity of care.

The NSW Health's *Connecting, Listening and Responding: [Blueprint](#) for Action Maternity Care in NSW* (the Blueprint) aims to address contemporary maternity organisational challenges, including establishing and sustaining continuity of care and models of maternity care.

An updated [Midwifery Toolkit](#) was published on 2 June 2023. The toolkit aims to provide a consistent approach for implementing Midwifery Continuity of Care in NSW and encourages health services to consider Midwifery Continuity as a way forward to align with community and workforce expectations.

The toolkit has been expanded to include the many important partnerships that are required when designing and implementing these models, including Child and Family Health Services, and acknowledging the strong benefits of these models for Aboriginal and Torres Strait Islander women and babies.

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

Obstetrics and gynaecology workforce (Rec 27)

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

NSW Health partners with the Australian Government to provide training opportunities for GPs and GP trainees in Obstetrics.

The NSW Rural General Practice Procedural Training Program (RGPPT) provides opportunities for regional GPs to acquire additional skills, including Obstetrics. There are 20 RGPPT 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 regional GP trainees an option to undertake AST in Obstetrics in a public hospital. The number of available training positions is increasing year on year, with 58 positions available in 2024.

Nursing and midwifery workforce (Recs 19 and 20)

On call arrangements for nurses and midwives

In the [submission](#) to the first inquiry of the Select Committee NSW Health provided a response on the formalisation and remuneration of on call arrangements for nurses and midwives across all public health facilities (see page 14).

Professional development opportunities and professional, financial and career enhancement incentives for nurses and midwives

In the [submission](#) to the first inquiry of the Select Committee, NSW Health provided a response to increasing and formalising professional development opportunities and implementing professional, financial and career enhancement incentives for nurses and midwives (see pages 15-17). Further updates are provided below.

Rural Health Workforce Incentives Scheme

The Rural Health Workforce Incentives [Scheme](#) was implemented in July 2022 to attract and retain health staff in regional, rural and remote areas (Modified Monash Model (MMM) 3-7 locations). Roles are reviewed each 12 months to re-confirm eligibility. From August 2023, incentive packages were increased from \$10,000 to up to \$20,000 per role. Incentives may include things like an accommodation assistance, airfares, extra leave, or a bonus.

The Scheme has significantly improved the attraction and retention of health staff in rural areas. At the end of 2022-23, around 850 new health workers had been recruited to regional, rural and remote locations in NSW using incentives under this scheme and more than 7,600 staff were retained with incentive payments.

14 health agencies can use the incentives policy (positions based in MM3-7 locations). This includes all regional LHDs (except Central Coast LHD), NSW Ambulance, NSW Health Pathology and Justice Health. As of 14 March 2024, \$66 million has been spent to retain and recruit staff through the incentives scheme. Around 9,523 staff have been retained, and 2,252 staff have been recruited (headcount).

Scholarships

The NSW Regional and Rural Career Scholarships program was launched at the beginning of 2023, offering nine scholarships to early career health workers across a range of professions.

In 2022-23, 81% of the Rural and Regional Health Career Scholarships were taken up. This year was the first year that the new suite of scholarships was available. NSW Health promoted the scholarships widely, through universities, regional LHDs and other regional groups. It is expected uptake of scholarships will grow over time as awareness of the scholarships increases.

Scholarship	Discipline	Scholarship value	Annual places	Uptake (2022-23)	Spend 2022-23
Allied Health Rural Generalist Program (Level 1) Scholarship	Allied health	\$12,000	14	9 (<100%)	\$82,000
Allied Health Rural Generalist Diploma Rural Practice (Level 2) Scholarship	Allied health	\$35,000	5	5 (100%)	\$175,000
Aboriginal Rural Allied Health University Student Scholarship	Allied health (Aboriginal)	\$10,000	6	10 (>100%)	\$100,000
Rural Allied Health Assistant Scholarship	Allied health	\$3,000	10	9 (<100%)	\$27,000
Diploma of Nursing Rural Travel Scholarship Incentive	Nursing & midwifery	\$5,000	25	16 (<100%)	\$80,000
New Graduate Nursing and Midwifery Rural Support Incentive	Nursing & midwifery	\$1,000	125	109 (<100%)	\$109,000

Other NSW Health regional scholarships

Scholarship	Discipline	Scholarship value	Annual places	Uptake (2022-23)	Spend (2022-23)
NSW Rural Allied Health Clinical Placement Grants	Allied health	\$1,000 (Broken Hill) \$750 (all others)	N/A	582	\$378,128
NSW Rural Allied Health Undergraduate Scholarships	Allied health	\$10,000	N/A	31	\$220,000
NSW Rural Allied Health Postgraduate Scholarships	Allied health	\$10,000	20	29 (>100%)	\$261,000
Rural Undergraduate Scholarships	Nursing & midwifery	\$5,000	N/A	43	\$145,600

Tertiary Health Study Subsidy Program

In 2023, the NSW Government announced funding of \$121.9 million to support 12,000 students enrolled in tertiary health study programs over the next five years. The Tertiary Health Study Subsidy Program (THSSP) provides subsidies to create a student pipeline

to enter and work for NSW Health in workforce groups of need. 2,000 subsidies are awarded to commencing students and 2,000 to graduating students annually from 2024 to 2026. Students awarded a subsidy must commit to working for NSW Health for at least five years. Subsidies for nursing, medicine and paramedicine students will be prioritised for students who commit to work or have accepted employment in rural or regional NSW Health locations.

Rural Nursing Pathways in Practice

The Rural Nursing Pathways in Practice (RNPIP) is a recruitment and retention strategy and supports nurses working within rural settings to work to their optimal scope. RNPIP is a program designed to support rural nurses of all levels, from Enrolled Nurses to Registered Nurses, both new graduate and more experienced. The pathway enables the development of clinical skills and knowledge via a series of e-learning modules, work-based learning and access to postgraduate courses. 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. A further two pathways are in development – paediatric nursing (PaedPIP) and midwifery (MidPIP). These are expected to be delivered in 2024.

Nurse Practitioners

In January 2023, NSW Health published the [Rural Nurse Practitioners](#) Framework, in response to a recommendation from the Rural Health Inquiry. The Framework focuses on the training pathway to support nurse practitioners to deliver care in rural areas where there is often limited medical cover and nurses must manage a broad range of clinical presentations.

The number of Nurse Practitioners in regional LHDs increased by 10.3 FTE staff in FY 2022-23 compared to FY 2021-22.

As of 31 December 2023, there were 415 nurse practitioners working in NSW Health. Around half of these nurse practitioners are based in regional LHDs.

NSW Health is currently rolling out 20 new rural generalist nurse practitioner positions and 100 new nurse practitioners in rural areas.

Nurse practitioners in NSW Health – at 31 December 2023

LHD	Number of nurse practitioners
Central Coast	10
Far West	2
Hunter New England	78
Illawarra Shoalhaven	22
Mid North Coast	15
Murrumbidgee	21
Northern NSW	21
Southern NSW	12
Western NSW	20
Total (all regional LHDs)	201

**included in WPTD reporting for regional NSW*

Clinical Nurse and Clinical Midwife Educator positions

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.

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

Development of Emergency Care and Assessment Program

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

Senior First Line Emergency Care (FLECC) nurses working in regional areas have been using the [Rural Adult Emergency Clinical Guidelines](#) to provide care for urgent category 1 and 2 patients for over 10 years. The ECAT program will build on this foundation to also enable nurse-initiated care to be provided for category 3, 4 and 5 patients². In addition, ECAT has a tiered system for using the protocols according to the nurse's level of education and training and therefore will support all Registered and Enrolled nurses working in regional emergency settings to initiate emergency care.

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

The ACI Innovation is supporting regional LHDs and Speciality Health Networks (SHN) to implement the ECAT program in May-June 2024.

Partnerships with universities to engage local people and support them through rurally and regionally based education, training and professional development to become qualified nurses and midwives

Western NSW LHD is partnering with Charles Darwin University and Charles Sturt University to increase student numbers across their district. Students are able to undertake all clinical placements across the LHD.

In Southern NSW LHD, a pathway has been developed with the University of Canberra for regional residents to undertake a 3-year Bachelor of Midwifery while remaining at home. Students can stream in for most of their classes and have clinical placement at local facilities. Intensive blocks of simulation and placement at tertiary centres are supported. The focus has been to increase Aboriginal midwives in Southern NSW and to provide other support including mentorship, tutorship, and laptops, accommodation and travel when required.

Northern NSW LHD has a midwifery clinical internal facilitation model. An Internal Clinical Facilitator provides clinical supervision, teaching, evaluation/assessment and support of undergraduate and post graduate clinical health science students on placement in Northern NSW LHD facilities. The LHD has enhanced this midwifery

² See NSW Health [website](#) for definitions of triage categories

facilitation model to accommodate multiple education providers concurrently for both Undergraduate and Graduate Diploma student programs.

Mid North Coast LHD has reviewed undergraduate contractual agreements with tertiary partners to broaden placement opportunities. It has also created an event calendar capturing all local opportunities for trade displays at career days and roadshows at tertiary partnerships. The LHD has well-established school-based traineeship and cadetship programs, providing targeted Aboriginal pathways to Midwifery practice.

Hunter New England LHD has developed a strong school-based trainee system which supports students working in maternity services. It also partners with Charles Sturt University to offer registered nurses a post graduate diploma of midwifery with a specific rural focus through the Rural Midwifery Program.

Far West LHD has developed and sustained partnerships with 37 universities across Australia and has multiple Rural Metro Exchange Programs with Central Coast and South Eastern Sydney LHDs for their GradStart program.

