

NSW RURAL HEALTH PLAN

TOWARDS 2021



NSW MINISTRY OF HEALTH

73 Miller Street

NORTH SYDNEY NSW 2060

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

www.health.nsw.gov.au

Produced by:

Health System Planning and Investment

NSW Ministry of Health

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source.

It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

© NSW Ministry of Health

2014 SHPN: (HSPI) 140188

ISBN: 978-1-76000-047-9

Further copies of this document can be downloaded from the NSW Health website -
<http://www.health.nsw.gov.au/rural>



MESSAGE FROM THE MINISTER

Rural health is a priority for the NSW Government. We want to make sure people in rural areas can access the right care, in the right place, at the right time.

While we have made major improvements in rural healthcare, more needs to be done. The NSW Rural Health Plan is a further important step in this process.

I established the Ministerial Advisory Committee for Rural Health in February 2013. It aims to give rural communities and clinicians a voice about what is working well in rural health and what needs to change. The committee, with representatives from across NSW and from many different disciplines, has helped drive the development of this plan.

This plan builds on the improvements that have already been made, expands the approaches which have proven to be effective, and describes how they will be implemented more widely across rural NSW. It aligns with and builds on the *NSW State Health Plan: Towards 2021*, which provides the strategic framework for NSW Health, and sets priorities across the system for the delivery of ‘the right care, in the right place, at the right time’ for everyone.

To improve the delivery of health services in rural and regional communities, it is vital that the health services the NSW Government is responsible for work closely with those areas of the health system which are the responsibility of the Commonwealth Government. This plan highlights the important role NSW hospitals and health facilities play, and recognises the need to work closely with general practitioners and other primary care providers such as practice nurses, psychologists, physiotherapists and community health workers, a significant number of whom are funded by the Commonwealth Government.

We know that truly integrated rural health services are going to be better placed to improve the health of people living in rural communities. We want to identify ways that rural health services can collaborate and work together more closely, including with private hospitals and other private health providers.

This means sharing information and resources so patients receive care as close to home as possible and in a way that is coordinated and seamless.

An important part of improving rural health services is making sure patients and their families are involved in decisions about the care and support they receive. I want to make sure that patients are put first at all times.

This plan also flags the need to invest in infrastructure, new models of care, research, and eHealth technology. Ensuring the rural health workforce is sustainable and is meeting the needs of communities is fundamental.

I would like to thank the chairs and members of the Ministerial Advisory Committee for Rural Health for their dedication. The *NSW Rural Health Plan: Towards 2021* provides a blueprint for the future which will improve the rural patient experience and deliver better health outcomes for rural communities.

A handwritten signature in black ink that reads "Jillian Skinner".

Jillian Skinner MP
Minister for Health
Minister for Medical Research

KEY PLANS RELEASED



The NSW Rural Health Plan is one of a number of plans and strategies developed by NSW Health to support and strengthen the health system. It is aligned with the **NSW State Health Plan: Towards 2021**.

Other key plans and strategies include:

- 10 Year Health Professionals Workforce Plan
- Increasing Organ Donation in NSW: Government Action Plan 2012
- NSW Pain Management Plan 2012 - 16
- NSW Government Response to the NSW Health and Medical Research Strategic Review 2012
- NSW Tobacco Strategy 2012 - 17
- NSW HIV Strategy 2012 - 15
- NSW Women's Health Framework
- Reform Plan for NSW Ambulance
- Reform Plan for Aeromedical (Rotary Wing) Retrieval Services in NSW 2013
- NSW Government Plan to increase access to palliative care 2012 - 2016
- NSW Service Plan for People with Eating Disorders 2013 - 2018
- Blueprint for eHealth in NSW
- Good Health – Great Jobs NSW Health Aboriginal Workforce Strategic Framework 2011 – 2015
- Oral Health 2020: A Strategic Framework for Dental Health in NSW
- Advance Planning for Quality Care at End of Life: Action Plan 2013 - 2018
- NSW Aboriginal Health Plan 2013 - 2023
- NSW Healthy Eating & Active Living Strategy
- Population Health Surveillance Strategy, NSW 2011 to 2020
- Environmental Sustainability Strategy: 2012 - 2015
- NSW Cancer Plan 2011 - 2015
- NSW Skin Cancer Prevention Strategy 2012 - 2015
- Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012 - 2016
- NSW Health Integrated Care Strategy

Upcoming plans include:

- Whole of government response to the Mental Health Strategic Plan
- Strategic Health Plan for Children, Young People and Families in NSW

CONTENTS

1	MESSAGE FROM THE MINISTER
4	FOREWORD
4	VISION
5	THE PLAN AT A GLANCE
10	ACHIEVEMENTS
12	BACKGROUND
	DIRECTIONS
15	DIRECTION ONE: Healthy rural communities
18	DIRECTION TWO: Access to high quality care for rural populations
20	DIRECTION THREE: Integrated rural health services
	STRATEGIES
24	STRATEGY ONE: Enhance the rural health workforce
27	STRATEGY TWO: Strengthen rural health infrastructure, research and innovation
30	STRATEGY THREE: Improve rural eHealth
33	IMPLEMENTATION & MONITORING
35	APPENDIX
44	END NOTES

FOREWORD

The NSW Rural Health Plan is a significant step in building healthy rural communities and reducing inequities between rural and metropolitan NSW.

The rural health system is complex. Better collaboration between professionals and services could make a real difference. This plan provides a strategic framework to build a more integrated health system in rural NSW. NSW Health services led by the Local Health Districts need to work closely with other key health service providers to support the range of health services provided in rural NSW.

The plan will initiate and provide a renewed focus on the health needs of rural communities. The aim is a system that supports patients through seamless healthcare as close to their community as possible, and that encourages information, expertise and resources to be shared and used effectively.

The Ministerial Advisory Committee for Rural Health looks forward to supporting the implementation of the plan.

As Co-Chairs of the Committee, we thank the Minister for her leadership and commitment to improving the health of people living in rural NSW. We would like to thank the members of the Committee for their dedication to healthcare in rural NSW and the significant number of people from rural NSW who attended the stakeholder consultations held around regional NSW.



Associate Professor Austin Curtin

The Hon Melinda Pavey MLC

Co-chairs, Ministerial Advisory Committee for Rural Health

Membership of the Ministerial Advisory Committee for Rural Health provided in Appendix 1.

VISION

NSW Health aims to provide world class care as close to home as possible for people in rural communities.

The NSW Rural Health Plan will continue to build on the significant achievements we have made over the past few years and aims to further develop capacity and opportunities in our rural health services.

Our overarching vision for the delivery of health services in NSW, as highlighted in the *NSW State Health Plan: Towards 2021*, is to nurture a system that is:

- patient centred
- respectful and compassionate
- integrated and connected
- providing the right care in the right place at the right time
- based on local decision making
- providing a whole-of-society approach to health promotion and prevention
- characterised by strong partnerships
- innovative
- financially sustainable
- fostering a learning organisation

To realise this vision, the commitment and engagement of NSW Health services, together with communities and partners is crucial.

It will be vital to acknowledge the unique role health services play in rural communities, as well as to recognise the diversity and contribution of rural residents.

The delivery of the NSW Rural Health Plan will be primarily undertaken through locally led and delivered initiatives.



Dr Robin Williams

General Practitioner, Molong; Chair Western NSW Local Health District; and Member of the Ministerial Advisory Committee for Rural Health

"My vision for rural health in NSW is to have an integrated approach to care. This means that regardless of what funding bucket is responsible for what service, the patient is at the centre and receiving the care they need. They are receiving the best quality care, as close to home as possible."



THE PLAN AT A GLANCE

The NSW Rural Health Plan (the plan) will strengthen the capacity of NSW rural health services to provide connected and seamless care, as close to regional, rural and remote NSW communities as possible.

Designed to build on the substantial progress made to date in rural and regional NSW, the plan sets out innovative solutions for areas which could benefit from further improvement.

It is aligned with the strategic directions in the *NSW State Plan, NSW 2021: A plan to make NSW number one*, the *NSW State Health Plan: Towards 2021* and the NSW Health CORE Values – Collaboration, Openness, Respect and Empowerment.

To enable a truly integrated and cohesive system of care, a range of approaches are outlined in the plan. The directions and strategies of the plan are shown in Figure 1. They are intrinsically linked with those of the *NSW State Health Plan: Towards 2021*, as shown in Figure 2, but focus on the key areas of importance that will deliver improvements in rural health.

Because local decision making is vital in the delivery of effective health services, rural Local Health Districts (LHDs) will lead many of the initiatives in the plan.

The NSW Ministry of Health, NSW Health Pillars and service delivery organisations including NSW Ambulance and Specialty Health Networks will support healthcare delivery, design, standards, reporting, education and policy.

Importantly, many initiatives will involve partnerships with other health service providers. These include Aboriginal community controlled health services, general practitioners (GPs), Medicare Locals and other primary health organisations¹, allied health providers, other government agencies, private providers including private hospitals and non-government organisations. These partnerships will also be central to the success of the plan.

This plan was developed after an extensive consultation process. Details of this process are in Appendix 2.

¹ Although the 2014-15 Commonwealth Government budget includes the transition of Medicare Locals to Primary Health Networks, at the time of publication, Medicare Locals remained operational. Throughout the NSW Rural Health Plan, reference to primary health organisations includes Medicare Locals, any future changes to Commonwealth-funded primary healthcare, and other primary health services.



The NSW Rural Health Plan aligns with the policy directions of the NSW health system as outlined in the *NSW State Health Plan: Towards 2021*.

As set out in Figure 2, the directions and strategies from both plans align. The NSW Rural Health Plan

takes a broader view of infrastructure in Strategy Two, which includes capital infrastructure as well as service development, research and innovation, as they are fundamental elements to providing effective, high quality health services.

