



NSW GOVERNMENT RESPONSE

Inquiry into the implementation of recommendations relating to workforce, workplace culture and funding for remote, rural and regional health.

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INTRODUCTION

The NSW Government is committed to strengthening the regional health workforce and ensuring financial sustainability of health services across regional, rural and remote NSW. There has been significant investment and effort to attract and retain highly skilled staff, to improve workplace culture and increase funding for regional health.

This work is ongoing to ensure further improvements as outlined in this response to the Legislative Assembly Select Committee on Remote, Rural and Regional Health *Report 1: The implementation of recommendations relating to workforce, workplace culture and funding for remote, rural and regional health*.

The NSW Government thanks the Committee for its report which examines what progress has been made against recommendations relating to workforce in the original *Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales* (Rural Health Inquiry).

The NSW Government acknowledges the Committee's recommendations that more needs to be done to address staff shortages in key roles such as general practitioners, rural generalists, and nurses and midwives; improve cultural safety for Aboriginal people, including staff and review funding models and incentive schemes. The report makes 22 recommendations that complement the 44 recommendations from the initial Rural Health Inquiry. This submission outlines the progress to date on the implementation of the recommendations relating to workforce issues, workplace culture and funding for remote, rural, and regional health services and programs.

NSW Government supports 10 recommendations, supports in principle 9 recommendations and notes 2 of the 22 recommendations. One recommendation (Recommendation 1) is not supported.

NSW Government notes that many findings from this report may relate to possible outcomes, findings and recommendations which will result from the Special Commission of Inquiry into Healthcare Funding (SCOI).

Innovative programs like the Rural Health Workforce Incentive Scheme and the Rural Generalist Single Employer Pathway, coupled with the newly completed [NSW Health Culture and Staff Experience Framework](#) and increased opportunities for scholarships demonstrate how the NSW Government is improving incentives and workplace culture for rural, regional and remote health workers, patients and the community.

Since its introduction in July 2022, the Rural Health Workforce Incentive Scheme has helped to recruit 3,044 health workers and retain 11,337 health workers in some of the hardest-to-fill and critically vacant positions in rural and regional NSW.

Under the Rural Generalist Single Employer Pathway junior doctors are employed by a regional local health district (LHD) for up to 4 years while completing training in primary care and hospital settings. The early response to the latest round of recruitment for the 2025 program is very positive, with preliminary offers of employment being extended to doctors in the Hunter New England, Illawarra Shoalhaven, Mid North Coast, Western NSW, Murrumbidgee, Southern NSW and Northern NSW Local Health Districts.

Many partnerships with universities are in place to deliver scholarships such as the Rural Allied Health Generalist Program Scholarship and post graduate scholarships for

nurses and midwives. These scholarships are designed to enhance the skills and capabilities of health professionals, ensuring they are well-equipped to meet the specific needs of regional communities.

The NSW Government will continue to monitor progress and report on the implementation of the 44 recommendations from the initial Rural Health Inquiry, including the 22 complementary recommendations from the Select Committee's Report 1. Work underway for many of the complementary recommendations is reported in the [Rural Health Inquiry Progress Report 2024](#) which highlights the implementation of the recommendations as at 30 June 2024.

To ensure this work continues, all 44 recommendations and supporting actions are included in the [NSW Regional Health Strategic Plan 2022-2032](#).

RESPONSE TO RECOMMENDATIONS

RECOMMENDATION 1

That the Rural Health Workforce Incentive Scheme be modified to broaden its scope so that it can be accessed by non-government organisations, in order to recruit workers to regional services and facilities outside of the public health system. Access to the Incentive Scheme (outside of public health agencies) should be limited to organisations that are providing important health services to remote, rural and regional communities directly or in partnership with NSW Health.

