

Regional Health Strategic Plan

Progress Snapshot
2024–2025



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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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The Artwork

Cream meeting places represent the nine regions of NSW Health, and the blue meeting place symbolises the Regional Health Division. All 10 are connected through journey lines, symbolising sharing, collaboration and connection.

People and meeting places symbolise the many First Nations communities across Regional NSW.

Elements of Country are represented throughout the artwork as Country is essential to our physical, spiritual and emotional wellbeing.

Artwork by Lakkari Pitt, proud Gamilaroi Ularoi yinarr

Acknowledgment of Country

The NSW Ministry of Health acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and future.

In this report, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.

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Message from the Minister for Health

The Hon. Ryan Park MP
Minister for Health
Minister for Regional Health
Minister for the Illawarra and the South Coast

I am proud to share the **2024-25 Regional Health Progress Snapshot**. This Snapshot showcases the significant work underway across regional, rural and remote NSW to improve access to healthcare for our communities, highlighting key achievements and progress against priorities. It reflects the collective effort of communities, health professionals, leaders and partners working together to strengthen regional health services.

Improving and strengthening health services for people living in regional, rural and remote NSW remains a key priority for the NSW Government. While the challenges facing regional health are complex and longstanding, meaningful progress is being made through sustained investment, reform and close partnerships.

Over the past year, NSW Health has continued to deliver tangible improvements, focused on building a strong and sustainable workforce, improving access to care, strengthening maternity and community based services and using innovation to better connect people with the care they need, closer to home.

Thousands of additional clinicians are now working across regional local health districts, supported by targeted recruitment and retention initiatives, expanded training pathways and investment in key health worker accommodation.

New and expanded models of care, including virtual and urgent care services, are improving access to timely and appropriate clinical advice and treatment, particularly for people living further from major centres.

Maternity and family services continue to be strengthened in response to community feedback, with a focus on continuity of care, respectful maternity care and improved information and support for women and families.

Community engagement remains central to this work. Local health committees and engagement frameworks across regional NSW are ensuring communities, including Aboriginal communities, have a meaningful role in shaping services and new models of care that respond to local needs.

Accountability and transparency are also critical. All 44 recommendations of the Rural Health Inquiry are being implemented, with strong governance, monitoring and evaluation arrangements to track delivery and outcomes over time.

While there is more work to be done, the progress outlined in this Snapshot demonstrates that sustained effort is delivering real change. NSW Health remains committed to continuing this work, listening to communities, supporting our workforce and building stronger, more accessible and sustainable health services for regional, rural and remote NSW.


Key Achievements

In the third year (2024-25) of the Regional Health Strategic Plan we achieved:

Target Performance




An extra **1,352.6** full-time equivalent (FTE) staff working in regional Local Health Districts (LHD), bringing the total to **56,138.6 FTE staff**.




91% of regional patients report that the virtual care they received was good or very good.

A total of **49,198** patients accessed IPTAAS in 2024-25, 7,500 more than in 2023-24.





3 additional Collaborative Care models have commenced in regional NSW, to a total of 10 sites.



32.9% of regional General Practices are enrolled in the Lumos data system.

83% of mental health patients were followed up by a community mental health service within **7** days of discharge, the highest proportion of patients followed up since reporting on the Plan began.



Introduction

NSW Health is working to shape and strengthen the way healthcare is delivered in communities across regional, rural and remote NSW. Whether through new models of care, expanded services or stronger local partnerships, we are working together to build a health system that is inclusive, sustainable and responsive to the needs of the people it serves.

Stories from the frontline of our regional health system, and from the community, are demonstrating improvements across a range of key priority areas. In every corner of NSW, innovation is driving improvement - from the latest virtual reality technology for clinical education, to a mobile outreach van delivering mental health and wellbeing support to the community.

The breadth of work underway across the system to implement the **NSW Regional Health Strategic Plan 2022-2032** (the Plan) is highlighted in this Progress Snapshot for 2024-25.

The Progress Snapshot focuses on achievements from the third year of the Plan and tracks progress against the 19 targets set for the first 3 years.

