Supplementary Submission No 630a

INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

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Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW

NSW GOVERNMENT | Health

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Executive Summary

This supplementary submission shares independent academic insights into rural health care, based on a review of international and domestic evidence, and offers possible future strategies for NSW. In addition, this submission seeks to address some of the issues raised during the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales (the Inquiry). As several months have passed since the original NSW Government submission was made, this supplementary submission also provides an update on work being undertaken by NSW Health relevant to the Inquiry's Terms of Reference.

Over the course of the Inquiry, the Committee has heard from a wide range of witnesses outlining the complex factors affecting access to health services in rural, regional and remote NSW. Given these complexities, and the varying needs of different communities, there are no simple solutions. However, holistic approaches considering community needs, quality and safe care practices, the role of technology and innovative models of care can help to bring about positive changes.

Independent experts at the Sax Institute were engaged by NSW Health to prepare three papers reviewing clinical service and workforce models in regional, rural and remote health (attached). In its third paper, the Sax Institute has provided four strategies to support future rural health care based on the evidence reviewed:

1. Lead processes to reduce federal / state divisions of responsibility for primary care
2. Identify and implement an integrated primary care model
3. Engage communities in local health service development
4. Strengthen the rural health workforce

NSW Health is closely considering these options and identifying opportunities to build on existing initiatives and areas for further development.

The Committee's final report and any recommendations it contains will also play a role in shaping NSW Health's ongoing work to ensure that people living in rural, regional and remote areas of NSW can access the best clinical care and experience optimal health outcomes.

Many of the issues that have emerged during the Inquiry are not unique to rural health in NSW, or indeed Australia. Attracting and retaining an appropriately skilled workforce and providing health care to smaller communities across vast geographic areas are issues in several jurisdictions. While community needs and context will vary, successful strategies and initiatives in rural health care from other jurisdictions can provide useful examples to consider when deciding on future approaches to health care delivery in NSW.

The standards of care in NSW are among the best in the world[1]. NSW Health wishes to acknowledge the dedication and tireless work of all staff who work as a team to deliver health care services across regional, rural and remote NSW.

[1] Clinical Excellence Commission, *Incident Management,* https://www.cec.health.nsw.gov.au/Review-incidents/incident-management

Introduction

In January 2021, the NSW Government made a submission to the Legislative Council Portfolio Committee 2 Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW (the Inquiry). Since then, NSW Health has continued to engage closely with the Inquiry. All 716 submissions have been reviewed and analysed and NSW Health has observed and/or sent witnesses to the Inquiry's 13 hearings to date. In evidence to the Inquiry and in answers to Questions on Notice and supplementary questions, NSW Health representatives have also provided further information on the delivery of health care services to rural, regional and remote communities across NSW.

NSW Health has identified several recurring themes from analysis of the submissions to the Inquiry and the evidence provided at hearings, including:

- Patient safety
- Health workforce challenges and opportunities
- Clinical service planning
- Access to specialist care
- Transport and accommodation for patients and key workers
- Virtual care
- Health care provision for Aboriginal communities

In reviewing submissions to the Inquiry and listening to the hearings, NSW Health identified a need for a review of the research into the evolution of health services delivery over the last 30 years, the impacts on rural communities and strategies and initiatives that could support sustainable rural health service provision now and into the future.

Independent experts at the Sax Institute were engaged by NSW Health to prepare three papers considering the following questions:

1. How have clinical service and workforce models changed in rural areas over the last 20-30 years and what are the reasons/drivers for this change?
2. What international and domestic rural strategies and initiatives have been effective in supporting the development of a sustainable rural health workforce that supports the delivery of primary and secondary health care?
3. Where have we come from and where are we going? What will rural health care and service delivery look like in 5 or 10 years from now?

In these three papers, the Sax Institute has provided future strategies based on the evidence reviewed. These papers are attached for the Committee's consideration.

