

**Submission
No 106**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND
REGIONAL COMMUNITIES**

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NSW Health Submission

Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities



Health

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Executive summary

Many positive changes have been made to improve cross-jurisdictional cooperation between the NSW Government and the Australian Government to improve primary care for those living in remote, rural and regional communities. NSW Health is strengthening engagement with these communities to plan and deliver health services and improve access to healthcare. The work undertaken by NSW Health over the past two years has been published in the [Rural Health Inquiry Progress Report 2024](#). This submission supplements the Progress Report with work completed since 30 June 2024.

Access to primary care has improved with new Urgent Care Services. The addition of two new Urgent Care Services in Southern NSW Local Health District (LHD) and Hunter New England LHD brings the total number of Urgent Care Services in regional NSW to 10. Urgent Care Services provide care for patients with urgent but not life-threatening injury or illness. NSW Health is establishing 25 Urgent Care Services by June 2025. An additional two Urgent Care Services will support regional communities in Nowra and Wagga Wagga. These are due to go live in the coming months.

The Information Sharing solution which enables patient information to be shared between NSW Health and non-NSW Health services and providers of care, has been rolled out in Far West LHD. More than 1,000 patients have now given consent for their data to be shared by participating General Practices and General Practitioners. The project enables Primary Care Clinicians to view patients discharge summaries and pathology results from NSW Health facilities.

Charities and local community groups play an important role in supporting the health and wellbeing of regional communities. The position paper [Understanding the Charity and Local Community Sector in Regional NSW](#) was published in April 2024. This paper outlines key findings and opportunities for enhanced collaboration between charities, local community groups and NSW Health.

Although significant progress has been made, NSW Health continues to listen and engage with communities, staff, healthcare partners, and other key stakeholders as part of our ongoing efforts to strengthen healthcare in rural and regional NSW and respond to the needs of the community. Working closely with the Australian Government, primary health networks and non-government organisations is essential to ensure that care is streamlined for patients no matter where they live.

1. Introduction

The NSW Government welcomes the opportunity to make a submission to the Select Committee on Remote, Rural and Regional Health in relation to its inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities in NSW.

This submission outlines the progress NSW Health has made in collaboration with the Australian Government to improve health services and health outcomes in remote, rural and regional areas including access to primary care services. It also highlights how NSW Health has developed cross-border relationships and consulted and engaged with communities and health services to improve communication and better respond to their needs.

The NSW Government has committed to implementing all 44 recommendations from the Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales (Rural Health Inquiry). The submission provides examples of the ways recommendations have been implemented or are being implemented by NSW Health across regional NSW. Many recommendations are now embedded into everyday business across the 9 regional local health districts.

There is a suite of responses to demonstrate the work against the Rural Health Inquiry recommendations including this submission. These are:

- NSW Health's Rural Health Inquiry Progress Report published in September 2024
- NSW Health Submission to Inquiry 2 *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* in April 2024
- NSW Health's submission to Inquiry 1 *the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health* - September 2023
- The Independent Review to report on progress and developments of the implementation of recommendations to ensure we were on track. This independent review report was provided to Portfolio Committee No.2 in July 2023.

1.1 Progress Report – June 2024

The [Rural Health Inquiry Progress Report](#) highlights the progress NSW Health has made against each recommendation of Portfolio Committee No. 2's Report in May 2022 up to 30 June 2024. The Progress Report includes work and stories of change that demonstrate the impact of implementing the recommendations on the regional health system.

NSW Health has been continually monitoring and reporting on the progress of the 44 recommendations from the Rural Health Inquiry with regular engagement with branches, pillars, agencies, health organisations and local health districts on implementation.

As at 30 June 2024, 25 recommendations were completed, many with ongoing work. Five recommendations are scheduled for completion by the end of 2024, and 14 are on track to be completed by end of 2026.

1.2 Regional Health Strategic Plan 2022-2032

The [Regional Health Strategic Plan 2022-2032](#) incorporates the issues raised in the Rural Health Inquiry and, through extensive consultation, identified strategic priorities to guide the provision of regional health services. All of the recommendations from the

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Rural Health Inquiry are included in the Plan to ensure completion, sustainability and alignment with priorities of the Plan.

There are 6 priorities in the Plan and particularly relevant to this Inquiry are:

- Priority 4: Keep communities informed, build engagement and seek feedback
- Priority 5: Expand integration of primary, community and hospital care.

2. Cross-jurisdictional cooperation between the NSW and the Australian Governments, including in relation to Primary Care (Terms of Reference 1)

This section focuses on the progress of and issues relating to the implementation of recommendations 1, 7, 8 and 11 regarding long-term strategic planning to improve health services and health outcomes in remote, rural and regional areas, including in relation to primary care.

2.1. Recommendation 1 – Review the current funding models for rural and regional local health districts

NSW Health conducted a review into how small hospitals in NSW are funded. The review also assessed areas for improvement to ensure districts with small hospitals can continue to provide high quality, sustainable health services. This review included several recommendations that are being implemented to ensure small hospitals are funded and supported to deliver high quality care across rural and remote NSW. NSW Health has embedded the recommendations into the 2024-2025 financial year's Budget Process as well as future years' budget processes.

The Small Hospitals Funding Review is enabling NSW Health to consider how to better account for recognised structural costs through the Small Hospitals Funding Model. To account for the diseconomies of scale, some regional local health districts were given a budget supplementation in annualised recurrent funding. This allocation was made using a revised methodology to better address the structural costs associated to limited population density and remoteness of facilities in delivering healthcare.

The NSW Government is working with the Australian Government to develop a new Addendum to the National Health Reform Agreement (NHRA) for 2025-2030. The NHRA outlines reform vision and governance of public health services and commitments for the Australian Government's funding contribution for public hospital services. NSW continues to advocate for the inclusion of funding for new 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 in NSW (SCOI) relating to funding models used in the regional health system. The SCOI is considering how funding, governance and workforce can most effectively support the delivery of high quality, timely, equitable and accessible health services across NSW.

