

Election Costing Request Form

Details of request	
Party:	Liberals and Nationals Government
Name of Policy:	Better Access to Regional Healthcare
Date of request:	22 February 2023

Description of policy	
Summary of policy (please attach copies of relevant policy documents and include information on what the policy aims to achieve):	Establishing a Better Access to Regional Healthcare program, comprising: <ul style="list-style-type: none"> • Six dialysis buses; • Augmenting multi-purpose service model functions, to include virtual care spaces; • Trialling new Rural Virtual Hubs; and • Investigating an expansion of patient vehicle transport into the regions.
Has the policy been publicly released yet?	No

Your estimated costing of the policy ¹						
	2022/23 \$'000	2023/24 \$'000	2024/25 \$'000	2025/26 \$'000	2026/27 \$'000	Total \$'000
Impact on General Government Sector (GGS) net operating result ²		7,311.00	4,410.20	4,513.90	4,619.18	20,854.28
Impact on GGS capital expenditure ³	3,852.00					3,852.00
If different from above, impact on total State Sector net financial liabilities ⁴						

Note: Has the policy been costed by a third party? Yes – Ministry of Health

¹ Amounts should be expressed in nominal dollars. GGS - General Government Sector.

² Negative for a saving that reduces expenditure

³ Negative for a reduction in capital expenditure.

⁴ Only required if proposal is outside GGS. Negative for a reduction in net financial liabilities.

If yes, can you provide a copy of this costing and its assumptions?

Key assumptions made in the policy	
Does the policy relate to a previous announcement? If yes, which announcement?	See Attachment A
What assumptions have been made in deriving the financial impacts in your estimated costing? <i>(See checklist)</i>	See Attachment A
Is there a range for the costing or any sensitivity analysis that you have undertaken?	See Attachment A
Are there associated savings, offsets or, in the case of a revenue proposal, offsetting expenses? If yes, please provide details.	See Attachment A
Are there significant costs or savings outside the forward estimates period which should be considered in costing this policy? ⁵	See Attachment A

Administration of policy	
Intended date of implementation:	1 April 2023
Intended duration of policy:	Five years (2022-23 to 2026-27). See Attachment A
Who will administer the policy (e.g. Government entity, non-government organisation, etc.)?	Ministry of Health
Are there any specific administrative arrangements for the policy that need to be taken into account (e.g. agreements between different levels of government)?	Not applicable
Are there transitional arrangements associated with policy implementation?	Not applicable

If the policy is mainly an expenditure⁶ commitment	
Demand driven or a capped amount:	See Attachment A
Eligibility criteria or thresholds:	Not applicable

⁵ Particularly important for large projects with long lead times, policies with a delayed timetable for implementation, or policies where up-front investment is required to achieve long term savings.

⁶ Expenditure is operating expenses, e.g. salaries, interest cost and grants. Expenditures are fully included in the impact on operating balance.

If the policy is mainly a revenue commitment	
Transaction based or capped:	Not applicable
Thresholds and/or exemptions:	Not applicable
Collection method:	Not applicable
Additional expenditure associated with collection:	Not applicable
If the policy is mainly a capital costs⁷ commitment	
Nature of Capital Spending	
Type of work, size and capacity:	See Attachment A
Proposed start and completion date of work:	See Attachment A
Intended construction schedule/cashflow:	See Attachment A
Associated asset sell off (if any):	See Attachment A
Recurrent Impacts	
Offsetting expenditure savings:	See Attachment A
On-going maintenance, depreciation and operational expenses:	See Attachment A
Third party funding involvement:	See Attachment A
Delivery model ⁸	See Attachment A

⁷ Capital costs differ from expenditure in that only depreciation will be included in the impact on operating balance.

⁸ There is a range of possible delivery models, e.g. built, owned and operated by a NSW government agency; built and transferred to a private operator; privately built for public operation; privately built and operated with government assuming risk or providing a guarantee in relation to future income (often applicable to public/private partnership arrangements), and so on. The policy should provide assumptions about the proposed delivery model.