Context

Drivers of change over the last 30 years

Over the past 30 years, there have been major changes in the provision and delivery of health care in metropolitan, rural, regional and remote areas in Australia and across developed countries.

The Sax Institute Paper 1 identifies the key drivers for these significant changes as:

- Rapid advances in health technology which have seen great improvements in patient outcomes but has also resulted in greater specialisation of services and health professionals.
- A strong emphasis on evidence-based medicine and on safety and quality in health care both in Australia and internationally. Safety and quality considerations determine

the range and type of services that can be delivered in both metropolitan and rural locations and have also seen strengthening of regulation and changes in medical education and training.
- Changes in population with movement from small rural towns to larger regional centres that has occurred in Australia and other countries. This has reduced the capacity to support delivery of a range of health services in small rural towns.
- The development of high-bandwidth communication technologies which has supported the provision of telehealth and virtual care as part of a team based networked approach to small rural and remote communities.
- Changes in health professional expectations about professional practice and lifestyle which has made it increasingly difficult to recruit medical practitioners committed to long-term careers in country towns, especially in isolated areas[2].

Networked clinical services

It is important that health professionals maintain their skills to ensure they continue to provide safe, quality care. Like many professional occupations, a certain level of exposure/volume of practice is needed to maintain these skills. Higher-level services can never be located in areas where there is a sparse population as the teams that deliver specialised care need to draw on larger towns, and hence larger numbers of patients, in order to maintain their skills, expertise, and specialist professional registration. These are all necessary to practise safely and to the quality standards expected by the community and regulators. Therefore, communities in small towns and remote areas are best served by competent and accessible primary health care, supported by networks that can oversee secondary and tertiary care quickly and efficiently for acute health problems[3].

The networking of health care services in NSW enables access to high quality care, as close to home as possible. Health care services rely not only on doctors but nurses, paramedics and allied health professionals, as well as appropriate infrastructure to support in-person and virtual care. The NSW Health Guide to the Role Delineation of Clinical Services (referenced in the original NSW Government submission) describes the minimum support services, workforce and other requirements for clinical services to be delivered safely.

NSW Health is committed to ongoing efforts to deliver different models of care to support small populations and to overcome the challenges of distance to ensure the best possible clinical care. We are continuing to build and strengthen networked service arrangements, with virtual care providing new opportunities to evolve networked models and support collaboration.

Patient experience in regional, remote and rural areas

While the vast majority of patients attending NSW public hospitals have a positive experience, there has been evidence to the Inquiry of regrettable patient experiences and outcomes. NSW Health acknowledges these experiences and reiterates its commitment to continual improvement and to ensuring that all patients receive high quality care.

2020 survey data from the Bureau of Health Information has been encouraging in this regard, showing patients in rural districts rating their care similarly to, or better than those in

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

[3] Sax Institute (2021), *Paper 1 - Changes in rural medical workforce and health service delivery since 1990,* pp.1-2; 18-20.

metropolitan areas[4]. Almost all patients (95%) said, overall, the care they received was 'very good' or 'good'. For the majority of questions, there was no significant difference in experiences between patients in rural and urban facilities, including for overall ratings and outcomes of care. However, there were some differences – for example, 88% of patients in rural facilities said the care they received in the clinic was very well organised, compared with 84% in urban facilities. The five hospitals that had significantly more positive results than the rest of NSW were all in regional areas.

The role of the Commonwealth Government and NSW Government

Responsibility for different elements of the health system is split between State and Commonwealth governments. This is a complex area and is not always understood by our communities and so they may feel that their concerns are not being addressed. Health literacy and a community's better understanding of how the health system works is acknowledged as an area that needs to be improved.

General Practitioners are key workforce in rural and remote locations providing both primary and secondary care in these communities and the illustrate the complexity and dependencies between the Commonwealth and NSW Governments.

