



Rural Health Plan: Towards 2021

.....
Final Progress Review

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Contents

Foreword	4
.....	
Executive Summary	5
.....	
Overview of the Rural Health Plan: Towards 2021	9
.....	
Rural Health in 2021	11
.....	
Direction 1: Healthy Rural Communities	12
Direction 2: Access to High Quality Care for Rural Populations	20
Direction 3: Integrated rural health services	26
.....	
Strategy 1: Enhance the Rural Health Workforce	31
Strategy 2: Strengthen Rural Health Infrastructure, Research, and Innovation	38
Strategy 3: Improve rural eHealth	45
Acknowledgements	53



Foreword

When the NSW Rural Health Plan: Towards 2021 was released in 2014, few could have imagined the emergence of a global pandemic nor the number and intensity of natural disasters that would be in store.

Our health system has emerged stronger and more resilient from these challenges, thanks in large part to the dedicated efforts of our staff and partners-in-care.

The extraordinary events of the past few years have required a significant amount of time, energy, and focus. Despite this, our staff and health partners have managed to drive considerable improvements in our rural health services to better serve the 3.1 million people that live outside of metropolitan Sydney.

A focus on integrated care, building infrastructure and virtual care are reducing access barriers and bringing health services closer to the people who need it. Furthermore, the networked nature of our health system has enabled us to provide specialist services to more people across the state.

NSW Health is committed to continuous quality improvement. We recognise that challenges remain in the provision of health services in rural areas.

We remain committed to closing the gap in Aboriginal health outcomes. We are also focused on improving the mental health and wellbeing of people in rural communities, particularly those affected by the major disasters of fires, floods, and drought. The workforce is the beating heart of our health system and efforts will continue to better attract and retain rural health professionals. Increasing the networked and integrated nature of our services will also be an important focus in future work.

Everyone in NSW should have access to high quality healthcare, regardless of where they live - NSW Health remains committed to delivering for our rural communities.

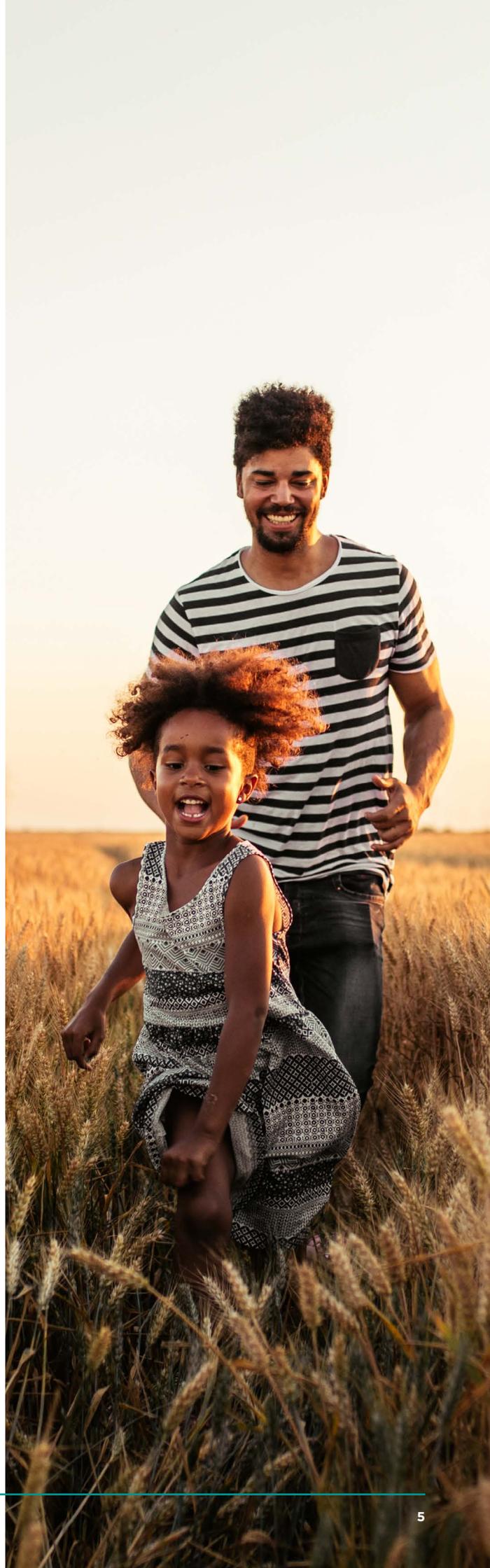
Susan Pearce

Secretary, NSW Health

Executive Summary

Background

- The Rural Health Plan: Towards 2021 was released in 2014. It set the policy directions for rural health in NSW and built on the strengths of rural communities and the broader NSW health system. The Rural Health Plan complemented a wider suite of NSW health policies outlined in the NSW State Health Plan itself.
- Following the structure of the Rural Health Plan, the review considers its six focus areas. These focus areas are comprised of three directions (healthy rural communities; high quality care; integrated care) and three strategies (workforce; infrastructure, innovation and research; and eHealth). Under these six areas, there are 24 goals and initiatives for the NSW health system to address.
- This report is the third and final review of the Rural Health Plan and highlights key achievements against goals in the Rural Health Plan, in addition to the progress outlined in the earlier reviews in 2015 and 2018.
- The final review also looks ahead by listing future directions or proposed priorities under each of the six focus areas.
- Case studies from the local health districts, pillars and branches of the NSW Health Ministry are used to further illustrate some of these outcomes at a local level.
- This final progress review is an opportunity to reflect on key achievements and on future directions for rural health policy.





Key Achievements



Since 2014, more than

\$5 billion

has been spent in **health capital works** in rural and regional NSW, which represents **over a third** of the **total investment for the state**.

Aboriginal workforce representation has **increased** from **3,342 (2.6%)** at 30 June 2018 to

4,260 (2.9%)

at 30 June 2021.



Of the **\$201 million palliative care funding enhancements** committed by the NSW Government in 2017, 2019 and 2020, around

\$75 million

benefits regional and rural districts in NSW.

The NSW Government invested

\$26.5 million

on the **Emergency Drought Relief Mental Health Package** (Package) across 2018-19, 2019-20 and 2020-21. The Package included a range of programs to support the **mental health and wellbeing** of **people across rural and regional NSW.**



eHealth NSW's Health Wide Area Network (HWAN) program established a **secure, broadband and clinical-grade network** for the public health system across NSW and is **connected to all rural districts.** HWAN enables the utilisation of

virtual care services

including videoconferencing, in-home monitoring and remote consultations and increases performance reliability of frontline clinical and real time applications such as Electronic Medication Management (eMM) and Electronic Medical Records (eMR).

The **NSW Health rural health workforce**

increased significantly

between 2012 and 2021 with an **additional**



47.6%

medical professionals



22.1%

nursing professionals



31.5%

allied health professionals

The **NSW Telestroke Service** provides people across NSW with rapid virtual access to **specialist stroke diagnosis and treatment by connecting local emergency physicians**



with **expert stroke clinicians** to determine the most **appropriate treatment** for each patient. By June 2022 the NSW Telestroke Service will connect up to

23 rural and regional

hospitals across NSW with a network of virtual specialist stroke doctors, managed by the Prince of Wales Hospital.



NSW Health established the **COVID-19 Research Grants Program** in response to the COVID-19 pandemic.

Research findings inform the NSW Government's response to the pandemic.

Five projects, worth more than

\$2.5 million

are investigating **innovative models of health service delivery** which will directly benefit **people in rural and remote areas**.

Data from **patient surveys** of **4,487 adults admitted** to one of **98 small, rural public hospitals** in 2020 indicates that almost all patients (**95%**) said, overall the care they received was



'very good' or 'good'

Future Directions

NSW Health is committed to continuous quality improvement and recognises that challenges remain in the provision of health services in rural areas. The below are priority areas which align to the broader direction for future health in NSW:

- Ongoing **partnership and collaboration between both Commonwealth and State levels** of government to ensure that health services are delivered effectively in rural NSW.
- **Strengthened engagement with rural communities** and rural clinicians in service planning.
- Continue to embed **virtual care** as an option to complement face-to-face care.
- Commit to an **environmentally sustainable footprint** for future healthcare.
- Continue to **attract and retain health professionals** to rural areas through:
 - Professional career pathways and training programs
 - Expanded roles and scope of practice and flexible workforce models
 - Ongoing work to recruit health professionals from overseas.
- **Close the gap** by prioritising care and programs for Aboriginal people. Continue to work with Aboriginal communities to create and deliver local health services that resonate with Aboriginal people. Aboriginal people to be involved and lead on the design and delivery of health programs for Aboriginal people.
- Improve cross-agency collaboration through **strengthened partnerships** to improve rural health outcomes and address the social determinants of health. Particularly with agencies such as Transport, Education, Department of Communities and Justice, and Regional NSW.
- Continue to expand the use of eHealth services to improve service access to rural areas.
- Continue to deliver and improve transport and accommodation options such as the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) scheme and key worker accommodation support.
- Sustain efforts to **build health literacy** across the system, particularly with youth, older people, Aboriginal people, men, CALD communities.
- Connect with partners, including other government agencies, not-for-profit organisations and the private sector, to **develop and innovate integrated rural** healthcare initiatives.
- **Improving access to services** such as child and young people mental health, maternity, paediatrics, oncology and renal services.



The successes emerging from the Rural Health Plan have been based on locally led and delivered initiatives that recognised the contribution and diversity of rural people.

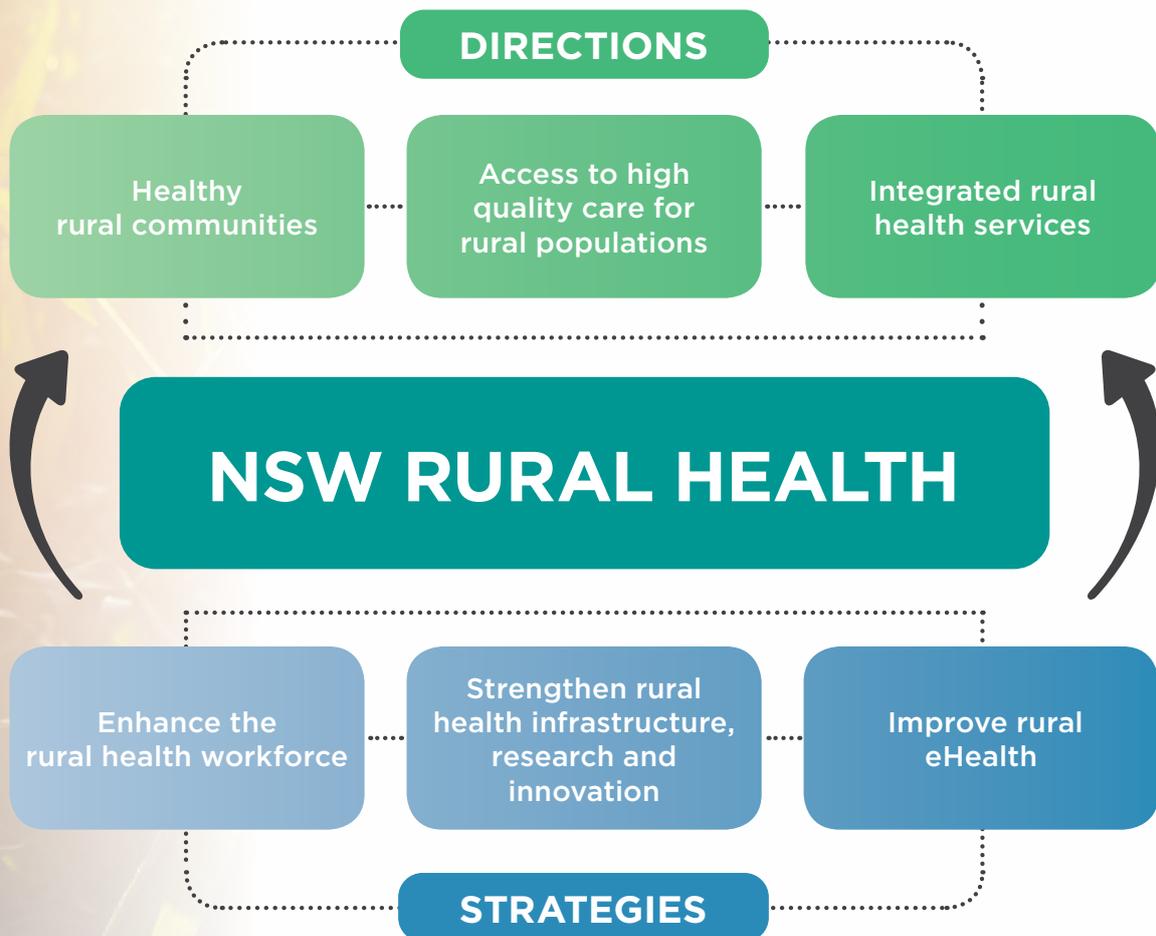
Overview of the Rural Health Plan: Towards 2021

The *Rural Health Plan: Towards 2021* aimed to strengthen the capacity of rural health services to provide world class, connected and seamless care for people living in regional, rural and remote NSW.¹ This final report summarises activity and progress across its three directions and three strategies since 2014.