FIGURE 1: NSW Rural Health Plan – Strategic Framework

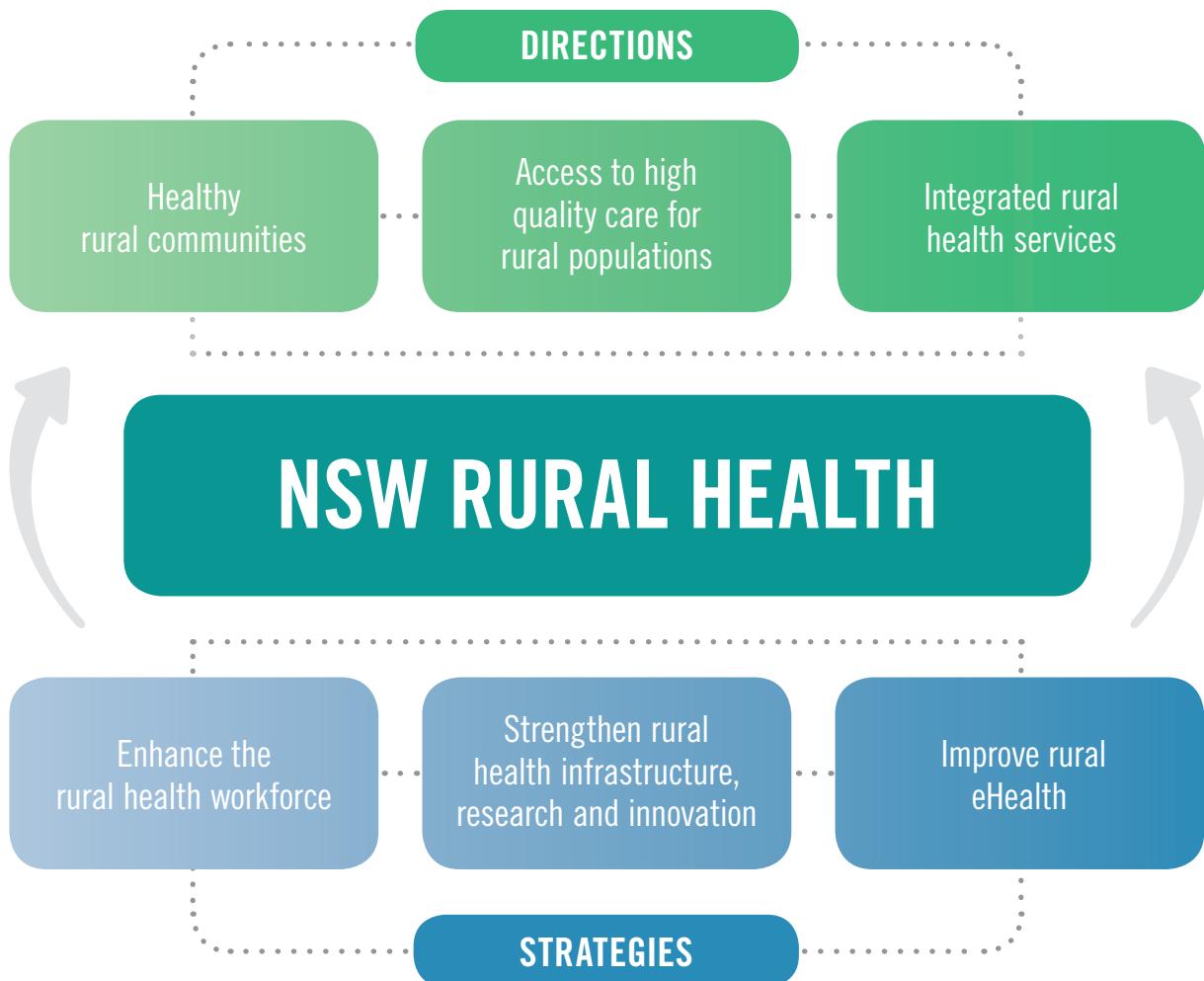
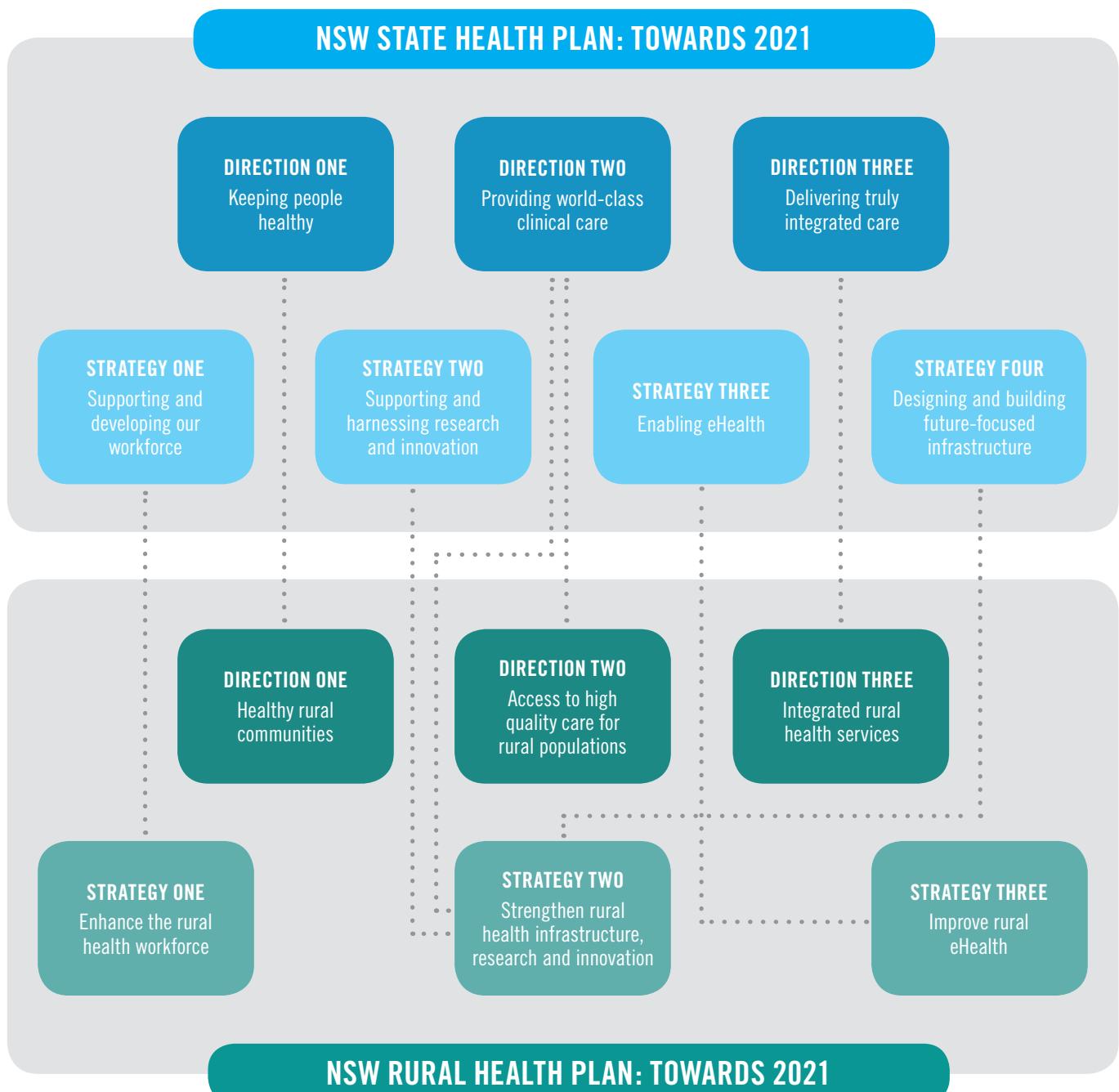
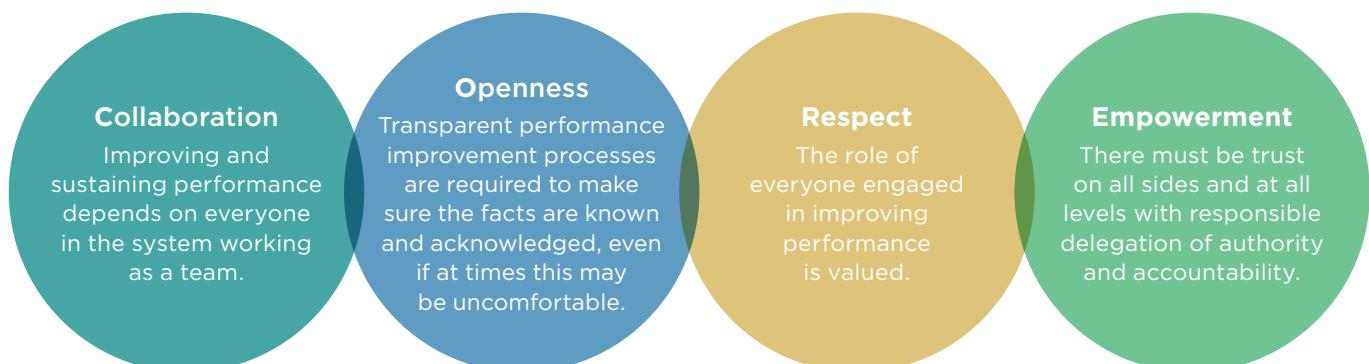


FIGURE 2: Links – NSW State Health Plan and NSW Rural Health Plan



The NSW Rural Health Plan is underpinned by the NSW Health CORE values



DIRECTIONS

DIRECTION ONE: Healthy rural communities

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

This Direction focuses on priority issues for rural communities including Aboriginal, maternal, child, youth, mental, sexual and oral health services, as well as prevention and health promotion services in relation to lifestyle factors such as smoking, alcohol use, and poor nutrition. This Direction also includes initiatives aiming to address the social determinants of health through working in partnership across services and sectors.

DIRECTION TWO: Access to high quality care for rural populations

Improve access to health services as close to home as possible and enable the provision of high quality care in local rural health services.

It is imperative that rural health services are able to provide high quality care in rural communities, as well as to ensure people living in rural communities are able to access the right care, at the right time, as close to home as possible. This Direction includes goals and initiatives to strengthen service networks and the use of eHealth solutions, and support patients, consumers, families and carers when travel may be required.

DIRECTION THREE: 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.

The goals and initiatives in this Direction focus 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.





STRATEGIES

STRATEGY ONE: Enhance the rural health workforce

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

This Strategy supports the continued implementation of the *Health Professionals Workforce Plan 2012-2022* to help attract and retain a skilled workforce, recognising the importance of the range of staff that enable the delivery of health services in rural areas. The goals and initiatives in this Strategy aim to increase the Aboriginal health workforce in rural areas, implement innovative workforce models to ensure the diverse needs of rural communities are met, and strengthen the provision of training, development and support for the rural health workforce.

STRATEGY TWO: 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.

This Strategy focuses on investing in regional and rural capital infrastructure, combined with implementing best practice models in rural settings to expand and support the delivery of high quality health services. This Strategy also supports growing research and innovation in rural areas, and putting this into practice, to ensure rural health services continue to improve and to meet the healthcare needs of rural communities.

STRATEGY THREE: Improve rural eHealth

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

This Strategy includes 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 are based on the Rural eHealth Program, and include a focus on improving eHealth infrastructure, governance, collaboration, integrated services, funding arrangements and support.

ACHIEVEMENTS

Attracting and keeping doctors, nurses, midwives and allied health professionals in rural communities

From 2010 to 2014 the NSW rural health workforce increased by 29% in the medical category, 6.3% amongst nurses, including midwives, and 15% in allied healthⁱ.

NSW Health is implementing a number of initiatives to attract and retain a rural health workforce in a range of areas. Recent commitments as part of a broader workforce approach include:

- in 2014-15, over \$5 million will be spent to employ more clinical nurse/midwife specialist and educators, including community health and community mental health nurses, in rural Local Health Districts and the Justice Health and Forensic Mental Health Network
- continued investment in the Aboriginal health workforce through scholarships and cadetships, including Aboriginal cadetships for nursing and midwifery and the Allied Health Aboriginal Cadetship Program
- significantly increase training opportunities and attracting trainees to rural areas, including through the Rural Preferential Recruitment Program

Increasing the voice of rural NSW

The NSW Government has strengthened the voice of rural communities by:

- establishing the position of Parliamentary Secretary for Regional and Rural Health
- creating the Ministerial Advisory Committee for Rural Health
- establishing LHDs and appointing governing boards to ensure decisions about health services are made by local representatives who know and understand their communities, have control of their budgets, and manage their workforce in a way that reflects the needs of patients

Making rural health services more accessible

In 2014, 95% of the NSW population have access to a cancer care centre within 100 kilometres of their residenceⁱⁱ. People in rural NSW now receive 85% of their healthcare within their LHDⁱⁱⁱ. Although some people may need to travel for healthcare, a range of accommodation options are available. Many community and charitable organisations provide accommodation options in metropolitan areas.

The NSW Government will be investing \$48 million on eHealth in rural health services. In addition, LHD research capacity will be improved through initiatives such as the investment of \$100,000 to improve collaboration and networking of research initiatives in rural areas.

Specialist services in rural and remote NSW have expanded considerably. Acute stroke services have been established in multiple rural areas. The NSW Stroke Reperfusion Program, led by the Agency for Clinical Innovation in partnership with NSW Ambulance and LHDs, commenced in 2013 and is being rolled out across many areas of rural NSW. Renal dialysis, palliative care and trauma services have also been expanded in rural and remote NSW.

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) has been changed to improve transport and accommodation support for rural patients.

There has been a major increase in support for rural health services, including through the new Agency for Clinical Innovation (ACI) Rural Health Network and the Health Education and Training Institute.



Securing the future of rural hospitals and health services

The NSW Government has significantly increased investment in rural health services in recent years. In 2014-15 rural LHDs will spend \$4.6 billion on rural health services, the majority being NSW Government funding with some Commonwealth Government funding^{iv}. This is compared to \$1.72 billion in 2002-03. This includes expenditure in metropolitan areas in Hunter New England, but does not include expenditure on rural patients in other metropolitan facilities across NSW. In its first term the NSW Government has invested over \$1.7 billion in rural and regional health infrastructure^v.

The NSW Government is continuing to invest in rural health services to help improve health outcomes for people living in rural communities. In 2014-15, \$7.2 million will be invested in Western NSW LHD, as an integrated care demonstrator site, to develop initiatives focusing on workforce redesign and models of care for general practice, primary and community health, local rural hospitals and specialist services.