The Commonwealth has legislative and policy responsibility for the primary care system, including for GP and related services. This responsibility is established constitutionally and is detailed within the National Health Reform Agreement first signed in 2011, with a new Addendum in place from 1 July 2020 to 30 June 2025. The Commonwealth funds Rural GPs through the Medicare Benefits Schedule as well as the Pharmaceutical Benefits Scheme.

The States and Territories provide public hospital services and some community-based services (including Multi-Purpose Services, HealthOne NSW services, and NSW Child and Family Health Services). In NSW, the NSW Government is responsible for employing specialist and non-specialist medical practitioners to deliver services in publicly funded hospitals and community health services. GPs are engaged as Visiting Medical Officers in rural hospitals and MPS providing a range of services including anaesthetic emergency care and obstetrics. As an example, in Murrumbidgee Local Health District (MLHD) 56 per cent of the emergency department presentations in MLHD are managed by GP Visiting Medical Officers (VMO).

The Commonwealth Government is also responsible for training the future GP workforce. GP trainees are also an important workforce in rural areas. As noted by GP Synergy in its submission to the Inquiry GP trainees make up over 10% of the primary care workforce across rural, regional and remote NSW but in some rural locations, trainees make up 60% of the available GP workforce.[5]

Across Australia, the number of doctors entering GP training fell from 1,544 in 2016 to 1,329 in 2020. This represents a 14 per cent decline between 2016 and 2020.
In NSW the number of first year GP trainees (that is, doctors entering GP training) fell from 519 in 2016 to 460 in 2020.This has decreased the system-wide capability to replace retiring

[4] The Adult Admitted Patient Survey 2020 was undertaken between January to December 2020, surveying 16,313 patients admitted to NSW public hospitals. This survey period includes the COVID-19 pandemic in NSW which resulted in significant changes in how services were delivered.

[5] GP Synergy Limited (2021) *Submission to the Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales*, submission 448 https://www.parliament.nsw.gov.au/lcdocs/submissions/70111/0448%20GP%20Synergy%20Limited.pdf p. 5

GPs in rural and remote locations. There are fewer GP trainees to participate in rural hospital on call rosters. As a result of having fewer GP trainees, some rural GPs have reduced their availability to local rural hospitals to address the workforce requirements in their practices.

This reduction in the number of GPs in rural areas often means that NSW funded public hospital emergency departments become the default primary care provider when a GP is not available, often after hours and on weekends.

The Primary Health Reform Steering Group[6] has drafted recommendations on the Commonwealth Government's Primary Health Care 10 Year Plan (the 10 year plan) which aims to maintain and strengthen the primary health care system.

The status of GP service provision nationally is currently the subject of a Senate Inquiry into the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians. The NSW Government has provided a submission to this Inquiry, with the final report expected in March 2022.

NSW Health is committed to working with the Commonwealth Government on developing and implementing the 10 Year Plan's primary care workforce recommendations and is looking forward to the outcomes of the Senate Inquiry.

The NSW Government, Commonwealth Government and NSW Primary Health Networks (PHNs) have also recently established a Joint Statement, "Working together to deliver person-centred healthcare". This initiative commits all parties to adopt a one health system mindset, with a focus on collaboration at a regional level to address issues such as funding gaps and duplication[7].

Future of Rural Health Care

The Sax Institute has undertaken a comparative analysis and evaluation of primary care models in Australia, Canada, New Zealand and the Northern Periphery and Arctic Region which is presented in paper 2[8]. Using these findings, the Sax Institute have proposed strategies in paper 3 that might be considered for adoption or extension in NSW[9].

NSW Health acknowledges that quality and safe work practices must underpin these proposed strategies:

[6] Draft recommendations from the Primary Health Reform Steering Group, *Discussion Paper to inform the development of the Primary Health Reform Steering Group recommendations on the Australian Government's Primary Health Care 10 Year Plan,* accessed online at: https://www.health.gov.au/sites/default/files/documents/2021/08/draft-recommendations-from-the-primary-health-reform-steering-group.pdf

[7] NSW Health, *NSW Health and NSW PHN Joint Statement – Summary,* https://www.health.nsw.gov.au/integratedcare/Pages/joint-statement-summary.aspx

[8] Sax Institute (2021), *Paper 2 - Strategies and initiatives for sustainable primary and secondary health care*.