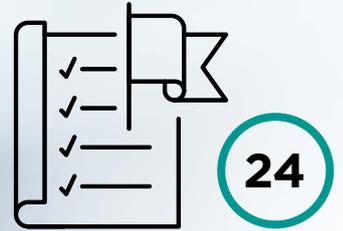
The Rural Health Plan was released in 2014. It included 24 goals and initiatives for the NSW health system to address across six areas in its strategic framework (three directions and three strategies). Details of this strategic framework are below.

The Rural Health Plan is underpinned by the broader vision for health service delivery in NSW, as articulated in the [NSW State Health Plan: Towards 2021](#).

The successes emerging from the Rural Health Plan have been based on locally led and delivered initiatives that recognised the contribution and diversity of rural people. The Rural Health Plan built on the existing health service infrastructure and innovation occurring in rural areas.



¹ In this report we refer to rural throughout. Please note that this encompasses areas also understood as “regional” or “remote”. When research or a particular program focuses on “regional” or “remote” areas of NSW this is made clear.



This final report showcases **key achievements** against all **24 goals** since 2014.

Key partners in the delivery of the plan included seven rural local health districts (districts), the NSW Ministry of Health, NSW Health Pillars, and service delivery organisations, including NSW Ambulance and Specialty Health Networks, Aboriginal community-controlled health services, general practitioners (GPs), Primary Health Networks (PHNs), allied health providers, other government agencies, private providers including private hospitals and non-government organisations.

The Rural Health Plan was periodically reviewed, and progress reports were published online in both **2015** and **2018**. These reports have helped to summarise the progress across the health system in implementing the Rural Health Plan. This final report showcases key achievements against all 24 goals since 2014 and describes a future direction for rural healthcare in NSW.



Rural Health in 2021

Health outcomes

Positive outcomes for people living in rural areas have been reported across several health indicators.

Data from patient surveys of **4,487 adults** admitted to one of **98 small, rural public hospitals** in 2020 indicates:



that **almost all patients (95%)** said, overall, the care they received was **'very good' or 'good'**.²



the percentage of patients who said **'very good'** in 2020 was **78%**.

Around **one in eight patients (13%)** said they received telehealth services in the three months after leaving hospital. Of these patients, **92%** benefitted from these services and **89%** rated telehealth as a **'very good' or 'good'** way of receiving care.

The most recent data available from **HealthStats** NSW demonstrate a dynamic picture of rural health outcomes. On indicators such as low birthweight, child immunisation rates and hospitalisation for vaccine preventable diseases (excluding COVID-19), people living in rural areas experience better outcomes than people living in metropolitan areas in NSW.

However, indicators such as hospitalisations, suicide, and death rates demonstrate a pattern of poorer outcomes with increasing rurality and remoteness. In 2018 people in non-metropolitan districts in NSW could expect to live to 81.4 years on average. Their counterparts in metropolitan districts could expect to live to 83.6 years on average, a difference of 2.2 additional years. However, there was a consistent pattern since 2001-2018 of increasing life expectancy across all remote areas in NSW.



NSW Health outcomes

Mortality rates

Total mortality rates and potentially avoidable deaths decreased across NSW over the 18 years to 2018 for **all remote areas**. There is a **consistent pattern of higher mortality rates** with **increasing rurality and remoteness**.

Low birth weight

Since 2016, the **percentage of babies with a low birth weight** has been **higher in major cities** than in **inner regional and outer regional and remote areas**. This difference is **decreasing** over time. In 2019, the **percentage of babies with low birth weight** was **4.8 per cent** in **metropolitan districts** compared to **4.6 per cent** in **non-metropolitan districts**.

Infant mortality rates

Total infant mortality rates decreased across NSW over the **18 years to 2018**, with a particularly **significant decrease** for **remote areas** from 2001 to 2018. In 2018, **infant mortality rates remained higher** in **non-metropolitan districts** compared with **metropolitan districts and networks**.

Suicide rates

After experiencing a decline from 2001 to 2006, **suicide rates steadily increased** in **rural, regional and remote areas between 2007 and 2018**. Suicide rates in **major cities** have **remained relatively stable**. In 2018, **rates per 100,000 were higher** for **non-metropolitan districts** compared with **metropolitan districts and networks**.

² BHI Rural Hospital Adult Admitted Patient Survey https://www.bhi.nsw.gov.au/nsw_patient_survey_program/rural_hospital_adult_admitted_patient_survey



Section summary

Healthy Rural Communities focused on strengthening health promotion, disease prevention and community services especially in areas of Aboriginal, maternal, child, youth, mental, sexual, and oral health services, as well as lifestyle factors such as smoking, drug and alcohol use and poor nutrition. This direction also included initiatives aiming to address the social determinants of health through working in partnership across services and sectors. A focus on early intervention and prevention across a range of health risk factors is needed to ensure people in rural communities can stay healthy and stay out of hospital.

The goals and initiatives outlined in this direction were:

- Improve rural Aboriginal health
- Address the social determinants of health
- Promote prevention and early intervention initiatives
- Improve the health of rural children, young people, and families
- Improve rural oral health
- Improve rural mental health



DIRECTION 1:

Healthy Rural Communities

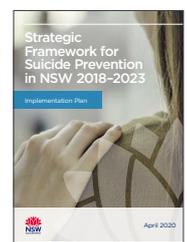
Strengthen health promotion, disease prevention and community health services to ensure people in rural communities are healthy.

Discussion

Healthy communities are critical to improving health outcomes for all. Early intervention helps save lives by preventing illness. It also supports cost savings and efficiencies in health systems. The social determinants of health must be considered when crafting health programs and policy.

The NSW health system has been responding to improve the health of rural communities. Through the development of innovative health policy, such as the **First 2000 days**, **Towards Zero Suicides** and the **NSW HIV Strategy** and models of care such as initiatives targeting people with dual drug and alcohol and mental health diagnoses, NSW is leading nationally in evidence-based health responses to challenging health issues. NSW Health is committed to working in partnership with Aboriginal people to create a culturally aware and appropriate health system. It is also committed to supporting Aboriginal Community Controlled Health Organisations to deliver high quality health services in partnership with mainstream public health services.

Rural communities are diverse and the people within them resilient. Rural areas of NSW experience unique challenges and unique health demands. Locally driven health service planning has been encouraged and will continue to be encouraged to ensure that programs resonate with communities and improve health outcomes.





GOAL:
**Improve rural
Aboriginal health**

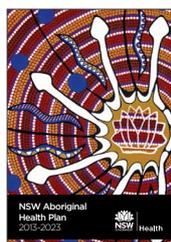
Further implement cultural competency programs in rural health services, as highlighted in the NSW Aboriginal Health Plan, including through face-to-face interaction and learning with Aboriginal communities.

Key achievements

NSW Health continues to strengthen cultural safety across the health system in NSW to achieve a culturally inclusive organisational culture. **The NSW Aboriginal Health Plan 2013-2023** developed in partnership with the Aboriginal Health and Medical Research Council of NSW, aims to deliver culturally respectful and responsive services which better meet the needs of Aboriginal people, and ensures engagement with Aboriginal people to inform decision-making processes.

This high-level reform work is resetting the health system towards a strengths-based approach within a framework of wellness and healing.

This includes the need to strengthen governance and accountability mechanisms, build more effective partnerships with Aboriginal Community Controlled Health Services, embed wellbeing into health policy and build the cultural safety of the health system.



Initiatives to strengthen cultural safety across NSW Health include:

- Increasing the Aboriginal health workforce with a minimum target of 3 per cent across occupation and salary bands. The Aboriginal health workforce was 2.9 per cent in 2019-20.
- Strengthening District performance with Service Agreements incorporating new Key Performance Indicators (KPIs) to measure cultural safety and experiences of racism.
- Implementing mandatory cultural respect training known as 'Respecting the Difference' for all NSW Health staff which includes online and face-to-face components.
- Implementing enhanced accountability mechanisms through the Strategic Aboriginal Health Steering Committee including reporting mechanisms to measure district performance. These include the Aboriginal Health Dashboards, Aboriginal Health Report Cards and the Aboriginal Cultural Engagement Self-Assessment Audit Tool.



GOAL:
Address the social determinants of health

Work in partnership with local government and NSW Government agencies, non-government organisations and the private sector to address the social determinants of health with a focus on supporting local improvements in prevention and early intervention, including in education, housing, transport and social cohesion.

Key achievements

- NSW Health is working across agencies and sectors to encourage the creation of healthy built environments to increase physical activity, liveability and support healthy eating.
- The **Healthy Built Environment Checklist** (2020) is a tool for health professionals and others to use when providing feedback on planning proposals to support changes to plans that create more opportunities for physical activity and social interaction. Advice for regional and rural areas is included.



In 2020, **76%** of teams registered in the **Knockout Health Challenge** were from rural, regional, or remote NSW.



GOAL:
Promote prevention and early intervention initiatives

Continue to implement prevention and health promotion initiatives in rural communities, such as the Get Healthy Information and Coaching Service, Go4Fun online, Knockout Health Challenge and Quitline.

Key achievements

The **Knockout Health Challenge** is a community led healthy lifestyle and weight loss competition for Aboriginal communities across NSW. The program aims to close the gap with accessible and culturally safe health services for Aboriginal people including those residing in rural, regional, and remote areas.

- Since 2012, 10,802 Aboriginal people have participated in the Knockout Health Challenge, with an average weight loss of 2.3%.
- In 2020, 76% of teams registered in the Knockout Health Challenge were from rural, regional, or remote NSW.
- In 2019, virtual delivery was introduced to enable isolated participants and communities to register for the Challenge, and in 2020, the program piloted online delivery to support access to healthy lifestyle programs during the COVID-19 pandemic.



GOAL:

Improve the health of rural children, young people and families

Ensure an appropriate psychosocial, medical and forensic response to victims of sexual assault and child abuse and neglect in rural regions of NSW.

Key achievements

IPARVAN Framework

NSW Health is implementing the **Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework**, a key element of NSW Health's Violence, Abuse and Neglect (VAN) Redesign Program. The Framework outlines the vision, guiding principles, objectives, and strategic priorities to strengthen NSW Health's response to violence, abuse and neglect, including the provision of integrated psychosocial, medical and forensic responses to people who have experienced sexual assault, domestic violence and child sexual and physical abuse across NSW.

The Framework recognises that services must respond to the co-occurrence of multiple forms of violence, abuse, and neglect throughout people's lives. Implementation of the Framework has commenced with a program of work over a six-year timeframe (2019-2025).