In 2014-15, infrastructure investments include:

- \$8.3 million on further planning Multipurpose Services (MPS)
- \$4 million annually for minor capital works programs in rural hospitals to improve patient flow, refurbish wards and consulting suites and upgrade staff accommodation
- \$37,000 towards planning for the Ambulance Rural Stations Program to upgrade and refurbish rural ambulance stations, at an estimated total cost of \$3.5 million
- \$2 million towards the development of Albury Mental Health Services, at an estimated total cost of \$3 million
- \$3.2 million as part of a \$20 million election commitment to continue planning, land purchase and site preparation for the new Maitland Hospital
- \$1.5 million to commence the development of a new Byron Central Hospital
- \$1.6 million to commence the Eurobodalla Renal Dialysis and Oncology Clinics Relocation, at an estimated total cost of \$6.8 million
- \$2 million to commence the construction for a new carpark at Coffs Harbour Hospital, at an estimated total cost of \$7.6 million
- \$2.2 million to commence the expansion of the Lismore Hospital Carpark, at an estimated total cost of \$9.3 million
- \$1.2 million to progress the construction of the Kempsey Ambulance Station, at an estimated total cost of \$3 million
- \$911,000 to commence construction of the new Bega Ambulance Station, at an estimated total cost of \$2.9 million
- \$435,000 to complete the development of the new Albury Ambulance Station, at an estimated total cost of \$4 million

The NSW Government rural and regional hospital redevelopment schedule (including Commonwealth Government collaboration projects) is set out below.

- **Tamworth Base Hospital** – \$210 million acute hospital due for completion mid-2017
- **Wagga Wagga Base Redevelopment** – 50-bed mental health unit to be completed in 2013-14 and new acute hospital due for completion in late 2016; a total investment of \$282 million
- **Dubbo Base Hospital** – \$91 million hospital upgrade due for completion in mid 2016, in addition to the construction of a new Dubbo Mental Health Rehabilitation Unit completed February 2013
- **Port Macquarie Base Hospital** – \$104 million purpose built facilities and hospital expansion to provide increased capacity, a greater range of services and improved facilities for patients. Scheduled to be completed in late 2014
- **Kempsey Hospital** – \$80 million hospital redevelopment scheduled for completion in mid 2016
- **Lismore Hospital** – \$80 million expanded emergency department and emergency medicine unit to commence 2014 with expected completion mid 2016
- **South East Regional Hospital, Bega** – \$187 million hospital will include an expanded emergency department, emergency medicine unit and additional operating theatres, due to be completed in early 2016
- **Parkes and Forbes Hospitals** – \$113 million investment, comprising \$72 million for a new Parkes Hospital and \$41 million for development of Forbes Hospital; scheduled completion 2017
- Current Multipurpose Services (MPS) projects include:
 - **Peak Hill MPS** – \$12 million
 - **Hillston MPS** – \$12 million
- \$50 million of Restart funding has also been allocated to fast track regional health infrastructure in the locations of Grafton, Macksville, Byron Bay, Manning, Lismore and Armidale

BACKGROUND

NSW RURAL POPULATION HEALTH STATUS

People living in rural, regional and remote NSW are affected by a range of factors which impact on their health outcomes. While there have been major improvements in healthcare, people living in rural NSW still experience a range of poor health outcomes, impacted by issues such as geographic isolation, socio-economic disadvantage, drought and climate change, and a greater exposure to risk of injury^{vi}.

The 2010 NSW Population Health Survey found that people living in rural NSW reported higher levels of chronic illness and health risk factors than those in urban areas. Despite this, there was no difference between the two groups in the percentage of people visiting a GP in the preceding two weeks. Those in rural areas were more likely to have accessed community healthcare services and visited an emergency department in the previous year. In addition, people in rural NSW were more likely to report experiencing difficulties accessing healthcare when they needed it^{vii}.

People living in rural NSW have higher rates of potentially preventable hospitalisations. In 2012–13, the rate amongst residents of remote and very remote areas was almost 3 times higher than the rate for residents of major cities^{viii}.

Rural communities in NSW also tend to have a higher proportion of Aboriginal people. From 2010–12, life expectancy at birth in NSW for the Aboriginal population was 70.5 years for males and 74.6 years for females. Life expectancy at birth for the total NSW population was 79 years for males and 84 years for females^{ix}. This difference is attributed to a higher prevalence of health risk factors, diseases and higher avoidable death rates.

This plan aims to improve overall health outcomes for people living in rural NSW, including addressing poor health outcomes and building on positive health behaviours and initiatives currently occurring. Appendix 3 provides a detailed overview of population and health indicators for regional, rural and remote areas of NSW.

Demographic and socio-economic issues

- rural LHDs generally are projected to have a 34% increase in people older than 65 years by 2021, compared to overall NSW projections of 37%
- between 30–40% of households in rural LHDs, except in Southern NSW, have a household income of less than \$600 per week, compared with the state average of 24%
- four LHDs (Far West, Mid North Coast, Northern NSW and Western NSW) have higher rates of unemployment than the state average

Positive engagement and health behaviours

Patients in rural LHDs are more likely to say:

- they are engaged in decisions about their care
- they are always being treated with respect and dignity
- they rate their care as very good

People in regional and rural NSW have better results than the NSW average in:

- vegetable consumption (all rural LHDs except Far West)
- breast screening of women (in Hunter New England, Mid North Coast, Northern NSW and Western NSW)
- cervical screening (in Hunter New England, Mid North Coast and Northern NSW)

Population health indicators for rural NSW

- increased rates of smoking, particularly during pregnancy
- higher rates of Chlamydia notifications (especially for females)
- increased rates of harmful use of alcohol
- higher rates of new cases of melanoma
- increased rates of mental health concerns, such as self-harm
- higher rates of obesity
- higher rates of injury and poisoning deaths, especially among males

NSW RURAL HEALTH SERVICES

NSW rural health system

The health system in NSW has changed considerably since the previous Rural Health Plan was released in 2002.

The healthcare system in rural NSW is complex and multi-layered, with services provided by many organisations. Under the NSW Government there are seven rural LHDs (see Figure 3) that, together with the Justice Health and Forensic Mental Health Network, deliver acute, community and population health and mental health services, with NSW Ambulance providing emergency out-of-hospital care. Metropolitan LHDs and other networks, including the Sydney Children's Hospital Network, also provide specialist services and support to people who live in rural areas.

Within the NSW Government, service delivery is strengthened through support from the NSW Health Pillars and other key service delivery and strategic planning organisations.

The Commonwealth Government fund many primary health services, including general practice and other primary health organisations delivering services in rural communities. Other services are also provided through non-government organisations, such as the Royal Flying Doctor Service and Royal Far West.

The private sector plays a major role in the rural health system in NSW. Private medical practitioners provide most primary care services and can also provide hospital services in the public health system. Private hospitals also provide a significant proportion of services to people living in rural areas – this ranges from around 10% of hospital treatments in Far Western LHD to around 30% of hospital treatments in Hunter New England. Pharmacies, dentists and allied health providers are also vital services in rural communities.

Detailed explanations of the many organisations involved in delivering and supporting healthcare in rural areas are listed in Appendix 4.

FIGURE 3: NSW rural Local Health Districts



NSW Health organisations

LHDs, Specialty Health Networks and NSW Ambulance – provide front-line service delivery, and clinical, patient and community engagement.

NSW Health Pillars – the Agency for Clinical Innovation, the Clinical Excellence Commission, Cancer Institute NSW, NSW Kids and Families, Bureau of Health Information and the Health Education and Training Institute – provide expert advice and guidance for other NSW Health service providers and organisations.

Key organisations – NSW Health Pathology, Office for Health and Medical Research, Health Infrastructure, HealthShare NSW and eHealth NSW – provide services in support of high quality, value for money care across the system.

Ministry of Health – undertakes regulatory, public health and public health system manager functions in statewide planning, purchasing and performance monitoring and support of health services.

Providing health services in rural NSW

The way health services are delivered in rural NSW can be different to the way they are delivered in metropolitan NSW. Some larger rural communities may be able to support more local, specialised healthcare services. But increasing remoteness and diminishing population size and density can constrain service model options. Health services in rural areas are most effective when there is a high degree of integration.



Some of the service models currently used to deliver healthcare in regional, rural and remote NSW include:

- the Multipurpose Services Program, a joint NSW and Commonwealth initiative that co-locates acute care, residential aged care, community and allied health, rehabilitation and health education services
- outreach models, which broaden the range of health services available in regional, rural and remote locations, and can include specialist medical, allied health, nursing and maternity services
- telehealth and telemedicine, used in rural NSW to overcome problems of access to healthcare and the shortage of health professionals. In many cases, telemedicine and telehealth are used to augment other service delivery models
- expanding the roles of health professionals, such as paramedics supporting hospitals in smaller rural communities with the provision of emergency care in the hospital setting

Cross-border health services

Some people living in rural and regional NSW receive treatment in health services located in other states and territories, including the ACT, Victoria, Queensland and South Australia. If people live close to the border, these may be the closest health services, particularly tertiary health services.

The NSW Government has arrangements in place with other states and territories regarding providing health services to NSW residents, and NSW providing services to their residents. These arrangements can include funding agreements, as well as principles and strategies to ensure NSW residents are treated in the most appropriate care setting.

For example, Albury Wodonga Health and other Victorian based services provide significant services to residents of Murrumbidgee LHD. Cross border service provision is developed following extensive local planning and consultation, and Albury Wodonga Health is an important example of this.

Role of health services in rural communities

In addition, rural health services can provide considerable social infrastructure in many rural communities. For example, in many rural areas, the LHD and other health services are the major employers. This plan aims to ensure that people living in rural NSW are able to access the healthcare they need, recognising the diversity of communities, the unique role health services can play in rural communities, and harnessing the innovation and collaboration across services and service models currently taking place in rural healthcare.



DIRECTION ONE: HEALTHY RURAL COMMUNITIES

A major focus of this plan is to improve the health of rural communities through enhancements to: Aboriginal, mental, oral, sexual, maternal, youth and early childhood health, population health and by addressing the social determinants of health.

A focus on early intervention and prevention across a range of health risk factors is needed to ensure people in rural communities are able to be healthy and stay out of hospital.

This will require establishing partnerships across the health sector, including with private and non-government providers, such as community pharmacists and allied health providers, as well as with other sectors and agencies, such as education, housing, community services, local government, community groups and non-government organisations.

NSW Aboriginal Health Partnership

The NSW Aboriginal Health Partnership, between the NSW Government and the Aboriginal Health & Medical Research Council (AH&MRC), facilitates the expertise and experience of Aboriginal communities being brought to a broad range of health care processes at a statewide level. This expertise comprises knowledge of Aboriginal culture and health care, as well as clinical service provision of the AH&MRC member services.

GOALS AND INITIATIVES

Improve rural Aboriginal health

- In partnership with regional Aboriginal health provider alliances and Aboriginal community controlled health services, further implement strategies to improve oral health service delivery in identified rural Aboriginal communities.
- Support the Aboriginal Maternal and Infant Health Service to deliver services to improve the health of Aboriginal women during pregnancy, including through the delivery of the Quit for New Life smoking cessation program.
- Further implement strategies with partners to provide fluoride to small Aboriginal communities across NSW.
- 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.
- Deliver the Knockout Health Challenge in rural Aboriginal communities.
- Recruit Aboriginal people to the Get Healthy Information and Coaching Service, and promote the service to participants in the Knockout Health Challenge.
- Deliver the Aboriginal Cardiac Awareness Program and Aboriginal Cardiac Care Program to improve access to early treatment and better engage Aboriginal communities in cardiac health.
- Improve the coverage and timeliness of immunisation of Aboriginal children by employing Aboriginal immunisation health workers.
- Continue to implement programs aiming to improve ear health in Aboriginal communities, including reducing the number of young Aboriginal children being affected by otitis media.
- Develop inclusive and innovative service models to close the gap in health outcomes for Aboriginal mothers, infants and children.
- Provide sexual health prevention programs, including routine testing for HIV and sexually transmissible infections, to reinforce a safe sex culture among young Aboriginal people.

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.
- Explore opportunities to further integrate health services with other sectors in rural communities, such as education, housing, disability and community services, including exploring opportunities for shared service planning and delivery and improved referral pathways.