2.2. Recommendation 7 – Engagement with the Australian Government

The Australian Government has lead responsibility for funding and delivery of aged care and primary care. This recommendation is that the NSW Government engages with the Australian Government at a ministerial level to establish clear governance arrangements

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and a strategic plan to deliver on the health reforms recommended in the Rural Health Inquiry report to improve primary care workforce issues and progress initiatives.

Governance structures are in place for engagement with the Australian Government on primary care issues, such as the Bilateral Regional Health Forum chaired by the NSW Health and Regional Health Minister and the Australian Government Assistant Minister for Regional Health, and the National Health Workforce Taskforce chaired by the Secretary NSW Health.

Initiatives to strengthen the regional health primary care workforce and access to primary care are being progressed as a priority, including the Rural Generalist Single Employer Pathway and Urgent Care Services.

Other examples include:

Engagement with the Australian Government on primary care

NSW Health collaborates with the Australian Government to deliver the Rural Generalist Single Employment Pathway (RGSEP) across regional NSW. NSW Health is also participating in the Strengthening Medicare Taskforce to provide recommendations on the highest priority improvements to primary care.

NSW Health also works with the Australian Government under a memorandum of understanding to improve access to primary care for people living in small rural, remote and very remote areas known as the *Council of Australian Governments (COAG) Improving Access to Primary Care in Rural and Remote Areas (s19(2) Exemptions) Initiative*. NSW has 47 health sites across rural and remote NSW that have been granted an exemption under the Initiative. The NSW sites are located across 5 local health districts: Far West, Hunter New England, Murrumbidgee, Northern NSW, and Western NSW.

The majority of the funding received under the Initiative is invested in primary care through new services, improvements or new equipment.

Engagement with the Australian Government on aged care, including Multi-Purpose Services (MPS)

NSW Health is collaborating across all levels of government and the private sector to address the aged care pressures in regional, rural and remote communities. NSW Health is a member of the Aged Care Senior Officials Working Group with all states and territories and the Australian Government. The purpose of the Working Group is to progress recommendations from the Royal Commission into Quality and Safety in Aged Care, that require Australian Government and state government collaboration, as well as to address other key priority issues.

The NSW Government Community Interest Group: Aged Care Transition project.

NSW Health has funded, through Illawarra Shoalhaven LHD, this peak community group to research and implement innovative new strategies, aimed at helping older people to transition more quickly from hospital to aged care when they are medically ready to be discharged. The collaborative regional project, led by the Community Industry Group, will also support the implementation of a volunteer coordinator program which will assist with transitioning older people into residential aged care facilities.

The project includes 3 initiatives – research; engagement of transition volunteers; and establishment of a multi-agency regional health and aged care taskforce to develop a regional health and aged care plan to address the needs of ageing demographics. The Illawarra Shoalhaven LHD is an active member of this taskforce.

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Southern NSW LHD and Illawarra Shoalhaven LHD Regional Ageing Strategy, Strategic Alliance Plan

Southern NSW LHD and Illawarra Shoalhaven LHD have developed a Regional Ageing Strategy, Strategic Alliance Plan. The two local health districts have also consulted with the Primary Health Network to develop a needs assessment which identified joint regional planning as a key action.

The Multi-Purpose Services (MPS) program

The MPS program is a joint initiative of Australian and state and 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 small rural and remote communities can offer flexible aged care services that meet the needs of their community.

There are 66 MPS across 8 regional local health districts with more than 1,100 flexible aged care beds. There are also more than 100 home care packages allocated to and delivered through NSW MPS.

NSW Health works closely with the Australian Government Department of Health and Aged Care to better understand the future demand and priorities for new and existing MPS sites and support a sustainable approach for rural and remote locations.

2.3. Recommendation 8 – Support the growth and development of the primary health sector in rural, regional and remote areas

NSW Health is investigating and implementing ways to support the growth and development of the primary health sector in regional areas and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations.

Examples include:

The Joint Statement

The NSW Primary Health Network-NSW Health Statewide Committee supports primary care reform in NSW and this is underpinned by the [Joint Statement](#). The NSW Primary Health Network-NSW Health Statewide Committee supports primary care growth in NSW with a key focus on regional and rural health, which is underpinned by the Joint Statement.

The Queensland/New South Wales Inter-Governmental Agreement (IGA)

The IGA was executed on 24 July 2024 by both states. The IGA aims to create a seamless, borderless health care system that ensures the availability and delivery of health services, including primary care to residents of both jurisdictions. It incorporates joint support arrangements and governing principles to enhance services in the New South Wales-Queensland border region and includes specific considerations to improve patient experience and services in Northern NSW and the Southeast Qld area.

There are many examples at the local level to support the growth of primary care, including:

The Central Coast Health Alliance, formed in 2017 between the Hunter New England Central Coast Primary Health Network and the Central Coast LHD. This agreement between both parties focuses on collaborating on shared priorities to achieve the best outcomes for patients in the Central Coast.

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Central Coast LHD multidisciplinary model at the Long Jetty Urgent Care Service (Long Jetty UCS) is a medical led multidisciplinary model operating as an Emergency Department (ED) avoidance strategy, targeting non-admitted triage 4 and 5 presentations that would otherwise present to ED. The Long Jetty UCS model operates 12 hours a day, 365 days a year, with capacity to manage an estimated average of 48 patients per day. Long Jetty UCS has seen 3,567 patients this year to date, with an average of 25 patients each day.

The Murrumbidgee LHD and the Murrumbidgee PHN work in collaboration on a range of projects including “Living Well, Your Way”, a collaborative commissioning program for patients with chronic disease. Other examples are “Enhancing Paediatrics in Primary Care” with the joint employment of a community paediatrician, and the Snowy Valleys Collaborative Care (in partnership with the Rural Doctors Network).

Murrumbidgee LHD developed a collaborative agreement between the Murrumbidgee LHD and Murrumbidgee PHN in 2023. A joint Board Sub-Committee and Joint Executive team oversee a workplan of services including management of diabetes, Bilateral Mental Health Services (Wagga Wagga and Young), aged care in-reach for residential aged care, Urgent Care Services and community paediatrics.