Specific projects aligned to the IPARVAN Framework and supporting the provision of sexual assault and child abuse and neglect services to people in rural and regional NSW include:

- Early Evidence Collection Package
- Clinical Guideline for the use of Telehealth in Integrated Sexual Assault Service Delivery
- NSW Health Supervision Guideline for Violence, Abuse and Neglect Medical Forensic Services
- PARVAN Medical and Forensic Advisory Group
- Child Physical Abuse and Neglect
- Enhancing access to specialist Sexual Assault Services for priority population groups

Promote access for rural and remote families to early antenatal care, continuity of care models for pregnant women that support birth as close to home as possible, and early childhood health services, as well as follow-on assessment and treatment services for children and families identified with health and developmental issues.

Key achievements

Maternity services in NSW are organised into tiered networks to ensure pregnant women living in rural and regional areas of NSW receive the right care as close to home as possible. The NSW Maternal Transfers Redesign (MTR) project aims to improve the experience and the outcomes for pregnant women with complex pregnancies needing higher level maternity care across NSW and the ACT. It is supported by 2018/19 NSW State Budget commitment of \$1.5 million per annum over four years.

The MTR project began implementation in November 2019 using a systematic, statewide approach to consultation, referral, and transfer of women.

The project utilised the tiered networks which ensures pregnant women with complex pregnancies have access to expert obstetric advice and a transfer of care if needed, no matter where they live in NSW.

Registered nurses facing a maternity emergency in rural and remote areas follow guidelines distributed to all districts. In addition, NSW Health has developed an online learning program 'Maternity Emergency Presentations in Non-birthing Facilities' for all relevant nursing staff to support safe outcomes for mothers and babies living remotely. Remote obstetric consultation is also available from the nearest birthing facility within the network.

In 2018 more than 18,000 women and partners responded to a survey about maternity care in NSW, of which over 31% of respondents were from rural and remote areas. Their opinions will inform the direction of the revised maternity care policy, which will provide an evidence-based, life-course approach for the health and wellbeing of pregnant women, their partners, babies, and families.



GOAL:
**Improve rural
oral health**



Collaborate with relevant government agencies, universities, NGOs, not-for-profit sector and the private sector to maximise the availability of oral health services to regional, rural and remote areas.

Key achievements

Various programs continue to provide significant enhanced access to dental treatment and improved likelihood of recruitment and retention in these rural areas. Private dental practitioners throughout NSW can be utilised to provide care to public dental patients through the issue of dental vouchers from **the Oral Health Fee For Service Scheme**. This scheme not only provides access to private dental practitioners in areas where no permanent public dental service is located, but also supports the commercial viability of private dental practice in regional and rural areas.

A number of Aboriginal Community Controlled Health Services are now also registered as Oral Health Fee For Service Scheme providers and provide care for non-Aboriginal patients under vouchers. This enables improved access for rural residents, as well as improved financial sustainability and culturally safe care.

The goal is to **maximise** the **availability of oral health services** to regional, rural and remote areas.



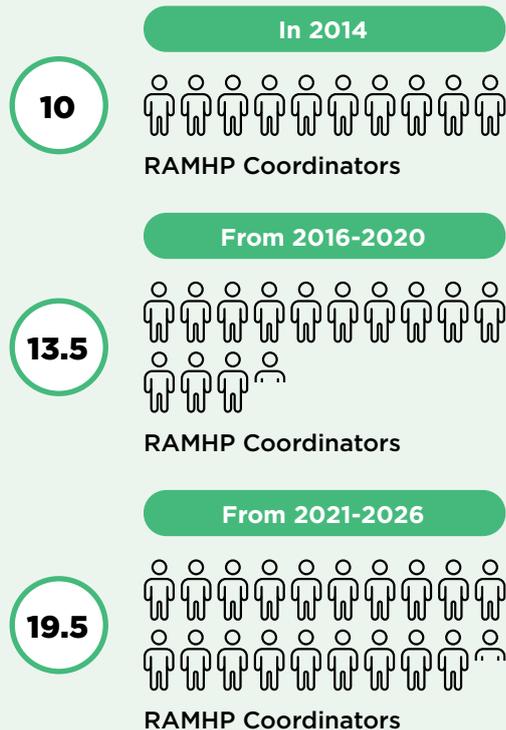
GOAL: Improve rural mental health

Develop community based approaches to mental health to increase provision of services close to consumers' homes.

Key achievements

The Rural Adversity Mental Health Program (RAMHP) is a statewide program that works to improve mental health in rural and remote areas affected by adversity such as weather extremes, economic uncertainty, and isolation.

The number of Rural Adversity Mental Health Program (RAMHP) Coordinators has grown:



Since July 2014, the program has transitioned from a community resilience building model to a stronger focus on facilitating access to services for individual people, as well as mental health promotion and training to reduce the stigma against seeking support for mental health issues in rural areas.

- From 2016 to 2020, RAMHP:
 - linked 11,499 people to mental health services and resources
 - delivered 1,967 training courses to 41,991 participants.

The NSW Government invested \$26.5 million on the Emergency Drought Relief Mental Health Package (Package) across 2018-19, 2019-20 and 2020-21. The Package included a range of programs to support the mental health and wellbeing of people across rural and regional NSW. Programs included farmgate counsellors and drought peer support workers, additional Rural Adversity Mental Health Coordinators and funding for Aboriginal Community Controlled Organisations. It also included funding for community drought events in Western NSW, a youth drought summit coordinated by UNICEF Australia, the Royal Flying Doctors peer ambassadors program, mental health training for Pharmacists, the Connections Program and grants to sporting bodies to deliver mental health projects across drought affected areas of NSW.

- Between July 2019 and 31 March 2021, the Royal Flying Doctor Service delivered 1,587 occasions of service to over 270 people.
- Between 1 July 2020 and 30 June 2021, the Pharmacy Guild of Australia delivered 80 mental health training courses to 1,076 pharmacists and pharmacy staff. Training will continue to be delivered to 31 December 2021.

The Disaster Recovery Program (previously called the Bushfire Recovery Program) was established in 2019-20, with funding for 30 Bushfire Recovery Clinicians in regional and rural areas of NSW. Funding for these positions, now called Disaster Recovery Clinicians, has been extended to 2022-23. These clinicians provide assertive outreach, counselling, and support at locations of consumers choice, as well as provide mental health promotion activities to reduce stigma in rural areas.

The Gidget Foundation has been funded \$3 million from 2020-21 to 2023-24 to help establish 'Start Talking' a telehealth counselling service and counselling services from five Gidget Houses co-located at Tresillian Family Care Centres (Coffs Harbour, Dubbo, Taree, Queanbeyan and Wagga).



FUTURE DIRECTIONS: Areas of Focus

- Close the gap by prioritising care and programs for Aboriginal people and develop stronger partnerships with Aboriginal Community Controlled Health Organisations.
- Promote and support Aboriginal people in senior leadership positions.
- Promote programs focused on early intervention and the prevention of chronic diseases in rural areas to improve population health outcomes. Focus on physical activity, healthy eating, oral health, sexual health, wellbeing and mental health, smoking cessation and cancer screening.
- Continue to support and implement the first 2000 days framework to improve the health of rural infants and children.
- Continue to invest in mental health and wellbeing services to mitigate medium to long term negative impacts of the droughts, bushfires, floods, and COVID-19 pandemic.
- Ongoing cross agency and cross sector collaboration to address suicide prevention which is both a national priority and a NSW Premier's Priority. Suicide prevention is everyone's business, and the health system must do its part. It will also need to work together with other sectors including education, workplaces, and community groups to be part of the whole of community response to one of the leading causes of death of Australian adults.
- Ongoing work is necessary in NSW to prevent family and domestic violence and recovery from its profound impacts. The implementation of the IPARVAN Framework will help NSW better support survivors of sexual assault and child abuse in rural areas. Violence towards women and children is unacceptable in our society.
- Improve cross-agency collaboration through strengthened partnerships to improve rural health outcomes and address the social determinants of health. Particularly with agencies such as Transport, Education, Department of Communities and Justice, and Regional NSW.
- Strengthen equitable outcomes and access for rural priority populations, recognising the unique health needs of different groups within the rural environment, including but not limited to men's health, women's health, CALD communities, LGBTIQ communities, particular industries (e.g. mining, agriculture).
- Recover and rebuild from impacts associated with COVID-19 and other threats to population health while preventing and preparing for other threats to population health.
- Support healthy ageing ensuring people can live more years in full health and independently at home in rural areas.



CASE STUDY 1

Healthy rural communities

- Ministry of Health & Southern LHD NSW
- BreastScreen NSW virtual assessment clinics

Trialling a virtual model of care

In 2016, BreastScreen NSW participated in a national research project, commissioned by BreastScreen Australia (BSA) and the National Quality Management Committee, to evaluate a service delivery model for virtual radiology. The research was undertaken by James Cook University.

The research project found that the virtual radiologist assessment model is safe and effective. It is clinically equivalent to the onsite assessment model in terms of cancer detection and has significantly improved timeliness to assessment and recommendation for care. This model has minimised the anxious waits for women recalled for further assessment. From the client's perspective, there was no greater time to wait for the assessment outcome conducted under the virtual radiologist model compared to face to face assessment.

Ensuring equitable access for women in regional NSW

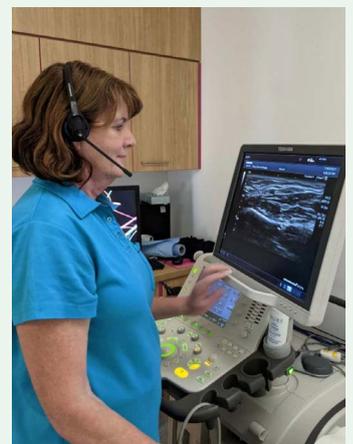
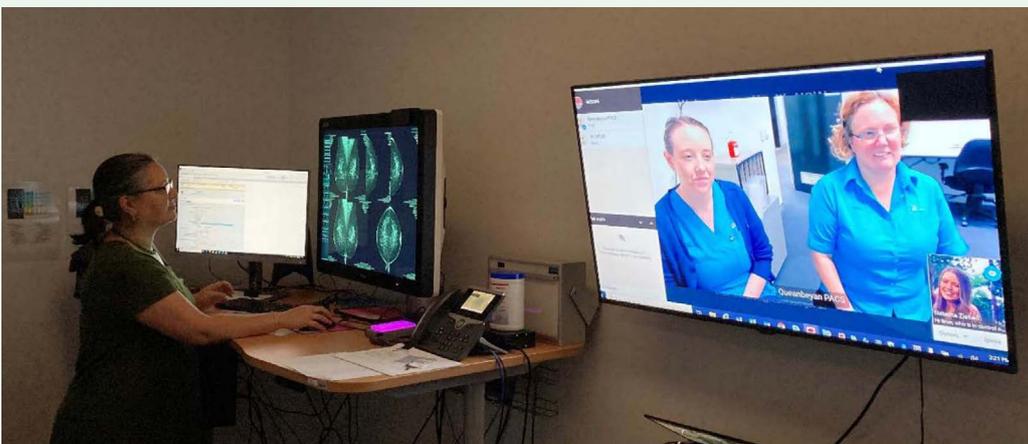
As part of this study, BreastScreen NSW set up a virtual assessment clinic for women in greater southern NSW. The assessment radiologist is remote from the assessment clinic and has access to a reporting workstation with videoconference capability.

Improving experiences of care

Clients attending virtual assessment clinics have provided feedback to the greater southern service. More than 95% of women felt their assessment clinic attendance was the same as if they had attended a clinic with an onsite radiologist. Feedback regarding perceived anxiety suggested it was no different from wait times to attend regular assessment clinics and during the regular assessment clinic process. Clients reported high satisfaction with their clinic experiences, high confidence in care being received and positive feedback regarding the support systems offered. 92% of clients were very satisfied with the virtual clinic, 8% were satisfied. The majority of clients had no preference for either the onsite or remote model, indicating their acceptance of the virtual assessment clinic model.