Murrumbidgee LHD collaborates with Charles Sturt University, Three Rivers Department of Rural Health, 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.

Central Coast LHD has an ongoing collaborative relationship with the University of Newcastle (UoN) to offer almost all midwifery clinical placements available across the Central Coast Maternity Services to the UoN. This has strengthened the partnership and engagement between the clinical school at Gosford Hospital and the Clinical placements of Maternity Services.

The LHD has also increased available clinical placements to increase education and training for Midwifery Students from 6 to 12 Bachelor of Midwifery placements per year and from 2 Post Graduate Midwifery placements to 4 Post Graduate Midwifery placements. This increase in clinical placements is proactively engaging local students to become qualified midwives in their local community.

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

Far West LHD has developed partnerships with rural, regional and metropolitan LHDs within the GradStart (New Graduate Program), Transition to Speciality (Second Year and beyond) Pathways, and upskilling opportunities for Nursing and Midwifery staff.

Western NSW LHD has a partnership with Royal Prince Alfred Hospital (RPA) for the rotation of new graduate midwives. RPA provides a 4-week clinical placement in their Neonatal Intensive Care Unit for Western NSW LHD staff.

A program is in place in Southern NSW LHD for midwives to attend metropolitan maternity settings for a one-week clinical placement to consolidate midwifery clinical skills. Agreements are in place between Southern NSW LHD and four Level 6 maternity settings in Sydney to facilitate this.

Southern NSW LHD and the Canberra Hospital are currently setting up an agreement for the nurses and midwives to attend two day training sessions with their Neonatal Intensive Care Unit to expand their competence in working with unwell babies.

Addressing security issues in emergency departments

In the [submission](#) to the Select Committee's first inquiry, NSW Health provided a response regarding emergency departments (ED) to develop agreed plans to address

security issues with timeframes and regular progress reporting (see page 18). Further updates are provided below.

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

The Illawarra Shoalhaven LHD has overarching plans to address security risks within EDs and all EDs have local plans to address this issue. The LHD has completed all recommendations from the Anderson Report³.

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

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

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

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

4. Patient transport and paramedicine

This section specifically focuses on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations regarding Patient transport and paramedicine (including Recommendations 3, 28 and 29).

Non-emergency patient transport

Non-emergency patient transport services differ in each regional area of NSW and LHD. LHDs have a mix of non-emergency patient transport in place, with some managing their own fleets and also contracting out services. Hospital-based LHD transport services are restricted to transporting inpatients only from hospital to hospital or medical facility transports.

NSW Ambulance operates with specific business rules relating to management of non-emergency patient transport bookings for medical appointments. NSW Ambulance will transport patients to and from private addresses to designated facilities for medical appointments when LHDs do not provide non-emergency patient transport. NSW Ambulance emergency response calls are given priority over non-emergency transport services.

³ The Ministry of Health engaged The Hon. Peter Anderson AM to conduct a review to identify and consider whole of NSW Health strategies for security in hospitals (including those in the Justice Health and Forensic Mental Health Network) to ensure staff, patients and visitors are kept safe from violence and aggression. The final [report](#) by Peter Anderson was published in 2020 and made recommendations to continue to improve security in hospitals.

Transport for Health review (Rec 3)

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 communities.

There are some LHD initiatives that will be shared as exemplars for the Transport for Health review. Patient Flow Units in LHDs already provide a single point for coordination of teleconferenced referral, bed finding and transport coordination for inter-hospital transfers for all LHD sites.

NSW Patient Transport Services (Recs 3 and 28)

The NSW Patient Transport Service (PTS), managed by HealthShare NSW (HSNSW), receives all booking requests for non-emergency patient transport and employs business rules to engage other health agencies as needed, including NSW Ambulance.

HSNSW provide non-emergency patient transport services in greater metropolitan Sydney, Hunter New England, Central Coast and Illawarra Shoalhaven LHDs. The Health Patient Transport Reservations Model was recently trialled in Hunter New England LHD. The reservations model is seeing significant improvements in transport timeliness and has improved patient flow and access.

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

HSNSW has reviewed PTS and LHD-led transport through consulting with the Regional Health Committee on a statewide centralised service and commencing the first quarterly PTS Strategic Engagement Meeting in February 2024.

PTS continues to collaborate with regional LHDs that have expressed an interest in implementing the service. While PTS continues to position itself to operationalise expansion into regional areas, implementation is reliant on LHD engagement and support.

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

Grant funding to community transport providers (Rec 3)

NSW Health provides ongoing grant funding to community transport providers to support people to attend medical appointments in rural, regional and remote areas. NSW Ministry of Health, LHDs and Transport for NSW work collaboratively to administer and monitor this grant funding. Annual governance meetings for 2023 have been completed, they are next due to be undertaken in November 2024. Assessments of NGO performance were also completed in FY 2023-24.

Partnerships with private providers (Rec 3)

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

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).

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

16 Cities Regional Cities Services Improvement Program (Rec 3)

In late January 2024, the NSW Government concluded the 16 Regional Cities Services Improvement Program as part of the commitment to improving bus services throughout regional NSW. The program delivered bus service improvements in 16 regional cities, designed to:

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

Transport for NSW (TfNSW) engaged with rural, regional and remote LHDs, primary care services and local hospitals during the detailed planning phase of the project, to ensure the planning and implementation (as required) of new services was aligned with the healthcare needs of the community.

Over 3,500 additional weekly routes have gone live across the 16 cities, an increase of more than 36% to the existing bus networks within the 16 cities. Further information is provided on the TfNSW [website](#).

NSW Ambulance community profiling across rural, regional and remote NSW (Rec 29)

Service Planning Methodology and Role Delineation Guide (RDG)

Community profiling is refreshed regularly as part of core NSW Ambulance service planning activities. NSW Ambulance conducts analysis of all locations within NSW to identify areas of growing demand for the statewide prioritisation of resources. This includes using best practice modelling software that maps Triple Zero (000) calls to determine the most suitable location for emergency care, including examining current response areas and modelling potential station locations to meet community needs.

The Department of Planning, Housing and Infrastructure provides NSW Ambulance with the most up to date population projections. NSW Ambulance uses this and other data streams to monitor factors such as demographics, population growth, utilisation rates of existing services and planned future development when planning for future services and clinical workforce requirements aligned to community need.

Role Delineation of Services and Clinical Services Plan

The NSW Ambulance Role Delineation of Services describes the capacity, profile and roles of current facilities and new services under consideration. It incorporates results of clinical capability assessments for determining service levels, for safe and effective mobile health care provision within a local catchment and wider network. The Role Delineation of Services identifies appropriate service types and clinician mixes to align to the health needs of communities and ensures resources are utilised in an effective, equitable and efficient way and communicates the NSW Ambulance care continuum to stakeholders.

The NSW Ambulance Clinical Services Plan 2024-2029 is an NSW Ambulance Strategic Plan sub-plan that describes NSW Ambulance's clinical priorities and enables NSW Ambulance to communicate its full breadth of clinical services and assist achievement of high patient and clinician satisfaction levels, supporting an integrated, collaborative approach that ensures the right care is delivered, at the right time, in the right place and by the right provider. The Clinical Services Plan also describes NSW Ambulance's multidisciplinary workforce roles including Extended Care Paramedics and Intensive Care Paramedics for bringing mobile health care to patients at the point of need.

Workforce enhancements (Rec 29)

NSW Ambulance has a dedicated Director of Regional Operations to strengthen the NSW Ambulance strategic and operational focus for rural, regional and remote NSW.

In January 2024, the NSW Government announced 125 additional paramedics arriving in regional, rural and remote communities by the middle of 2024. The NSW Government will continue to roll out the full additional 500 paramedics over a four-year period.

Clinical enhancements (Rec 29)

NSW Ambulance has 104 intensive care ambulances for use in regional communities across NSW. These vehicles are equipped with mechanical cardiopulmonary resuscitation devices. The use of this equipment increases paramedic and patient safety, quality of clinical care and patient outcomes by providing clinical information to the treating paramedic in a more efficient and effective manner and automating otherwise manual processes.

NSW Ambulance is also enhancing the care that all clinicians can provide to the community. In regional NSW this is often achieved by community volunteers and paramedics. NSW Ambulance has reviewed its service delivery to all members of the community in recent years. This has led to a number of clinical intervention enhancements for all paramedics to ensure that in all locations where NSW Ambulance has professional staffed resources that our clinicians are able to treat the most common reversible causes of deterioration and death.

NSW Ambulance is currently in the implementation phase of the Clinical Device Notification Platform project, whereby 1294 Corpuls 3T cardiac monitors and defibrillators will be introduced in service. This will see an uplift in the monitoring standard available to all patients in NSW when compared to the current paramedic monitor/defibrillator. The Corpuls 3T will also see an enhancement in the capability of NSW Ambulance to enable every ambulance and every paramedic to be able to transmit a 12-lead ECG to a LHD partner reading service to ensure that all patients in NSW have timely access to our cardiac reperfusion pathways.

Infrastructure enhancements

NSW Ambulance received funding to deliver 24 new, rebuilt or updated NSW Ambulance stations as part of the Rural Ambulance Infrastructure Reconfiguration (RAIR) Stage 1 program.

The RAIR Stage 1 program included 24 upgraded, rebuilt or new regional ambulance stations, including stations at Wagga Wagga, Coolamon, Ardlethan, Harden, Molong, Griffith, Kiama, Berry, Bay and Basin, Toukley, Wauchope, Hamlyn Terrace, Bathurst, Pottsville, Yass, Rutherford, Bungendore, Cowra, Grenfell, Goulburn, Birmingham Gardens, Cootamundra, Sawtell and Iluka.