[9] Sax Institute (2021), *Paper 3 - The future for rural and remote health care in NSW,* p.21-23

Strategy one: lead processes to reduce federal / state divisions of responsibility for primary care

- The Commonwealth Government and NSW Government should acknowledge that the state government already shares responsibility with the Australian Government and the private sector for primary care services.
- NSW Government should prepare briefings and submissions for Ministerial assessment of opportunities to lead a national policy process that rebalances responsibilities for primary care.
- The Commonwealth Government and NSW Government should develop plans to implement the changes with specific reference to sustainable mechanisms for funding and operation of integrated rural health services such as the proposed RACCHO model.

Sax Institute (2021), *Paper 3 - The future for rural and remote health care in NSW,* p.3

NSW Health is supportive of this proposed strategy, recognising that the success of a national policy reform process will rely on a shared commitment from the Commonwealth Government.

Strategy two: identify and implement an integrated primary care model

- Establish collaborative models with the Commonwealth Government in order to select a health service model, such as the RACCHO model, that can be adapted for implementation in rural NSW sites where Medicare fee-for-service health care has failed.
- Implement the model initially on a pilot scale, evaluate and refine it, and then introduce it at scale in all the parts of NSW where existing rural health services do not meet community needs, recognising this transition may take several years.

Sax Institute (2021), *Paper 3 - The future for rural and remote health care in NSW,* p.4

NSW Health is aware that the National Rural Health Alliance is currently advocating for Rural Area Community Controlled Health Organisations (RACCHOs). RACCHOs would employ a multi-disciplinary team, including GPs, nurses and midwives, and allied health professionals, which could provide professional support, secure, ongoing employment, and ready access for the local community. NSW Health is keen to explore this model that supports health professionals working seamlessly across primary and secondary care settings as a pilot and acknowledges that it will require continued collaboration with the Commonwealth Government.

NSW Health supports greater collaboration with the Commonwealth to expand the innovative health service model of the Murrumbidgee Rural Generalist Training Pathway to other NSW Local Health Districts (LHD) to support training of the Rural Generalist workforce. This single employer model pilot is outlined further in the section on *recruitment and retention of the rural medical workforce*.

Strategy three: engage communities in local health service development

- Engage local communities in the creative design and development of new rural health services and in changes to health services.
- Through active and appropriate communication, promote community understanding and acceptance of new models of care.
- Actively involve communities in ongoing priority-setting and in the governance and management of their own local health services.

Sax Institute (2021), *Paper 3 - The future for rural and remote health care in NSW,* p.4-5

NSW Health is exploring relevant opportunities to enhance community engagement, such as:

- Raising awareness and knowledge of existing information on the services available at each NSW Health facility, and enhancing transparency around how clinical service planning decisions are made.
- Developing a model for community engagement which includes regular forums with stakeholders to help identify local community needs, for example, targeted mental health services and assistance with transport to access services
- Developing formalised partnerships between LHDs and Aboriginal Community Controlled Health services (ACCHs).
- Strengthening local health advisory committees
- Closer engagement with local Councils
- Long term and sustained support for rurally based population health and health services research, including research into the social determinants of health.

Strategy four: strengthen the rural health workforce

- Enhance multidisciplinary primary health care by expanding the roles of health professionals whose potential contribution may be under-recognised at present; these include advanced nurses and nurse practitioners and community paramedics.
- Promote rural generalism for nursing and allied health professionals as well as doctors delivering primary and secondary care in rural and remote settings.
- Devise employment arrangements within the new health service model (Strategy 2) that attract and retain skilled and committed rural generalists, incorporating conditions that have been shown to attract and retain high-quality candidates.