Conclusions

Client acceptance of the model supports continuation of the virtual assessment clinic at Queanbeyan and expansion to other sites across the state. The findings from this research can inform future virtual care, particularly where key healthcare team members are working remotely.



Left: This image shows Dr. Nalini Bhola, BreastScreen NSW, Greater Southern Designated Radiologist and BreastScreen NSW Statewide Clinical Director, conducting the virtual multidisciplinary meeting with the radiographer and clinic co-ordinator in Queanbeyan. The clinical team and Dr. Bhola are able to meet frequently throughout the clinic to discuss the cases as new imaging is provided.

Right: This image shows the sonographer at Queanbeyan conducting the ultrasound scan. The radiologist can watch the ultrasound in real time on their remote camera linked to the ultrasound machine. The sonographer and radiologist can communicate during the scan if the radiologist wants to relook at an area or ask for a specific spot on the scan.



GOAL: Strengthen rural health services

Increase the use of eHealth services and further develop models of care involving eHealth.

Key achievements

The **NSW Telestroke Service** provides people across NSW with rapid virtual access to specialist stroke diagnosis and treatment by connecting local emergency physicians with expert stroke clinicians to determine the most appropriate treatment for each patient. The **Service is live at 18 rural sites**, as of 21 April 2022, across MLHD, WNSWLHD, HNELHD, MNCLHD, NNSWLHD and SNSWLHD. By June 2022, the Service will connect up to 23 rural and regional hospitals across NSW with a network of virtual specialist stroke doctors managed by the Prince of Wales Hospital.

eHealth NSW established the Rural eHealth Program in partnership with MLHD, Southern NSW Local Health District (SNSWLHD), MNCLHD, NNSWLHD, WNSWLHD and Far West NSW Local Health District (FWLHD). This program was completed in 2018-19 and has successfully implemented Information and Communication Technology (ICT) infrastructure, clinical and corporate solutions that allow NSW Health clinicians to access patient information wherever they are. This helps to ensure patients receive the right care at the right time.

It has given over

17,000

rural and remote
clinicians



in over **150 facilities**
across the **six rural districts**
digital access to patient information

These facilities service

more than



1.3 million

patient population

across an area of



650 km²

The following projects and infrastructure were implemented on time and budget as part of the Program:

- **Electronic Medical Record Phase 2 (eMR2)** builds on the foundations of the eMR program and adds additional functionality to improve patient healthcare outcomes and workflow for clinicians.
- **Community Health Outpatient Clinics (CHOC) program** established an integrated electronic medical record for community and outpatient services to coordinate care across acute and community settings. The program has been rolled out to all 159 of the rural sites.
- **Health Wide Area Network (HWAN)** delivers a high-speed clinical-grade network across the state. The HWAN underpins the statewide delivery of corporate and clinical eHealth programs and connects hospitals and data centres within NSW. HWAN is connected to all rural sites and provides a reliable, secure, high-speed connection. It is transforming healthcare delivery by supporting access to clinical and corporate information systems, virtual care and remote training education.
- **Conference, Collaboration, and Wireless (CCW) program** delivers virtual care services across NSW Health. This program is significant in rural and remote settings where virtual care complements face-to-face consultation by reducing travel time and improving access to specialists' advice.
- **HealthRoster** is the statewide rostering system for NSW Health delivering patient, staff and organisational benefits. It replaces existing roster systems that have been used around the state. HealthRoster supports health outcomes by allowing managers to effectively roster to unit demand and staffing needs by time of day, day of week and by skill level.
- **The HealtheNet Clinical Portal** is also implemented across all rural districts and provides timely access to statewide summary patient clinical information across many clinical settings.



eHealth NSW is also implementing the following project across rural districts:

- **Radiology information systems and picture archiving and communication systems (RIS-PACS):** RIS-PACS is an electronic solution used by medical imaging departments to manage their services. The new RIS-PACS platform will provide enhanced diagnostic services with easy and immediate access to images and results, allowing doctors to make timely decisions regarding patient care. eHealth NSW is progressively implementing the RIS-PACS platform across rural districts, starting with NNSWLHD and MNCLHD.



GOAL:
Support the rural patient journey

Increase access to reliable health information and primary healthcare services through the online and telephone services provided by HealthDirect Australia.

Key achievements

Healthdirect Australia (HDA) is a public company limited by shares and established by the Council of Australian Governments (COAG) in 2006. The Shareholders are the Commonwealth, New South Wales, Victoria, Tasmania, South Australia, Western Australia, Australian Capital Territory and Northern Territory, represented by the respective Health Ministers.

HDA, through **Medibank Health Solutions**, provides health triage, advice and information service to Australians, 24 hours a day, seven days a week. The free helpline provides trusted and accessible advice to Australians regardless of their location.

HDA also provides additional national services and jurisdictional specific services. This includes products to respond to the pandemic including National Coronavirus Helpline, the healthdirect Restriction Checker and the integration of COVID-19 into the healthdirect Symptom Checker. 2019/2020 saw 5.9 million sessions on the Symptom Checker (compared with 2 million in 2018/19).



GOAL: Improve access to health transport

Further promote access to the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS).

Key achievements

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) helps eligible patients meet the travel and accommodation costs associated with accessing specialist health services located at significant distances outside their local area.

Annual expenditure for IPTAAS has more than doubled since 2011-12 from **\$12.2 million** to

\$27 million

in 2019-2020



Annual expenditure in 2020-21 was



\$22 million

and reflects the impact of COVID-19 on travel for healthcare

More than **26,000 people** were assisted through IPTAAS in 2020-21, with about



57,000

claims processed

The NSW Ministry of Health undertook the **IPTAAS Review 2017-18** to address the recommendations from the NSW Parliamentary Inquiry into Access to Transport for Seniors and Disadvantaged People in Rural and Regional NSW. The Review included a survey of more than 1,000 patients and/or their carers who have used IPTAAS and consultations with approximately 60 key stakeholders including general practitioners, non-government organisations and not-for-profit accommodation providers.

Most of the feedback from clients was positive



77%

of respondents rated their experience of lodging their last claim as 'excellent' or 'good'.

8%

of respondents gave a below average rating ('poor' or 'very poor').

As a result of this review, the NSW Government introduced changes to IPTAAS from 1 October 2018, which have further reduced both costs and red tape for people who need to travel long distances to access specialist health appointments. These were:

- removal of co-payments, saving people up to \$120 a year
- subsidising the cost of booking fees when travelling by public transport or air travel.



FUTURE DIRECTIONS: Areas of Focus

- Continue to raise awareness and knowledge of existing programs. Travelling longer distances to access health services remains a consideration for people in rural communities. Programs are in place to improve transport options and therefore health system access.
- Continue consulting with people in rural communities, clinicians, and community managed organisations to effectively embed new modalities into the service mix. The use of virtual care has the potential to support increased access to services to rural and remote areas, often in coordination with specialists in regional centres.
- Support networked services from larger base hospitals to rural facilities to improve access and reduce wait times.



Programs are in place to **improve transport options** and therefore **health system access.**



CASE STUDY 2

Access to high quality care for rural populations

- Western NSW LHD

- Remote Midwifery

Providing antenatal midwifery service to a community four hours away is challenging, rewarding and requires integration of services as well as 'known' service providers. The women of this community have medical, obstetric and psychosocial complexities. The Western NSW Local Health District Rural Maternity Service had its inception in 2015. The service provides continuity of midwifery care for all women and provides clear connections to services for women and their families living in rural and remote regions. The Midwifery Antenatal and Postnatal Program is a midwifery model of care that focuses on the provision of antenatal and postnatal care by a known midwife. Community based midwives working within this model provide antenatal and postnatal care to women and their babies from as early as possible after conception to up to six weeks postpartum. One midwife in the Rural Midwifery Outreach team outlines some of the women she has supported:

- I was providing care for a first time mother from 12 weeks gestation, this was an IVF pregnancy. When she presented for her 32 week appointment, the minute I saw her, I could see the change in her appearance. I knew something was wrong. A full assessment confirmed my feeling, and after consultation with an obstetrician, she was transferred to the closest birthing site where she remained for higher level care until the birth of her beautiful baby girl.
- I also cared for a woman and her family who sadly experienced a pregnancy loss at 15 weeks gestation. In her next pregnancy I was able to support and care for her again as she went on to birth healthy twin girls. This continuity fostered trust and mutual understanding of the anxieties surrounding this next pregnancy after loss.
- A woman having her 6th baby presented late in pregnancy to the service stating "This is not my first rodeo, I know what I need". I recognised from this, that an important aspect of her care was going to be developing a trusting relationship. So engaging the Aboriginal Health Worker I was able to support this woman and trust developed. She became more open, and took on recommendations - even agreeing to her first iron infusion for chronic



anaemia! Over a short time, we were invited into her home to provide care - instead of outside. This woman went on to birth her baby at her chosen birthing facility.

"The women must be put first in all that we do". All maternity care providers, Health/NGO's need to engage in effective communication and connection with the women. As without a trusting relationship, women are reluctant to share information and not engage with service providers. Being an advocate is challenging but rewarding, "usually I am able to obtain the desired outcome."

Continuity of care assists the community in trusting the services provided, assists the clinician in early recognition of clinical changes and supports the women to make informed choices with their care.



Section summary

Integrated rural health services focused on improving the integration within and across health services to provide improved health outcomes, patient and consumer experiences, and better use of health resources. This includes enabling locally driven integration with services planned and developed in partnership with rural communities and local service providers and partners. Improved integration of the services provided by districts, Aboriginal community-controlled health organisations, primary health organisations, NSW Ambulance, NGOs, the Justice Health and Forensic Mental Health Network, and private practitioners is essential to improve health services in rural NSW.



DIRECTION 3:

Integrated rural health services

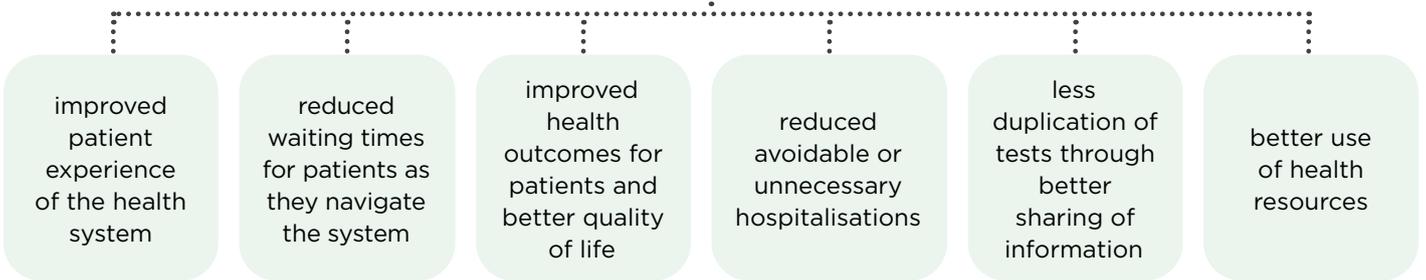
Ensure services and networks work together, are patient-centred and planned in partnership with local communities and health service providers and provide better continuity of care.

Discussion

NSW Health services are networked and integration between emergency, community, primary, specialty and supra-specialty services are vital to ensure patients receive the care they need, when they need it. These linkages also need to acknowledge the role of the private sector within the health service system. Referral pathways from rural locations to regional centres need to be actively encouraged and strengthened, in addition to linkages with supra-specialty metropolitan services.



Potential benefits of improved integration of care





GOAL: Integrate rural health services

Develop best practice integrated healthcare models by funding targeted partnership projects involving LHDs, and working in partnership with other organisations, such as primary health organisations, not-for-profit organisations and the private sector.

Key achievements

All Integrated Care initiatives aim to coordinate care between the patient, primary care providers, community health providers and other health and social care providers, supporting people to stay healthier for longer and providing a better experience closer to home.