Promote prevention and early intervention health initiatives

- Implement the *NSW Healthy Eating and Active Living Strategy 2013-2018* in rural areas to encourage healthy changes at a personal level and environments that support healthy living.
- Continue to implement prevention and health promotion initiatives in rural communities, such as the Get Healthy Information and Coaching Service and Quitline.
- Integrate alcohol advice into existing prevention programs, such as the Get Healthy Information and Coaching Service.
- Implement Get Healthy at Work in rural workplace settings to improve the health of working adults with a focus on physical inactivity, poor nutrition, overweight and obesity, tobacco use and harmful consumption of alcohol.
- Ensure at-risk populations in rural communities have access to prevention programs such as the Needle and Syringe Program, vaccination for Hepatitis B and community education campaigns.
- Deliver programs and services that enable access to the testing, treatment and management of HIV, sexually transmissible infections and viral hepatitis in rural communities.
- Encourage and support rural communities to lead local responses to drug and alcohol issues.

Improve the health of rural children, young people and families

- 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.
- Research, develop and implement innovative and integrative models of maternal, child and family healthcare to meet the particular needs of rural communities.
- Support early childhood services and primary schools to implement policies and practices that promote healthy eating and physical activity through the Healthy Children's Initiative.
- Implement strategies in rural communities that use technology to engage children, young people and families to make healthy life choices.
- Increase immunisation for one, two and five-year-olds in rural LHDs, including for refugees, newly arrived migrants, those living in remote communities, and those experiencing socioeconomic disadvantage.
- Collaborate to build youth-friendly early intervention services to address sexual and reproductive health, drug and alcohol misuse and psychological distress.
- Ensure an appropriate psychosocial, medical and forensic response to victims of sexual assault and child abuse and neglect in rural regions of NSW.
- Implement initiatives that help to address child and young person safety and wellbeing in rural communities, including sharing information with partner agencies to better identify and care for clients at risk of domestic and family violence, sexual assault and child abuse and neglect.

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.
- Continue to work with local government and other authorities to introduce fluoride to local water supplies, with \$7.5 million to be invested in over five years to support councils to extend fluoridation to smaller communities through the provision of enhanced infrastructure and technologies.

Improve rural mental health

- Implement the NSW suicide prevention toolkit for small towns.
- Expand mental health outreach services in rural NSW via hub and spoke service delivery models and other locally appropriate models.
- Develop community based approaches to mental health to increase provision of services close to consumers' homes.
- Promote community mental health literacy, enhanced access and pathways to care for smaller/isolated communities.
- Develop initiatives that address the physical health needs of people with mental health issues.
- Continue to develop and implement initiatives targeting people with dual drug and alcohol and mental health diagnoses.
- Improve and enhance quality of and access to child and youth mental health services.





Countryside, Glen Innes

Credit: Destination NSW

DIRECTION TWO: ACCESS TO HIGH QUALITY CARE FOR RURAL POPULATIONS

The plan aims to strengthen rural health services to be able to provide high quality services in rural communities. This includes harnessing the opportunities available through eHealth services, and improving the service connections and support provided when travel is required.

People living in rural communities should be able to access high quality health services as close to home as possible. It is important to improve local services, as well as the use of telehealth to decrease the need for travel. Sometimes, people living in rural communities will need to travel in order to receive specialist care and treatment. The plan supports a whole-of-journey approach for rural patients and consumers, including journeys that cross state borders.

District Hospitals into the future

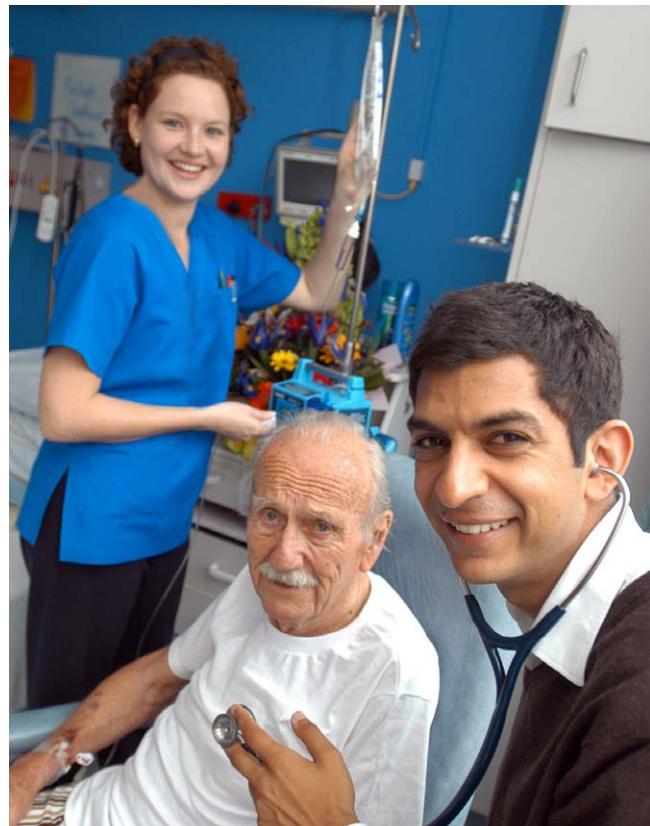
There are a range of different health services in rural and regional areas. It is important for these services to work within a network in order to ensure people in rural communities are able to access the healthcare they need. It is important for service networks to support multidisciplinary and integrated services, include public, non-government and private providers, and facilitate community based care close to home.

The role of the district hospitals within these networks needs to be complementary, and will depend on local factors such as size and distance from rural tertiary centres. District hospitals can play an important role in providing subacute services and as day surgery centres, for example concentrating on rehabilitation, palliative care, ambulatory care, renal dialysis, and chemotherapy.

GOALS AND INITIATIVES

Strengthen rural health services

- Further develop the role of district and rural hospitals in sub-regional networking models, to ensure rural health services are coordinated, integrated and strategically planned to improve access to care in rural communities.
- Develop regional healthcare hubs with a broad range of specialist services to support the roles of district hospitals and other rural healthcare providers (such as multipurpose and HealthOne NSW services).
- Implement initiatives to enhance care provided in small rural emergency departments, including through the Nurse Delegated Emergency Care Program and the Enhanced Scope of Practice Program.
- Increase the use of eHealth services and further develop models of care involving eHealth.
- Develop opportunities for community pharmacy to extend its role in small rural communities, particularly in chronic disease prevention and management.
- Support rural facilities to meet or exceed National Safety and Quality Health Service Standards.



- Deliver quality and safety programs in rural facilities, such as Between the Flags, including those that reduce infection rates in hospital, targeting sepsis, associated blood stream infections, central line infections and improved hand washing practice.

Support the rural patient journey

- Ensure patient contact portals, such as hospital websites, contain information about accessing health services, accommodation and transport to support rural patients and consumers, and their families and carers, when treatment is needed away from home.
- Increase access to reliable health information and primary healthcare services through the online and telephone services provided by HealthDirect Australia.
- Improve help for patients transitioning between rural and regional areas and metropolitan tertiary care through information packages, integrated transport, and appointment planning to minimise time away from home.
- Increase access to alternative low acuity care pathways to provide out-of-hospital care.
- Improve the timeliness and systems for providing eligible rural patients with medical aids and equipment.
- Continue to implement the Whole of Hospital program in rural facilities to improve the connectivity of the patient journey through hospital and back into the community.
- Grow partnerships with accommodation providers for people from rural communities who need to travel to metropolitan areas for treatment.

Improve access to health transport

- Further promote access to the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS).
- Work with government service providers to streamline access to IPTAAS for GPs and patients.
- Support the roll-out of the Non-Emergency Patient Transport Strategy across rural LHDs.
- Work with community transport providers and Transport for NSW to improve transport services.



DIRECTION THREE: INTEGRATED RURAL HEALTH SERVICES

Improved integration of the services provided by LHDs, 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.

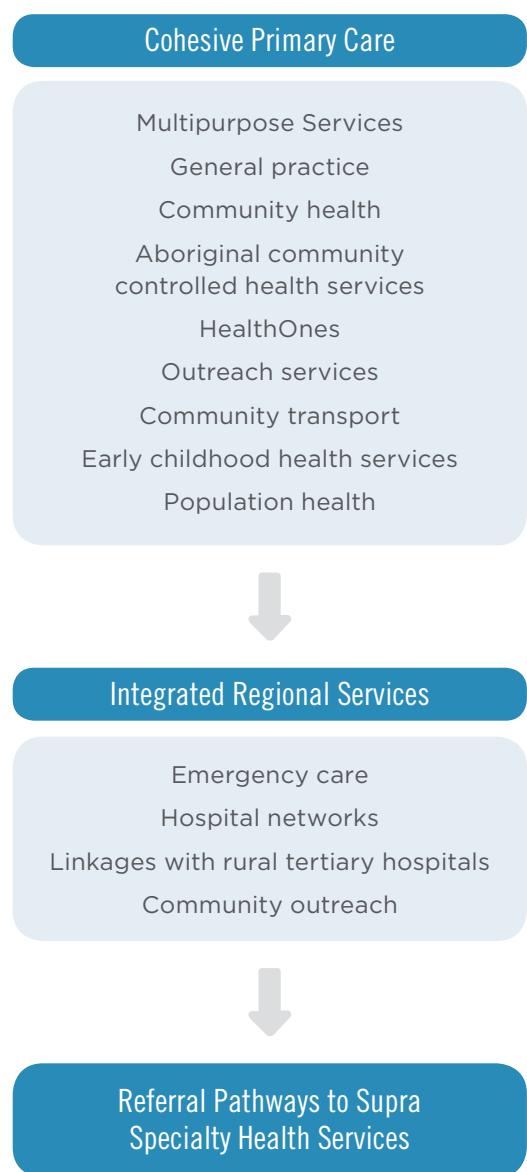
Better integration of care can have significant benefits, including:

- improved patient experience of the health system
- reduced waiting times for patients as they navigate the system
- improved health outcomes for patients and better quality of life
- reduced avoidable or unnecessary hospitalisations
- less duplication of tests through better sharing of information
- better use of health resources.

To support more integrated local health systems and large-scale transformation, the NSW Government is investing in three integrated care demonstrator LHDs through the *NSW Health Integrated Care Strategy*. These LHDs will establish new integrated care models in their localities over the next four years, including in Western NSW. Investment will expand over time to other LHDs through a Planning and Innovation Fund. The fund will resource the development of innovative approaches across NSW.

It is not possible to deliver the full range of health services in all settings. Ensuring robust links between emergency, community, primary, specialty and supra-specialty services is vital to ensure patients receive the care they need, when they need it (see Figure 4). These linkages also need to acknowledge the significant 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.

FIGURE 4: Service integration for rural health services



Service collaboration and integration in health networks

Guy and Hannah Boland

Collaboration and integration across different health services can help to ensure people receive the right care, in the right place, and at the right time. Effective collaboration across the regional network in northern NSW helped to save the life of Guy Boland, and his daughter Hannah, after being in a plane accident in 2011.

"I sustained multiple life threatening injuries in a light plane accident in regional NSW in 2011. Having access to qualified, experienced and trained healthcare professionals, as well as access to the right equipment and resources saved my life. The multiple elements within the system all worked together to save me. This included: the police transporting blood; regional hospital networks working together; and the radiologist and equipment identifying primary areas that needed emergency attention."

"It is impossible for me to articulate my gratitude for the wonderful care I received and to the kindness I was shown by individuals and the hospital system as a whole."



GOALS AND INITIATIVES

Integrate rural health services

- Develop a vision and strategy for integrated care in local rural areas, supported by resources for strategic planning, purchasing, care evaluation and change management.
- 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.
- Develop collaborative partnership models with local Aboriginal health services and other stakeholders to agree frameworks to achieve locally focused healthcare services for Aboriginal people.
- Strengthen partnerships with the NGO sector to improve services and programs funded by NSW Health.
- Support data linkages between the NSW Government and the Commonwealth Government to improve the planning and coordination of rural health services in NSW.