Funding for the RAIR Stage 2 program is being used to upgrade, rebuild, or build new ambulance stations and infrastructure in regional areas, including:

- New services at Fairy Meadow, Forster, Lake Cathie, Medowie, and Old Bar.
- Rebuilds at Casino, Coffs Harbour, Kingscliff, Tamworth, Tumut, Glen Innes and Woy Woy (Ettalong).
- Minor works at Armidale, Blayney, Bulahdelah, Bomaderry, Coleambally, Evans Head, Gloucester, Lockhart, Macksville, Manilla, Mudgee, Narooma, Stockton, Tea Gardens, Taree, Tenterfield, and West Wyalong.

The RAIR program allows NSW Ambulance paramedics to better meet the current and future demand for emergency medical care in regional NSW.

Extended Care and Intensive Care Paramedics (Rec 29)

NSW Ambulance applies a Clinical Capability Assessment as part of service planning to determine the placement of clinical resources, including Intensive Care Paramedics (ICPs) and Extended Care Paramedics (ECPs) and to inform funding opportunities. 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. The selected locations provide a community-of-practice to ensure that specialists are not isolated, that they can participate across all domains of specialist practice and can remain current and recent in their area of specialty. This Clinical Capability Assessment regarding the placement of ICPs and ECPs is essential to maintain patient safety when ICPs and ECPs are performing highly complex procedures in the out of hospital environment.

NSW Ambulance varies staffing profiles and numbers to appropriately meet operational need as required, and services are subject to change when identified through either service planning methods or operational requirements.

Extended Care Paramedics

Extended Care Paramedics (ECPs) are paramedic specialists who have undertaken further education and training to develop knowledge and skills required to care for patients with urgent, chronic and complex healthcare needs.

The main focus of ECPs is addressing chronic and complex low acuity presentations to divert these patients from emergency department attendance to more appropriate pathways for their presenting condition.

The core benefit of the ECP Program is the avoidance of use of double-crewed paramedic emergency ambulances. ECPs are deployed to appropriate incidents for which transport to hospital by ambulance can be avoided, thereby preserving the

emergency ambulance resource for appropriate responses. The clinical capability assessment recommends ECPs are located where there is sufficient appropriate work that matches the ECP skill set to ensure they are used efficiently and are able to maintain their skills.

Intensive Care Paramedics

Intensive Care Paramedics (ICPs) are a specialist clinical role, requiring a more comprehensive scope of practice to provide additional acute specialised care.

ICPs are credentialed and equipped to treat acutely ill and injured patients with advanced interventions and medications. ICPs also provide clinical leadership and supervision of other clinicians where critically ill patients are being cared for by a team. ICPs assess and manage a wide range of acute illnesses, and potentially serious trauma 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.

A systematic approach for determining a station's clinical capability provides a consistent and transparent framework to adapt out-of-hospital care to meet the ever-increasing needs of the community. The rationale for identification of the need for an ICP presence is determined by the local demand for the relevant skill set and the opportunity that this demand level will provide to practice and maintain skill levels. ICPs play an important role in providing day to day clinical leadership through delivering and monitoring clinical practice, assessing and mitigating risks to patients, improving efficiency and coordination at the point of care and advocating for patients.

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 regional areas. As of 5 September 2023, 160 positions have been converted to intensive care specialists, with 117 being in regional NSW.

As of 1 February 2024, there are 404 ICPs operating in regional locations and 420 intensive care paramedics in metropolitan locations.

Local training

To ensure safe standards of clinical practice, specialist training for both ICPs and ECPs requires significant access to specialist training equipment, infrastructure and colleagues, as well as a high volume of incidents that align with the learning outcomes for specialist training.

This is particularly important for early practitioners in these 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 three years.

Since 2022 and the identification of areas in regional NSW that have a workload to support specialist practice, NSW Ambulance has been able to ensure the provision of not only ICP care in these towns, but also the availability of suitably qualified and experienced preceptors to facilitate some stages of ICP training locally.

While the foundation elements of the program still occur in Sydney, NSW Ambulance has been developing relationships with regional LHDs with the goal to have ICP trainee's complete part of their training in regional locations.

ICP training placements are aligned to critical care services, not geographical boundaries or LHDs. This ensures that they are exposed to an appropriate volume and mix of critical care cases as well as regularly connecting with other specialists. This

exposure to an appropriate caseload is fundamental to ensuring they achieve the learning objectives aligned to these clinical learning experiences.

NSW Ambulance paramedics, including ICPs are required to participate in continual education and training. ICPs can complete this in regional training units.

Regional training units are strategically established around the state to educate, govern and provide organisational clinical credentialing. NSW Ambulance has nine regional training units including:

- Armidale Training Unit
- Bathurst Training Unit
- Gilgandra Training Unit
- Kempsey Training Unit
- Lismore Training Unit
- Nowra Training Unit
- Point Clare Training Unit
- Rutherford Training Unit
- Wagga Wagga Training Unit

Innovative models of care utilising the skill sets of paramedics (Rec 29)

The Integrated Paramedic Workforce Model Project will explore the feasibility of a workforce model integrating paramedics within established multidisciplinary teams across a range of health care settings. This project and its outcomes will inform the NSW Ambulance community paramedicine program. It is aligned to the NSW Health Future Health [Strategy](#) and the NSW Health Workforce [Plan](#) 2022-2032.

Through a series of pilots in LHDs during 2024, the project will trial new ways for paramedics to work in acute care settings and collaborate with nurses, doctors, and allied health professionals to deliver care. These pilots would see paramedics acting as an additional skilled resource.

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

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

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

Review of the efficacy of the current call triaging system and referral services (Rec 29)

NSW Ambulance call taking staff utilise an internationally accredited triage tool, which requires staff to ask certain questions to determine an appropriate response.

Requests for ambulances are triaged according to urgency and clinical need to ensure the most appropriate response to all patients.

NSW Ambulance call takers follow internationally recognised and evidence based predetermined scripts to determine the priority of each incident, based on the current presenting symptoms.

Triple Zero (000) calls that are triaged as not immediately life-threatening, but may require further medical assessment, are transferred to a registered nurse at Healthdirect. The registered nurse will ask further questions, provide medical advice or may identify other pathways for more appropriate treatment of the patient. This system assists NSW Ambulance resource capacity in responding to urgent and/or life-threatening incidents. If during the registered nurse's triage process, it is identified that an ambulance is required, the caller is transferred back to a NSW Ambulance Emergency Medical Call-Taker to organise an ambulance response.

In 2022-23, 58,380 patients were referred to Healthdirect for assessment. Healthdirect managed 27,281 of these patients, with the remainder being returned for a NSW Ambulance response.

Triple Zero (000) calls are managed by a global routing system, whereby the next available emergency medical call taker will answer the call, no matter where they are sitting in the state. All four NSW Ambulance control centres are now placed among the best control centres in the world, recognised for providing a consistently high level of service to our community.

The NSW Ambulance Virtual Clinical Care Centre (VCCC) primary function is to provide secondary triage of low acuity incidents by a VCCC Clinician. After a virtual assessment, VCCC Clinicians can connect patients to alternate care providers or transport options where clinically appropriate.

Where an ambulance is not required immediately, experienced clinicians from the VCCC provide comprehensive and integrated secondary triage to better understand the needs of the patient. VCCC Clinicians can provide self-care advice to patients who do not require an ambulance to attend and can be managed safely at home and can also connect patients with referral services such as an Urgent Care Centre, LHD pathway, a General Practitioner, Pharmacist, or other health care provider. This ensures that patients with lower acuity needs who can safely remain in the community do so, thereby preserving frontline paramedics and Emergency Departments for life-threatening emergencies.

The VCCC also monitors Triple Zero (000) incidents that extend past their triaged timeframe for an ambulance response. Clinical Support Assistants (CSA) perform call backs to advise of delays and to establish if the patient's condition has altered since the initial Triple Zero (000) call, in which case the CSA escalates the incident to a VCCC Clinician for a clinical review.

In 2022-23, almost 60,000 patients were triaged and assessed by the VCCC. Of these over 14,000 patients were successfully referred to alternative care and subsequently not attended to by NSW Ambulance paramedics.

5. Indigenous health services

This section specifically focuses on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations regarding Indigenous health services (including Recommendations 23, 31, 32, 33, 34, 35 and 43).

Building the Indigenous workforce (Rec 33)

In the submission to the inquiry into the first inquiry of the Select Committee, NSW Health provided a response to prioritising building the Indigenous workforce across all disciplines, job types and locations (see page 11). An update is provided below.

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.

A review of the statewide Aboriginal workforce policy was completed and released in December 2023 - [Aboriginal Workforce Composition Policy Directive](#) and [Aboriginal Workforce Composition Minimum Targets Information Bulletin](#).

The policy sets a 3.43% target for Aboriginal workforce by 2031⁴, with incremental targets to be achieved as follows:

- 2025 - 3.10%
- 2028 - 3.30%
- 2031 - 3.43%.

NSW Health organisations are encouraged to set local targets for parity with their local community above these minimum targets. The Priority Framework for the NSW Regional Health Strategic Plan sets a minimum 4% Aboriginal workforce target for regional NSW LHDs.

The Aboriginal workforce in regional NSW increased by 0.15% from 4.52% in June 2022 to 4.67% in June 2023. Regional NSW has a higher portion of Aboriginal employees than the broader NSW Health of which around 3% of employees are Aboriginal.

Western NSW LHD has an active workforce programme to attract and retain aboriginal staff. The LHD's goal is to have 9.3% of its workforce identify as Aboriginal. Currently the LHD has just over 7% of the workforce identified as Aboriginal.