In April 2021, all districts began implementing **Planned Care for Better Health (PCBH)**. PCBH goes beyond a chronic disease focus and aims to identify patients at risk of hospitalisation early, strengthen the care provided to them, improve their experience of receiving care, and keep them healthier over the long term. Integrated Care

is one of the statewide programs that is accelerating NSW Health's move towards value based healthcare.

The key focus is working with the patient by providing Health Coaching, Care Navigation and Care Coordination.

PCBH targets people at risk of hospitalisation (ROH) in the next 12 months using the ROH algorithm. The ROH algorithm is sensitive to multiple complex conditions, social disadvantage, age, gender, rurality, and indigenous status.

Other integrated healthcare models include:



Emergency Department to Community (EDC) – Through comprehensive connecting care supporting patients enrolled in EDC, we have seen a decline in ED presentations for all patients enrolled, compared to a control group. Patients showed a reduction of 10 presentations on average in a twelve-month period.



Residential Aged Care (RAC) – Improving the skills of RAC facility staff to better identify the health needs of their residents has enabled better outcomes for patients. RAC has produced a reduction of bed days from unplanned admissions of 24 per cent. It also achieved an average annual reduction in ambulance callouts of 21 per cent.



Vulnerable Families (VF) – By providing community support to parents or carers with complex health and social needs and their children this program has shown each patient had a reduction of on average 0.4 ED admissions compared to the prior year, or 1 ED presentation reduction compared to the control group.



Paediatrics Network (PN) – Through improved connectivity, this program has supported paediatric patients and their families, particularly in regional settings, to reduce travel burden and ensure care and consultations are provided closer to home. On average per enrolled patient, there was a travel reduction of 4,620km, a reduction of 12 missed school days for the patient and 6 missed work days for the carer.



Specialist Outreach to Primary Care (SOPC) – By improving the capacity and capability of General Practitioners to provide specialist assessment and care in non-hospital settings, SOPC occasioned a 44 per cent reduction in ED attendance. This program has resulted in 100 per cent of patients reporting of improved engagement and GP integration.



Secondary Triage – Between March 2020 and March 2021, 83,470 emergency calls were received from Residential Aged Care Facilities of which 38,554 were classified as low acuity calls (46 per cent). Of which, 12 per cent (4,497) of the low acuity calls were managed by the Secondary Triage process with 56 per cent (2,540) of these cared for in situ following clinical assessment.



GOAL:
Improve Continuity
of Care

Continue working with other jurisdictions to build effective cross border partnerships.

Key achievements

NSW Health is committed to ensuring patient access to health services in cross-border regions. To support this, formal governance structures and/or communication channels with the ACT, Queensland, South Australia and Victoria are maintained by the Ministry of Health. A close and collaborative relationship has also been established between NNSWLHD and Gold Coast Hospital and Health Services.

The Ministry is currently negotiating new cross-border agreements with states and territories. Agreements with the ACT and Queensland will seek to support and enhance service provision in border regions, in recognition of the importance of streamlined care between health providers. The Ministry is also negotiating a revised Intergovernmental Agreement with Victoria for the provision of integrated health services in the Albury-Wodonga community. The Agreement will provide clear accountability to ensure Victoria and NSW cooperate to deliver high quality services in the region and seek opportunities for greater efficiencies and integration.



GOAL:
Better engage with
rural communities

Undertake health literacy activities to help communities use health services including those targeting culturally and linguistically diverse populations and people with disability.

Key achievements

NSW Health has continued to ensure the health system is accessible and responsive to the needs of culturally and linguistically diverse (CALD) people. The **NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023** (the Plan) is a statewide policy for meeting the health needs of CALD consumers in NSW, including people in rural areas. The Plan focuses on outcomes in areas of access and quality of healthcare; health literacy; cultural responsiveness; and understanding community health needs.

A few examples of significant work in health literacy are below.

Illawarra Shoalhaven Local Health District (ISLHD)

The Multicultural Health Service has played an important role in responding to COVID-19 by increasing health literacy and promoting COVID-safe measures and testing amongst CALD and refugee communities. High school students and seniors from CALD backgrounds were identified as the primary target audiences recognising they often act as conduits of information to their families. The team co-designed the Program with CALD consumers.

Approximately 880 people participated from 21 language groups. 85 per cent reported increased literacy and awareness of COVID-19 transmission, plus improved measures of awareness in applying COVID-safe measures such as hand hygiene and social distancing. 80 per cent of seniors reported a greater understanding of Public Health Orders and increased confidence about accessing testing.

MLHD

MLHD took part in research on the value of combined breast and cervical cancer screening clinics with a focus on women with CALD backgrounds in 2020-21. Findings have informed development of a new screening model for CALD women, providing the opportunity to attend screening in groups, supported by a professional interpreter. The impact of this improvement is being monitored and the model is being rolled out across CALD communities at both fixed and visiting sites in the region.

SNSWLHD

SNSWLHD has been undertaking work to further improve relationships with its CALD communities and develop stronger ties and increase health literacy of community members before they come into the hospital system.



FUTURE DIRECTIONS: Areas of Focus

- Continue consultation and collaboration with neighbouring states to provide seamless cross border service arrangements.
- Maintain and extend work to build health literacy across the system, particularly with young people, older people, Aboriginal people, men and CALD communities. As the ethno-cultural composition of rural areas in NSW evolve, new culturally appropriate health services and interventions will be necessary. Particularly in regions with significant refugee resettlement or with high immigration.
- Connect with partners, including other government agencies, not-for-profit organisations and the private sector, to develop and innovate integrated rural healthcare initiatives.
- Increase involvement of consumer representatives in health service planning, design and delivery of services and evaluation.
- Increase the responsiveness of the system to the patient experience.





CASE STUDY 3

Integrated rural health services

- Northern NSW LHD
- Same day hip and knee surgery pilot

A pilot program at Grafton Base Hospital is building on research which suggests that patients can have successful outcomes given the right care and support in their own home without the added stress of a hospital stay.

The same day hip and knee replacement program is the only one of its kind in Northern NSW Local Health District.

Dr Sam Martin, orthopaedic surgeon and program lead, said the six month pilot allowed patients to have their surgery and return home the same day when clinically safe and appropriate.

“We know that getting moving again soon after surgery is shown to reduce the recovery time for patients,” Dr Martin said.

Under the care of the physiotherapy team, patients can begin moving within 3-4 hours after surgery, and remain in hospital for about six hours before they go home. This is a reduction from around four to five days in most cases.

“Patients are supported through telehealth and face-to-face specialist care to review pain management and wound recovery, and patients also have regular physiotherapy sessions in the weeks following their surgery,” Dan Madden, General Manager Clarence Health Service said.

Many aspects contribute to a successful day stay total joint replacement, including a streamlined preoperative physiotherapy and education program, a focused operating theatre unit, tailored anaesthetic and surgical techniques and nursing by staff skilled in shorter stay surgery.

“This is a significant achievement for a small regional centre like Grafton,” said Dr Martin.

Twelve patients participated in the pilot, with outcomes showing:

- 100% same day successful discharge rate and no complications
- Patient satisfaction was rated 9/10
- All patients reporting they would receive their surgery in the same way again if they needed to.



Left: Patients, Susan and Sandy, following their knee replacement surgeries.

Right: Patients, Susan and Sandy, following their knee replacement surgeries with Mr Christopher Gulaptis, MP (Member for Clarence) and Dr Sam Martin



Section summary

The goals and initiatives in the *Enhance the Rural Health Workforce Strategy* aimed to strengthen the provision of training, development, and support for the rural health workforce, to increase the Aboriginal health workforce in rural NSW and to implement workforce models that were innovative to ensure that the diverse needs of communities in rural areas are met.

The Health Professionals Workforce Plan 2012-22 was supported by this Strategy. Activity supported included recognising the importance of the range of staff in rural areas that deliver health services and helping to attract and retain a skilled workforce. This skilled workforce included medical, nursing, midwifery, allied health and medical research and support staff. The goals and initiatives in this Strategy were diverse and included:

- promoting exposure to rural practice through education program
- locating educational institutions in rural areas
- financial incentives
- career development



STRATEGY 1:

Enhance the Rural Health Workforce

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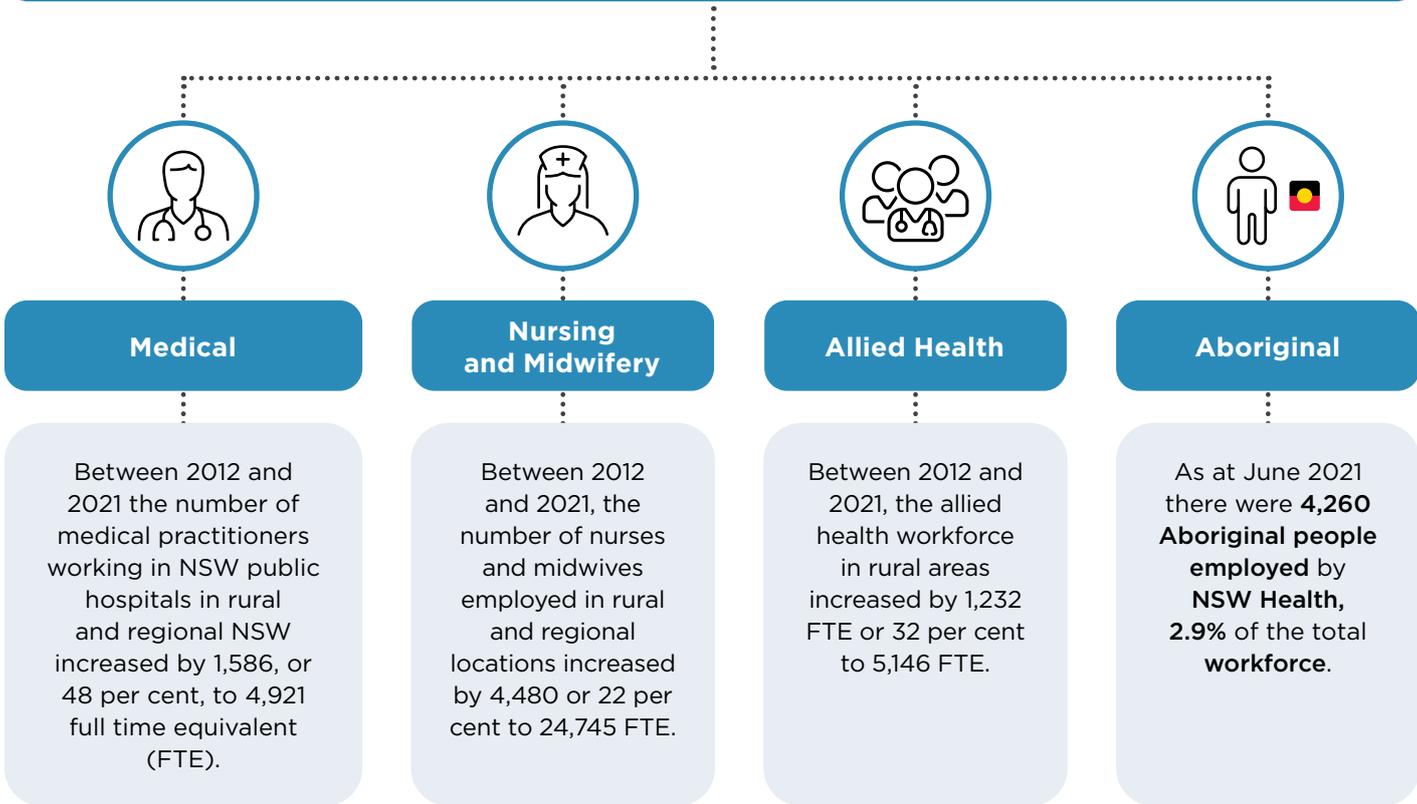
Continue to build the health workforce in rural areas through enhanced recruitment, training, career development and support.