Improve continuity of care

- Improve the linkages between emergency, community, primary, specialty and supra-specialty services to ensure connected patient and consumer pathways.
- Develop models for effective transfer of care and follow-up including post-discharge to avoid readmission and high-risk patient pathways, including those with a mental illness, to avoid deterioration.
- Promote and improve the use of information and referral pathways, such as HealthPathways.
- Better integrate NSW Ambulance within the broader NSW Health system in rural areas to ensure the provision of world-class emergency care and retrieval, including fostering integration across key areas such as emergency care, urgent care and health and community support.
- Strengthen emergency care collaboration between LHDs and NSW Ambulance, particularly in care models for smaller hospitals.
- Further involve paramedics in small rural communities in the care and management of patients with chronic disease, such as through the Paramedic Connect program.
- Develop partnerships between NSW Ambulance and primary health organisations to develop strategies to consider alternative referral pathways in rural areas outside of the traditional model of transport to Emergency Departments.





- Implement clear and simple systems and pathways for services to ensure lower designated services in rural LHDs are supported in consultation, referral, access to expert advice, triage, retrieval (where required) and transfer, clinical support, and guidance.
- Implement strategies to improve the coordination of mental healthcare between NSW Ambulance and LHDs, particularly in smaller rural hospitals, and coordination with NSW Police.
- Improve support for regional aged care through the development of hospital avoidance models of care.
- Continue to implement the 48hr Follow Up Initiative across rural LHDs, ensuring Aboriginal people admitted to a public hospital with a primary or secondary chronic disease diagnosis are offered a 'follow up' service within two working days of being discharged.
- Continue working with other jurisdictions to build effective cross border partnerships.

Better engage with rural communities

- Ensure local health stakeholders are effectively engaged to support cohesive health service delivery, particularly in the development of LHD strategic plans and clinical service planning.
- Ensure implementation of best practice community engagement in planning health services in rural communities including recognising the diverse populations and needs within rural communities.
- Implement ways to receive real time feedback from patients, consumers, families, carers and clinicians, and use social media more effectively to engage with rural communities about their healthcare.
- Undertake health literacy activities to help communities use health services including those targeting culturally and linguistically diverse populations and people with disability.
- Ensure that patients, consumers, carers and families are provided with the information required to navigate and engage in the health system and facilitate care in the community.



STRATEGY ONE: ENHANCE THE RURAL HEALTH WORKFORCE

It is important to recognise the role of all members of the workforce, including health professionals and support staff and volunteers, in enabling the delivery of services in rural communities in NSW. Attracting and retaining a strong health workforce, including medical, nursing, midwifery, allied health, health and medical research and support staff is a major challenge in rural NSW.

The NSW *Health Professionals Workforce Plan 2012–2022* includes initiatives to help address these issues. The *Good Health – Great Jobs NSW Health Aboriginal Workforce Strategic Framework 2011–2015*, aims to increase the Aboriginal workforce across the public health sector in clinical, non-clinical and leadership roles.

The NSW Rural Health Plan supports initiatives to attract health professionals to rural and remote areas, including exposure to rural practice through education programs, locating educational institutions in rural areas, financial incentives, and career development.

Expanded roles, such as nurse practitioner and paramedic roles, are occurring in rural NSW settings. Achieving a balance between generalist and specialist workforces in rural areas is also important, as well as supporting peer and consumer workforces.

Volunteers play a fundamental role in providing health services in rural communities, and need to be supported. Volunteers are located across many areas in rural health services, including fundraising, patient support, and providing emergency care.



Rural health workforce profile: Max Richardson

Work Health and Safety Coordinator
Northern NSW Local Health District

I am a Work Health and Safety Coordinator in the Northern NSW Local Health District. My work entails assisting to resolve any risks present within the organisation, staff training, identifying hazards, investigating incidents, and conducting risk assessments and recommending actions to eliminate or mitigate any risks to staff, patients and visitors.

The staff here on the North Coast of NSW are our greatest asset – they are among the most professional and dedicated staff I have ever worked with and always maintain a focus on improving patient outcomes and staff safety.

One of the best things about working in Northern NSW is the location itself. The North Coast of NSW is a beautiful place to work and live. We have the best weather, beautiful unspoiled country and beaches, some great schools and services and it is a wonderful place to raise a family. While we are all busy and our roles can be challenging I have never regretted moving my family up here from the city. Every day is an adventure on the North Coast.



Rural health workforce profile: Marisa Barnes

Child Development Service Psychologist and Northern Area Psychology Professional Lead Hunter New England Local Health District

I have been working at Tamworth Community Health Centre for just over 10 years now. I am lucky to have loads of variety in my day, and to have the opportunity to incorporate optional work within my role, such as being on the Sexual Assault Crisis roster, providing supervision for Provisional Psychologists, and recently taking on the role of Northern Psychology Professional Lead. The Professional Lead position is great for helping to support rural Psychologists and keeping rural issues on the agenda. My job also allows opportunities for community involvement, and it's great to be able to get out of the office and participate in community events.

Most of all, I love the people I work with and the positive atmosphere in this centre. We have some amazing and committed staff at Tamworth Community Health. In rural health it is a necessity to have close relationships with other services. I really enjoy being able to develop partnerships and connections with services both within and external to Health. I think rural health provides employees with a fantastic mix of working independently and in teams with other professionals.



Rural health workforce profile: Tameka-Rae Small

First Cadet to Graduate from the NSW Aboriginal Allied Health Cadetship Program

My experience of the Aboriginal Allied Health Cadetship program has been nothing but positive, I am very grateful to all the people who supported me throughout and the abundance of knowledge and skills I was able to gain.

The professional experience I gained whilst on placement during my cadetship was invaluable; the skills I acquired allowed me to transition into a graduate position with ease.

The knowledge and practical skills I obtained during the cadetship program prepared me perfectly for work once I completed my degree. The cadetship allowed me to collaborate with professionals in my field whilst I studied.

GOALS AND INITIATIVES

Support the Aboriginal health workforce

- Ensure Aboriginal employees comprise at a minimum 2.6% of the NSW Health workforce.
- Support Aboriginal registered nurses to access the rural midwifery scholarship scheme and Aboriginal nursing and midwifery cadetships to ensure continued workforce capacity and capability in rural NSW.
- Provide professional development to Aboriginal immunisation health workers.
- Support Aboriginal people undertaking relevant undergraduate qualifications in Allied Health to access the NSW Health Aboriginal Allied Health Cadetship program.
- Continue to develop the Aboriginal mental health workforce in rural areas, including supporting the upskilling of Aboriginal mental health workers as appropriate to service needs.

Target recruitment

- Continue developing strategies to align the health workforce with the diverse service needs in rural LHDs and the Justice Health and Forensic Mental Health Network, including expanded roles and flexible workforce models.
- Continue the rural midwifery scholarship scheme to ensure workforce capacity and capability in rural NSW.
- Implement programs to support rural practitioners, such as midwives and allied health professionals, maintain recency and currency of practice.
- Increase and promote training across rural LHDs and the Justice Health and Forensic Mental Health Network for professions, including enrolled nurses, assistants in nursing, and allied health assistants.
- Continue to support and develop the Rural Preferential Recruitment Program for medical interns.
- Continue to roll-out the generalist medicine training pathway for rural hospitals and establish more rural fellowship specialist positions.
- Develop a career development framework for medicine that highlights the workforce opportunities in rural NSW.

- Develop and implement programs to support volunteers, including a planned program of volunteer and community based first responder models to maintain basic life support and emergency care.
- Develop effective clinical, professional and social support for rural employment, including for resident and international medical, nursing, midwifery, allied health, research and support staff.
- Develop policy approaches that support the integration and sustainability of the primary and acute health workforce in rural NSW with the Commonwealth Government.

Promote development and training

- Strengthen linkages in and between rural and metropolitan services, and between professionals, to facilitate opportunities for secondments, professional development and service collaboration.
- Develop and deliver clinical simulation training in rural areas, such as through the Sister Alison Bush AO Mobile Simulation Centre.
- Support generalist health professional career pathways and the development and utilisation of general clinical skills, including through the Rural Generalist Training Program.
- Support the development of rural health leaders to improve the quality, safety and efficiency of healthcare for patients.
- Use new technologies to provide multidisciplinary education and to increase the capacity of the rural workforce through programs such as the respiratory education webinars.
- Implement training strategies through educational workshops in rural health services, such as the tracheotomy guidelines training.
- Strengthen training and development to increase the capacity of the health workforce to respond to the health needs of children and young people, culturally and linguistically diverse populations, and people with disability.
- Develop partnerships with tertiary education providers to support education and development of the rural health workforce, including developing curricula that prepare students for rural careers.



STRATEGY TWO: STRENGTHEN RURAL HEALTH INFRASTRUCTURE, RESEARCH AND INNOVATION

High quality infrastructure, including new and updated facilities, enhances access to health services for patients in rural and remote communities. It also helps support, attract, and retain staff. The NSW Government has made major investments in rural health infrastructure to improve access to health services.

The investment in contemporary and specialised health infrastructure needs to be complemented by best practice models of care tailored to the needs of rural communities.

Innovation and developments in research should be nurtured, and translated into policy and practice in rural health services. For example, new service models should be rigorously evaluated to ensure they meet the needs of rural populations. Similarly, the plan recognises research produced by and within rural LHDs and rural areas will allow for locally-relevant improvements and enhancements to health services.

Jerilderie Multipurpose Service

Jerilderie, in Murrumbidgee LHD, is facing a number of challenges including an ageing population, isolation, and workforce issues. The Multipurpose Service (MPS) works on a model of health and aged care service delivery that aims to help small rural communities to tackle some of these challenges.

Planning for an MPS is focused on local community needs and input. In planning the Jerilderie MPS, it was identified that there was a need for additional community health services and that the preschool had secured funds for a new centre. A model comprising both services was put to the Jerilderie community and embraced.

The Jerilderie MPS has a total of 15 beds, with 3 acute beds, 12 high/low care residential beds and a small Emergency Department. There are a range of community services provided through the MPS, including community nursing services and aged care activity groups, as well as outreach and visiting services. There are also innovative programs involving interactions between the preschool children and aged care residents.

New Options for Palliative Care Patients

NSW Ambulance collaborated with the Southern NSW Medicare Local and the Southern NSW LHD in February 2014 to develop a model allowing paramedics to treat palliative patients in their own home on the instructions of their GP rather than transport them to hospital.

At the end of life, many people express the wish to be cared for in their own home. The collaboration has allowed NSW Ambulance to deliver palliative care plans to GPs and palliative patients.

Patients and families benefit significantly from this plan as it has provided them with more options for end of life care. The program helps achieve a patient's wish to be cared for in the familiarity and comfort of their own home and to experience dignity at the end of their life.



Illustration of South East Regional Hospital, Bega - due to be completed in early 2016

GOALS AND INITIATIVES

Strengthen rural health capital infrastructure

- Deliver the NSW Health Capital Infrastructure Program to redevelop major regional hospitals, including Wagga Wagga, Tamworth, Dubbo, Lismore and the South East Regional Hospital.
- Roll out further Multipurpose Services.
- Continue to roll out the Rural Ambulance Infrastructure Program.
- Continue to explore innovative approaches to providing health services to meet the needs of rural communities, including partnering with the private and not-for-profit sectors to provide high quality facilities and equipment.

Strengthen models of care in rural NSW

- Implement statewide cardiac and stroke reperfusion programs across rural LHDs.
- Implement models identified in Rural Surgery Futures 2011–2021: high volume short stay surgical service; specialty centre; and the separation of emergency and elective surgery.
- Tailor models of care and service improvement initiatives (where appropriate) for rural health services, such as the standardised subacute insulin chart, midwifery continuity of care, and improving operating theatre efficiency.
- Ensure maternal, neonatal, paediatric and adolescent health services in rural LHDs are high quality by developing and implementing standards of practice and models of care, including models of care for paediatric epilepsy and diabetes, and less common conditions such as paediatric rheumatology.
- Implement maternity models of care in rural LHDs that help provide services closer to home by using the expertise of all maternity care providers and enabling midwives to work to their full scope of practice.
- Continue to roll-out the implementation of the NSW Rehabilitation Model of Care for rural patients and the specially developed Implementation Toolkit to help LHDs and Specialty Health Networks adopt new, improved rehabilitation practices.
- 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*.