Aboriginal workforce programs

NSW Health offers up to 20 Aboriginal Allied Health Cadetships every year. The program is delivered in LHDs and Speciality Health Networks (SHN). In 2024, the program expanded to eligible post-graduate courses.

While there is a need to focus on regional cadet placements, many universities deliver mainly in urban areas which frequently requires students to relocate. The Ministry is reviewing data to report on cadets from regional location who are placed in urban agencies.

An *Aboriginal Allied Health Cultural Mentoring Framework* has been developed. Education modules and a cultural mentoring structure that considers issues for regional areas is due to be finalised and piloted in mid-2024.

⁴ NSW Health has adopted the [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031](#).

NSW Health, in partnership with Charles Sturt University, deliver the Aboriginal Mental Health Workforce Training Program. This program is a pathway to increase the number of qualified Aboriginal Mental Health Professionals in the workforce.

Aboriginal trainees participate in workplace and clinical placements within NSW Health and enrolment in the Bachelor of Health Science (Mental Health) are requirements of this program. Approximately 136 trainees have completed the program in NSW Health.

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 review of Aboriginal Mental Health Workforce Program has been completed and the final report is in development.

The NSW Aboriginal Population Health Training Initiative is delivered across local health districts and specialty health networks. This three-year training program involves part-time study towards a Master of Public Health and completion of a series of work placements in population health. It aims to increase Aboriginal representation across the population health workforce as a way of delivering more culturally competent services and achieving better health outcomes for Aboriginal people. Since the program was established in 2011, 46 Aboriginal Population Health Trainees have been recruited across 14 districts and 2 networks.

Cultural safety (Rec 32)

NSW Health is working on extension learning programs to enable staff who have completed Respecting the Difference: Know the Difference training to further develop their capabilities. These include enabling access to the NSW Public Service Commission’s “Everyone’s Business” package and developing a “Respecting the Difference: Lead the Difference” module.

Stolen Generations Organisations (SGO) workshops were delivered in May 2023 to inform an action plan to support health and healing and develop culturally safe support mechanisms for survivors to access healthcare in regional NSW. Funding grants were approved and distributed to 4 SGOs in regional locations.

Acknowledgements of Country

All regional LHDs display prominent Acknowledgments of Country at health facilities to support cultural safety and pay respect to the traditional owners of the lands.

LHD	Acknowledgement of Country
Far West NSW LHD	All Health Services and Facilities within the Far West NSW LHD conduct an Acknowledgement of Country at all meetings, gatherings, and community events. All Health Services and Facilities within the District engage local traditional owners / Elders to undertake a Welcome to Country.
Western NSW LHD	All Western NSW LHD facilities have the acknowledgement of country displayed in their meeting rooms.
Northern NSW LHD	All LHD facilities, including administration buildings, have acknowledgement of country plaques.

LHD	Acknowledgement of Country
Mid North Coast LHD	Most facilities have Acknowledgement of Country plaques in place.
Hunter New England LHD	63% of facilities display an Acknowledgment of Country.
Illawarra Shoalhaven LHD	98% of ISLHD facilities have prominent Acknowledgments of Country along with the ISLHD Statement of Commitment to Aboriginal Health.
Southern NSW LHD	The district has designed and distributed Acknowledgement to Country plaques to all facilities to display within all meeting rooms and prominent public areas. Some facilities have incorporated their Acknowledgement to Country within their Arts and Signage displays and these have been developed in consultation with local community.
Murrumbidgee LHD	All services and facilities throughout MLHD have signage of its statement of commitment, an acknowledgement of country and the NSW Health apology to the Stolen Generation from NSW Health Secretary prominently displayed in public areas.
Central Coast LHD	<p>There are prominent acknowledgements of country at each hospital with the National Apology and Local artwork alongside the Acknowledgement.</p> <p>Wyang: An Acknowledgement of Country and National Apology Statement are both displayed in the entry closest to the emergency department. Signage in the redeveloped areas have the department names translated to the local indigenous language.</p> <p>The next stage of redevelopment at Wyong includes the Aboriginal Health Unit and an Aboriginal cultural lounge.</p> <p>Gosford: The Level 4 main entry has the Aboriginal flag raised in the forecourt and Acknowledgement of Country and National Apology Statement displayed with Aboriginal artwork at the entry doors.</p> <p>Woy Woy: The main hospital entry has the Aboriginal flag raised and Acknowledgement of Country and National Apology Statement displayed with Aboriginal artwork at the Rehabilitation Unit entry doors.</p>

Formalising partnerships with Aboriginal Community Controlled Health Services (Rec 34)

The majority of LHDs and SHNs have reviewed their partnerships with Aboriginal Community Controlled Health Services. Many have updated their partnership agreements and Memorandums of Understanding or developed new partnerships recently. Given the dynamic nature of partnerships, this will be an ongoing process and continued area of focus.

Work continues on the development of the NSW Health Aboriginal Governance and Accountability Framework. It remains on-track to be released in mid-2024, and will facilitate the development, maintenance and monitoring of shared decision-making and genuine partnership across NSW Health, and between NSW Health organisations and the Aboriginal Community Controlled Health Sector.

Virtual care and Aboriginal communities (Rec 31)

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

The Ministry of Health, in collaboration with the Aboriginal Health and Medical Research Council, undertook a survey of Aboriginal Community Controlled Health Service (ACCHS) and Directors of Aboriginal Health. Survey. Results included information around organisational use of and familiarity with virtual care, along with perception around the cultural safety of virtual care for Aboriginal people. The Ministry of Health is also working with ACCHs to ensure they can implement virtual care in their current infrastructure and services.

The NSW Aboriginal Strategic Leadership Group has been leveraged as a forum to discuss virtual care in Aboriginal Health including what considerations need to be made to further develop virtual care services for Aboriginal people, and how best to engage in local discussions with Aboriginal communities and leaders.

The Aboriginal Strategic Leadership Group recommended that roadshows were held and the Virtual Care Unit (VCU) and the Centre for Aboriginal Health (CAH) conducted 6 LHDs visits between October and November 2023. The purpose of the visits was to connect locally, consult, and discuss virtual care initiatives and to further understand local challenges, enablers, and opportunities to further embed virtual care to support health care services to Aboriginal communities.

Following the LHD visits, VCU have developed a post-roadshow report, with several recommendations with next steps to support Aboriginal people to adopt virtual care as a viable option for care delivery. The recommendations are currently under consideration by the Ministry of Health and will be distributed once endorsed.

Procurement

In FY 2022-23, NSW Health spent \$41.9 million directly with Aboriginal businesses, against a \$23 million target set by the NSW Procurement Board.

In FY 2022-23, NSW Health awarded 156 goods and services contracts valued over \$10,000 to Aboriginal businesses, exceeding the target of 63 contracts set by the NSW Procurement Board.

In FY 2022-23, NSW Health engaged 234 Aboriginal businesses, a 20% increase on the previous financial year.

The NSW Health (Goods and Services) Procurement Policy and Procurement Procedures encourage staff to first consider an Aboriginal business and provide guidance on doing so.

The Vendor Management System for Professional Services has Aboriginal businesses that are prequalified on relevant schemes pre-loaded into the system to make it easier for staff to find these businesses.

The Procurement Academy training, delivered to all NSW Health agencies provided further information to staff on the importance of engaging Aboriginal businesses and how to locate these businesses.

The Aboriginal Procurement Policy, and NSW Health's ongoing commitment toward increasing Aboriginal participation in its supply chain is an ongoing commitment. While NSW Health has met targets for FY 2022-23, we are actively working to increase its engagement with Aboriginal businesses in FY 2023-24.

Aboriginal people on governing boards (Rec 35)

The current NSW Aboriginal Health Plan 2013-2023 requires all NSW Health Boards to include at least one member with knowledge of Aboriginal health. These individuals do not currently need to identify as someone from an Aboriginal community. An Aboriginal Governance and Accountability framework is currently in development to update the above requirement to ensure all NSW Health Boards have membership that includes at least one Aboriginal representative.

All regional LHDs have members on Boards who identified as Aboriginal and/or Torres Strait Islander:

- Central Coast LHD Board: 1 member identified
- Far West LHD Board: 2 members identified
- Hunter New England LHD Board: 1 member identified
- Illawarra Shoalhaven LHD Board: 1 member identified
- Mid North Coast LHD Board 1 member identified
- Murrumbidgee LHD Board: 2 members identified
- Northern NSW LHD Board: 1 member identified
- Southern NSW LHD Board: 2 members identified
- Western NSW LHD Board: 1 member identified.

NSW Aboriginal Palliative Care Network (Rec 23)

The Ministry of Health has established a NSW Aboriginal Palliative Care Network as a forum for the NSW Aboriginal Palliative Care Workforce, LHDs, and SHNs to share information on initiatives such as Aboriginal Health Workforce training in Palliative Care, local, state and federal based palliative care improvement initiatives, and exchange information regarding culturally appropriate palliative care.

Aboriginal Workforce in Palliative Care (Rec 23)

Funding has been provided to all LHDs/SHNs for an Aboriginal Health Worker (AHW) in Palliative Care.

18 FTE AHWs in Palliative Care have been funded across NSW and to date, 14 AHWs are currently being recruited across hospital and community settings. Recruitment is in progress at the LHD/SHN level to fill the 4 remaining positions.

There have been challenges regarding some LHDs/SHNs ability to recruit and retain AHW under the current Aboriginal Health Worker Award. The Ministry of Health is working on strategies to address this issue. The Aboriginal Health Worker Award is currently under review and Aboriginal Workforce is involved in negotiations to update the Award.