Position	Not supported
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Response	<p>The Rural Health Workforce Incentive Scheme (Incentive Scheme) applies to NSW public health organisations and health workers engaged by the public health system under the <i>Health Services Act 1997</i> (NSW). It also includes Schedule 3 facilities and Affiliated Health Organisations recognised under the Act.</p> <p>Modifying the Incentive Scheme to enable access by non-government organisations is outside the scope of the <i>Health Services Act 1997</i> (NSW). This is not supported as the intent and purpose of the Scheme is to incentivise healthcare workers to work for NSW Health, Broadening the scope will also require significant additional funding.</p> <p>The Incentive Scheme rolled out in July 2022, has significantly improved the attraction and retention of NSW Health staff in rural areas.</p> <p>The Incentive Scheme is funded annually. Health organisations manage the incentive programs within their annual allocation. They are responsible for assessing eligible positions and applying incentives per the Rural Health Workforce Incentive Scheme policy directive.</p> <p>In the six months since the incentives were doubled, rural health worker recruitments and retentions increased by 20 percent. A further 315 health workers were recruited, and 1,932 health workers retained.</p>
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RECOMMENDATION 2

That the NSW Government provide additional funding to expand the Rural Health Workforce Incentive Scheme, to recruit for specific professions and grow the Aboriginal health workforce.

Position	Supported in principle
Response	<p>NSW Health continually looks to improve the Rural Health Workforce Incentive Scheme, including identifying positions that could be supported through the scheme.</p> <p>In August 2023, the NSW Government doubled the incentives offered to healthcare workers to relocate to remote and rural areas, from \$10,000 to \$20,000 as part of its commitment to attract and retain more skilled staff in hard to fill and critical roles in regional and rural areas.</p> <p>NSW Health has identified midwifery as a key area to support under the Incentive Scheme. In September 2024, NSW Health announced a six-month pilot to include midwives in Modified Monash Model 3 to 7 locations under the Incentive Scheme. Under the trial, midwives who choose to relocate and start work in regional NSW will be eligible for a \$20,000 sign-on bonus.</p> <p>The Aboriginal health workforce consists of health workers engaged by the public health system under the <i>Health Services Act 1997</i> (NSW). These staff are already eligible for the Incentive Scheme. As at September 2024, 14 Aboriginal Health Practitioners and 54 Aboriginal Health Workers had received incentives under the scheme.</p>

RECOMMENDATION 3

That, in the design of future incentive schemes, NSW Health should ensure that there is sufficient flexibility at a local level, to implement incentives to their best effect, and that current staff should not be unnecessarily disadvantaged when compared to new staff.

Position	Supported in principle
Response	<p>Local health districts and specialty health networks administer the Rural Health Workforce Incentive Scheme at the local level. Local flexibility is an objective of the current policy framework and could also apply to future incentive schemes.</p> <p>The NSW Government acknowledges the unique workforce challenges each health organisation faces in recruiting and retaining health workers.</p> <p>Health organisations manage their incentive programs within their annual allocation. They are responsible for assessing eligible positions and applying incentives per the Incentive Scheme policy</p>

directive. Positions must be considered and approved by the health organisation's Chief Executive and deemed to meet the definition and criteria of positions with hard-to-fill and critical vacancies.

RECOMMENDATION 4

That NSW Health review and modify the Rural Health Workforce Incentive Scheme, with the aim of ensuring it is implemented fairly and provides effective incentives for staff to remain in a facility or locality.

Position	Supported in principle
Response	<p>The Rural Health Workforce Incentive Scheme (Incentive Scheme) is successfully recruiting and retaining health workers in positions with hard-to-fill and critical vacancies at rural and remote locations. The scheme offers incentives and benefits in line with existing government policies for incentivising public sector workers.</p> <p>The Incentive Scheme policy directive was updated in April 2024 to provide more definition and clarity in the scheme's local administration. The policy is designed with fairness principles to enable the scheme to be applied consistently within NSW Health organisations. The scheme applies to new and existing health workers working in eligible positions.</p> <p>The Incentive Scheme policy directive enables and empowers health organisations to apply incentives equitably to new and existing health workers by offering commensurate packages at their discretion.</p> <p>Local health districts and specialty health networks can seek guidance from the Ministry of Health and are also encouraged to discuss and engage stakeholders such as industrial associations and unions when applying incentives.</p>

RECOMMENDATION 5

That NSW Health collaborate with local government and the NSW Land and Housing Corporation to ensure that there is adequate housing for current and future health workers in remote, rural and regional NSW.