Sax Institute (2021), *Paper 3 - The future for rural and remote health care in NSW,* p.5-6

NSW Health is considering ways to strengthen the rural health workforce including:

- Considering how existing Award structures can be modernised to support recruitment and retention of health professionals in rural and remote regions.
- Supporting education and training and ongoing professional development of the health professional workforce in rural and regional areas, for example, ensuring

supervisors have the appropriate supports, providing rural based trainees with metropolitan rotations to support training needs.
- Building on initiatives to support rural workforce wellbeing and engagement, and to enhance the attractiveness of rural communities as places to live and work.
- Enhancing mechanisms to identify and meet regional, rural and remote communities' specialist workforce needs, for example in oncology, palliative and mental health care.
- Building on existing strategies to increase the Aboriginal health care workforce.
- Enhancing training for the rural health workforce on digital health and technologies, including virtual care technology.

Themes from the Inquiry

Patient safety

In NSW, the standards of care are among the best in the world[10]. As is the case with every health system, regrettably on occasions incidents occur that have the potential to impact patient safety. NSW Health is committed to providing high-quality healthcare and patient safety and has protocols in place to ensure that there is sufficient medical staff cover when required.

NSW Health Safety and Quality Program provides guidance to all NSW Health organisations in metropolitan, rural, regional and remote NSW on the key components required to support the wide range of activities for continuous improvement in safety and quality.

NSW Health aligns services and workforce levels with population characteristics and needs, explicitly tailored to the local environment. As part of the Health Professionals Workforce Plan 2012–2022, state-wide systems and dashboards to provide improved visibility on the distribution and utilisation of the workforce have been implemented.

Health workforce challenges and opportunities

The original NSW Government submission provided details of existing initiatives and incentives aimed at recruiting and retaining a skilled regional, remote and rural health workforce. Health workforce challenges in regional, remote, and rural areas have emerged as a recurring theme across the hearings with many witnesses sharing their concerns. NSW Health acknowledges that a robust and reliant workforce supports timely and appropriate access to care for communities.

Recruitment and retention of the rural medical workforce

Evidence shows that financial incentives are less important in the recruitment and retention of the rural health workforce than a favourable social and working environment. NSW Health has taken into consideration remuneration as one factor to address the recruitment and retention issues in rural areas, but also focuses on other important factors such as training.

Medical training

There is evidence that developing this rural pipeline of talent, including recruiting students from rural backgrounds and supporting more rural based training is producing results. Existing strategies such as the NSW Rural Cadetship Program and Rural Preferential

[10] Clinical Excellence Commission, *Incident Management,* https://www.cec.health.nsw.gov.au/Review-incidents/incident-management

Recruitment (RPR) Program support developing and supporting the rural training pipeline, but it is acknowledged that there are further opportunities to strengthen the rural pipeline.

Again, illustrating the complexities of our Federation, the Commonwealth Government is responsible for funding medical student places at university. Medical students undertake the majority of their clinical placements in public hospitals, with placements also in general practices and private hospitals.

It is important that the Commonwealth and NSW Government work together in considering future distribution of medical student places, particularly opportunities to increase rural training places in medical schools.

Doctors must complete an accredited medical college training program to become fully qualified specialists. Stakeholder feedback has raised concerns that medical college accreditation requirements are metrocentric and do not reflect the excellent training opportunities that are available in rural settings.

General Practitioners

A lack of access to GPs in rural towns has been a strong theme in the submissions and witness testimonies. While GPs and primary healthcare are the responsibility of the Australian Government, NSW Health recognises it has a role to play in supporting primary care in rural areas. When the Commonwealth Government is unable to ensure GP availability in local communities, the state supports primary healthcare providers to find solutions to medical workforce shortages and partners with stakeholders, including Primary Health Networks (PHN), the Rural Doctors Network (RDN), and local councils to support the recruitment of GPs.