Hunter New England and Central Coast PHN is currently leading a Regional Workforce Planning project for Central Coast LHD. The project aims to develop a sustainable, effective, and innovative primary healthcare workforce that ensures timely, high-quality care for every individual in our region through the creation and implementation of a Primary Care Workforce Strategy. The strategy is now in the final stages of consultation with key stakeholders.

2.4. Recommendation 11 – 10-year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy

The Rural Health Inquiry recommended that NSW Health and the Australian Government develop a joint 10-Year regional medical and health workforce recruitment and retention strategy.

There are many current initiatives that support this work such as:

- The Secretary, NSW Health, chairs the National Health Workforce Taskforce
- NSW Health is co-leading, supporting and contributing to national workforce strategies that are in place and being developed
- The NSW Health Workforce Plan 2022-2032 includes workforce priorities for regional, rural and remote areas
- National Medical Workforce Strategy 2021-2031: Collaborative work has already been completed between NSW Health and the Australian Government. The Strategy is focused on ensuring a better distribution of the medical workforce between metropolitan and regional, and across different specialties
- Australia’s Primary Health Care 10 Year Plan 2022-2032
- National Nursing Workforce Strategy: The Australian Government in collaboration with all other states and territories are developing this strategy to address workforce challenges and support the nursing profession to deliver person-centred, evidence-based, compassionate care to Australian communities
- The National Mental Health and Suicide Prevention Agreement: signed by all jurisdictions in 2022, agrees to the development of a national mental health workforce strategy
- The National Maternity Workforce Strategy (2026-2036) is in development and aims to ensure there is a sufficient supply of maternity workforce professionals that meet Australia’s current and future maternity service needs.

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These national and statewide strategies fulfil the intent of the recommendation and address the need to grow and support various workforce areas including general practice and rural generalists.

There is also other work that will also address the intent of the recommendation to create joint strategic direction between the Australian Government and NSW Health. This includes:

- The expansion of the Funding Agreement made with the Australian Government for the John Flynn Prevocational Doctor Program until December 2026
- National Maternity Workforce Strategy. This work provides a foundation of current understandings and evidence for supporting development of the Strategy, which will be delivered at the end of 2025.

3. Collaboration with Australian Government bodies on services and training programs (Terms of Reference 2)

This section focuses on collaboration between NSW Health and Australian Government bodies on particular initiatives, services or training programs (including Recommendations 9, 10, 14, 21, 22 and 39).

NSW Health has made significant progress in working with the Australian Government to expand the single employer model (or the Rural Generalist Single Employer Pathway for GP trainees) across regional NSW and to expand collaborative care programs.

3.1. Recommendation 9 – Single employer model/Rural Generalists Single Employer Pathway for GP trainees

The Rural Generalist Single Employer Pathway (RGSEP) program improves access to primary care in regional NSW through the recruitment and retention of rural generalist trainees. Trainees are employed on a length-of-training contract of up to 4 years by a regional local health district to provide consistent employment, entitlements and parity of pay with their hospital trained counterparts, as they complete their rural generalist training in primary care and hospital settings.

Recruitment for the RGSEP 2025 has involved a collaborative and targeted approach to recruitment across the 8 regional local health districts, GP training colleges and individual primary health networks. Applications for the 2025 clinical year closed on 22 October 2024.

The RGSEP program has established strong partnerships with the Aboriginal Health and Medical Research Council (AH&MRC), Australian Indigenous Doctors Association and individual Aboriginal Community Controlled Health Organisations across regional NSW. These relationships guide the placement and support of Rural Generalist trainees, improve access to culturally safe and competent care in regional and remote communities.

The RGSEP program is being implemented under the Australian Government Department of Health and Aged Care's Single Employer Model trial. NSW Health is collaborating with the Department of Health and Aged Care to evaluate the NSW model in the context of the wider national evaluation.

The Australian Government provides a direction to Section 19(2) of the *Health Insurance Act 1973* (Cth) that enables the Rural Generalist (RG) trainees employed under the RGSEP program to work in general practice and bill Medicare for the professional services. The list of practices included in the direction is updated annually and will be

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finalised in November 2024 once the recruitment process for the 2025 clinical year has concluded.

Regional local health districts are benefiting from this joint initiative including Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. Some examples of how it is being implemented are:

- **Far West LHD** is working with interstate partners to provide opportunities for Rural Generalist Advanced Skills Training in border communities. From February 2025, a new innovative position has been created for Palliative Care Rural Generalist Advanced Skills Training for a Victorian Rural Generalist trainee to undertake in Far West LHD, with the aim of transitioning to independent practice in the border communities of NSW and Victoria.
- **Hunter New England LHD** is utilising the RGSEP program to establish and retain appropriately skilled Rural Generalist Practitioners
- **Southern NSW LHD** is commencing RGSEP at South-East Regional Hospital in Bega.

3.2. Recommendation 10 – Collaborative Care/ Rural Area Community Controlled Health Organisation pilot

Collaborative Care is a community centred, place-based approach to mapping and planning solutions to address healthcare challenges in regional communities. It involves partnering with key stakeholders in a community to understand health needs and identify fit-for-purpose solutions.

The Collaborative Care program has been expanded into three new sites in 2024 and engagement has commenced in:

- Wee Waa (Hunter New England LHD)
- Leeton (Murrumbidgee LHD)
- the Liverpool Plains (Quirindi and surrounding areas – Hunter New England LHD).

Local working groups are chaired by the Rural Doctors Network and made up of representatives from local health districts, primary health networks, local councils, Aboriginal Medical Services and local primary and community health providers. The working groups will continue to meet over the next 2 to 3 years to develop collaborative, place-based health plans for their local communities.

The program will commence in late 2024 in Murwillumbah in Northern NSW LHD. A fifth site is also under consideration.