Discussion

Training and retaining skilled medical, nursing, midwifery, and allied health staff in rural areas is a priority of NSW Health. The roles of support staff and volunteers in our system are also recognised and valued. While there are many challenges to overcome in training and retaining this highly skilled and varied workforce, several innovative initiatives have been developed and progress has been made. The workforce in rural NSW has increased at a higher rate (25.3%) than the rate across the state (24.8%) between 2012 and 2021.



NSW Workforce Snapshot



GOAL:
Support the Aboriginal health workforce

Ensure Aboriginal employees comprise at a minimum 2.6% of the NSW Health workforce.

Key achievements

- As at June 2021 there were 4,260 Aboriginal people employed by NSW Health, 2.9% of the total workforce.
- Aboriginal Workforce Targets have increased to 3% of the Aboriginal workforce by 2025. Aboriginal workforce representation has increased from 3,342 (2.6%) at 30 June 2018 to 4,260 (2.9%) at 30 June 2021.
- NSW Health is focused on fostering continued growth across the breadth and depth of roles in all occupation types and in all health services, to continue to drive appropriate and clinically and culturally safe care for the Aboriginal communities of NSW.
- Rural services delivered Respecting the Difference (both eLearning and Face-to-Face) to staff and services across all rural portfolios to support the delivery of culturally safe care to Aboriginal clients. By 30 June 2021, rural health services had achieved a delivery rate of 86.77% for eLearning and 60.34% for Face-to-Face.



GOAL: Target recruitment

Continue developing strategies to align the health workforce with the diverse service needs in rural districts, including expanded roles and flexible workforce models.

Key achievements

- The NSW Health rural health workforce increased significantly between 2012 and 2021 with an additional: 47.6% medical professionals, 22.1% nursing professionals and 31.5% allied health professionals.
- NSW Health has developed the **Health Professionals Workforce Plan 2012-2021**. The plan provides workforce strategies to support rural districts/networks building an agile workforce to enable them to provide new models of care, in response to an aging population and ensuing diverse health needs of the community.
- In September 2018, the Services for Australian Rural and Remote Allied Health (SARRAH) was commissioned to undertake a rapid review of available literature on the recruitment and retention of the allied health workforce in rural Australia. **This report** was used to inform the delegates of the Allied Health Rural and Remote Recruitment and Retention Summit about opportunities for implementation to improve recruitment and retention of allied health professionals in rural and remote locations.
- Allied Health Rural and Remote Recruitment and Retention Summit (4Rs) - The 4Rs summit was held in Wagga on 12th June 2019 which brought together Rural Directors of Allied Health, Rural Directors of Workforce, Rural Doctors Network, Indigenous Allied Health Australia, and other key stakeholders. The aim of the 4Rs Summit was to explore innovative opportunities for attracting, recruiting, and retaining allied health talent in rural and regional NSW. These opportunities identified in the 4Rs summit fed into the NSW Health Rural and Regional Health Workforce Signature Project.
- The Allied Health Rural and Remote HECS-HELP incentive package was launched in April 2021. It is a four-year comprehensive incentive package focused on recruitment and retention to areas of critical need in rural and remote NSW. It is targeted specifically at attracting early career Allied Health professionals with a HECS-HELP loan debt. NSW Health has been approved to pilot this initiative with an initial cohort of 10 Allied Health professionals. As of September 2021, one package has been successfully used to recruit to a hard to fill position in Moree.
- Allied Health Horizon Scanning Projects - NSW Health has completed workforce planning projects for 20 different allied health professions. A component of these projects includes exploring challenges experienced in rural NSW and opportunities to grow and support these allied health workforces in a discipline specific context. These reports are located on the **allied health NSW Health internet page**.



GOAL: Promote development and training

Support generalist health professional career pathways and the development and utilisation of general clinical skills, including through the Rural Generalist Training Program.

Key achievements

- There are 50 Rural Generalist training positions available each year. Rural generalists are GPs with advanced training in emergency medicine and other fields needed for independent rural practice.
- Rural Generalist Scholarships to the value of \$3,000 are being offered to each Rural Generalist trainee who starts advanced skills training. This commenced in 2020.
- The Metropolitan Access Scholarship Scheme supports rurally based junior doctors undertaking metropolitan rotations. In 2021, 27 scholarships were awarded bringing the total number of scholarships awarded to 120 since the program started in 2016.
- The Rural Preferential Recruitment Program supports junior doctors working their first two years in a rural location. In 2021, there are 150 Rural Preferential positions, an increase of seven positions from 2020 and 75 positions since 2012. This represents an overall growth of 100 per cent.

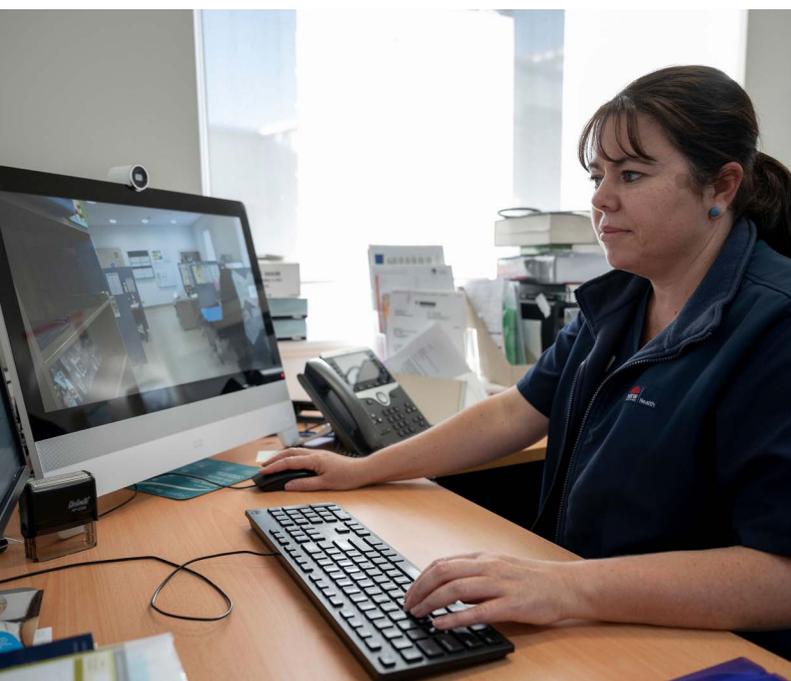


Rural generalists are GPs with **advanced training in emergency medicine** and other fields needed for **independent rural practice**.



FUTURE DIRECTIONS: Areas of Focus

- Finding the right balance of specialist and generalist workforces.
- Expanding roles of health practitioners such as nurse practitioners and paramedics in rural settings.
- Working in partnership with the Commonwealth on strategies to attracting and retaining GPs in rural areas.
- Enabling education and training and ongoing professional development for health professionals in rural areas.
- Promoting rural generalism for nursing and allied health professionals as well as doctors delivering primary and secondary care in rural settings.
- Collaborating with professional colleges to increase training pipelines in rural communities.
- Expanding grow our own strategies with localised training and education, starting with school based traineeships.
- Growing the peer and consumer workforce.
- Building on initiatives to support rural workforce wellbeing and engagement, and to enhance the attractiveness of rural communities as places to live and work.
- Enhancing training for the rural health workforce on digital health and technologies, including virtual care technology.
- Unlocking the ingenuity of staff to build work practices for the future, modern employment arrangements to enable new care models, and new ways of working aligned to worker and patient preferences.
- Creating a workforce that reflects the diversity in rural communities.
- Celebrating the achievements of rural health professionals, who are at the heart of what we do.





CASE STUDY 4

Enhance the rural health workforce

- Murrumbidgee LHD
- Murrumbidgee Rural Generalist Training Pathway – an innovative single-employer model for training the next generation of Rural Generalists

The Murrumbidgee Rural Generalist Training Pathway (MRGTP) provides a tailored, coordinated pathway for doctors wanting to become Rural Generalists (RGs). It is the first and currently only training pathway in NSW where a RG trainee is employed by a single employer within the one local health district for up to 4 years (dependent on the stage they join the program). Throughout this time, the trainee rotates through a bespoke range of placements within the Murrumbidgee area, dependent on the advanced skills the trainee wants to specialise in. These placements will be in General Practice and their rural hospitals, and at Wagga Wagga and Griffith Base Hospitals for Advanced Skills Training placements.

This single employer model provides trainees with certainty about location, income and working conditions such as work hours and on-call obligations. Because placements are coordinated by Murrumbidgee Local Health District (MLHD), and stay within the area, an MRGTP trainee can set aside the worry about things like upheaval, relocation across great distances, finding suitable supervision, negotiating contract, concerns about work and leave entitlements, allowing them to focus on their training and providing care to the patients in the district.

MLHD has created this pathway to lay down the foundation stones for the next generation of RGs in the Murrumbidgee. MRGTP trainees are placed in practices and training facilities where their development needs align with those needed by the local community. The goal is to locally grow RGs who provide primary care as rural GPs with advanced skills that are needed by the communities they serve.

The pathway is a pilot to inform future models of training pathways that support both trainees and the rural communities to receive the healthcare they need. The pathway started in 2021 with five trainees and will expand over the coming years. The Murrumbidgee Regional Training Hub (University of NSW) and Riverina Regional Training Hub (University of Notre Dame) play an important role in identifying, nurturing and mentoring candidates. MRGTP has clinical oversight and governance from a select group of MLHD Executives, key RGs and GPs in the region, the Murrumbidgee Rural Training Hub leadership and Health Education Training Institute.



Dr Joe Murphy

"I think this pathway has a number of unique features.

Training rural generalists for the bush is the future of rural health.

These are doctors not only working in rural general practice, they're also involved with the hospital, working in emergency departments, delivering babies, providing anaesthetic services and so much more for people living in rural areas."

(Winner of the Anthea Kerr Award, NSW Premier's Awards 2021) Joe grew up on a sheep and wheat farm at Bribbaree in rural NSW and is committed to a career as a rural generalist, specialising in obstetrics.

 Watch here from 36:40 <https://premiersawards.nsw.gov.au/2021-winners> and <https://premiersawards.nsw.gov.au/awards-ceremony>



Dr Ariah Steel

For me it's the diversity.

You can see patients as a GP, do a day on the ward delivering babies, work in emergency, do palliative care.

I think that it will appeal to a lot of people.

Becoming a rural generalist means if I was in a parachute and was dropped somewhere remote I could look after someone and keep them safe until they got to a bigger area.

That's the kind of doctor I want to be.

Rural Aboriginal nursing and midwifery workforce

The NSW Health Aboriginal Nursing and Midwifery Strategy aims to attract Aboriginal people interested in nursing and midwifery careers and support their career development across both metropolitan and rural NSW. In 2021, 116 rural and remote Aboriginal people were supported through the undergraduate and postgraduate programs. This included:

- 54 Aboriginal nursing and midwifery students were supported with cadetships
- 52 students supported through the undergraduate nursing and midwifery scholarship program
- 10 NSW Health Aboriginal nurses were supported with postgraduate scholarships.



Caitlin Ridgewell

Aboriginal Nursing
cadetship graduate 2020

Registered Nurse

Bellingen River
District Hospital

"I was in my second year at university when I started my cadetship, and I was lucky enough to be successful in gaining a position in either the scholarship or cadetship program. I chose the cadetship program because of the additional clinical experience and placement hours the program provided, as I felt this experience would really help to kick-start my career. I've formed professional relationships during the program which have really helped support me throughout my new graduate year. Considering what this program has given me, I will definitely be recommending it and encouraging others to apply."

Graduate nursing and midwifery workforce

NSW Health's employment of graduate nurses and midwives has been steadily increasing since 2011, with more than 2,900 graduates employed for 2021. More than a quarter of these graduate nurses and midwives commenced in rural and regional locations of NSW.