Improve knowledge sharing, collaboration and research

- Support the translation of research into practice and create a learning culture by showcasing best practice models of rural health through the Rural Health Network, the Innovation Exchange (formerly Australian Resource Centre for Healthcare Innovations), and the Rural Health and Research Congress.
- Establish the Rural and Remote Research Hubs to enhance rural and remote health and medical research.
- Continue to build the capacity of rural LHDs to undertake research through the Rural Research Capacity Program.
- Strengthen support provided to researchers based in rural areas, including building capacity from early career to elite level.
- Ensure state-wide and national research initiatives consider the research needs of rural areas, including initiatives focussed on growing research assets, infrastructure and investment.

Rural and Remote Research Hubs

The Health and Medical Research Hubs strategy includes a focus on the need to have more formal collaboration between rural and remote LHDs, universities and medical research institutes.

A number of LHDs have developed memoranda of understanding with universities and have committed resources and staff to establish a research focus in their health districts. Research undertaken within remote and rural areas is often focused on local issues such as Aboriginal health, ageing and public health research. Continued efforts to enhance rural research capacity will enable the improvement of services to address these issues.

A formal rural and remote research hub will ensure that the health and medical research needs, and in particular research infrastructure, are recognised and included in the current and future health and medical research strategic plans.



STRATEGY THREE: IMPROVE RURAL eHEALTH

eHealth is the essential infrastructure which can underpin information exchange between all participants in the rural NSW health system. eHealth has the potential to transform rural and remote health services, significantly improve access to services for people in rural and remote areas, and fundamentally help to integrate services and patient care.

The NSW Government will be investing \$48 million, from currently funded programs, to improve eHealth in rural NSW health services. This will include ensuring all sites have sufficient network capacity to access electronic patient data. The *Blueprint for eHealth in NSW* sets out the vision for technology enabled improvements in quality, delivery, efficiency and safety of healthcare for patients.

A Rural eHealth Program has been established to drive and coordinate the implementation of eHealth solutions into rural areas. eHealth NSW and the six participating rural LHDs – Northern NSW, Mid North Coast, Western NSW, Far West, Southern NSW and Murrumbidgee LHDs – have agreed to act together in implementing eHealth solutions to allow effective implementation of the solutions and greater leverage of resources^x.

eHealth solutions can deliver significant benefits in rural and remote health services but only when the technological advancements are coupled with true changes in work practices. The new approach to delivering eHealth solutions in rural and remote areas includes focus on eHealth governance, collaboration throughout implementation, sharing of solutions and new support models. This is being facilitated by consolidation of funding across programs and establishment of a Rural eHealth Governance Group.

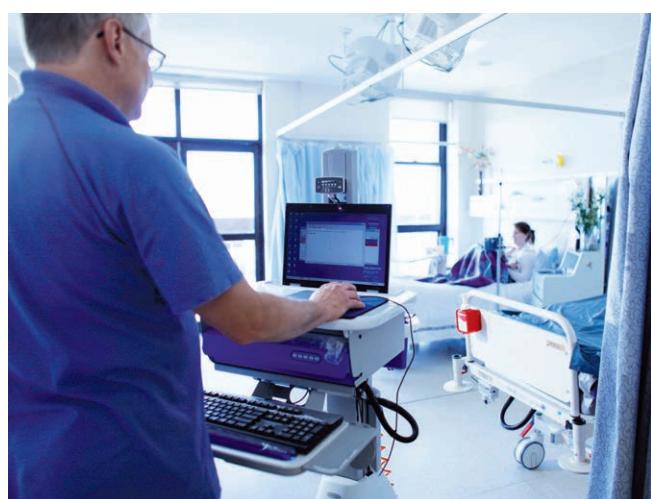
Future of eHealth in rural NSW

NSW Health is aiming for the following eHealth scenario to be the established approach for rural health in NSW.

A 75 year old male, with chronic renal failure, is assessed at his residence by his community nurse. The patient complains of gastric bleeding and increasing tiredness. The community nurse captures this information in community health electronic record and refers the patient to his local hospital. On arrival to the hospital the emergency department physician checks the patient's medical history, through HealtheNet and the community health record, all via the emergency department medical record.

The patient is sent for an endoscopy, where his images and results are captured in the endoscopy information system and sent to the electronic medical record. An abdominal ultrasound is also conducted, which is captured in the radiology information system and sent to the electronic medical record. The report indicates that there is no active bleeding but the patient has enlarged kidneys and abdominal fluid.

Following treatment the patient is discharged back to his residence. An electronic discharge summary is produced via the electronic medical record, which is sent to HealtheNet and his general practitioner.



GOALS AND INITIATIVES

Strengthen eHealth operational and strategic governance

- Establish a rural eHealth governance framework, organisational structure, and information and technology support framework.
- Agree to rural eHealth service level agreements with relevant rural LHDs.

Provide secure, reliable and available information and communication infrastructure

- Implement the Health Wide Area Network, connecting all rural LHD sites into the core statewide network.
- Improve eHealth infrastructure by consolidating the existing 25 NSW Health internet gateways into three gateways and increase overall capacity from 1.2Gbps to 30Gbps and implementing the Statewide Infrastructure Program.
- 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.

Implement a single view of a patient record

- Continue to implement the HealtheNet program to deliver a patient's clinical information in a consolidated view, including information contained in the Personally Controlled eHealth Record.
- Implement Electronic Medical Record Phase 2 to upgrade functionality and reach of the system and expand voice recognition capacity.
- Through Community Health and Outpatient Care, deliver a clinical information system to support community and outpatient care for Aboriginal health, aged and chronic care, allied health, child and family health, community home nursing, drugs and alcohol, mental health and sexual health.

Provide clinical workflow tools to support the patient journey

- Through the Hospital Pharmacy Product List:
 - deliver a single list of pharmaceutical products with standardised descriptions.
 - provide consistent product descriptions to reduce the risk of misinterpretation and product selection errors.
- Deliver Electronic Medication Management to improve the accuracy and scope of intelligent prescription systems.
- Overhaul the current Incident Information Management System to better track, record and report clinical incidents.

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.

Support reporting and decision making

- Provide streamlined and simplified human resources, payroll and management system for NSW Health staff (Stafflink).
- Upgrade financial management systems to improve accounting, management of tax rules, procurement functionality and processing efficiency.
- Deliver streamlined visiting medical officer payment processes through VMoney Web.
- Promote and provide high quality accessible education and training through Health Education and Training Institute (HETI) initiatives such as District HETI and the HETI app.
- Improve rostering processes and practices across the NSW public health system, helping LHDs to implement changes that will deliver patient, staff and organisational benefits.
- Deliver an online recruitment management system.

IMPLEMENTATION & MONITORING

The NSW Government wants to ensure this plan delivers real improvement in the health status of people living in rural NSW.

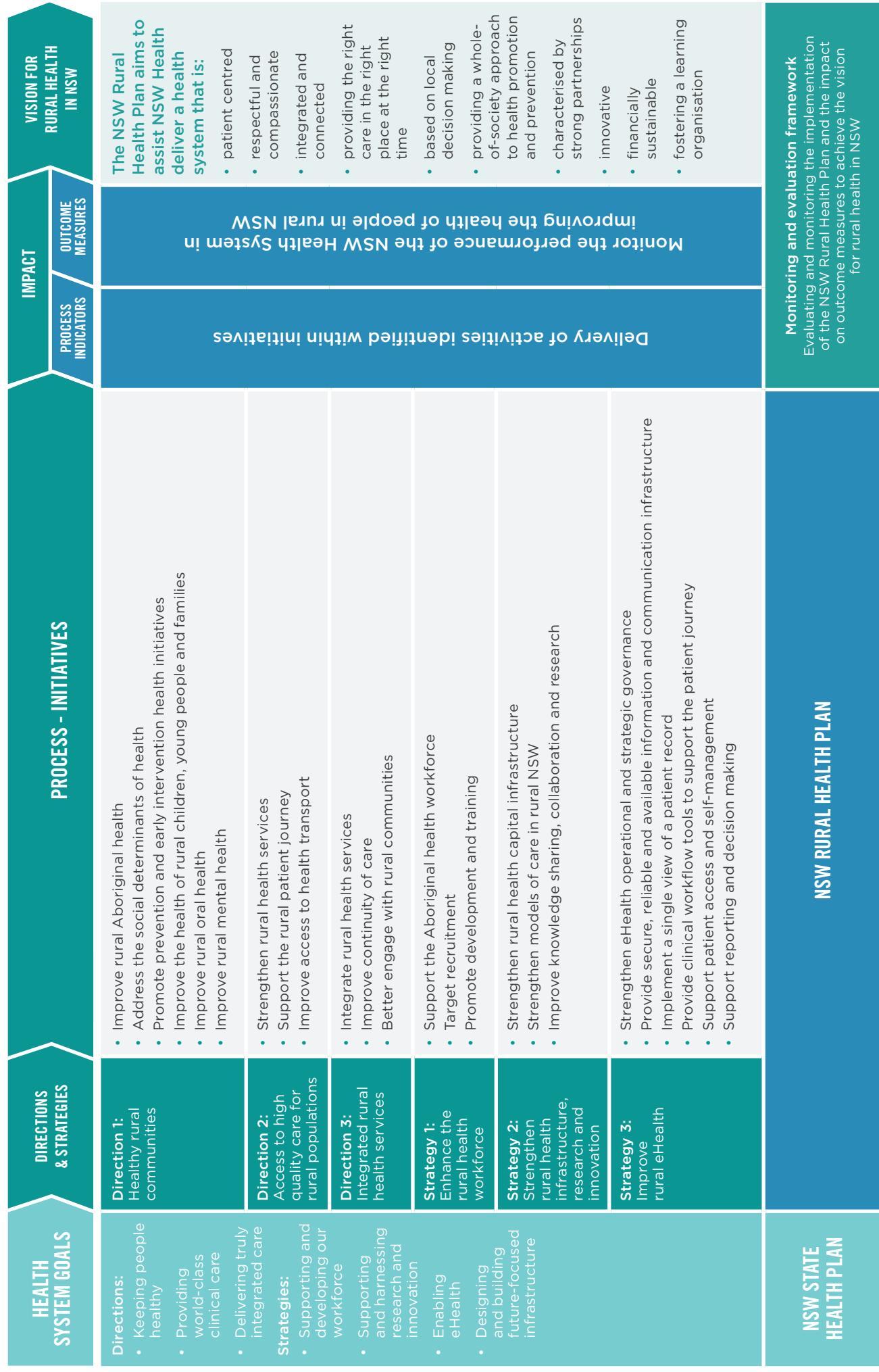
A monitoring and evaluation framework is currently being developed to track progress in achieving the plan's goals. The framework will help manage implementation across the health system, and identify policy adjustments that may be required to ensure improvement.

This framework will be linked with the monitoring and evaluation of the *NSW State Health Plan: Towards 2021*. It will assign lead organisations with responsibility for each initiative. These responsibilities will be managed through the NSW Health Performance Framework and existing governance forums.

The Ministerial Advisory Committee for Rural Health will provide advice on the implementation of the plan. The Committee will meet bi-annually to provide input about how to improve the delivery of healthcare and the general health of rural, regional and remote NSW communities. These meetings will also enable LHDs, Pillars and the Ministry of Health to provide an update on progress against the plan.