As noted over the last four years there has been a significant decrease in the number of doctors entering GP training both in NSW and across Australia. The reason for the decline in the number of GP trainees is multi-factorial. However, one issue that NSW understands is a concern for GP trainees is their employment arrangements including issues with access to and portability of leave entitlements[11].

GP training is the responsibility of the Commonwealth Government and as yet a sustainable national model has not been implemented to address trainee concerns. However, the MLHD has piloted the Murrumbidgee Rural Generalist Training Pathway whereby the MLHD employs trainees for the duration of their rural generalist training and rotates them across hospital training positions and GP practices.

NSW supports expanding the MLHD model to other NSW LHDs to support training of the Rural Generalist workforce. To support this pilot, the Commonwealth Government granted a 19(2) exemption. However, there are limitations to the 19(2) exemption model. The NSW Government would welcome consideration of other options to a 19(2) exemption to support implementation of a single employer model in other sites.

NSW Health is keen to explore opportunities to work further with the Commonwealth Government to build on pilots/programs such as the Murrumbidgee Single Employer Model. The NSW Government is committed to partnering with the Commonwealth to develop new

[11] Commonwealth Government (2018), *National Rural Generalist Taskforce Advice to the National Rural Health Commissioner on the Development of the National Rural Generalist Pathway,* https://www1.health.gov.au/internet/main/publishing.nsf/Content/2922D6D8BBCE122FCA2581D30076D09A/$File/Advice-to-the-National-Rural-Health-Commissioner-on-the-Development-of-the-National-Rural-Generalist-Pathway.pdf pp.39-40

and innovative models of care in rural and remote areas, and to strengthen collaboration between PHNs and LHDs.

Recruitment and retention of the nursing and midwifery workforce

While there is generally a steady pipeline of nurses and midwives in NSW, there are some locations and specialities where workforce challenges exist.

Nursing staff working in rural services are required to have a broad range of skills and work to their full scope of practice including as first responders in emergencies. NSW Health is developing a state wide pathway to support the current and future rural nursing workforce. This pathway will further support rural nursing skill development and enable nurses to work to their full scope of practice. Implementation will commence across rural LHDs in mid-2022.

Nurse Practitioners

Nurse Practitioners (NP) work in a wide range of collaborative models that improve access to care, provide holistic input and complementing the work of medical practitioners. NPs can provide a generalist model of care which is ideally suited to rural health services and there are opportunities to increase NP roles in rural areas.

Recruitment and retention of the allied health workforce

The Allied Health workforce forms part of a multidisciplinary team delivering high quality health care to rural and remote NSW. NSW Health continues to invest in developing the allied health workforce, including through the Allied Health Rural and Remote HECS-HELP incentive package which is targeted specifically at attracting early career Allied Health professionals.

Community paramedics

Paramedics are well placed to offer solutions to some of the challenges outlined in the inquiry to date. There is the potential that paramedics could be utilised proactively to fill critical gaps and work alongside other health professionals.

NSW Ambulance has, in its 2021-2026 strategic horizon, identified that community paramedics will assist it to become a mobile integrated health service better able to meet the needs of the NSW community. There is potential scope to explore other ways by which a strong pipeline of paramedic graduates could improve health outcomes for rural communities.

Funding and Infrastructure

NSW Health is continuing to invest in capital infrastructure as an important enabler for access to health care for people in rural, regional and remote NSW. Since 2014, over $5 billion has been spent in health capital works in rural and regional NSW, which represents over a third of the total investment for the State.

On 27 November 2021, the NSW Government announced that regional and rural communities across NSW will benefit from an additional $500 million investment in health that will deliver enhanced health services and more jobs closer to home.