Rural postgraduate midwifery student scholarships

These scholarships are designed to support the midwifery workforce supply and increase the viability of small rural maternity services. Scholarships are provided to small rural hospitals for local registered nurses to undertake postgraduate training in midwifery. Scholarships are allocated on a needs basis and locations change from year to year, reflecting the changing needs across the rural sector.

On average 10 scholarships are awarded annually. 110 scholarships have been awarded since 2011.



Jackie Cooper

Midwife and Clinical
Midwifery Educator

Young Health Service

Jackie moved to Rural NSW (Murrumbidgee LHD) with her young family where she was supported to pursue her career and her goal to become a midwife. Jackie's journey started as a student enrolled nurse at Young Mercy Care Centre.

"I then enrolled and completed the Bachelor of Nursing, remaining in the rural setting and working part time as an enrolled nurse whilst completing clinical placements in the rural settings close to my home community."

Following her transition to practice year as a newly graduated registered nurse, Jackie was successful in gaining a NSW Health Rural Postgraduate Midwifery Student Scholarship. Jackie has flourished not only as a midwife in her hometown, but she is also now the Clinical Midwifery Educator supporting the midwives at Young Hospital.

"During this time, I have had the pleasure of nurturing and supporting a student midwife each year through the NSW Health scholarship and to date all these students continue to work at Young as midwives. The previous students make up the majority of the staffing establishment of midwives."

The Rural Postgraduate Midwifery Student Scholarship has enabled not only me to reach my professional goals, but continues to support women to be provided care and birth in the rural site, by sustaining midwifery and maternity services in rural areas."



Section summary

The *Strengthen Rural Health Infrastructure, Research, and Innovation Strategy*, focused on investing in regional and rural capital infrastructure, and on the implementation of best practice models in rural settings to expand and support the delivery of high-quality health services. This Strategy also supported increased research and innovation in rural areas, and the implementation of best practice to ensure rural health services continue to improve and address the healthcare needs of rural communities.



STRATEGY 2:

Strengthen Rural Health Infrastructure, Research, and Innovation

Invest in facilities, models of care and research and innovation to ensure the provision of high-quality health services in rural communities.

Discussion

The provision of high-quality healthcare in rural areas is underpinned by high quality infrastructure. This includes the building of both new and updated facilities. These investments are critical for health outcomes to be maintained and improved and for the workforce to be properly attracted, supported and retained. Major investments into rural health infrastructure have been made by the NSW Government over the past decade. These investments into specialised and contemporary health infrastructure have improved access to health services in rural communities in NSW.

The unique health service needs of rural communities require not only high-quality infrastructure but also tailored models of care that are grounded in best practice evidence. The investments that the NSW Government has made into health research has supported the provision of evidence-based healthcare. Ongoing evaluation of health programs is required to measure success and to continue to refine models of care in rural areas. Districts and rural communities should continue to be at the forefront of infrastructure planning and health research to ensure these investments are translated into effective programs and services for rural NSW.



GOAL: Strengthen models of care in rural NSW

Provide more support for those in rural communities facing critical end of life decisions or requiring access to palliative care including out-of hospital options, by continuing to implement the Advance Planning for Quality at End of Life Action Plan 2013-18 and the NSW Government Plan to Increase Access to Palliative Care 2012-2016.

Key achievements

The NSW End of Life and Palliative Care Framework 2019-24 sets out priorities for NSW Health to ensure people in NSW receive end of life and palliative care to meet their needs. The Framework identifies improving access for regional and rural NSW as a priority issue.

Of the \$201 million palliative care funding enhancements committed by the NSW Government in 2017, 2019 and 2020, **around \$75 million benefits regional and rural districts** in NSW.

Initiatives focus on increasing palliative care workforce, with every regional and rural LHD receiving funding for between four and ten new palliative care nurse positions, one new medical specialist, three allied health professionals, and one Aboriginal Health Worker for palliative care. Other initiatives include education and training for all clinical groups, adoption of telehealth to improve access to specialist care in regional, rural and remote NSW, and refurbishment of palliative care facilities, including more than 35 facilities in regional and rural NSW.

In 2019-20, 1103* Last Days of Life home care packages were provided in remote, regional, and rural districts (39% of all packages for remote, rural and regional areas). These packages enabled people approaching the end of life to achieve their goal to be cared for at home.

Further commitments in the 2021 budget includes an additional \$12m over four years for specialist palliative care workforce in regional and rural NSW, plus funding for community teams to enhance multi-disciplinary support for people with last stage chronic and degenerative conditions. Planning is underway for these two initiatives.

A statewide project to build new elements and functions in the electronic medical record (eMR) for end of life care and advance care planning is being rolled out, with additional implementation support provided for regional and rural districts.

** including FWNSWLHD, WNSWLHD, HNELHD, MNCLHD, NNSWLHD, SNSWLHD and MMLHD.*



GOAL:

Improve knowledge sharing, collaboration and research

Ensure statewide and national research initiatives consider the research needs of rural areas, including initiatives focussed on growing research assets, infrastructure and investment.

Key achievements

The Rural Regional and Remote Clinical Trial Enabling Program (RRR CTEP)

In 2020, NSW Health was awarded \$30.6M funding to support clinical trial enabling infrastructure in rural, regional, and remote areas of NSW. The Ministry of Health are leading the RRR CTEP, along with 34 State and National partners to deliver increased and more equitable access to clinical trials for patients in rural, regional, and remote NSW and ACT. A key activity is the establishment of a network of up to three regional, rural and remote clinical trial support units across all districts (NSW) and health services (ACT).

Translational Research Grants Scheme

The Scheme provides grants to staff employed within local health districts, specialty health networks, NSW Ambulance and NSW Health Pathology. It is designed to build research capability and accelerate evidence translation within the NSW public health system through the development and scale up of new models of care. Since commencing in 2016, 23 of 68 research projects funded under the Scheme have been led by a Chief Investigator based in a rural or remote health district. The 23 projects received combined funding of \$11,564,219.

The RRR CTEP aims to improve access to innovative healthcare in rural, regional and remote NSW and ACT. This will be achieved through the delivery of five key activities:

- 1. Developing decentralised clinical trials capacity and capability:** *Delivering clinical trials directly to the community.*
- 2. Delivering locally through rural, regional, and remote clinical trial support units:** *Supporting and developing the local workforce.*
- 3. Clinical trial awareness, engagement, recruitment, and retention:** *Involving communities in clinical trials.*
- 4. Professionalising clinical trial services:** *Conducting trials to international best practice standard.*
- 5. Governance and project coordination.**



COVID-19 Research Grants Program

In response to the COVID-19 pandemic, NSW Health established the COVID-19 Research Grants Program. Research findings inform the NSW Government's response to the pandemic.

NSW Health has also invested \$3.5 million in Adaptive platform trials. These platform trials simultaneously assess models of care and interventions using a master protocol, operational structure and therapeutic arms. The NSW Adaptive Platform Trials initiative has improved capacity and capability to conduct adaptive clinical trials for the treatment of COVID-19 and beyond across the state. This trial is evaluating treatments to optimise non-ICU hospital care. There are currently 11 active sites across NSW participating in this platform, including Hunter New England Local Health District and Murrumbidgee Local Health District.

Five projects, worth over \$2.5 million, are investigating innovative models of health service delivery which will directly benefit people in rural and remote areas:

1. A place-based pandemic response to the strengths and vulnerabilities of Aboriginal communities in south-eastern NSW.
2. **45 and Up** COVID Insights.
3. 24/7 eICU model of care for Level 4 ICUs in rural NSW.
4. Rapid Evaluation of a Scalable Program for Reducing Common Mental Disorders During COVID-19.
5. Evaluation of the Virtual Rural Generalist Service (VRGS) as an effective, "COVID-19 resilient" model of care.

NSW Health Commercialisation Training Program

The Program is an extensive training course run by NSW Health and delivered by deep-tech incubator Cicada Innovations. The program includes training streams in Medical Devices, Diagnostics, Software as a Medical Device and Therapeutics; as well as the delivery of one day workshops and seminars on the basic topics crucial to commercialisation in health. These training streams are designed to contribute to the innovation ecosystem in NSW and improve research translation by addressing skill gaps and increasing capacity in the commercialisation of health-related technologies.

These training streams will be delivered face to face and virtually and are accessible regardless of where the participant is located. The program is free and available to academics, clinicians, postdoctoral researchers, PhD and Master candidates from hospitals, Medical Research Institutes, universities, corporates, Subject Matter Experts and start-ups based in NSW including rural, regional and remote NSW.



FUTURE DIRECTIONS: Areas of Focus

- Explore opportunities for new infrastructure projects and continue work on existing additional infrastructure projects, with over a dozen redevelopments and upgrades currently underway across the state in rural areas. A considerable number and range of health capital works projects have been undertaken in NSW since the Rural Health Plan was released in 2014 (over \$5 billion).
- Continue to build infrastructure that meets the needs of local communities.
- Continue efforts to align workforce resources with new health facilities.
- Promote further research into the experience of rural communities in accessing health services and into the experience of the rural health workforce. Health research has been supported by the NSW Government and it will continue to do so. The health research agenda has been nimble and responsive to the changing needs of our system, for example with the response to the COVID-19 pandemic.
- Ongoing involvement at the local level is required for infrastructure and research programs to remain effective
- A commitment to an environmentally sustainable footprint for future healthcare. Looking to the future, NSW Health has a responsibility to build our resilience to the effects of changing climate and environment to slow down its impact on our health and wellbeing.





Section summary

The *Improve rural eHealth Strategy* included goals and initiatives to continue to implement eHealth solutions in rural areas to improve access to services and enable the integration and connection of health services. The initiatives in this Strategy were based on the Rural eHealth Program, and included a focus on improving eHealth infrastructure, governance, collaboration, integrated services, funding arrangements and support.

Health infrastructure in the 21st century is not only comprised of bricks and mortar but also includes eHealth components. These essential pieces of infrastructure form the basis of information exchange in the modern rural health system. A transformation is continuing in rural health because of improvements in technology and their use across the health system. The integration of services and patient care is being particularly transformed by the development of eHealth. Major investments by the NSW Government to improve eHealth are helping to support this new essential eHealth infrastructure.



STRATEGY 3:

Improve rural eHealth

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Implement eHealth solutions and strategies to transform connections between and access to health services in rural NSW.

Discussion

Innovations in technology continue to drive the eHealth transformation forward. The NSW Government has invested in new technologies and systems and training to support the utilisation of innovative tools by NSW Health workforce. The COVID-19 pandemic and associated lockdowns and stay at home orders across NSW have increased the speed at which selected health services have integrated virtual care delivery options. In partnership with the community, NSW Health will continue optimising the use of virtual care where appropriate to improve access to selected healthcare services for patients and families in remote communities.



GOAL:
Strengthen eHealth operational and strategic governance

Establish a rural eHealth governance framework, organisational structure, and information and technology support framework.

Key achievements

Following the closure of the Rural eHealth Program in 2019, the Rural eHealth governance framework has continued to evolve, becoming the peak governance body for Rural eHealth and ICT and the partnership between eHealth NSW and the six rural districts.

Established in mid-2020, the Rural eHealth Partnership Group serves as a subcommittee to the Rural eHealth Governance Group, providing input and guidance to the Rural eHealth Governance Group through collaboration between the Rural Chief Information Officers, Rural CXIO representatives and eHealth NSW stakeholders.

The two governance forums meet bi-monthly and support the delivery of strategic outcomes, including reviewing the Rural eHealth Clinical Applications Support Model to facilitate the delivery of current and future Rural eHealth needs.



GOAL:
Provide secure, reliable and available information and communication infrastructure

Provide core infrastructure to allow existing telehealth systems to connect across NSW, including booking, scheduling and conferencing systems, as well as integrate desktop and mobile conferencing into telehealth services and enable clinical staff to access telehealth services.