Western NSW LHD has employed a full-time Aboriginal Palliative Care Project Officer, hired two Aboriginal Specialist Palliative Care Nurses and engaged an Aboriginal Griefologist to conduct 2-day training workshops for 20 Specialist Palliative Care Staff and 20 Aboriginal Health Workers/Practitioners. The goal is to enhance cultural knowledge and understanding among these staff members.

Illawarra Shoalhaven LHD has a Palliative Care Senior Aboriginal Health Worker to support culturally appropriate care at end of life. The LHD's model of care has established automatic referrals so that Aboriginal patients/carers are linked to appropriate cultural support at point of entry to the service.

Developing Place-Based Health Needs Assessments and Local Health Plans in collaboration with First Nations Organisations (Rec 43)

Recommendation 43 has been addressed in [Section 9](#) of this document.

6. Mental health services, and drug and alcohol services

This section specifically focuses on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations regarding Mental health services, and drug and alcohol services (including Recommendation 11).

Mental Health Services

NSW Health continues to deliver mental health services and care to support the wellbeing of people across the State. This includes driving government priorities related to mental health and suicide prevention through cross agency collaboration and engagement. Key cross agency actions underway to improve mental health outcomes include:

- maintaining and strengthening student mental health and wellbeing;
- improving service collaboration and outcomes for shared client groups at the interface of mental health, homelessness, and social housing services;
- improving Aboriginal social and emotional wellbeing; and
- better meeting the health needs of people with a mental health issue in forensic mental health services and custody.

Suicide Prevention: Safe Havens and Suicide Prevention Outreach Teams (SPOT)

NSW Health has also developed new models of care that deliver rapid access to specialist mental health services together with alternatives to emergency departments for those experiencing mental distress. This includes the establishment of 20 Safe Havens and 18 Suicide Prevention Outreach Teams (SPOT)s across NSW which provide an alternative pathway to presenting to an emergency department for people experiencing suicidal distress.

Safe Havens are staffed by suicide prevention peer workers who have a lived experience of suicide and recovery. There are currently 20 Safe Havens in NSW, with 11 of these based in regional areas. A new Bega Safe Haven has recently opened in March 2024 operating 7 days a week and providing access to dedicated peer-led suicide prevention support for Bega and the local community.

People with lived experience of suicide have been involved in the design and implementation of Safe Havens at a local level. This approach ensures that the needs of

the community are reflected in each Safe Haven and those with lived experience are involved in genuine co-design.

The Safe Havens in Dubbo and Parkes in Western NSW LHD have had over 2300 visits since Parkes opened in November 2021 and Dubbo in March 2022. The Parkes Team introduced a diversity calendar last year which has seen up to 40 visitors in the one day for events such as Pride Day, International Women's Day, NAIDOC Week and Guided Relaxation Groups as part of Mental Health Month. An Older Peoples Group is planned to commence this year.

SPOTs are an assertive outreach program that helps people who are experiencing distress, suicidal or otherwise at risk of harm within the community. SPOTs are staffed by a suicide prevention peer worker and mental health clinician who can speak to people based on their own lived experience of suicide and recovery or alternatively support coordinated admissions to appropriate mental health services, if preferred.

There are currently 18 SPOT services across NSW, with 10 located in regional areas. SPOTs have also been designed with the help of experts in the field including those with lived experience of suicide.

Regional LHDs have implemented mental health co-responder models designed to suit the needs of the local community and resources, complemented with virtual technology to enhance access for geographically dispersed communities. These programs bring together clinicians and first responders by providing support from mental health clinicians on-scene, over the phone or by telehealth, for people experiencing a mental health issue, ensuring these individuals receive an immediate, compassionate response and connection to appropriate services for ongoing care, without always needing to go to the emergency department.

Building Aboriginal Communities' Resilience Initiative

The *Building on Aboriginal Communities' Resilience Initiative* is a culturally safe approach to suicide prevention under [Towards Zero Suicides](#) and [Closing the Gap](#).

Towards Zero Suicides supports twelve Aboriginal Community Controlled Health Organisations (ACCHOs) and CTG supports 13 ACCHOs to deliver culturally appropriate programs and services designed and led by Aboriginal people to address the suicide rate in NSW Aboriginal Communities.

The participating ACCHOs are funded to implement local culturally appropriate suicide prevention activities through the enhancement of existing activities and/or new activities that contribute to suicide prevention.

The *Building on Aboriginal Communities' Resilience Initiative* is a partnership between the NSW Health, the Aboriginal Health and Medical Research Council of NSW and participating ACCHOs.

Local approaches

The Central West Aboriginal Mental Health and Wellbeing project continued in its second year in 2022-23 to address the current service gaps in trauma informed wellbeing services for Aboriginal people in central west NSW. It is a collaborative initiative codesigned by the Ministry of Health, Western NSW LHD, and four ACCHOs. The project supports a regional workforce model between stakeholders that is suitable to the community.

Northern NSW has implemented a discharge clinic for adult and child and adolescent mental health inpatients as part of a safety and quality initiative to support assertive follow up for patients who have been discharged from an inpatient care episode. This

initiative has improved the access to community service providers and promotes a ‘warm handover’ of care which aims to improve the engagement and therapeutic relationship.

Illawarra Shoalhaven LHD’s mental health services include Nowra Suicide Prevention Outreach Team, rural counselling, Disaster Recovery Clinicians, a Rural Adversity Mental Health Program (RAMHP) Coordinator and a mental health ambulance and police program.

Murrumbidgee LHD delivers the *Getting On Track In Time - Got It* program is school-based early intervention mental health service for children in kindergarten to year 2 who display disruptive behaviours and emerging conduct disorders. Rural Adversity Mental Health Program coordinators in the LHD work with rural communities to build resilience, provide health promotion and educational activities and link individuals to appropriate mental health and/or drug and alcohol services.

Mid-North Coast LHD employs two First Nations Elders as service navigators within the Mental Health Unit in Kempsey District Hospital. The District has also completed a Mental Health joint regional plan with Northern NSW LHD and Healthy North Coast Primary Health Network.

Drug and alcohol services

NSW Health delivers a range of alcohol and other drug (AOD) prevention, early intervention, treatment, and continuing care programs to reduce AOD related harm. People in regional NSW have access to a suite of services including withdrawal management, psychosocial support, residential and day rehabilitation, hospital consultation liaison, involuntary treatment, court diversion and specialist services for priority population groups.

New programs and services in response to the Ice Inquiry

As part of the [response](#) to the Special Commission of Inquiry into the drug ice (Ice Inquiry), the NSW Government committed an investment of almost \$500 million over 4 years for targeted health and justice initiatives to improve health and social outcomes. A key focus of this investment is to increase access to services in regional NSW.

NSW Health is implementing a range of new AOD treatment and support services targeted at key priority populations, many of which are in regional areas:

- Twelve new AOD Hubs, 10 of which are in regional areas, delivered by non-government (NGOs) and/or ACCHOs. The Hubs provide evidence-based, wrap around services and care navigation in partnership with other local health and social services.
- Three new Safe Assessment Units are being established, one of which is in regional NSW. These units are being established in Shellharbour Hospital (Illawarra Shoalhaven LHD), Nepean Hospital (Nepean Blue Mountains LHD) and the Prince of Wales Hospital (South Eastern Sydney LHD)⁵.
- These units are co-located with, or adjacent to, Emergency Departments and provide integrated care, treatment and support for patients who are acutely intoxicated or who have acute, severe behavioural disturbance associated with substance use, mental health conditions and other health or social needs.
- Five new Post Custodial Support services, all in regional areas, connect with people approaching their release from custody who are at risk of harm from AOD.

⁵ NSW Health, [Special commission of inquiry into the drug ‘ice’ \(Ice inquiry\)](#)

They are provided with AOD treatment and case management to address a range of health and social support needs. Two services are specifically for Aboriginal and Torres Strait Islander people.

- A new Child and Adolescent Drug and Alcohol Service is being established in Hunter New England. This integrated assessment and withdrawal service for children and young people is located at John Hunter Children's Hospital.
- Two new residential rehabilitation and withdrawal management services are being established. One is for young people (aged 12-17 years) in Hunter New England and will be delivered by an NGO. The other is for Aboriginal women with children in Illawarra Shoalhaven and will be operated by an ACCHO.
- Eight new community based AOD treatment services for young people aged 12-17 years and young adults, 18-24 years, all located in regional areas.
- Three new day rehabilitation and case management programs for parents with dependent children all located in regional areas.
- Three new community-based withdrawal management, case management and counselling services for priority populations, all located in regional areas.
- New and enhanced AOD services are being established in all LHDs and specialty health networks. This includes increased access to complex case management programs such as Substance Use in Pregnancy and Parenting Services and Assertive Community Management.

Diversion programs

The Dubbo Drug Court Program commenced in February 2023. The Drug Court Program is a partnership with the Department of Communities and Justice. NSW Health will provide AOD treatment services.

As part of the expansion of the Magistrate's Early Referral into Treatment (MERIT) program, NSW Health has funded regional LHDs to establish eight new MERIT teams servicing 14 local courts. Funding will also support access to withdrawal management and residential rehabilitation beds in several NGOs.

The NSW Opioid Treatment Program (OTP)

The NSW OTP is a program that provides opioid replacement therapy for people who are dependent on opioids such as heroin, morphine, and oxycodone. The sustainability and growth of the OTP in rural, regional, and remote areas has been a focal point particularly since opioid treatment medicines became part of the Section 100 Highly Specialised Drugs Program (Community Access) arrangements as of 1 July 2023.

NSW Health funds the Opioid Treatment Accreditation Course (OTAC) Scholarship to assist primary care, medical and nurse practitioners in NSW to gain accreditation for opioid pharmacotherapy prescribing in the treatment of opioid dependence. It recognises and encourages accessibility of opioid dependence treatment services for people living in NSW regional areas by providing additional resourcing for medical professionals working in regional areas of NSW.