FIGURE 5: Program logic for the NSW rural health plan



APPENDIX

APPENDIX 1

Ministerial Advisory Committee for Rural Health: Members

Title	First name	Family name	Position
The Hon	Melinda	Pavey MLC	Co-Chair Parliamentary Secretary for Regional and Rural Health
Associate Professor	Austin	Curtin	Co-Chair Adj Assoc Prof, University of Sydney Adj Assoc Prof, Southern Cross University, University Centre for Rural Health, North Coast
The Hon	Jillian	Skinner	Minister for Health, Minister for Medical Research
Associate Professor	Kathleen	Atkinson	Executive Director of Medical Services, Murrumbidgee Local Health District
Ms	Lindsay	Cane	Chief Executive Officer, Royal Far West
Mr	Chris	Crawford	Chief Executive, Northern NSW Local Health District
Ms	Linda	Cutler	General Manager, Health Services, Royal Flying Doctor Service – Southeast Section
Dr	Scott	Finlay	Procedural General Practitioner
Dr	Mary	Foley	Secretary, NSW Ministry of Health
Dr	Rohan	Hammett	Deputy Secretary, Strategy and Resources, NSW Ministry of Health
Ms	Valda	Keed	Chair, Peak Hill Aboriginal Medical Service Director, Aboriginal Health and Medical Research Council
Mr	Tony	Lawler	Member, NSW Pharmacy Guild Board
Dr	Nigel	Lyons	Chief Executive, Agency for Clinical Innovation
Associate Professor	Tara	Mackenzie	Respiratory Physician, Wagga Wagga
Ms	Sonia	Marshall	Director of Nursing, Wollongong Hospital
Mr	Scott	McLachlan	Chief Executive, Western NSW Local Health District
Mr	Kim	Nguyen	Director of Allied Health, Hunter New England Local Health District
Ms	Leanne	Ovington	Director, Nursing and Midwifery, Batemans Bay and Moruya hospitals
Professor	David	Perkins	Professor of Rural Health Research, Centre for Rural and Remote Mental Health, University of Newcastle, Bloomfield Campus
Dr	Joanna	Sutherland	VMO Anaesthetist, Coffs Harbour Hospital Campus Conjoint Senior Lecturer, UNSW Rural Clinical School Member, Mid North Coast Local Health District Board
Dr	Robin	Williams	Chair, Western NSW Local Health District Board
Mr	Denys	Wynn	Manager, Medical Imaging, Lismore Hospital

APPENDIX 2

NSW Rural Health Plan: Consultation

A range of stakeholders were consulted in the development of the NSW Rural Health Plan. An issues paper was released for consultation in 2013 and a draft NSW Rural Health Plan was released in 2014 for public comments and feedback. A number of focus groups and face-to-face consultations were also held.

Local Health District consultations

Focus groups were held in the NSW rural LHDs during August and September 2013 and included a diverse range of stakeholders including consumers, clinicians, community service providers, local government and NSW government representatives. A total of two hundred and fifty participants attended.

Submissions

Seventy-one individual submissions were received via the Have Your Say website on the issues paper in 2013.

Forty formal submissions were received on the issues paper in 2013.

Seventy-three overall submissions were received on the draft NSW Rural Health Plan in 2014.

Face-to-face consultations

Other consultations occurred with relevant organisations, peak bodies and sectors including:

- **Aboriginal Health and Medical Research Council of NSW** – presentation at the Council's Annual General Meeting in 2013, and a workshop with the Board in February 2014.
- **Medical specialists** – presentation at the Australian Medical Association Regional Specialist Forum in Wagga Wagga in December 2013.
- **Mental Health Program Council – Consumer Sub-Committee** – presentation and discussion at the June 2014 meeting

APPENDIX 3

TABLE 1.1: Population and health statistics by Local Health District

Local Health District (LHD)	Far West	Hunter New England [#]	Mid North Coast	Murrumbidgee ^{##}	Northern NSW	Southern NSW	Western NSW	All NSW	
Local Government Areas (LGAs)	Balranald Broken Hill Central Darling Wentworth <i>plus: Unincorporated Far West NSW</i>	Armidale Dumaresq Dungog Glen Innes Severn Gloucester Great Lakes Greater Taree Gunnedah Guyra Gwydir Inverell Liverpool Plains Moree Plains Muswellbrook Narrabri Singleton Tamworth Regional Tenterfield (part) Upper Hunter Shire Uralla Walcha*	Bellingen Coffs Harbour Kempsey Nambucca Port Macquarie - Hastings	Albury Berrigan Bland Boorowa Carrathool Conargo Coolamon Cootamundra Corowa Shire Deniliquin Greater Hume Shire Griffith Gundagai Harden Hay Jerilderie Junee Lachlan (part) Leeton Lockhart Murray Murrumbidgee Narrandera Temora Tumbarumba Tumut Shire Urana Wagga Wagga Wakool Young	Ballina Byron Clarence Valley Kyogle Lismore Richmond Valley Tenterfield (part) Tweed	Bega Valley Bombala Cooma-Monaro Eurobodalla Goulburn Mulwaree Palerang Queanbeyan Snowy River Upper Lachlan Shire Yass Valley	Bathurst Regional Blayney Bogan Bourke Brewarrina Cabonne Cobar Coonamble Cowra Dubbo Forbes Gilgandra Lachlan (part) Mid-Western Regional Narramine Oberon Orange Parkes Walgett Warren Warrumbungle Shire Weddin Wellington	All NSW total: 152 NSW rural total: 99 **	
Estimated residential population (2011) ⁽¹⁾	Total Percentage of NSW rural population Percentage of all NSW population	31,127 1.9% 0.4%	333,589 20.7% 4.6%	207,490 12.8% 2.9%	286,946 17.8% 4%	288,241 17.8% 4%	196,840 12.2% 2.7%	270,775 16.8% 3.8%	total NSW rural: 1,615,008 total NSW rural: 22.4% of all NSW (7,218,528)
Aboriginal population (2011) ⁽²⁾	9.7%	4%	4.5%	3.9% ***	3.8%	2.7%	8.6%	2.3%	
Percentage of households earning < \$600 per week (2011) ⁽³⁾	33.5%	31.7%	36.9%	34% ***	34.9%	27%	33.7%	24.2%	
Unemployment rate (2011) ⁽³⁾	6.2%	5.8%	8.6%	4.4%***	8.2%	4%	6%	5.9%	
Life expectancy at birth (2003-7) ⁽²⁾	Male Female	**** ****	77.8 82.9	78.1 83.4	77.7 83	78.6 83.9	78.4 82.9	76.5 81.9	79.2 84
Life expectancy at age 65 years (2003-7) ⁽²⁾	Male Female	81.9 86.3	82.8 86.3	83.5 87	83.1 86.5	83.8 87.3	83.4 86.3	82.1 85.5	83.5 86.9

[#] Figures for Hunter New England LHD include Greater Metropolitan Newcastle. ^{##} Figures for Murrumbidgee LHD include Albury LGA, unless otherwise stated. * Excludes Greater Metropolitan Newcastle (five LGAs - Newcastle, Lake Macquarie, Cessnock, Maitland, Port Stephens). ** Lachlan and Tenterfield LGAs are each shared between two LHDs - both have only been counted once. *** Figure does not include Albury LGA. **** Data not available. ⁽¹⁾ Australian Bureau of Statistics. *Estimated Residential Population 30 June 2011. Catalogue: 3235.0 Population by Age and Sex, Regions of Australia*. Canberra. 30 August 2013. ⁽²⁾ Centre for Epidemiology and Evidence, NSW Ministry of Health. *Health Statistics New South Wales*. Sydney. Available at: www.healthstats.nsw.gov.au. July 2014. ⁽³⁾ SAX Institute. *Rural Health in NSW: A Rapid Review (taken from Australian Bureau of Statistics: Census Data 2011)*. Sydney. 2013.

TABLE 1.2: Patient flows by Local Health District

Patient flows by LHD*		Far West	Hunter New England [#]	Mid North Coast	Murrumbidgee ^{##}	Northern NSW	Southern NSW	Western NSW	All NSW
Treatments (2011-12) ⁽¹⁾	In LHD	61.2%	92.5%	91.3%	72.7%	90.2%	67.2%	88.8%	85.7%
	Outside LHD	38.8%	7.5%	8.7%	27.3%	9.8%	32.8%	11.2%	14.4%
Treatments (2009-10) ⁽¹⁾	In LHD	61%	92.1%	91%	71.9%	89.4%	65.9%	88.9%	85%
	Outside LHD	39%	7.9%	9%	28.1%	10.6%	34.1%	11.1%	15%

* Data refers to treatments received in or outside of the LHD in which patients reside.

Figures for Hunter New England LHD include Greater Metropolitan Newcastle.

Figures for Murrumbidgee LHD include Albury LGA.

(1) Health System Planning and Investment, NSW Ministry of Health. *FlowInfo version 12.0, derived from extract of the Health Information Exchange: July 2000 – June 2012*. Sydney. 2013.

TABLE 1.3: Positive health behaviours by Local Health District

Positive health behaviours by LHD		Far West	Hunter New England [#]	Mid North Coast	Murrumbidgee ^{##}	Northern NSW	Southern NSW	Western NSW	All NSW
Childhood immunisation									
Fully immunised at one year of age (2013) ⁽¹⁾	Non-Aboriginal	93%	93.1%	88.5%	92.5%	84.7%	91.9%	92.6%	90.2%
	Aboriginal	83.3%	89.8%	87%	86%	81.4%	84.4%	82.8%	86.2%
Fully immunised at four years of age (2013) ⁽¹⁾	Non-Aboriginal	93.7%	94.6%	90%	94.2%	86.1%	91.8%	95.2%	92%
	Aboriginal	93.2%	95.5%	94%	93.1%	92.9%	91%	92.8%	93.9%
Immunisation, 65 years and over									
Influenza (2012) ⁽²⁾		67.9%	74.3%	72.5%	74.3%	71.7%	73.1%	71.7%	70.4%
Mother and baby									
Crude birth. Rate per 1,000 (2010) ⁽²⁾		7.9	12.5	10.9	8.7	9.7	6.9	13.9	13.3
Fertility rate (2010) ⁽²⁾		1.5	2.1	2.3	1.5	1.9	1.3	2.4	1.9
First antenatal visit, before 14 weeks (2011) ⁽²⁾	Non-Aboriginal	68.4%	59.3%	71.6%	74.3%	72%	73.5%	62.1%	61.2%
	Aboriginal	57.1%	61.6%	62.1%	59.3%	80.1%	58.3%	80.5%	71.7%
Infant feeding on discharge – full breastfeeding (2011) ⁽²⁾		78.3%	81.1%	85.7%	79.9%	88.8%	85.6%	78.7%	82.1%
Screening									
Breast screening, women aged 50-69 years (2009-10) ⁽²⁾		44.4%	60.1%	56.7%	52.7% *	54.7%	46%	55.3%	51.6%
Cervical cancer screening, women aged 20-69 years (2009-10) ⁽²⁾		49.6%	56.7%	57.4%	54.2%	57.7%	54.7%	52.5%	55.3%
Recommended fruit and vegetable consumption									
Fruit consumption, persons 16 years and over – two or more serves of fruit a day (2012) ⁽²⁾		38.5%	47%	53%	49.8%	52.8%	54.4%	47.7%	51.6%
Vegetable consumption, persons 16 years and over – five or more serves of vegetables a day (2012) ⁽²⁾		6.3%	10.3%	12.5%	10.7%	14.5%	11.7%	9.8%	9.1%

* Figures for Hunter New England LHD include Greater Metropolitan Newcastle.

Figures for Murrumbidgee LHD include Albury LGA, unless otherwise stated.

* Figure does not include Albury LGA.

(1) Australian Childhood Immunisation Register. 2013.

(2) Centre for Epidemiology and Evidence, NSW Ministry of Health. *Health Statistics New South Wales*. Sydney.

Available at: www.healthstats.nsw.gov.au. July 2014.