Position	Supported
Response	<p>The NSW Government is actively addressing the shortage of available accommodation for key workers in regional, rural and remote communities. This will support the recruitment and retention of health workers and their families and the delivery of essential health services in regional NSW.</p>

In June 2024, the NSW Government committed \$200.1 million to increase key health worker accommodation across rural and regional areas of NSW. The NSW Government will secure approximately 120 dwellings, which may include new builds and modular accommodation, refurbishment of existing properties, and possible purchase of suitable properties such as motels.

This investment is in addition to the \$73.2 million for key worker accommodation projects already underway or completed across 5 local health districts: Far West, Hunter New England, Murrumbidgee, Southern NSW, and Western NSW.

NSW Health continues to work with regional local health districts, NSW Ambulance, NSW Department of Primary Industries and Regional Development, Homes NSW (including the Land and Housing Corporation) and the Office of Local Government to address key health worker accommodation requirements in regional, rural and remote NSW.

The Office of Local Government is administering a program to employ an additional 1,300 apprentices and trainees in the local government sector across the state to support the NSW Government's recently announced investment of \$252.2 million. This trained and skilled labour workforce will be ready to assess developments and work with industry to build much needed homes and infrastructure across NSW.

RECOMMENDATION 6

That NSW Health prioritise solutions that reduce the public health system's reliance on locum doctors as a long-term response to staff shortages. Consideration should be given to creating a statewide casual pool to fill short-term vacancies and regulating the rates paid to locums in the internal market. It is acknowledged that this requires cooperation across states, however this must be an urgent priority.

Position	Supported in principle
Response	<p>Attracting and retaining medical officers in rural, regional and remote areas is a long-standing challenge for local health districts. One of the drivers of locum use is a shortage of doctors nationally and internationally.</p> <p>As an immediate priority, NSW Health has commenced work to address the cost of locums in NSW including:</p> <ul style="list-style-type: none">• the roll out of a Locum Vendor Management system, to strengthen governance of locum workforce management and to leverage the combined market power of local health districts to reduce costs• scoping work for the establishment of an internal locum agency to minimise the cost of external locum agency fees

- fast tracking digitisation and improved connectivity of information technology systems for non-specialist doctors.

The NSW Government is expanding workforce capacity by engaging International Medical Graduates.

NSW Health is also investigating the opportunity for optimised workforce models to support doctors in rural LHDs including:

- through the current Integrated Paramedic Workforce Pilots
- support for growth of nurse practitioners
- utilising the available scope of practice of allied health professionals in emergency departments.

RECOMMENDATION 7

That NSW Health review award agreements for rural GPs and local GPs, with a view to creating pay equity between the locum and permanent workforces.

Position	Noted
Response	<p>Rural and local General Practitioners (GPs) are not engaged under NSW Health Awards.</p> <p>The Australian Government is responsible for system management and support, policy and funding for GPs and primary health care services under s13 of the National Health Reform Agreement (NHRA).</p> <p>Industrial relations, including pay and conditions of employment for NSW Health staff, are negotiated with the relevant health unions in respect to the relevant awards in accordance with the NSW Government's Fair Pay and Bargaining Policy 2023.</p> <p>NSW Health and the Rural Doctors' Association meet quarterly and continue to collaborate on solutions to attract and retain rural doctors.</p>

RECOMMENDATION 8

That NSW Health review remuneration for health professionals more broadly, with a view to matching or bettering the rates of pay offered in other states and territories.

Position	Supported in principle
Response	<p>Industrial relations, including pay and conditions of employment for health staff, are negotiated with the relevant health unions in respect to the relevant awards in accordance with the NSW Government's Fair Pay and Bargaining Policy 2023.</p>

RECOMMENDATION 9

That NSW Health develop a credentialling framework for locum doctors, to reduce the uncertainty for hospital services caused by the varying skills and specialties of locum doctors.