NSW Health has approached the Australian Government regarding opportunities to support the Collaborative Care Program. The primary health networks are active members of each of the current Collaborative Care site-based working groups.

Urgent Care Services

Urgent Care Services provide care for patients with urgent but not life-threatening injury or illness. NSW Health is establishing 25 Urgent Care Services across NSW by June 2025. The services take a range of forms including virtual, in-person clinics and outreach services and are a mixture of local health district based and primary care. Primary health networks and local health districts have been closely involved in the development and delivery of these services.

Since 30 June 2024, two additional Urgent Care Services have been delivered in Southern NSW and Hunter New England regions in collaboration with the local primary

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health networks. This brings the total NSW Urgent Care Services delivered in regional NSW to 10.

The Hunter New England LHD In-Reach service has been uplifted to support residents of Residential Aged Care Facilities and a GP-based UCS in Goulburn will provide care within the community for people to avoid the Emergency Department for illnesses and injuries that are not an emergency.

The Urgent Care Services team will continue to deliver Urgent Care Services in regional NSW with two additional sites in Nowra and Wagga Wagga due to go live in early 2025.

Tweed Urgent Care Service Example

The positive changes the Urgent Care Services are facilitating can be highlighted through the example of Tweed Urgent Care Service in Northern NSW LHD. The Urgent Care Service has supported the avoidance of a significant number of ED presentations with Ambulance transfers. All interventions were conducted in people's homes with referrals back to their GP.

In July 2024 the Tweed Urgent Care Service expanded delivery to 12 Residential Aged Care Facilities (RACF). There is strong collaboration with the Healthy North Coast PHN to support decision making, recognition of the resident deterioration, GP appointments access and improve advanced care directives within local RACFs through pilot projects.

A community advisory group has also been established to advise service provision of the Tweed Urgent Care Service.

3.3. Recommendation 14 – Working with the Australian Government, primary health networks, specialist medical colleges and Universities to increase rural General Practitioner (GP) and specialist positions

NSW Health is working with the Australian Government, the primary health networks, the university sector and the specialist medical colleges to increase rural GP and specialist training positions. There are several avenues being employed to increase rural GP and specialist positions in regional NSW including:

The Rural Health Workforce Incentive Scheme (RHWIS)

Implemented in 2022, this scheme provides incentives of up to \$20,000 (previously \$10,000) to attract, recruit, and retain health workers in positions with hard-to-fill and critical vacancies in rural and remote locations.

Incentives and benefits can include a rural and regional health allowance, additional personal leave and contributions to ongoing professional development. Accommodation assistance and, in some locations, relocation benefits are also offered as a base incentive.

As of 2 October 2024, there are 3,146 health workers receiving a recruitment incentive package, and 11,429 health workers receiving a retention incentive package.

Collaboration with other Australian jurisdictions

NSW Health is also collaborating with all Australian jurisdictions to strengthen national work guiding the medical workforce's attraction and development. National work is supported by the independent Scope of Practice Review and the independent review of overseas health practitioner regulatory settings. This work will facilitate planning and delivery of a whole-of-health workforce strategy that provides effective multi-disciplinary workforce models and integrated care.

Work is already being delivered via Australian Health Practitioner Regulation Agency (Ahpra) in the form of an Expedited Registration Pathway for International Qualified

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General Practitioners which commenced in October 2024. This pathway will halve the registration timeframe for internationally qualified GPs.

3.4. Recommendation 21 – Access private-public cancer services

Since this recommendation was marked as completed in the Rural Health Inquiry Progress Report 2024, further progress has been made. NSW Health continues to collaborate with key stakeholders including the Cancer Council NSW and Cancer Australia to ensure delivery of services for cancer patients.

NSW Health looks for ways to support regional cancer patients to access private services where public services may not be available locally. For instance, cancer services in Wagga Wagga are offered at the Riverina Cancer Care Centre (RCCC), located within the Calvary Riverina Hospital. Murrumbidgee LHD has an agreement with the private operator to remove all out-of-pocket costs for patients attending the RCCC, which follows a similar agreement the NSW Government reached with the Griffith Radiotherapy Centre.

Oversight of referral arrangements of cancer centres vary by region and are managed locally by local health districts.

The Cancer Council NSW continues to lead delivery of information and support services to people affected by cancer, including financial assistance, financial counselling, and legal support. These services are funded by Cancer Council NSW.

The Cancer Institute NSW provides information [online](#) about understanding and managing cancer costs and links to financial support services available for cancer patients. During 1 July 2024 – 30 Sept 2024, this online information about understanding and managing cancer costs and links to financial support services continued to be available and was accessed by:

- 29,967 users over 34,912 sessions across all pages
- 21,225 users over 11,598 engaged sessions across multicultural/ translated pages
- 1,616 active users on the [Cancer Costs](#) page, ranking the fourth most accessed information page.

The Cancer Institute NSW also continues to work closely with Cancer Australia on activities to implement the Australian Cancer Plan in NSW.

All regional local health districts in NSW have implemented technology to collect cancer Patient Reported Measures. This links cancer patients to supportive care and practical online information, relating to their survey responses (including legal and financial support).

Affordable access for people in rural and regional areas continues to be an ongoing consideration within our cancer screening programs. The BreastScreen NSW remote radiology and mobile assessment models have been designed to support regional clients receive care as close to home as possible. These models are part of the BreastScreen NSW workforce strategy to meet the challenges of a limited workforce by providing specialist support and care remotely.

Over 10 years, the NSW Government through the Cancer Institute NSW has contributed close to \$3 million towards pathology costs of Cervical Screening Tests conducted by Women's Health Nurses. The partnership ensures specialist Women's Health Nurses are supported to deliver cervical screening at no cost to the client, including to rural and regional communities.

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In preparation for Lung Cancer Screening implementation from July 2025 into regional NSW, local health districts have been engaged in planning for screening services to be delivered via a mobile CT scanning service. Modelling of local patient cohorts has been completed to support the planning and access for those eligible patients in regional communities.