Key achievements

Robust ICT infrastructure across NSW enables the reliable delivery of virtual care. eHealth NSW's Health Wide Area Network (HWAN) program has established a secure, broadband, and clinical-grade network for the public health system across NSW and is connected to all rural LHDs. HWAN enables the utilisation of telehealth services, video conferencing, in-home monitoring, and remote consultations.

There has been a significant increase in the uptake of videoconferencing in NSW Health due to COVID-19. Districts and networks are delivering virtual care services utilising statewide videoconferencing and telehealth platforms, including Skype for Business and Pexip. This is improving patient access to healthcare and supporting isolated and vulnerable patients during and post COVID-19.

The myVirtualCare statewide platform is also now available for use by clinical teams across the state. myVirtualCare is a videoconferencing platform that has user-friendly features, including a virtual waiting room and the ability to SMS patients and clinicians.

The platform was launched across rural LHDs in October 2020, with WNSWLHD being the first to utilise the platform. Since October 2020, usage of the myVirtualCare platform for virtual consultation has continued to grow, with around 940 consultations conducted in August 2021.



GOAL:
Implement a
single view of a
patient record

Implement Electronic Medical Record Phase 2 to upgrade functionality and reach of the system and expand voice recognition capacity.

Key achievements

All rural sites are live with the eMR2 functionality developed through the eMR2 program. The first rural site went live in September 2014 and the last site in October 2016. The enhanced functionality includes clinical progress notes, risk assessments, alerts, specialty tools to assist clinical decision-making, and voice recognition software in emergency departments (EDs) to enhance useability.



GOAL:
Provide clinical
workflow tools
to support the
patient journey

Deliver Electronic Medication Management to improve the accuracy and scope of intelligent prescription systems.

Key achievements

As part of NSW Health's ongoing digital transformation, Rural Electronic Medication Management (eMeds) was completed in 2019 across 112 hospitals, supporting improved quality, safety, and effectiveness of medication management within NSW public hospitals.

All rural sites are live with eMeds. The first rural site went live in September 2018 and the last site in December 2019.

The Rural eMeds project achieved a single Rural eMeds design, developed by a joint project team consisting of representatives from six rural districts, eHealth NSW, and the Vendor. The Rural eMeds project was able to reduce risks associated with medication management by assessing existing eMeds designs to identify consistencies that reduce unwarranted clinical variations and practices. In addition, the collaborative partnership across six rural districts, leveraging the appropriate tools and capabilities, allowed for standardisation while ensuring tailored needs for each local community. As a result, a single rural Formulary was developed to create a transparent and accountable medicines evaluation system. The single rural Formulary ensured consistency, improved cost-effectiveness of treatment options, and reduced errors and medicine wastage.

Since that time, the program has continued to work with the rural districts to deploy advanced eMeds functionality as it becomes available.



GOAL:
Support patient access
and self-management



Raise awareness of, and register patients for, a personally controlled electronic health record using Provider Assisted Registration Tools through the HealtheNet program in collaboration with primary health organisations.

Key achievements

The HealtheNet Clinical Portal is implemented across all rural districts and provides timely access to statewide summary patient clinical information across many clinical settings. It enables information to be shared between hospitals, community health services, GPs, patients, and private clinicians. The HealtheNet system also links NSW Health's critical clinical systems to the Commonwealth's My Health Record (MHR). Ninety-nine per cent of NSW Health's public hospitals are connected to the MHR through the HealtheNet system. This means that clinicians across NSW can access the MHR to view patient information from other care settings to inform the care they provide.

The **HealtheNet system** also links NSW Health's critical clinical systems to the Commonwealth's **My Health Record (MHR)**.



GOAL: Support reporting and decision making

Improve rostering processes and practices across the NSW public health system, helping LHDs to implement changes that will deliver patient, staff and organisational benefits.

Key achievements

Rostering Best Practice Team (RBPT) facilitates NSW Health Organisations to review, educate and implement rostering improvement strategies with the objective of embedding standardised rostering practices across all districts and networks, in order to provide safe, high quality and efficient patient care.

From 2014 to date, RBPT has been involved in many rostering improvement initiatives for Rural districts, including:

- 1,130 pre-engagement surveys
- 108 information sharing sessions
- 1,179 roster manager, creators and/or approvers interviewed
- 139 workshops facilitated
- 2,146 staff trained
- 732 post engagement surveys completed.

RBPT also facilitate:

- **SARA Community of Practice** – a monthly recurring information session with representation from all health organisations.
- **Statewide Rostering Steering Committee** – a quarterly meeting with representation from all districts and networks to update on best practice and endorse any new tools or support resources.

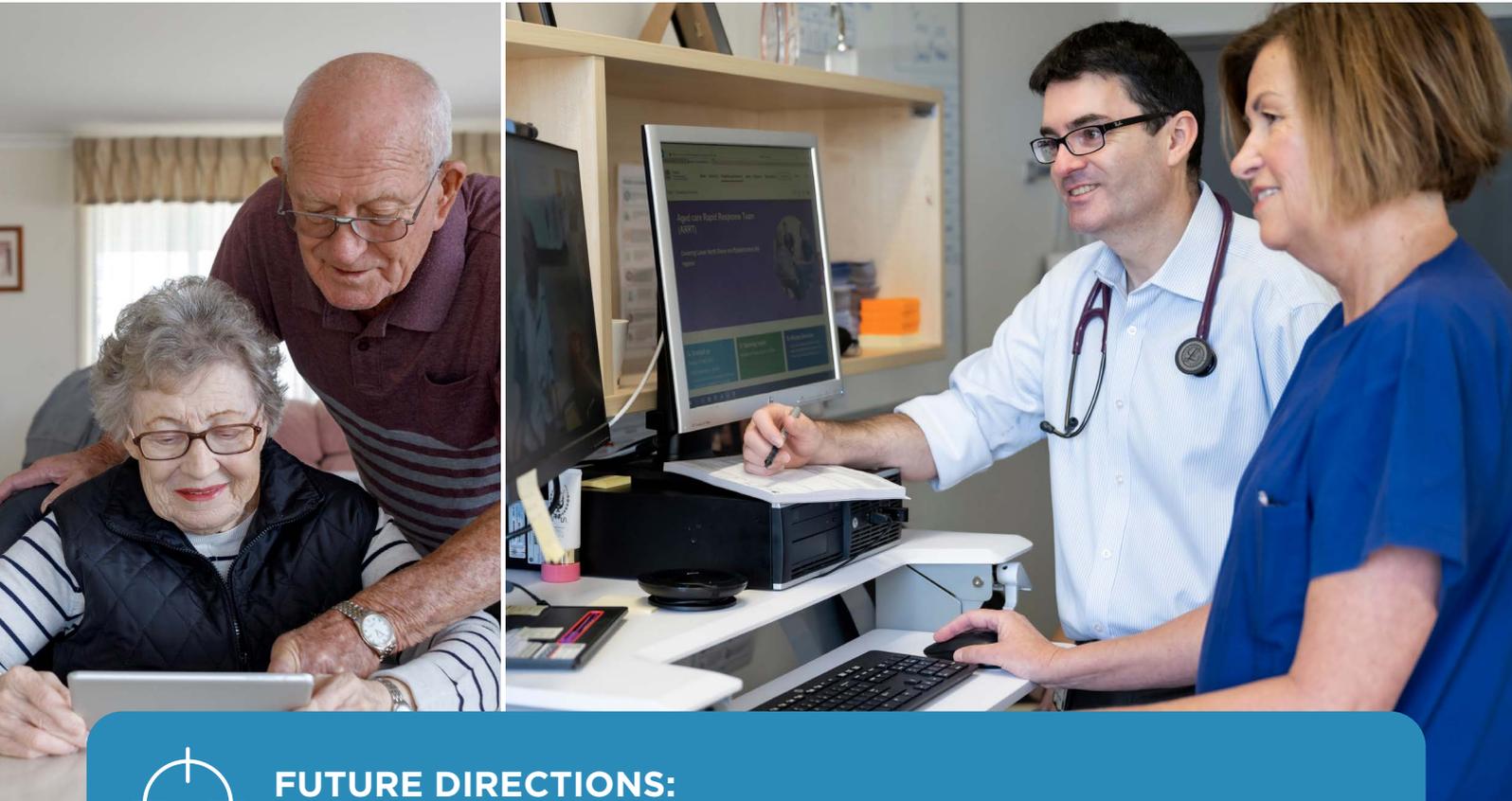
Rostering Monitoring Framework (RMF) – RMF provides data to districts and networks on their performance against key rostering related metrics in the FY20/21. Districts and networks are required to provide details on current, planned or completed initiatives to drive continuous improvement in this area. The framework is to track progress at the state level against the five goals from the Framework for Rostering in NSW health 2018-2023.

When engaged districts and networks work closely with RBPT and ensure continuity of rostering best practice related projects, including meeting goals and working collaboratively.

Post engagement, RBPT find that those districts and networks who have a dedicated rostering best practice resource achieve better outcomes including timely implementation of recommendations.

To assist districts and networks in implementation of rostering best practice, RBPT provide and educate on a range of tools which can be found on the Rostering Portal: <https://www.health.nsw.gov.au/Rostering/Pages/default.aspx>

Districts and networks are responsible for reviewing and maintaining their localised rostering resources.



FUTURE DIRECTIONS: Areas of Focus

The design and implementation of future directions in healthcare in rural areas must be informed by the experience of rural communities and by the health professionals working in the field.

Future areas of focus will include:

- Increasing the engagement of rural communities when introducing new technology into clinical settings. This includes embedding virtual care into existing models of care to complement face-to-face care and supporting rural communities to access virtual health services. A significant focus will also be improving the health systems' capability to use remote in-home monitoring.
- Engaging in cross agency collaboration (e.g. Customer Service NSW) to trial innovative ways to engage with communities and to deliver services digitally. This includes continuing to support access to good quality internet connections and devices within health facilities in NSW and working with the Commonwealth in NBN access.
- eHealth is a critical part of the health system. Innovations in this space will continue to improve health outcomes in rural areas in a variety of ways.
- eHealth NSW prioritises data governance to ensure privacy and cybersecurity are considered and security measures appropriately implemented. This focus on data governance results in better protection for health consumers, staff, and the health system's data assets, including sharing data across health services.
- NSW Health has increased focus on digitally collaborating and empowering consumers by placing them at the centre of their care through the provision of codesigned, integrated, seamless and personalised digital health services. This focus will ensure that digital health services are designed for patients, families, carers, and the communities.



CASE STUDY 6

Improve rural eHealth

- Murrumbidgee LHD
- Critical care cameras – Carlyne’s story
<https://www.health.nsw.gov.au/virtualcare/Pages/case-study-carlyne.aspx>

Critical Care Cameras – Carlyne’s story

When Carlyne started to feel breathless at home, she called an ambulance. She was taken to Batlow District Hospital for further tests. A critical care camera was used to assess Carlyne and determine treatment and transfer of care. Carlyne believes this saved her life.

 Link to video:
https://www.youtube.com/watch?v=_a6Pdu6TjMI





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- Murrumbidgee Local Health District
- Northern NSW Local Health District
- Southern NSW Local Health District
- Western NSW Local Health District
- Agency for Clinical Innovation
- Centre for Aboriginal Health
- Centre for Alcohol and Other Drugs
- Centre for Oral Health Strategy
- Centre for Population Health
- Chief Allied Health Officer
- Chief Financial Officer
- Chief Pharmacist
- Clinical Excellence Commission
- eHealth NSW
- Government Relations
- Health and Social Policy
- Health Education and Training Institute
- Health Protection NSW
- HealthShare NSW
- Mental Health
- NSW Ambulance
- Nursing and Midwifery Office
- Office of Health and Medical Research
- Strategic Communications and Engagement
- Strategic Reform and Planning
- System Performance Support
- System Purchasing
- Workforce Planning and Talent Development
- Workplace Relations