Position	Supported in principle
Response	<p>Credentialling is the formal process of assessing and verifying a practitioner’s credentials and other relevant professional attributes for the purpose of forming a view about their competence and suitability to provide safe, appropriate health care services.</p> <p>NSW Health has a credentialling framework, consisting of several policies which are applicable to locums that ensure the provision of safe, high quality healthcare services. These include:</p> <p>Policy directive PD 2019_056 <i>Credentialing and Delineating Clinical Privileges for Senior Medical Practitioners and Senior Dentists</i>, sets out how to credential and delineate clinical privileges for visiting practitioners (medical and dental), staff specialists, clinical academics and senior dentists, employed or appointed by NSW Public Health Organisations.</p> <p>Policy Directive PD2023_024 <i>Recruitment and Selection of Staff to NSW Health Service Policy</i> (which is read in conjunction with PD 2019_056) governs the entire recruitment and appointment process, of which credentialling and delineating clinical privileges are essential part.</p> <p>Policy Directive D2016_052 <i>Visiting Practitioner Appointments in the NSW Public Health System</i> policy.</p> <p>Policy directive PD2019_006 <i>Employment and Management of Locum Medical Officers by NSW Public Health Organisations</i> outlines the mandatory documents and information required to give evidence to pre-placement checks and credentialling having been undertaken by the agencies for non-specialist medical locums.</p> <p>NSW Health is also rolling out a state-wide vendor management system to all local health districts, that will provide visibility of locum data. This will not only improve agency performance but will also reduce duplication and increase efficiencies. The rollout is anticipated to be complete by the end of the 2025-26 financial year.</p>

RECOMMENDATION 10

That NSW Health take urgent steps to streamline the registration and credentialling process for Visiting Medical Officers, particularly with a view to introducing a statewide

system for Visiting Medical Officers that can be used in all Local Health Districts and general practice.

Position	Supported
Response	<p>NSW Health has commenced two priority projects with eHealth to fast-track digitisation and improve connectivity of IT systems and streamline the credentialling process for Visiting Medical Officers (VMO). These two projects are:</p> <p>Digital check passport solution: This involves the development of an employee digital checks passport to capture all employment checks and credentialling documentation. This solution will make the engagement and recruitment of all clinicians faster, including GP VMOs and locums. The overarching principle is “tell me once”, with the checks attaching to the person, not a position.</p> <p>Reviewing senior medical officer and dental recruitment processes: This involves the review of senior medical officer and dental recruitment processes, in particular the functionality of existing credentialling platforms (eCredential and the Recruitment and Onboarding (ROB)). This involves reviewing their efficacy to manage the entire medical employee lifecycle and limitations regarding system connectivity and functionality. This project will also leverage the work of the digital check passport.</p>

RECOMMENDATION 11

That NSW Health facilitate greater collaboration between public health facilities, medical colleges, regional universities and local primary care services, to support and encourage studying, training and working in the regional health system.

Position	Supported
Response	<p>NSW Health manages several training programs to support studying and training in regional NSW including:</p> <p>The NSW Rural Generalist Training Program which supports more than 150 junior medical officers in training in regional NSW at different stages of their Rural Generalist journey. The program is advised by the NSW Health Rural Generalist Program Statewide Council which consists of representatives from all regional local health districts, the General Practice medical colleges and regional universities.</p> <p>The John Flynn Prevocational Training Program (JFPDP) aims to increase rural primary care rotations for hospital-based doctors in rural areas to experience training in General Practice settings. NSW Health is working with rural general practices to include doctors in</p>

their first 5 postgraduate years to undertake rotations in rural primary care settings.

The **Tertiary Health Study Subsidy Program** (THSSP) was introduced in 2024. It aims to provide a workforce pipeline by encouraging prospective students to study an eligible tertiary health entry-level qualification at a recognised educational provider. The subsidy provides a financial subsidy to assist in the costs associated with the study. Two subsidies are offered: \$12,000 over three years to students commencing study and \$8,000 once off to students graduating from study and commencing work with NSW Health. 2,000 students are awarded in each stream annually (4,000 students each year).

NSW Health also supports the regional university based Regional Training Hubs to develop and deliver a range of initiatives aimed at increasing and enriching student and intern medical training opportunities. NSW Health will continue to work with medical colleges to develop more regionally based training positions.

Many roles in the health system require vocational education and training (VET) qualifications. In 2023, the NSW Government committed to a comprehensive review of the NSW VET system, led by an expert panel and supported by the NSW Department of Education. The NSW VET Review Interim Report was released in December 2023, followed by the final report in June 2024.