Virtual care

NSW Health is working to reduce barriers to access AOD specialist services in rural, remote, and regional areas by expanding the reach of the AOD Virtual care program.

Workforce development (Rec 11)

NSW Health is developing a 10-year workforce strategy for the AOD workforce. This has been developed through extensive consultation and outlines a shared vision for the AOD workforce. Aligned to NSW health and workforce strategies, the Strategy focuses on building a sustainable, multidisciplinary workforce that collaborates within an integrated health system to deliver care across diverse settings, drive equity and address the social determinants of health.

The Strategy is informed by baseline workforce data, that captures the size, composition, gaps, and distribution of the AOD workforce. Priority workforces have been identified, including expansion of the regional workforce. To meet demand for AOD services in regional areas, priority will be given to initiatives that aim to attract people to train and remain in regional areas and equip the workforce to meet the unique challenges in these areas. Targeted activities will be delivered to increase access to training, such as scholarship opportunities prioritising regional participation, flexible learning programs, linking with regional health workforce initiatives, partnerships with metropolitan services and supporting career pathways through cadetships and placements.

Ensuring cultural safety and growing and developing the Aboriginal workforce is also a high priority for AOD. Work is underway to tailor career pathways for Aboriginal health staff. This will be achieved through increased targets for identified positions, identifying more opportunities for learning on-country and targeted Aboriginal workforce development and career pathway activities across disciplines. Directions will be informed through collaboration with Aboriginal stakeholders.

7. Aged care and palliative care

This section specifically focuses on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations regarding aged care and palliative care (including Recommendations 18, 23 and 24).

Workforce to care for geriatric patients and training in geriatric care (Rec 18)

In the submission to the first inquiry of the Select Committee NSW Health provided a response to nurses caring for geriatric patients and training in geriatric care (see page 18).

The Health Education and Training Institute (HETI) in collaboration with the Ministry of Health and the ACI is developing an Aged Care Nursing Education Navigator Tool in NSW Health's eLearning system, *My Health Learning*. This will be a set of learning resources identified as relevant education modules embedded in the technical tool that will be designed, structured, and then custom built for nurses who work in Aged Care settings. The curation will focus on learning resources that ensure our aging population are provided best care and will include formal, social, and immediate learning touchpoints.

End of Life and Palliative Care Committee (Rec 23)

In 2019, NSW Health established a state level governance group (End of Life and Palliative Care Committee) to provide strategic advice and oversee the implementation of the End of Life and Palliative Care [Framework](#) 2019-2024.

The Terms of Reference for the End of Life and Palliative Care Committee were reviewed in 2023. Through the review, the Ministry of Health identified that reinstating the

Committee with an expanded membership would not provide a robust state-wide governance structure for palliative care across NSW. Therefore, a broader review of current gaps in palliative and end of life governance was conducted. This was intended to inform a more integrated approach to palliative and end of life governance across NSW Health and bring heightened focus on governance for palliative care for Aboriginal people.

The review was completed December 2023. Actions arising from the review will be finalised in the context of a wider governance framework for palliative care. This will be undertaken as part of the review of the End of Life and Palliative Care [Framework](#) 2019-2024.

Map who is currently providing palliative care services and their level of training, as well as where these services are offered (Rec 23)

Palliative Care NSW manages the [NSW Palliative Care Services Directory](#), which provides information, location and contact details for palliative care service providers throughout the state. NSW Health funds Palliative Care NSW to deliver this and other projects to support the palliative care sector, consumers and families/carers. The Ministry of Health will continue to collaborate with stakeholders including LHDs, SHNs, Pillar organisations and NGOs, to support and develop the workforce to deliver end of life and palliative care. This is in line with priority 3 of the NSW End of Life Framework 2019-2024: *'There is access to care providers across all settings who are skilled and competent in caring for people requiring end of life and palliative care'*.

Establish an agreed, uniform state-wide platform for the collection of palliative care and end of life care data to allow for clinical benchmarking of regional palliative care services (Rec 23)

After extensive stakeholder feedback to date, the first version of the indicators will be shared with districts and networks. This circulation of the preliminary indicator set will allow for initial implementation of the set.

The first version of the indicators will be from existing data sources, with clearer data definitions, rather than requiring an additional data asset or data collection burden at a local level. The intention is that the set will be reviewed on a frequent basis, while being implemented by districts and networks, to inform the development and refinements towards a set of minimum dataset indicators. In parallel, the Ministry of Health continues doing test data extraction from the current administrative data systems.

The indicators will be used in monitoring and evaluation to:

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

Innovative models of palliative care services (Recs 23 and 24)

The promotion and sharing of effective models and strategies is currently being undertaken by the ACI. ACI regularly publishes End of Life and Palliative Care Clinical Principles (EOLPC) organisational models, along with information on effective local implementation of Clinical Principles for EOLPC.

ACI is continuing to work with LHDs to publish EOLPC organisational models, along with information on effective local implementation of Clinical Principles for EOLPC. This

includes the publication of the Far West NSW Palliative and End of Life Model of Care on the ACI website, showcasing of initiatives through the Rural Health Network SharePoint page and promotion through the End of Life and Palliative Care Network.

NSW Health is also promoting and sharing effective models and strategies through:

- Providing funding to support the Palliative Care NSW (PCNSW) Biennial Conference which provides an opportunity for updated information about Palliative Care to be shared. Further funding for scholarships for the 2024 PCNSW Biennial Conference is being provided.
- Providing sponsorship to the Oceanic Palliative Care Conference 2023
- The Ministry of Health has established a NSW Palliative Care Service Development Officer Network SharePoint to enable regular communication between the Ministry and LHDs. Membership includes broad representation from each LHD.

NSW Health is committed to the ongoing collaboration and supporting opportunities for networking and sharing of best practice through the above-mentioned initiatives.

Northern NSW LHD has implemented a palliative care telephone after hours support service. Previously, palliative support was only available Monday-Friday, 8am-4pm, now patients can now contact the telephone service any time.

Western NSW LHD recognises its geographical diversity and aims to ensure equitable access to palliative care services for all residents. To achieve this, the district is actively developing innovative models of care, including virtual approaches. Over the past year, significant efforts have been made to establish a virtual palliative care physician model. The virtual Physician collaborates closely with the Dubbo Multidisciplinary Specialist Palliative Care Team. Their role extends beyond Dubbo itself, reaching remote areas up to 4 hours away. These regions include Lightning Ridge to the Northwest and Cobar to the West.

Southern NSW LHD has strengthened palliative care services across the district through robust community and palliative nurse models of care, Nurse Practitioner palliative care positions, volunteer coordinators, and a contracted medical model.

8. Cancer care and oncology

This section specifically focuses on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations regarding cancer care and oncology (including Recommendation 21 and 30).

In 2023-24, NSW Health will continue to expand cancer services in regional, rural and remote NSW. Cancer centres opened in Griffith and Taree in late 2023, and an integrated cancer care centre will be opened at the new Tweed Valley Hospital in mid-2024.

The [NSW Cancer Plan](#) sets out a coordinated and collaborative approach to cancer control. The NSW Cancer Plan aligns with the NSW Regional Health Strategic Plan and at its core seeks to ensure equity of outcomes and recognises people from regional, rural and remote communities as a group, disproportionately affected by cancer.

The recently released [NSW Cancer Plan Implementation Plan 2024-25](#) has been developed by the Cancer Institute NSW to support the achievement of the goals and priorities in the NSW Cancer Plan 2022-2027.

Strategies to ensure public patients being treated in regional cancer centres can access private-public services while reducing out-of-pocket costs (Rec 21)

Financial assistance

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

During the period Jan-Dec 2023 there were 9,166 claims for IPTAAS relating to cancer treatment.

Cancer Institute NSW has partnered with Cancer Council NSW to complete a pilot clinical trial studying the impact of providing financial support to clinical trial patients for study visits. Half of trial participants indicate financial support influenced their decision to participate. IPTAAS eligibility was expanded in 2022 to support patients participating in clinical trials after the pilot was completed.

Accommodation during cancer treatment program: In instances where patients must travel from regional areas for cancer treatment, subsidised accommodation may be provided. This program is delivered by partnerships between the Cancer Council NSW and AccorHotels, as well as through the IPTAAS.

The Accommodation service has experienced a 22% decrease in clients requesting accommodation during cancer treatment, particularly in the last 6 months of 2023. This is in part due to the opening of the new Griffith Cancer Care Centre, which means Griffith patients no longer need to travel to Wagga Wagga, and the re-opening of the accommodation centre at St Vincent's Hospital Sydney.

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

Financial Counselling Support

The problems a patient has related to the cost of medical care varies significantly and includes out-of-pocket costs, lost productivity, income and caregiver costs. Delivery of measures to reduce out of pocket costs for cancer treatment is dependent on multiple service providers.

The Cancer Institute NSW provides information online about understanding and managing cancer costs and links to financial support services available for cancer patients.

One of the priorities of the [NSW Cancer Plan](#) is optimal treatment, care and support for people affected by cancer. This is intended to be delivered through several actions identified in the Implementation Plan, including Action 3.3a: ensure people who experience cancer, their families and carers are actively linked with supportive care and services such as psychosocial care, allied health care and financial counselling and legal support.

Cancer Council NSW is responsible for this action by delivering information and support services to people affected by cancer, including financial assistance, financial counselling and legal support.