3.5. Recommendation 22 – Improve communication between service providers, including the use of shared medical record systems

NSW Health including regional local health districts are working with primary health networks to improve communication between service providers.

eHealth NSW has partnered with Western NSW LHD, Far West LHD, Western NSW PHN, Royal Flying Doctor Service and Maari Ma Aboriginal Health Corporation to develop an Information Sharing Solution as part of the Co-Located GP Clinics Project. This enables patient information such as discharge summaries and pathology results to be shared between NSW Health and non-NSW Health services and providers of care.

The Information Sharing Solution has already been rolled out in Far West LHD. More than 1,000 patients have now given consent for their data to be shared ‘view only’ by participating General Practices and General Practitioners.

Other examples across local health districts include:

The Central Coast LHD Digital Health Service enhances communication between service providers through the integration of medical record systems to ensure continuity of care for patients. The Digital Health Service is working closely with the primary health networks through regular meetings to facilitate collaboration and address integration challenges. This includes efforts to reduce the number of rejected discharge summaries and resolve ongoing issues related to interoperability with GP software systems, ensuring that patient information is accurately shared between hospital and community care providers.

Southern NSW LHD is actively working with Canberra Health Service to identify and address data and information sharing and access to support improved patient flows, clinical decision making and service planning.

Southern NSW LHD has established an agreement with Canberra Health Service for clinicians to have read-only access to Southern NSW LHD’s Electronic Medical Record for the purposes of clinical advice and decision-making during patient episodes of care in which they are actively involved as part of the retrieval service supporting the Southern NSW LHD.

Mid North Coast LHD and Northern NSW LHD are delivering HealthPathways which is a dynamic collaboration with Healthy North Coast PHN. HealthPathways is an online health information portal for health clinicians, to be used at the point of care. It provides information on how to assess and manage medical conditions, and how to refer patients to local specialists and services in the timeliest way. This initiative supports integration of care between GPs and LHD-based (hospital and community) services.

3.6. Recommendation 39 – Collaboration with primary health networks

NSW Health works closely with primary health networks to ensure that high quality health services are cooperatively planned and successfully delivered and that innovative models of service delivery are supported.

Some examples of effective collaboration between NSW Health and primary health networks include:

Yellow Envelope Project

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The Yellow Envelope Project is a collaboration between Western NSW LHD, Residential Aged Care Facilities (RACF) and the primary health networks. The project is primarily focussed on ensuring correct and adequate patient documentation is provided between RACF and hospitals.

Elevating surgical services at Southern NSW LHD

Southern NSW LHD has been working with the local primary health network on GP engagement to ensure patients have improved access to care, awareness of surgical services available in the LHD and how to refer to them. This also supports a current redesign project led by the Agency for Clinical Innovation.

Health, Healing and Wellbeing Schedule at Murrumbidgee LHD

Implementation of the Health, Healing and Wellbeing Schedule in the Riverina Murray Regional Alliance Accord outlines the progression of an Aboriginal Cultural Healing Centre (ACHC) to address accessibility issues for Aboriginal people seeking drug and alcohol rehabilitation facilities.

People who identify as Aboriginal are overrepresented in Murrumbidgee LHD mental health, drug and alcohol services. The schedule supports people to access care away from country, community and cultural ties.

Implementation plan for Mental Health, Alcohol and Other Drugs, and suicide prevention at Northern NSW LHD and Mid North Coast LHD

Northern NSW LHD and Mid North Coast LHD have partnered with Healthy North Coast PHN to develop an implementation plan for the Mental Health, Alcohol and Other Drugs and Suicide Prevention North Coast Joint Regional Plan. In August 2024, workshops were held to inform this implementation plan.

There is also a Memorandum of Understanding (MOU) in place between Northern NSW LHD, Mid North Coast LHD and Healthy North Coast PHN with a schedule of activities to deliver collaboratively over the coming years.

4. Improving communication between communities and health services (Terms of Reference 3a)

This section focuses on the consultation the NSW Government is undertaking with health communities and health services in remote, rural and regional NSW, in particular on improving communication between communities and health services (including Recommendations 5, 42).

4.1. Recommendation 5 – Engaging with local community groups and charity groups to understand healthcare services

NSW Health recognises the integral role of charities and local community groups within the health system and is committed to developing actionable steps to advocate and support these groups.

The position paper [Understanding the Charity and Local Community Sector in Regional NSW](#) was published in April 2024. This document outlined key findings and opportunities for enhanced collaboration between charities, local community groups and NSW Health. The paper is being disseminated across NSW Health to facilitate an informed and collaborative approach for the future.

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NSW Health leads a Project Reference Group for this work which is a forum to identify opportunities to enhance the promotion of charities and local community groups by regional local health districts and NSW Health. The Project Reference Group has local health districts, Ministry of Health and charity representation. The next meeting is scheduled for December 2024 where members will be focused on implementing actions from the report.

One of the key actions is to support the establishment of a community of practice to build capability and system-wide learning networks that enhance cross-sector collaboration and integration.

4.2. Recommendation 42 – Continuing to work with local health districts to ensure that contemporary best practices for community engagement are implemented

NSW Health has made significant progress towards this recommendation by reviewing, reinvigorating and promoting the role of local health committees. These committees ensure genuine community consultation on local health and hospital service outcomes, and health service planning. They also have a role in informing communities about the services that are available to them.

NSW Ministry of Health partnered with regional LHDs and local health committees to capture their experiences and reflect on their perspectives. The findings of the review are set out in the [Strengthening local health committees report](#) of February 2023. Key themes from the review inspired 5 guiding principles to reinvigorate and promote community engagement through local health committees.

Work is continuing to implement the guiding principles, supported by a best practice toolkit and resource hub, and community of practice.

Some examples of current work are:

Informing communities about the services that are available to them

It is important that health advice and care is accessible to everyone across our community, regardless of where they live. This advice should make it as easy as possible for people to get the right care quickly and safely.