As a party to the National Skills Agreement, the NSW Government recognises that sustaining our essential care services is a national priority. The NSW Government has invested \$710 million to support TAFE NSW and other approved providers to deliver subsidised training in priority qualifications. This includes the Diploma of Nursing in Sydney and regional areas to meet increased demand in hospitals and aged care.

The Department of Education (including Training Service NSW) also delivers a number of priority programs and supports to increase the uptake of VET qualifications, including:

Smart and Skilled, the NSW Government subsidised training system where TAFE NSW and many other contracted private training providers and Adult and Community Education providers offer and deliver qualifications in community services and the health sector in regional NSW.

The Elsa Dixon Aboriginal Employment Grant has supported multiple applications to local health districts across regional and metropolitan NSW. The grant has approved and funded 59 applications since FY 2021/20-22, mostly from rural and regional LHDs.

School-based apprenticeships and traineeships: a school-based apprenticeship or traineeship which combines paid work, training and school. Students will get an industry recognised national qualification, but also unit credit towards their NSW Higher School

Certificate (HSC). Students can start in Year 10 or Year 11 and some training arrangements can contribute towards their Australian Tertiary Admission Rank (ATAR).

[School-based traineeships](#) are available in a range of industry areas including Health Services, such as the Allied Health Assistance – Certificate III, Health Services Assistance- Certificate III, Health Services Dental Assisting Certificate III and Individual Support (Ageing) – Certificate III.

RECOMMENDATION 12

That NSW Health work with local councils and health services to develop incentives specifically targeted at retaining health and medical students in the regional health system after they have completed their study and training.

Position	Supported in principle
Response	<p>NSW Health actively supports the retention of health and medical students in the regional health system after completion of training and works with various agencies to do this. NSW Health acknowledges the work of local councils who support health students by offering additional scholarships. The current incentives available include:</p> <p>The NSW Rural Resident Medical Officer Cadetship Program: This program is offered for NSW medical students interested in undertaking a career in regional NSW. The Cadetship Program provides financial support to medical students during their final 2-3 years of undergraduate study in return for the completion of 2 of their first 3 postgraduate years in a regional hospital. NSW Health currently supports 48 Cadetships, which are administered by the Rural Doctors Network for medical students in regional hospitals across NSW.</p> <p>The Rural Preferential Recruitment Program: This program supports junior doctors working their first 2 years in a rural location, rather than in a metropolitan based training network. There are 224 rural preferential training positions in NSW. This will increase to 241.5 positions in 2025.</p> <p>Tertiary Health Study Subsidy Program (THSSP): provides subsidies to students commencing and graduating study. As part of the awarding preference is given to those who intend to work or are in rural and remote areas as determined by the Modified Monash Model (MM) including the consideration of MM3 to MM7 locations which are rural, and remote areas. Recipients of the subsidy are committed to working for NSW Health for at least 5 years in a profession resulting from their study.</p>

The Rural Allied Health Generalist Program (Level 1) Scholarship and the Allied Health Rural Graduate Diploma of Rural Generalist Practice (Level 2) Scholarship: provide financial support to allied health staff working in rural areas studying the Allied Health Rural Generalist Program (Level 1) and (Level 2) at James Cook University. These programs are designed to enhance the skills and capabilities of allied health professionals, ensuring they are well-equipped to meet the specific needs of regional communities. The rural generalist pathway plays a critical role in retaining allied health professionals in rural areas while strengthening their expertise and commitment to local healthcare.

Post graduate scholarships and the Rural Generalist Nurse Practitioner framework: NSW Health actively supports the retention of nurses and midwives in the regional health system after completion of training through post graduate scholarships and a framework for Rural Generalist Nurse Practitioners.

Rural, Mental Health, and Midwifery Pathways in Practice have been developed. Pathways in practice assist nurses and midwives to develop their knowledge and skills and supports them to work to optimal scope of practice.

The **Essential Worker Attraction Program** is delivered by the Department of Primary Industries and Regional Development. The Program includes the 'Make the Move' campaign and the 'The Welcome Experience'. The Essential Worker Attraction program provides support to essential workers including health workers seeking to relocate to regional NSW, including assistance to locate housing, connection with social supports and assistance with partner employment. The Welcome Experience has supported 419 NSW Health workers and 31 NSW Ambulance staff to relocate to regional NSW as at November 2024. The Welcome Experience supports the Rural Allied Health Clinical Educator Pilot in select local health districts in regional NSW, including Hunter New England, Western NSW, Murrumbidgee, Far West and Southern NSW.