Cancer treatment clinical trial participation in regional areas (Rec 30)

The Rural, Regional and Remote Clinical Trial Enabling Program (R3-CTEP) is an initiative supported by funding from the Australian Government under the Medical Research Future Fund to deliver increased and more equitable access to clinical trials for patients in rural, regional, and remote NSW over five years.

Decentralised clinical trials utilising digital technologies including the Australian Tele-trial program have the potential to reach diverse participant populations. The aim of decentralised trials is to improve a participants' experience and increase equity of access to potential treatment options for people in regional and remote areas in NSW.

The R3-CTEP has committed to leverage, adapt, and broaden the existing infrastructure of the Virtual Care Platform to explore opportunities for a new clinical trial delivery model. The goal is to increase access to clinical trials through the decentralised model, and not limited to Cancer care. This model can reduce the burden of travel to participants through appropriate and specific activities occurring away from a central facility. The project will be completed in phases with an environmental scan and feasibility assessment undertaken in phase 1, likely to commence late 2024.

The Ministry of Health in collaboration with the Cancer Institute, created a survey tool to capture existing models of care that exist within virtual care across the state, with a focus on cancer services.

The aim of the survey was to maintain a connection of cancer-specific virtual care services and activity across each LHD in NSW to inform future works and opportunities in virtual care adoption within cancer care services and leverage existing models of care.

The Cancer Institute have collated the survey information to share across the network in the system to the innovation managers to inform future pieces of work and maintain linkage with the Cancer Institute.

9. Other specialist care and allied health services

This section specifically focuses on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations regarding other specialist care and allied health services, as they pertain to the Portfolio Committee No. 2 recommendations (including Recommendations 5, 10, 30, 42, 43, 44).

Engagement with local community groups and charities (Rec 5)

In 2023, NSW Health reviewed the role of community groups and charities in regional LHDs to better understand how they support the health system in regional, rural and remote NSW.

NSW Health has prepared a position paper *Understanding the charity and local community sector in regional NSW* which shares key findings from the review, opportunities for enhanced collaboration with charities and local community groups and next steps for targeted action planning to identify and address gaps. It is expected the report will be made available on the NSW Health website by mid-2024.

This project included the perspectives of local community groups and charities, Primary Health Networks, Aboriginal Community Controlled Health Organisations, and local governments in three regional LHDs. The report includes the preliminary service mapping in those regions and a summary of the best practice literature about health systems and their connections with local community groups and charities.

Collaborative Care Program (Rec 10)

The [Collaborative Care Program](#) is a community-centred approach to place-based planning to address health care challenges in remote and rural NSW. It involves partnering with key stakeholders in a community to understand health needs and identify fit-for purpose solutions.

The Rural Doctors Network (RDN) was funded by the Australian Government to deliver this program in collaboration with LHDs, Primary Health Networks, Aboriginal Community Controlled Health Organisations (ACCHOs), local councils and other community stakeholders.

There are currently 5 pilot sites/sub-regions:

Project name	Towns	LHD
The 4Ts	Tottenham, Tullamore, Trangie, and Trundle	Western NSW
Canola Fields	Canowindra and surrounding towns	Western NSW
Lachlan Valley	Condobolin, Forbes, and Parkes	Western NSW
Snowy Valleys	Tumut, Adelong, Batlow, and Tumbarumba	Murrumbidgee
Wentworth Shire	Wentworth	Far West

NSW Health Collaborative Care Scalability Assessment

The Ministry of Health commissioned the Sax Institute to conduct a scalability assessment of the program which was completed in December 2023.

The scalability assessment outlined key enablers for the success of the Collaborative Care model and made recommendations about the role NSW Health can play in enabling this model moving forward.

Implementation Planning

NSW Health is currently planning to expand the Collaborative Care approach to other regional NSW towns and has committed to doubling the number of collaborative care models across regional LHDs by trialling and expanding on effective models by 2026.

NSW Health is working with the RDN on a partnership to implement the program in new sites. Initial engagements have commenced in Leeton and Wee Waa with a view to progress further.

Urgent Care Services (Rec 10)

NSW Health is establishing 25 Urgent Care Services by June 2025. The services will take a range of forms including virtual, in-person clinics and outreach services. Urgent Care Services will provide care for patients with urgent but not life-threatening injury or illness. Patients can now access Urgent Care Services by calling Healthdirect which will ensure they are directed to the right care.

There are 7 Urgent Care services currently available to regional LHD residents and an additional UCS planned to go-live in April 2024 as detailed in the table below. Services are a mixture of LHD based and primary care based.

LHD/Primary Health Network (PHN)	Location/s	Service type	Status
Central Coast LHD	Long Jetty	Urgent Care Clinic	Opened 15 Dec 2023
South Eastern NSW PHN	Dapto	Urgent Care Clinic	Opened 14 Dec 2023
Western NSW PHN	Orange	Urgent Care Clinic	Opened 11 Mar 2024
Mid North Coast LHD	District-wide	Virtual Care Program	Opened 23 Oct 2023
Murrumbidgee LHD	Wagga Wagga Base Hospital	Rapid Access Clinic	Existing service expanded with Urgent Care Service funding on 26 Feb 2024.
Northern NSW LHD	Tweed, Byron, Murwillumbah	Rapid Outreach Service	Go live planned April 2024
Statewide	Statewide	virtualKIDS	Initially available in Hunter New England LHD, South Eastern Sydney LHD and Western Sydney LHD. Expanded statewide in Dec 2023. Service is for children who are aged up to 16 years who would have been referred to ED by Healthdirect
Statewide	Statewide	Virtual GP	Virtual GP Urgent Care Service delivered via Healthdirect from 1 July 2023. Service previously functioned as the 'GP Helpline'.

The Australian Government has also established 14 [Medicare Urgent Care Clinics](#) in NSW, with 9 based in regional LHDs. These clinics are based in existing GP clinics or community health centres and located close to hospital emergency departments.

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

NSW Ambulance routinely attends patients who require care for urgent but not life-threatening injury or illness. NSW Ambulance is working collaboratively with the Ministry of Health and LHDs to develop pathways that allow NSW Ambulance clinicians to refer patients to urgent care services throughout the state.

Consultation with community members, health providers and local governments in rural, regional and remote areas on virtual care (Rec 30)

Training of staff on using virtual technologies and building digital literacy skills is part of the [NSW Virtual Care Strategy 2021-2026](#).

Creation and promotion of targeted communications and engagement materials and activities; including tailored key messages (for both regional and remote communities and Aboriginal and Torres Strait Islander communities), posters, flyers and video testimonials from regional, remote and Aboriginal patients and clinicians. Aboriginal and Torres Strait Islander video case studies have been published on the public-facing virtual

care website. Promotional targeted materials and resources have been hosted on the internal NSW Health SharePoint site for district/network use. These will continue to be promoted on the VC BI-Monthly newsletter and other internal communication channels as well as targeted communication channels such as 'Keep our mod safe' newsletter.

NSW Health has launched the NSW Health Virtual Care Connect SharePoint site that hosts all targeted materials for regional and remote and Aboriginal communities. This channel supports districts and networks to communicate and engage locally. The SharePoint site is regularly updated to include targeted resources for CALD and regional communities as well as materials for Aboriginal communities, and video case studies.

Work continues with Engagement Leads/Community Leads in regional districts to better understand how to raise awareness and acceptance of virtual care.

Local Health Committees (Rec 42)

In 2022, NSW Health reviewed the local health committee model for community engagement and identified five guiding principles to strengthen local health committees in regional NSW. The [Strengthening Local Health Committees report](#) outlines the key findings and guiding principles.

In 2023, the Ministry of Health partnered with regional LHDs to understand the key requirements for local implementation of the five guiding principles. In 2024, the Ministry of Health will work in partnership with the ACI and the Clinical Excellence Commission, to support the implementation of the five guiding principles to strengthen local health committees across all regional LHDs. The Ministry of Health will also lead the development of a best practice toolkit and resource hub and host a Community of Practice for local health committee leads in regional LHDs.

The guidelines, tools and resources will be co-designed with the Community of Practice to ensure solutions suit local needs and build learning networks that sustain ongoing maturity and improvement across regional NSW. The Ministry of Health will also undertake periodic monitoring to understand how implementation is progressing, refine the implementation program and showcase local health committees across regional NSW.

Informing communities about the services that are available to them (Rec 42)

Engage Health Portal

Consumers can access digital health services provided by NSW Health through the [Engage Health portal](#). These include the Health Outcomes and Patient Experience (HOPE) platform and the School Vaccination Program.

As new services are developed, these too will be available on the portal, providing a digital front door for NSW Health services.

Co-located Clinics

eHealth NSW is currently partnering with Western Sydney LHD, Far West LHD, Western NSW PHN, Royal Flying Doctor Service and Aboriginal Medical Services to develop the Co-located Clinics project. This project has been designed to address issues faced by clinicians in accessing and sharing patient information between LHD and Primary Care settings. It will deliver an information sharing solution leveraging existing systems, enabling patient information to be shared between NSW Health and non-NSW Health

services and providers of care. The roll out of the Information Sharing solution throughout rural and remote locations has been planned for mid-late 2024.

Publishing data for communities

NSW Health publishes Emergency Department waiting times in major NSW hospitals, this information is available to the public in real-time on the NSW Health [website](#).

The Bureau of Health Information (BHI) publishes reports on its [website](#) which show where the healthcare system is performing well and where there are opportunities to improve care for patients.