The NSW Health Healthcare Anywhere program is a key enabler that connects people with urgent, unplanned care needs to the right care through one point of phone-based nurse assessment, triage, and referral. Healthdirect provides a 24/7 single access point for health advice and connects people across the state, including remote, rural and regional areas, to one of many care options available to them. The program leverages the capability gained during COVID-19, with centralised access to virtual primary care and anti-viral prescribing.

Depending on need, people who call healthdirect are triaged and connected to primary care, urgent care services or virtual models of care. These have been developed to support acute episodic healthcare needs outside of Emergency Departments (ED). If emergency care is needed, callers are directed to the ED or transferred to Triple Zero.

NSW Health is working with local health districts to improve communication between communities and health services by disseminating information, education and resources across remote, rural and regional communities to raise awareness of healthdirect and available virtual care services.

Communications to NSW Health staff and similar consumer-facing messaging have been developed ensuring consistency and accuracy of information.

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Local health districts and Specialty Health Network communications leads and stakeholders will play a critical role in reviewing, shaping, and distributing communication materials for the NSW Health workforce. This localised expertise will help ensure materials resonate with clinicians and staff in each district or network.

The Ministry of Health will provide ongoing collaboration opportunities and feedback loops to ensure success.

Online tool for community members to navigate local services

NSW Health is partnering with healthdirect Australia to build on existing digital capabilities for an app that meets the needs of the NSW Community. The NSW Health app will build on the functionality already available in the National healthdirect app and is in the early design concept and planning phase. The NSW Health app will support rural patients with symptom checking, a service finding function linked to the National Health Service Directory, and ability to book appointments with the appropriate care service.

4.3. Recommendations 5 and 42 – Local examples of community and charity consultation

There are examples of local engagement with communities across all regional local health districts. Some of these include:

Central Coast LHD

Central Coast LHD has revised the Consumer Community Committee to provide direction and oversee the implementation of the Consumer, Carer and Community Engagement Strategy 2024-2027. The strategy identifies five key objectives to:

- Connect with consumers, carers and community
- Ensure people from diverse backgrounds can access and be involved in their healthcare
- Embed kindness and compassion in the care provided
- Communicate in language our consumers and community understand
- Involve consumers and community in designing services, facilities and research

Central Coast LHD has also implemented consumer remuneration.

Western NSW LHD

Community consultation continues to inform the design, development and redevelopment of Cowra Hospital, Blayney MPS, Bathurst Health Service, Canowindra HealthOne and the World Class End of Life Care Program expansion at Orange.

The second annual WNSWLHD Community Conference was held in October 2024. With a theme of *Let's talk about it – Mental Health and Wellbeing in Regional NSW*, the conference focussed on showcasing mental health and wellbeing services and supports, co-design projects and contemporary engagement models. The conference provided an opportunity to bring consumers, carers, community members and staff together and encouraged delegates, services and organisations to talk about mental health and wellbeing in regional NSW. Speakers demonstrated how to embed consumer, carer and community engagement in the health system, service delivery and research.

Western NSW LHD is also engaging with local Aboriginal community groups to understand their requirements when seeking employment and how to attract and retain Aboriginal staff into local services. These local community groups are also engaged to better align internal cultural training packages to meet local needs and to enhance staff understanding of local cultural protocols and significant events and locations that may impact on the health and well-being of the Aboriginal community.

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Far West LHD

There has been extensive consultation with Wilcannia Aboriginal Community and Wilcannia Health Council on access to renal dialysis within the community – an issue that has impacted community financially, physically and psychologically for more than 20 years.

Far West NSW LHD and Health Infrastructure have created a cultural community engagement officer position to work in collaboration with community. The Cultural Community Engagement Officer works with Health Infrastructure, Far West LHD and the Wentworth Aboriginal Community to ensure cultural aspects have been incorporated into the redevelopment of the Health Service.

Murrumbidgee LHD

Murrumbidgee PHN and Murrumbidgee LHD have led an initiative to manage issues of duplication and service gaps in Mental Health and Drug and Alcohol Services available within the region. The Murrumbidgee Mental Health and Drug and Alcohol Alliance was formed in 2015. The Alliance has grown from its original 17 member organisations funded by State and Commonwealth governments to provide mental health and drug and alcohol services to the Murrumbidgee community to the current 20 members and 2 affiliate members.

Northern NSW LHD

Northern NSW LHD will launch an online engagement platform in January 2025 to support greater involvement of consumer, community groups, local services and charities in health service planning, design and implementation.

Northern NSW LHD, Mid North Coast LHD and Healthy North Coast PHN are currently developing an implementation plan for the Mental Health, Alcohol and Other Drugs and Suicide Prevention North Coast Joint Regional Plan. This implementation plan involves engaging and working with local NGOs and other relevant community stakeholders.

Illawarra Shoalhaven LHD

Illawarra Shoalhaven LHD convened a district wide consumer advisory council in July 2024 that will meet 6 times per year. There are 15 consumer and community representatives.

Illawarra Shoalhaven LHD works closely with the United Hospital Auxiliary affiliated with each hospital across its network and with local community groups such as the Illawarra Community Fund to enhance patient care. This type of support can range from purchasing medical equipment, funding wellbeing gardens or play spaces, through to larger capital projects such as the refurbishment of the children's ward at Wollongong Hospital. Larger projects involve consumer representation in the planning and design stages to better align community expectation with service delivery or project outcomes.

Mid North Coast LHD

The Mid North Coast LHD delivered the Enhancing Inclusion in the Health System project in partnership with Blue Sky Community Services. The project aimed to improve accessibility and inclusivity of health services for people with disability, through enhancing health staff knowledge, understanding and confidence to work collaboratively with people with disability and their families.

A strength of the project was the genuine co-design approach with community groups, together with people and their families with lived experience of disability. Nearly 100 resources and 17 educational training packages were designed and delivered for both health staff and consumers.

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Mid North Coast LHD works closely with a variety of charities to support operations at each centre and at the newly established Kempsey District Satellite Cancer Centre. The Kempsey-based LilliPilli Ladies have provided donations to support the purchase of equipment for the new service and provide practical support for the Kempsey community to facilitate care on country and close to home.