RECOMMENDATION 13

That NSW Health prioritise the further expansion of the Single Employer Model, with consideration given to further sites for rollout and additional places provided for training rural generalists.

Position	Supported
Response	<p>The Rural Generalist Single Employer Pathway (RGSEP) is being expanded across NSW to improve access to primary care in regional NSW through the recruitment and retention of rural generalist trainees. NSW Health is committed to continuing to expand the RGSEP program, over the 4-year trial period from 2024 to 2027. Eight regional LHDs are participating in the trial including Hunter New England, Murrumbidgee, Mid North Coast, Northern NSW, Southern NSW, Western NSW, Far West and Illawarra Shoalhaven.</p> <p>Trainee numbers are estimated to more than double for the 2025 clinical year following a successful first round recruitment campaign in July 2024. Second round recruitment will open in October 2024.</p> <p>To support this expansion, additional NSW Health facilities, GP practices and Aboriginal Community Controlled Health Organisations (ACCHOs) across more regional locations are being engaged to support, educate and employ the trainees on the program.</p> <p>The Australian Government has granted 80 training places for NSW the Single Employer Model trial. The training places require an exemption under Section 19(2) of the Health Insurance Act 1973 for training undertaken in approved general practice locations.</p> <p>General practices and supervisors are important partners of the RGSEP program. NSW Health meets regularly with individual GP practices and supervisors participating in the program and is continually engaging with practices that would be suitable training locations in the future.</p> <p>NSW Health and the RGSEP project team have developed strong strategic partnerships with the GP training colleges - the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM), as well as General Practice Supervision Australia (GPSA) and General Practice Registrars Australia (GPRA).</p>

RECOMMENDATION 14

That the NSW Health Culture Framework be completed and implemented with urgency. This implementation should involve a commitment to training managers in leadership skills, and the development of accountability measures to ensure that NSW Health's workplace culture reforms are delivering tangible benefits for staff.

Position	Supported
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Response	The NSW Health Culture and Staff Experience Framework has been finalised and was published in September 2024. It has been sent to staff in all local health districts and health agencies across NSW Health.
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The Framework is supported by a resource hub of online tools and reference materials to assist all staff increase knowledge and capability in behaviours that build positive workplace cultures.

RECOMMENDATION 15

That the NSW Ombudsman expedites the implementation of the new Health Administration Unit, in order to promote the role of the NSW Ombudsman to workers in the public health system.

Position	Noted
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Response	The NSW Ombudsman is an independent watchdog with responsibility for investigating complaints from members of the public about the administrative processes of public sector agencies. They can also initiate inquiries into matters of public interest of their own motion.
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The NSW Ombudsman has written to the Chair of the Committee on the Ombudsman, Law Enforcement Conduct Commission and Crime Commission providing an update on their work in relation to this recommendation.

NSW Health continues to raise staff awareness about the roles of, and how to access, independent oversight bodies, including the NSW Ombudsman and Health Care Complaints Commission. These include:

Help for a workplace issues: The Ministry of Health has developed a dedicated web page on the NSW Health website that is called [Help for a workplace issue](#). The webpage includes details on the relevant policy frameworks that may be applicable in managing those concerns. It also outlines the roles of the Ministry, the Health Care Complaints Commission, and the NSW Ombudsman, and how to contact each of those bodies.

Option to approach the NSW Ombudsman: In letters of response to complainants where there is an allegation of serious

wrongdoing, the Ministry continues to include the option for the complainant to seek review by the NSW Ombudsman if they are dissatisfied with the way a matter has been handled by NSW Health.

RECOMMENDATION 16

That NSW Health develop and provide more training to staff to improve cultural safety in the public health system.