NSW Health also continues to invest in Multipurpose Services (or MPSs), with $9 million allocated in 2021-22 towards the ongoing development of MPSs for health and aged care in small and remote rural communities as part of the current stage 5 $297 million MPS program. There are currently 63 MPSs across NSW.

Key health worker accommodation

Ensuring access to convenient and comfortable accommodation will help to support a stable rural and regional medical workforce. In October 2021, the NSW Government announced a $35 million Regional Housing Package, with the investment targeted at Hunter New England and Western NSW LHDs to deliver modern and sustainable accommodation close to health facilities, which will house visiting specialists and medical staff[12].

In addition, the NSW Government, in December 2021, announced a $45.3 million investment in modern, sustainable accommodation for health workers close to health facilities in the Murrumbidgee, Southern NSW and Far West LHDs[13].

Local input and transparency around service planning

There have been significant changes in the provision and delivery of health care for rural, regional and remote areas over recent decades, with care increasingly provided by multidisciplinary teams rather than a single doctor. To ensure that communities understand the impact of these changes on their local health services, and to ensure access to the care they need, Local Health Districts (LHDs) are encouraged to engage with local communities in health service planning and delivery, and to factor in local perspectives and health care needs. The inquiry has highlighted the importance of engaging with the community especially with local councils and local government.

Access to specialist care

Mental health services

NSW Health is committed to improving equitable access to mental health services for rural, regional and remote communities.

NSW Health has invested $109.5 million over four years (to 2024-25) to develop 25 ‘Safeguards’ – child and adolescent mental health response teams to support children and teens across NSW who are experiencing acute mental health distress, as well as their families or carers. Of the first eleven teams being established, seven are in regional LHDs. NSW Health has also invested $11 million (to 2025-26) to continue the Youth Community Living Supports, which are psychosocial support services for young people recovering from severe mental illness. Three of the five services are delivered in regional LHDs.

There has been a $21 million investment to boost the Aboriginal mental health workforce across NSW. The funding will allow for the recruitment of 18 FTE Aboriginal Care Navigators and 18 FTE Aboriginal Peer Workers to improve the cultural safety of services and most importantly, break down barriers to access for Aboriginal people.

Palliative and end-of-life care

Of the $201 million palliative care funding enhancements that have been announced for NSW since 2017, around $75 million benefits regional and rural LHDs in NSW. By 2022-23, once all enhancements are implemented, there will be 133 new specialist palliative care workforce positions for regional and rural LHDs.

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[12] NSW Government (2021), *Boost for regional housing as part of NSW recovery package*: https://www.nsw.gov.au/media-releases/boost-for-regional-housing-as-part-of-nsw-recovery-package

[13] NSW Government (2021), *Service boost for regional healthcare,* https://www.nsw.gov.au/media-releases/service-boost-for-regional-healthcare

The NSW End of Life and Palliative Care Framework 2019-24 sets out strategic priorities for NSW Health. It was developed following wide consultation and engagement with clinicians, patients, families and carers and other stakeholders. Improving access to specialist care is a key objective, as is supporting choices in where people are cared for. A key aspect of this will be supporting care options both in health facilities and in the community.

Maternity services

Access to maternity services for women in regional and remote communities has emerged as a recurring theme across the hearings. NSW Health remains committed to providing high quality and safe maternity care, with the safety and wellbeing of mothers and babies the paramount consideration.

Work is currently underway to improve the experience and the outcomes for pregnant women with complex pregnancies needing higher level maternity care across NSW and the ACT. The NSW Maternal Transfers Redesign (MTR) project is supported by a 2018/19 NSW State Budget commitment of $1.5 million per annum over four years. Following an extensive engagement and consultation process the MTR project began implementation in November 2019 using a systematic, statewide approach to consultation, referral and transfer of women.

There is also a current investment of $35.3 million, as part of a $157 million Parents Package over four years (to 2021-22), to fund extra midwives and child and family health nurses, including in rural and regional areas.