5. Improving communication to develop place-based health needs assessments and Local Health Plans (Terms of Reference 3b)

This section focuses on the consultation the NSW Government is undertaking with health communities and health services in remote, rural and regional NSW, in particular to developing place-based health plans (including Recommendation 43).

All local health districts have an annual Service Agreement which sets out the service and performance expectations for funding and other support to ensure the provision of equitable, safe, high quality healthcare services. It facilitates accountability to government and the community for service delivery and funding.

Many of the projects carried out by the local health districts are place-based. Collaborative Care is a community centred, place-based approach to mapping and planning solutions to address healthcare challenges in regional communities. As noted under section 3.2 a Collaborative Care Program has been established in collaboration with NSW Health and the Australian Government across 5 sub regions in Murrumbidgee Local Health District, Western New South Wales LHD, and Far West LHD.

All place-based approaches and scalability assessments include shared decision making with Aboriginal organisations.

5.1. Recommendation 43 – Place based needs assessments across NSW

Place-based needs assessments

As highlighted in the Rural Health Inquiry Progress Report 2024, all regional PHNs have developed place-based needs assessments in collaboration with local health districts as well as the Aboriginal Medical Services, local councils, allied health networks, universities, the Rural Doctors' Network, clinical councils, the business sector, community groups and organisations, and communities.

Some examples from the regional local health districts of place-based approaches and partnerships include:

Mid North Coast LHD

Mid North Coast LHD has entered a Memorandum of Understanding with Healthy North Coast PHN and Northern NSW LHD, which sets out joint planning deliverables, including a joint Health Needs Assessment, data sharing arrangements and scoping opportunities for collaborative commissioning.

A Regional Planning Forum is being developed, formalising current meetings that take place involving the LHD Planning Teams and teams from Healthy North Coast PHN and Northern NSW LHD.

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Far West LHD

Far West LHD is committed to improving medical workforce models across their communities to address shared challenges. This includes reviewing service models at Multi-Purpose Services to ensure they are responsive to the community's needs.

In Wilcannia MPS, a capital works project is underway to develop a 4-chair dialysis unit as a satellite unit of the Broken Hill Health Service for people to receive care as close to home as possible. A Nurse Practitioner has been employed to provide care for communities with limited access to medical staff or private GPs. Balranald MPS is also developing a permanent Nurse Practitioner position with scope of practice to accommodate increase access to aged care, emergency department, and primary health care for community with no GP living or working in community.

Far West LHD have also been working in collaboration with Murdii Paakii Regional Assembly Local Aboriginal Community Working Parties (CWPs) to develop localised Aboriginal Health Action plans. The localised Aboriginal Health Action plans form part of the Murdii Paakii Regional Assembly – Aboriginal CWP community action plans.

Consultation with Aboriginal Community working parties has occurred at Menindee, Broken Hill, Wilcannia and Dareton/Wentworth. Endorsement of the localised Aboriginal Health Action plans is from the local Aboriginal CWPs.

Central Coast LHD

Central Coast LHD is currently working on the All Inclusive Care for Older People (ALICE) initiative. This initiative is a collaboration between the Central Coast LHD, Hunter New England and Central Coast Primary Health Network, Central Coast Council, and the Department of Primary Industries and Regional Development. The ALICE model of care aims to support all community-dwelling older people aged over 65 (or aged 50 and over for Aboriginal people) living in priority neighbourhoods on the Central Coast.

The ALICE model has been, and continues to be, co-created with residents, community groups, and care providers. Its development has been guided by a systematic approach that included a joint assessment of the needs of older people in the area, an international evidence review, and the creation of a costed value case. An implementation plan and budget have been developed, including a monitoring and evaluation framework.

Since June 2024, ongoing engagement with the community at The Entrance has been established. The recruitment process for a Community Engagement Officer has commenced to work directly with the community, identifying available services and providing a point of connection.

Murrumbidgee LHD

The Leeton Collaborative Care Project commenced in 2024 in collaboration between NSW Health and Rural Doctors Network.

Snowy Valley Collaborative Care (2020-2024) has been completed. It used placed-based planning to enhance access to primary care and allied health including a trial of shared GP appointments.

Illawarra Shoalhaven LHD

Coordinare (the South-Eastern NSW PHN), Illawarra Shoalhaven LHD and Southern NSW LHD have partnered through the Collaborative Commissioning Program to jointly develop and implement a care pathway for Chronic Obstructive Pulmonary Disease (COPD) based on local need.

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The care pathway aims to improve outcomes for people with COPD and to improve healthcare system sustainability, including through reducing preventable hospitalisations. The care pathway is also intended to be broadly applicable to other chronic health conditions. Illawarra Shoalhaven LHD has commenced implementing the service and is looking to bring on the first patients by the end of October 2024.

Illawarra Shoalhaven LHD has engaged the Milton Ulladulla community as active participants in the development of the Health Service Plan (HSP) which outlines the services required to meet the community's current and future health needs and makes recommendations on the best ways to deliver these services in the future. The Milton Ulladulla Hospital (MUH) HSP looks at the community's long term future health needs.

The draft HSP was released to the public in September 2024 with an invitation to community members to provide feedback in an online "Have Your Say" survey. Face-to-face community consultation sessions also occurred, including daytime and night opportunities throughout September 2024.

Southern NSW LHD

Southern NSW LHD is currently developing Clinical Service Plans for each Local Government Area (LGA) across the district. The Southern NSW LHD service planning team consults extensively with staff, community and other stakeholders including the Australian Capital Territory and with regional forums on planning and transport and local government.

The plans identify the priority health service needs of each community and in turn the priorities for health service development and redesign, along with enabling activities. Plans are in development for Yass Valley, Queanbeyan Palerang and Bombala, with early planning in progress for Goulburn, Mulwaree/Upper Lachlan and Snowy Monaro. The intention is to have a LGA-based clinical service plan for all regions of the district by the end of 2025.