Position	Supported
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Response	<p>NSW Health continues to expand the provision of statewide accessible training for all NSW Health staff to improve cultural safety.</p> <p>Respecting the Difference: The mandatory training program known as <i>Respecting the Difference</i> is delivered in two parts; eLearning modules “<i>Know the Difference</i>” and face-to-face “<i>Be the Difference</i>” which are locally tailored education sessions to address local issues in the community.</p> <p>To improve the <i>Respecting the Difference</i> course, NSW Health is proposing an increased <i>Respecting the Difference</i> face-to-face facilitator workforce to support the delivery of the “Be the Difference” face-to-face training. NSW Health is also looking to develop an extension learning package to be known as “Lead the Difference”.</p> <p>Aboriginal Social and Emotional Wellbeing: A module has been co-designed using strength-based methods to support and guide the wellbeing of Aboriginal health professionals across NSW Health.</p> <p>Mentoring: A series of modules for Aboriginal Cultural Mentoring are in development so Aboriginal staff can be supported in the workplace.</p> <p>Promoting additional resources: The recent expansion of training has increased the reach of education nationally through a series of webinars, forums and events. This series includes the Jumbunna Webcasts and the Connections Forums providing a continuous and growing stream of education on the care and cultural, safe support for Aboriginal mother, babies and families. The series is attracting high attendance and take up.</p>
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RECOMMENDATION 17

That NSW Health publish its reviews of specific funding models used within the regional health system, including the review of the 'small hospitals' funding model.

Position	Supported
Response	NSW Health will publish the small hospitals funding review when finalised. NSW Health also notes the work underway through the Special Commission of Inquiry into Healthcare Funding.

RECOMMENDATION 18

That NSW Health works with the New South Wales and Australian governments to explore alternative funding models to those currently used in the regional health system.

Position	Supported
Response	The NSW Government is working with the Australian Government to develop a new Addendum to the National Health Reform Agreement (NHRA). The NHRA outlines reform vision and governance of public health services and commitments for Australian Government funding of public hospital services. The NHRA is negotiated every five years. NSW continues to advocate for the development of optimal models of care including facilitation of care out of hospital, supported by innovative funding mechanisms to improve access to quality services in rural and remote regions. The NSW Government will also consider any findings of the Special Commission of Inquiry into Healthcare Funding relating to funding models used in the regional health system. The Inquiry is considering how funding, governance and workforce can most effectively support the delivery of high quality, timely, equitable and accessible health services across NSW.

RECOMMENDATION 19

That the NSW Government work with the Australian Government to improve support to local councils, including ensuring more funding is available for local governments that provide services that fall within Australian Government responsibilities, such as aged care and primary care support.

Position	Supported in principle
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Response The Australian Government is primarily responsible for funding and availability of aged care and primary care support in rural, regional and remote areas.

NSW Health also works closely with the Primary Health Networks (PHNs).

The NSW Health and NSW PHN Joint Statement (Joint Statement) sets out how NSW Health, PHNs and the Australian Government are working together to address identified health care gaps and needs, and enhance the delivery of patient-centred health care in NSW.

The Joint Statement Stage 2 Implementation Funding Proposal has been approved, and both the Australian Department of Health and Aged Care and NSW Health have committed \$500,000 each to support the next two years of implementation. The funding will be used to implement the priority actions and other key recommendations of the Joint Statement.

In implementing these actions, NSW Health will consider the opportunity to support engagement with councils.

RECOMMENDATION 20

That NSW Health accelerate the implementation of primary care pilots, and allocate additional funding to existing primary care programs and initiatives.

Position Supported in principle

Response While primary care is the responsibility of the Australian Government, effective interfaces across primary care and the NSW Health system are vital to providing high quality healthcare for residents in remote, rural and regional NSW.

NSW Health is engaged in the implementation of pilot programs to support a sustainable primary care sector.

Urgent Care Program

The NSW Government has committed \$124 million over 2 years for the delivery of the 25 Urgent Care Services (UCS) by 30 June 2025. Urgent Care Services support people with urgent healthcare needs in settings outside of hospital emergency departments. In the 2024-25 NSW Budget, the NSW Government provided an additional \$100 million over 2 years for the delivery of the program until 2027.