Oncology treatment

As a result of NSW Health's investment in oncology services, more than 95 per cent of NSW residents now live within 100 kilometres of a radiation oncology treatment centre, improving access to cancer treatments closer to home. The completion of the new Western Cancer Centre in Dubbo, which started treating patients in September 2021, will further enhance access to cancer diagnosis and treatment for communities in western and far west NSW.

The Cancer Institute NSW (CINSW) is currently finalising the fifth NSW Cancer Plan, which at its core, will include the perspectives of people affected by cancer, including people from rural, regional and remote NSW. The fifth NSW Cancer Plan will be released in early 2022.

Transport and accommodation for patients

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

A range of advocacy groups and community members have raised issues regarding IPTAAS. The NSW Budget has allocated $25 million in 2020-21 to IPTAAS which has increased significantly from $12.2 million since 2011-12.

IPTAAS forms and processes were reviewed in 2017-2018 and a series of changes made to simplify and streamline the application process to reflect stakeholder feedback. NSW Health acknowledges evidence given to the Inquiry that there are ongoing difficulties in applying for IPTAAS. NSW Health is committed to exploring further opportunities to enhance IPTAAS and to raise awareness of the scheme.

Travel and assistance for cancer clinical trials

The Cancer Institute NSW is working in partnership with Cancer Council NSW on a pilot project to provide accommodation and travel assistance for people in remote and regional areas to participate in cancer clinical trials. The pilot will evaluate the impact of reducing the financial burden for travel and accommodation with a view to improving equity and access to

cancer clinical trials for people living in regional NSW. It is anticipated that the evaluation of the program will be completed in early 2022.

Virtual care

Virtual care is an ideal mechanism to overcome barriers of distance, reduce professional isolation and foster multi-disciplinary teamwork, particularly between primary and hospital-based care. Well-designed virtual care may also serve as a recruitment tool, ensuring that clinicians in more remote facilities have access to the support of a multidisciplinary team. Regional and rural communities should be reassured that virtual care is not intended as a replacement for local doctors: it is designed to complement existing health services.

NSW Health has developed the NSW Virtual Care Strategy 2021-26, which is currently being prepared for publication. To ensure that communities understand the different uses of virtual care, a consumer resource will be published alongside the new Virtual Care Strategy.

Indigenous and culturally and linguistically diverse (CALD) communities in rural, regional and remote NSW

Culturally safe health services

In several of the submissions and at the hearings, advocates and Aboriginal community representatives have shared their perspectives on the need for culturally safe and appropriate health services. NSW Health is strongly committed to this and work is underway across several areas to support partnerships with ACCHs and strengthen the Aboriginal health workforce.

The Aboriginal Health Plan, developed in partnership with the Aboriginal Health and Medical Research Council of NSW, sets the vision and strategic directions for health services in NSW to achieve health equity and deliver culturally respectful and responsive services which better meet the needs of Aboriginal people.

Initiatives to strengthen cultural safety across NSW Health include:

- Increasing the Aboriginal health workforce with a minimum target of 3 per cent across occupation and salary bands.
- Strengthening LHD performance with Service Agreements incorporating new KPIs to measure cultural safety and experiences of racism.
- Implementing mandatory cultural respect training
- Implementing enhanced accountability mechanisms

Partnerships between LHDs and ACCHs are also an action item in the 2020-2021 NSW Implementation Plan for Closing the Gap under Priority Reform One: Formal Partnerships and Shared Decision making.

Culturally and linguistically diverse (CALD) communities

NSW Health is working to ensure that the health system is accessible to diverse communities in regional and rural areas. Almost 28% of the New South Wales population were born overseas, and several regional and rural local government areas are home to significant CALD communities. There is great diversity within CALD communities, with health services having to take into account different language backgrounds and religious and cultural practices, in order to deliver appropriate and inclusive health care. Several rural

LHDs are successfully implementing programs and multicultural health services to meet the health care needs of their CALD communities.