Northern NSW LHD

Northern NSW LHD has commenced work on a local MPS Network Service Plan. It is also working in partnership with the Rural Doctors Network (RDN) on a Collaborative Care Project focused on Murwillumbah to commence from November 2024.

A Health Needs Assessment is currently underway, led by Healthy North Coast PHN, with input from Northern NSW LHD and Mid North Coast LHD. Both LHDs sit on the reference group that is guiding and informing this work.

Additional work continues under the recently signed MOU between Northern NSW LHD, Mid North Coast LHD and Healthy North Coast PHN.

Northern NSW LHD, in partnership with NSW Ambulance, has funded the first Extended Care Paramedic Service to operate in a regional area under the umbrella of the Tweed Urgent Care Service. The Extended Care Paramedic service commenced on 19 August 2024 for Tweed Urgent Care Service and then expanded to take in Murwillumbah township on 30 September 2024. This addresses the local need for more urgent primary care.

Hunter New England Local Health District

Hunter New England Local Health District is part of the Macintyre Health Alliance, which is a collaboration between key health stakeholders in Goondiwindi, Boggabilla and Toomelah in support of primary care coordination. It includes the Darling Downs and West Moreton PHN, Goondiwindi Medical Centre, Darling Downs Health, Pius X Aboriginal Medical Service, and Hunter New England and Central Coast PHN.

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The Alliance will progress with new Indigenous Wellness Connect program, following the Darling Downs and West Moreton PHN's successful application for an Innovative Models of Care Program Grant in July 2024. The \$1.5 million grant from the Australian Government will support a 4-year trial of an Allied Health Primary Care-led Digital Health and Aboriginal and Torres Strait Islander chronic conditions management model.

Hunter New England LHD is also supporting the planning and delivery of a Health Hub in Glen Innes, led by the Hunter New England & Central Coast PHN, after a successful IMOC Grant submission. This multi-disciplinary team service will include a Care Navigation role for patients as well as support for Allied Health and nursing student placements. The program will benefit existing providers in addition to providing services through the Health Hub.

6. Improving government decision making (Terms of Reference 4)

This section focuses on NSW Government action to prioritise the health of regional communities in government decision making (including Recommendations 36, 37 and 44).

6.1. Recommendation 36 – Support the NSW Regional Health Ministerial Portfolio

A Minister for Regional Health has been retained within the Health Portfolio and is currently held by the Hon. Minister Ryan Park MP as Minister for Health and Minister for Regional Health. NSW Health continues to support the Minister in his role, specifically through the Deputy Secretary, Rural and Regional Health, the Regional Health Division and the 9 regional local health districts.

A Regional Health Ministerial Advisory Panel was announced in October 2023 to strengthen community engagement and foster genuine co-design principles in the development of healthcare in regional NSW. The Panel is chaired by Dr Richard Colbran, Chief Executive Officer of the Rural Doctors Network. Minister Park has asked the Panel to focus on:

- implementing the recommendations of the Rural Health Inquiry
- addressing issues of attraction and retention of the regional health workforce
- improving health outcomes and access to care for Aboriginal people.

6.2. Recommendation 37 – Using findings from the previous Rural Health Plan to inform the new Plan

NSW Health completed and published the Final Progress Review of the Rural Health Plan: Towards 2021 in April 2022 and published the report on 3 May 2022.

The final review highlights key achievements, in addition to the progress of the earlier reviews in 2015 and 2018. The final review also sets out future directions for regional, rural, and remote health policy.

NSW Health used the future directions and key insights from the final progress review, as well as other work, academic research, the findings and recommendations of the Rural Health Inquiry and by what was shared with us by communities, staff, partners and other stakeholders to develop the [NSW Regional Health Strategic Plan 2022- 2032](#) which was published in February 2023.

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6.3. Recommendation 44 – Investigating the Health in All Policies approach

NSW Health undertook a review of Health in All Policies and similar approaches in response to this recommendation from the Rural Health Inquiry. Based on the review findings, NSW Health will focus on embedding the principles of a Health in All Policies approach through existing statewide, regional and local mechanisms. It will also consult with Premier's Department, Treasury and The Cabinet Office on the evidence base and further opportunities for embedding the principles and key components of effective partnerships across the NSW Government.

The [Evidence Check](#) undertaken as part of this review has been published on the Agency for Clinical Innovation Website in October 2024, to further support evidence informed approaches to developing, reviewing, measuring, and evaluating intersectoral approaches that address health equity and outcomes. NSW Health will disseminate the Evidence Check and investigate ways to enhance staff capability in relation to the Social Determinants of Health as a recommendation of the review report.

7. Updates and final observations (Terms of Reference 5)

NSW Health will continue to regularly monitor and report on the progress being made on the 44 Rural Health Inquiry recommendations made by the Portfolio Committee No.2. Updates and stories of change will be shared to demonstrate how the recommendations are being implemented.

Appendix A: List of Acronyms

Acronym	Meaning
Ahpra	Australian Health Practitioner Regulation Agency
AH&MRC	Aboriginal Health Medical Research Council
ALICE	All Inclusive Care for Older People
COAG	Council of Australian Governments
COPD	Chronic Obstructive Pulmonary Disease
ED	Emergency Department
EWS	Early Warning Score
GP	General Practitioner
HSP	Health Service Plan
IGA	Inter-Governmental Agreement
LHD	Local health district
MOU	Memorandum of Understanding
PHN	Primary Health Network
PGY	Postgraduate year
PTS	Patient Transport Service
MPS	Multi-Purpose Service
NSW	New South Wales
RACF	Residential Aged Care Facilities
RCCC	Riverina Cancer Care Centre
RDN	Rural Doctors Network
RHWIS	Rural Health Workforce Incentive Scheme
RGSEP	Rural Generalist Single Employer Pathway
SCOI	Special Commission of Inquiry into Healthcare Funding in NSW
START	Sydney Triage Risk Assessment Tool
UCC	Urgent Care Centre
UCS	Urgent Care Service