Nine UCS are based in regional NSW, including:

- 6 General Practice-led UCS at
 - Long Jetty (managed by Central Coast LHD)
 - Wagga Wagga (managed by Murrumbidgee LHD)
 - Dapto (now a Medicare Urgent Care Clinic)
 - Armidale (managed by Hunter New England LHD)

- Orange (managed by Western NSW LHD)
- Goulburn (managed by Southern NSW LHD)
- One Geriatric outreach model in the Tweed region (managed by Northern NSW LHD)
- One virtual UCS - Mid North Coast Virtual (managed by Mid North Coast LHD)
- One statewide UCS - virtualKIDS (managed by SCHN and Hunter New England LHD)

On 1 July 2024, 5 NSW GP- based Urgent Care Services transitioned to the Australian Government’s Medicare Urgent Care Clinic Program on 1 July 2024. One of these services was in Dapto. The others were in the metropolitan locations of Top Ryde, Carlton, Bankstown and Liverpool.

NSW Collaborative Commissioning Program

NSW Health has provided funding to establish 5 Collaborative Commissioning partnerships across NSW. Three of these are in rural areas.

Collaborative Commissioning partnerships are between local health districts, primary health networks, and other service providers to address community health needs and reduce hospital visits. Districts and Primary Health Networks jointly determined the local care approaches. This approach promotes local autonomy and accountability in delivering patient-centred care.

The 3 regional partnerships are:

Partnership	Focus population
Western NSW LHD, Far West LHD, Rural Doctors Network and Western PHN	People with diabetes
Murrumbidgee LHD and Murrumbidgee PHN	People with chronic heart failure and chronic obstructive pulmonary disease
Illawarra Shoalhaven LHD, Southern NSW LHD, and South-Eastern NSW PHN	People with chronic obstructive pulmonary disease.

Collaborative Care Program

NSW Health has funded the delivery of the Collaborative Care Program in 5 new sites over the next 3 years.

The Collaborative Care Program takes a place-based approach to working with stakeholders in a specific town or region to collaboratively identify and prioritise community health needs. This can include the LHD, PHN, local council, Aboriginal Medical Service

and other primary care providers (e.g. GPs, Pharmacists and Allied Health).

Implementation has commenced in 3 sites: Leeton, Wee Waa and Liverpool Plains (Quirindi, Caroonna, Werris Creek). Planning is underway for two additional sites.

RECOMMENDATION 21

That NSW Health publish its future reviews of patient transport schemes, such as air transport and the Isolated Patient Travel and Accommodation Assistance Scheme and consult with non-government health providers to identify any additional areas for improvement in these schemes.

Position Supported

Response NSW Health regularly publishes reports, reviews and evaluations. NSW Health will publish a summary report of the air transport review when it has been finalised.

The [Baseline Monitoring and Evaluation Summary Report](#) for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) has been published.

NSW Health frequently consults with stakeholders including non-government health providers, charity groups and consumers in identifying areas for improvement. A Stakeholder Consultative Forum was established for IPTAAS in 2022. The forum meets quarterly to provide feedback and inform policy changes and improvements to IPTAAS.

RECOMMENDATION 22

That NSW Health seek greater involvement of Aboriginal medical services in the planning and delivery of local health services and formalise and strengthen the existing partnerships between NSW Health and Aboriginal medical services.

Position Supported

Response The NSW Government supports strengthening and formalising of partnerships with Aboriginal Community Controlled Health Services (ACCHO).

Strengthening and formalising partnerships with Aboriginal Community Controlled Health Services is a priority reform area of the [NSW Aboriginal Health Plan 2024-2034](#). It is also a priority of the *NSW Aboriginal Health Governance, Shared Decision Making and*

Accountability Framework as an enabler of the vision of the Plan to share power in decision making.

Although not all local health districts have formalised partnership agreements, most have an agreement that provides a strong foundation for collaboration with ACCHOs in their region. Given the dynamic nature of partnerships, there will be flexibility in the type of agreements. Partnership agreements may also include other Aboriginal organisations that are not ACCHOs such as Regional Alliances.

Local health districts also respect that some ACCHOs are not ready to enter into formalised agreements and continue to build trust as they work towards more formal agreements.

Several partnership agreements are currently under review and the Ministry of Health will undertake a stocktake as a baseline measure for measuring progress against the NSW Aboriginal Health Plan 2024-2034.