Place-Based Health Needs Assessments and Local Health Plans (Rec 43)

All regionally located Primary Health Networks (PHN) have developed place-based needs assessments in collaboration with LHDs as well as the following: Aboriginal Medical Services, local councils, allied health networks, universities, the Rural Doctors' Network, clinical councils, the business sector, community groups/organisations, and communities. Examples of these place-based needs assessments are:

- [Western NSW PHN](#)
- [Hunter New England and Central Coast](#)
- [Murrumbidgee PHN](#)
- [North Coast PHN](#)
- [South Eastern NSW](#)

Health in All Policies approach (Rec 44)

Health in All Policies refers to a collaborative and intersectoral approach to addressing social determinants of health and promoting health and equity that bring mutual benefit to all participating sectors. The concept has been explored and implemented in multiple jurisdictions internationally, including in South Australia.

Health in All Policies is being considered in response to Recommendation 44 of the Rural Health Inquiry – that the NSW Government adopt a Health in all Policies framework (similar to the policy in South Australia).

The Ministry of Health is currently progressing work to advise on the implementation of this recommendation. This includes:

- Engaging the ACI to conduct a rapid evidence check to review available evidence on Health in all Policies and similar approaches.
- Comparing the population and structural differences between NSW and South Australia and considering implications of these differences for adopting a Health in all Policies Framework
- Assessing existing partnerships between NSW Health and NSW Government agencies against best practice principles
- Consulting with South Australia, and key Ministry branches on evidence, benefits, costs, and risks in adopting a Health in All Policies Framework.

Women's Health Centres

The NSW Government is boosting funding for Women's Health Centres across the state, delivering an extra \$34.3 million over four years.

Women’s Health Centres currently receive \$11.4 million in funding each year through the Ministerially approved grants program and this funding enhancement will boost funding to \$81 million over the next four years.

Of the 20 Women’s Health Centres in NSW, there are 10 are located regionally (see table below). SNSWLHD and FWLHD do not have any Women’s Health Centres.

LHD	Location
Central Coast LHD	Central Coast Community Women’s Health Centre Ltd, Wyong
Hunter New England LHD	Hunter Women’s Centre, Mayfield, Newcastle
Illawarra Shoalhaven LHD	Illawarra Women’s Health Centre, Warilla Shoalhaven Women’s Health Centre, Nowra Waminda Women’s Health Centre (operated by South Coast Women’s Health and Welfare Aboriginal Corporation), Nowra
Murrumbidgee LHD	Women’s Centre for Health and Wellbeing Albury-Wodonga, Albury Wagga Women’s Health Centre, Wagga Wagga
Mid North Coast LHD	Coffs Harbour Women’s Health Centre (operated by GenHealth Incorporated), Coffs Harbour
Northern NSW LHD	Lismore Women’s Health Centre (operated by Northern Rivers Women and Children’s Services Incorporated), Lismore
Western NSW LHD	Central West Women’s Health Centre, Kelso

In 2023-24 NSW Health will provide annual funding of approximately \$2.1 million to Full Stop Australia to deliver the NSW Sexual Violence Helpline.

In 2023-24, NSW Health will provide around \$9 million (\$37.4 million over 4 years) to establish and run menopause hubs and services to support women across the state experiencing severe or complex menopausal symptoms, including virtual consultations for women who can’t attend a service in person. NSW Health is working with the Women’s Health Centres to improve links with the menopause services.

People with disability

The Rural Health Inquiry’s 2022 Report cited the higher rates of disability in rural and remote NSW and noted disability among the social determinants of poorer health in these communities (p 13).

NSW Health recognises that people with disability living in rural, regional and remote areas experience challenges in accessing the support they need, with long travel distances, fewer providers and less workforce available to deliver care.

NSW Health specialised multidisciplinary health services for people with intellectual disability that can be accessed by people living in regional NSW are:

- [Intellectual Disability Health Service](#) provides multidisciplinary health assessment, plan and referrals for people with intellectual disability, and capacity building for health professionals
- [Intellectual Disability Mental Health Hubs](#) helps people with intellectual or developmental disability access appropriate mental health care.

NSW Health recognises and understands the need for continued improvement in the healthcare provided for people with disability. We are partnering with the Australian

Government in delivery of the [National Roadmap for Improving the Health of People with Intellectual Disability](#) and the [National Centre of Excellence in Intellectual Disability Health](#).

Wellbeing and Health In-reach Nurse Coordinator Program

Of the 106 funded wellbeing nurse positions across NSW, 59 are in regional LHDs.

The Wellbeing and Health In-reach Nurse (WHIN) Coordinator Program is an example of an existing cross-agency partnership with the Department of Education aimed at improving the health and wellbeing outcomes of students, with a focus on regional NSW. The program establishes wellbeing nurses in NSW public primary and secondary schools to coordinate appropriate early intervention, assessments and referral to health and social services for students and families.

Voluntary Assisted Dying

Voluntary assisted dying has been available in NSW since 28 November 2022. Extensive work has been undertaken with local health districts, and aged care, disability, and health service providers to implement voluntary assisted dying.

Care pathways are in place in every local health district to support eligible patients who choose to access voluntary assisted dying in line with the [NSW Voluntary Assisted Dying Policy Directive](#).

NSW Health has also published the [Voluntary Assisted Dying Access Standard](#) which sets out how NSW Health facilitates access to voluntary assisted dying for persons in NSW, including in regional areas.

As of 25 March 2024, over 250 doctors and nurse practitioners from across NSW have completed the registration and mandatory training requirements, with another 200 having commenced the process to become authorised voluntary assisted dying practitioners. The statewide NSW Voluntary Assisted Dying Support Service includes the Access Service, a pool of authorised voluntary assisted dying practitioners that can act as coordinating, consulting or administering practitioners if services are not available locally. This will support equity of access across NSW, particularly in regional locations.

Voluntary Assisted Dying is an eligible service under IPTAAS, and this means that patients and carers can access financial assistance to help cover some of the costs associated with travel and accommodation to practitioners who can provide this service. Patients are eligible for IPTAAS even if they decide not to proceed with the service.

NSW Health Pathology

NSW Health Pathology (NSWHP) is the preferred provider and commissioner of pathology, and forensic and analytical science services for the NSW Health system. It is the largest statewide public clinical service in NSW.

It operates 65 accredited pathology and forensic laboratories (42 of which are in regional NSW) and 110 collections centres in regional local health districts.

NSWHP's Forensic and Analytical Science Service (FASS) provides independent, objective analysis in a range of specialised fields for NSW's health and criminal justice systems from 4 specialised sites at Lidcombe, Newcastle, Wollongong and North Ryde.

NSWHP employs over 5,000 people, comprising pathologists (medically qualified doctors), scientists, technical officers, technical assistants, pathology collection and specialist support staff. Over a third (1640 people), live and work in regional NSW.

The value of a statewide public pathology service

NSWHP performs over 100,000 clinical and scientific investigations every day to support the health, safety and wellbeing of the communities it serves. Over 70 per cent of all medical decisions rely on pathology and most cancer diagnoses start with a pathology investigation.

NSWHP is Australia's largest trainer of the next generation pathology workforce and employs approximately 120 junior doctors each year in trainee/registrar positions across NSW, mostly in Anatomical Pathology.

NSWHP delivers value not just to the NSW public health system, it also helps ensure Australia maintains a competitive marketplace for pathology, particularly given increased consolidation of the private pathology sector. NSWHP's strong presence in regional NSW ensures patients have access to services where private providers may not operate.

NSWHP faces rising service demand from an ageing population with multiple chronic conditions and increasing demand for more complex diagnostic testing that comes with personalised medicine.

Regional populations are growing, placing a greater burden on available healthcare resources. Ageing capital and digital infrastructure are also challenges to current service delivery.

Recruitment and retention of skilled clinical staff in regional areas is difficult, and there is a recognised international and Australia-wide shortage of certain specialist pathologists, and this is most acutely felt in regional areas.

At the same time, new technologies such as automation, artificial intelligence and robotics, and a trend toward preventative medicine and virtual- and self-care, present opportunities for new care and service models.

NSWHP is exploring how to deliver modern, sustainable and patient-centred public pathology services that align with changing clinical demand and patient and community needs.

Networked regional laboratory service models will be key, which means moving away from legacy service models. In coming years, the range of testing and new technologies available at regional hub sites will increase, reducing the number of samples sent to metropolitan laboratories for processing, thereby improving turnaround times. This will deliver more varied work and development opportunities for staff, supporting retention of regional clinical capabilities and local workforce growth.

At the same time, NSWHP will deliver a new statewide laboratory information management system, an integral part of NSW Health's Single Digital Patient Record program.

This will mean, for example, that if someone from Lismore needs urgent hospital care in Broken Hill, the local doctors will have immediate access to their medical history and diagnostic results so they can make fast, informed decisions about their care. This will transform patient care, outcomes and experiences right across the state.

10. Any updates or further observations relating to the progress of implementing Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding issues, as per the Select Committee on Remote, Rural and Regional Health's previous inquiry

Workforce issues and workplace culture

The new NSW Health Culture and Staff Experience Framework, which will soon be released, 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.

The Time for Care project 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 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.
- Significant pressure to progress patients, paired with variability in patient flow practices leading 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.

Funding issues

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 has recently been granted an extension to report on or before 26 March 2025.

The Inquiry has received input from a broad range of stakeholders, including NSW and Commonwealth agencies, health unions and associations, service providers, health staff and practitioners and members of the public. Over 200 written submissions have been received to date, with 193 of these publicly available on the [SCOI website](#). The Inquiry has also established an Expert Panel to advise the Inquiry, with representatives largely drawn from academia, research centres and institutes.

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 Inquiry is undertaking regional visits to engage with local communities and visit local health facilities in addition to undertaking public hearings. The Inquiry recently concluded site visits and public hearings in Murrumbidgee Local Health District. Matters across the Inquiry's Terms of Reference were addressed, including workforce, funding models for regional health services, service planning and delivery and primary care delivery.

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.