TABLE 1.4: Health indicators by Local Health District

Health indicators by LHD		Far West	Hunter New England [#]	Mid North Coast	Murrumbidgee ^{##}	Northern NSW	Southern NSW	Western NSW	All NSW	
Aboriginal and Torres Strait Islander Health										
Smoking at all during pregnancy (2011) ⁽¹⁾	Non-Aboriginal	28.2%	15.7%	16.2%	14.7%	14.1%	22.2%	20.4%	9.8%	
	Aboriginal	73.8%	52.7%	54.7%	61.7%	54.2%	48.6%	55.1%	52.2%	
Preterm births (2010-11) ⁽¹⁾	Non-Aboriginal	6.6%	8.4%	8.2%	6.8%	5.9%	4.4%	7.3%	7.2%	
	Aboriginal	15.5%	13%	16.9%	7.1%	13%	4.4%	11.7%	12.1%	
Hospitalisations for all causes. Rate per 100,000 (2011-12) ⁽¹⁾	Male	Non-Aboriginal	29,084	33,442	36,572	38,193	33,052	26,214	34,902	34,447
		Aboriginal	101,640	62,197	74,148	62,234	96,265	66,113	72,593	59,941
	Female	Non-Aboriginal	29,144	36,307	37,840	38,076	34,304	27,149	35,540	36,050
		Aboriginal	97,994	59,950	107,549	57,527	97,128	72,425	87,031	67,361
Alcohol										
Alcohol attributable hospitalisations. Rate per 100,000 (2012-13) ⁽¹⁾	Male	751	725	831	895	947	745	856	801	
	Female	458	433	532	509	546	495	484	534	
More than two standard drinks on a day when consuming alcohol, adults aged 16 years and over (2013) ⁽²⁾	Male	50.2%	41.9%	28.5%	54.2%	43.9%	46.1%	37.2%	36.4%	
	Female	25%	21.4%	16.3%	21.4%	23.3%	18.1%	19.2%	17.3%	
Alcohol consumption at levels posing lifetime risk to health, persons aged 16 years and over (2013) ⁽¹⁾		35.2%	35%	24.6%	36.7%	33.6%	31.2%	27.8%	26.5%	
Chronic diseases										
Diabetes or high blood glucose, persons aged 16 years and over (2012) ⁽¹⁾		10.4%	7.3%	11.3%	9.9%	7.6%	8.7%	10.1%	8.2%	
Cardiovascular disease deaths, persons aged 25-74 years. Rate per 100,000 (2006-7) ⁽¹⁾	Male	138	123	117	106 **	112	118	146	110	
	Female	71	57	50	56 **	46	60	78	49	
Number of dialysis patients treated per week (2011) ⁽³⁾		12	145 *	74	41	136	43	91	2,083	
Melanoma										
New cases. Rate per 100,000 (2008) ⁽¹⁾	Male	52	72	79	51	105	62	59	60	
	Female	41	48	51	39	69	36	46	37	
Mental health										
High or very high psychological distress, persons aged 16 years and over (2011) ⁽¹⁾		10.9%	8.7%	10.4%	10.7%	12.1%	10.3%	8.1%	10.4%	
Intentional self-harm hospitalisations. Rate per 100,000 (2012-13) ⁽¹⁾	15-24 years	Male	537	268	244	278	326	367	224	183
		Female	211	680	563	483	738	708	505	466
	All ages	Male	226	135	140	178	198	171	111	107
		Female	131	247	270	256	310	305	148	183

TABLE 1.4: Health indicators by Local Health District continued.

Health indicators by LHD		Far West	Hunter New England [#]	Mid North Coast	Murrumbidgee ^{##}	Northern NSW	Southern NSW	Western NSW	All NSW
Mortality									
Injury and poisoning deaths. Rate per 100,000 (2006-7) ⁽¹⁾	Male	39	56	58	62 **	58	44	57	47
	Female	17	19	26	16 **	28	21	18	19
Potentially avoidable deaths, persons under 75 years. Rate per 100,000 (2006-7)⁽¹⁾									
	Male	255	226	225	219	214	200	234	197
	Female	140	125	119	112	131	127	135	113
Mother and baby									
Births via caesarean (2011) ⁽⁴⁾		30.1%	29.2%	28.8%	29.5%	23.6%	24.7%	27.9%	31.3%
Low birth weight, less than 2500 grams (2010) ⁽¹⁾		7.5%	7%	8.5%	5.1%	5.1%	4.1%	6.6%	6.1%
Oral health									
Children with no dental caries (2007) ⁽¹⁾	5-6 years	***	62.9%	42.2%	49.2%	42.7%	55.5%	47.7%	61.2%
	11-12 years	***	76%	48.9%	58.5%	60.4%	63.4%	58.4%	65.4%
Physical activity, overweight and obesity									
Adequate physical activity, persons aged 16 years and over – total of at least 150 minutes a week on five separate occasions (2012) ⁽¹⁾		51.4%	47.3%	46%	49.3%	57.6%	53.4%	53.8%	54.5%
Overweight or obese, persons aged 16 years and over (2013) ⁽¹⁾		68.2%	57.6%	55.2%	61.7%	50.1%	59.5%	62.2%	50.5%
Sexually transmissible infections and blood borne viruses									
Chlamydia notifications. Rate per 100,000 (2011-12) ⁽¹⁾	Male	186	266	229	205	314	191	233	258
	Female	484	466	470	370	524	345	468	339
Hepatitis C notifications. Rate per 100,000 (2011-12) ⁽¹⁾	15-44 years	Male	221	81	87	104	117	90	159
		Female	114	60	56	78	70	62	111
	All ages	Male	143	52	71	67	85	69	99
		Female	81	33	40	44	49	42	60
Gonorrhoea notifications. Rate per 100,000 (2011-12) ⁽¹⁾	Male	38	37	12	18	35	17	24	80
	Female	97	21	16	6	20	9	11	19
Smoking									
Current smoking, persons aged 16 years and over – those who smoked daily or occasionally (2013) ⁽¹⁾		20.8%	18.4%	15.6%	19.8%	19%	17.5%	20%	16.2%
Smoking at all during pregnancy (2011) ⁽¹⁾		37%	18.1%	19.3%	17.4%	17.1%	23.5%	25%	11.1%

Figures for Hunter New England LHD, include Greater Metropolitan Newcastle, unless otherwise stated.

Figures for Murrumbidgee LHD include Albury LGA, unless otherwise stated.

* Numbers for Hunter New England do not include figures for metropolitan dialysis units – John Hunter Hospital Centre Dialysis; John Hunter Hospital Step Down Unit; Wansey Dialysis Unit; and Wansey home Training Unit.

** Figure does not include Albury LGA.

*** Data not available.

(1) Centre for Epidemiology and Evidence, NSW Ministry of Health. *Health Statistics New South Wales*. Sydney. Available at: www.healthstats.nsw.gov.au. July 2014.

(2) Centre for Epidemiology and Evidence, NSW Ministry of Health. *New South Wales Adult Population Health Survey (SAPHaRI)*. Sydney. 2014.

(3) NSW Ministry of Health. *NSW Hospital Dialysis Capacity Audit 2011*. Sydney. August 2012.

(4) Centre for Epidemiology and Evidence, NSW Ministry of Health. *NSW Perinatal Data Collection (SAPHaRI)*. Sydney. 2014.

APPENDIX 4

Organisations delivering and supporting healthcare in NSW

NSW Ministry of Health – supports the Minister for Health and Minister for Medical Research, and Minister for Mental Health and Assistant Minister for Health, and the Government. Undertakes regulatory functions, public health functions (disease surveillance, control and prevention) and public health system manager functions in state-wide planning, purchasing and performance monitoring and support of health services

Local Health Districts – 15 LHDs have been established and provide a range of health services to their communities including population health, community health, public hospitals and other direct services

Specialty Health Networks – two specialist networks operate across NSW – the Sydney Children's Hospital Network and Justice Health and Forensic Mental Health. A third network operates across the public health services provided by three Sydney facilities operated by St Vincent's Health

NSW Ambulance – delivers frontline out-of-hospital care, medical retrieval and health-related transport

NSW Health Pillars

Agency for Clinical Innovation – drive the development and implementation of evidence based models of care, promote best practice and reduce unwarranted variation in treatment

Bureau of Health Information – provide relevant and accessible information on the performance of the NSW public health system

Cancer Institute NSW – lessen the impact of cancer in NSW and play a pivotal role in developing strategies to prevent cancer, improve survival rates and quality services for those requiring care

Clinical Excellence Commission – build capacity for quality and safety improvement in health services

Health Education and Training Institute – coordinate education and training for NSW Health staff, including those involved in patient care, administration and support services

NSW Kids and Families – develop a long term, statewide strategic plan bringing together key parties to build a shared plan to guide the best possible health services for children and young people across NSW

Other NSW Health organisations

eHealth NSW – provide high level governance for NSW Health's information and communication strategy, forward planning and delivery

Health Infrastructure – manage and coordinate approved major capital works projects, and provides capital project delivery support services to public health organisations

Health Protection NSW – manage surveillance and the public health response, including monitoring the incidence of notifiable infectious diseases and taking appropriate action to control the spread of diseases, and provides public health advice and response to environmental issues affecting health

HealthShare NSW – provide common shared services across corporate, technology and disability services to NSW Health customers

NSW Health Pathology – provide health pathology services to NSW public hospitals and health services as well as forensic medical pathology services and analytical services

Office of Health and Medical Research – ensure the implementation of the NSW Health and Medical Research Strategic Review and ensure a high level of engagement with all parts of the health and medical research sector

Mental Health Commission of NSW

Established in July 2012 under the *Mental Commission Act 2012*, responsible for developing a strategic plan for the mental health system in NSW, monitoring and reporting on the plan's implementation, promoting and facilitating the sharing of knowledge and ideas about mental health issues, undertaking research and advocating for and promoting the prevention of mental illness and early intervention strategies for mental health

Health providers and partners

Aboriginal community controlled health services – deliver diverse primary care services and community programs from multiple locations for Aboriginal and non-Aboriginal people across NSW

Aboriginal Health and Medical Research Council of NSW – provides peak representation for Aboriginal community controlled health services and their communities at state and national levels. Also runs the Aboriginal Health College, which aims to develop and enhance the skills of Aboriginal people working in health-related services throughout NSW, and provides professional development for non-Aboriginal health professionals working with Aboriginal clients, families and communities

Commonwealth Department of Health – achieves the Australian Government's priorities for health through the development of policies, funding to primary healthcare and other services, management of programs, research and regulatory activities

Education providers – includes early education, primary, secondary and tertiary providers. Specialist colleges, universities and training providers deliver education and continuing professional development for medical, nursing, midwifery and allied health professionals with a focus on the needs of rural communities. Local schools are key enablers of health promotion and delivery to children, young people and their families

Local government – provides a range of local and community services. It also manages statutory responsibilities in health protection, such as food safety, delivers health promotion to prevent chronic disease and provides support for primary care infrastructure

Non-government organisations – include health providers and partners and non-health organisations delivering services targeting Aboriginal health, drug and alcohol, mental health, oral health, women's health, chronic illness and other areas such as transport. Also includes those providing support services such as disability support, peak bodies, and representative organisations such as consumer workforce groups

NSW Government agencies – work in partnership with NSW Health on access to services and the wider social determinants of health, with relevant agencies including Family and Community Services and Education and Communities

Primary health organisations – coordinate and deliver primary care, gather information about the health needs of their region, and can connect local health services

Private sector – provide a significant proportion of health services across the system, including GPs, specialists, pharmacists, hospital, dental and allied health services including physiotherapy, occupational therapy and speech pathology





END NOTES

- i** NSW Health, *Workforce Statistics, 2010-2013*, Sydney, 2013.
- ii** Based on Australian Bureau of Statistics *Population Census 2011*, and proximity to a radiation oncology treatment centre.
- iii** This refers to healthcare provided by NSW Health services only. It is calculated based on patient flow data across the seven identified rural LHDs; NSW Health, internal data, 2012-13.
- iv** Estimated spend based on LHD total budget outlined in 2013-14 Service Agreements.
- v** Includes regional, rural and remote health infrastructure projects, Locally Funded Initiatives, COAG Health and Hospitals Fund Projects, and projects completed after April 2011.
- vi** Sax Institute, *Rural Health in NSW: A Rapid Review*, research comissioned by NSW Ministry of Health, Sydney, October 2013.
- vii** Bureau of Health Information, *Healthcare in Focus: Equity*, BHI, Sydney, December 2010; available at http://www.bhi.nsw.gov.au/__data/assets/pdf_file/0003/170598/APR-2010_Healthcare-In-Focus_Equity.pdf.
- viii** Centre for Epidemiology and Evidence, *Potentially preventable hospitalisations by condition and remoteness, trends*. Health Statistics NSW, NSW Government, Sydney, July 2014. Available at: www.healthstats.nsw.gov.au.
- ix** Australian Institute of Health and Welfare, *Life expectancet and mortality of Aboriginal and Torres Strait Islander people*, AIHW, 2014; available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3302.0.55.003Main+Features12010-2012?OpenDocument>.
- x** Hunter New England has a high level of capability in eHealth. For this reason it is not participating in the Rural eHealth Program.