It also outlines the implementation of recommendations from the **Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW**, reaffirming the NSW Government's commitment to implementing the 44 recommendations from the Inquiry to improve health outcomes for people living in regional, rural and remote areas.

The Plan remains our blueprint for the future provision of health services, which understands and celebrates the diverse and unique nature of regional communities.

The Regional Health Strategic Plan 2022-2032 identifies 6 strategic priorities:

- Priority 1:** Strengthen the regional health workforce
- Priority 2:** Enable better access to safe, high quality and timely health services
- Priority 3:** Keep people healthy and well through prevention and education
- Priority 4:** Keep communities informed, building engagement, seeking feedback
- Priority 5:** Expand integration of primary, community and hospital care
- Priority 6:** Harness and evaluate innovation to support a sustainable health system.

The Plan aligns closely with the NSW Health statewide strategy **Future Health: Guiding the next decade of health care in NSW 2022-2032**, the **NSW Health Workforce Plan 2022-2032**, the [Aboriginal Health Plan 2024-2034](#) and the **NSW Health Net Zero Roadmap 2025-2030**.

The Plan is guiding improvements in health outcomes across regional, rural and remote communities. In 2024-25, NSW Health, including Local Health Districts and partners in healthcare delivery, continued to implement initiatives aligned to the Plan, working collaboratively to improve health outcomes at the local level.



Priority 1: Strengthen the regional health workforce

1

NSW Health recognises the tireless efforts and commitment of all staff who work to deliver health care across regional, rural and remote NSW.

In 2024-25, the **Rural Health Workforce Incentive Scheme** continued to improve the attraction, recruitment, and retention of health workers in rural and remote areas of NSW. As of June 2025, the scheme has helped recruit and retain 14,106 health workers in hard-to-fill and critical vacancies in regional, rural and remote NSW.

In September 2024, the incentive scheme launched an innovative trial with a \$20,000 sign-on bonus available for midwives who choose to relocate and start work in rural, regional and remote NSW.

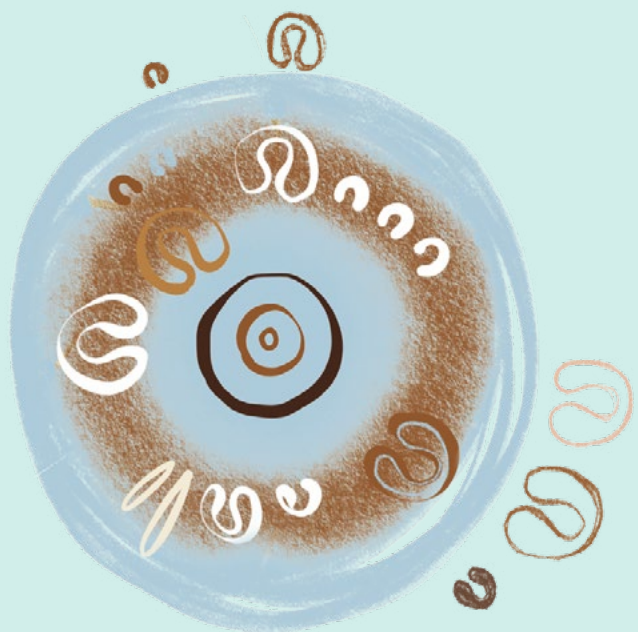
NSW Health has progressed a range of initiatives to strengthen support for GPs working as **Visiting Medical Officers (VMOs)** in regional public health facilities. These include the introduction of new Rural Doctors' Settlement Package item numbers, incremental sessional rates aligned with specialist pay, and development of a Fixed Daily Rate contract for 24-hour service. A new vendor management system supporting local locum pools is now active in 12 of 16 Local Health Districts.

(Rural health inquiry recommendation 12 - Review working conditions, contracts and incentives of GPs working as VMOs)

The NSW Government committed an additional \$200.1 million to increase **key worker accommodation** across rural and regional areas of the state as part of the 2024-25 Budget. The program aims to deliver 120 new dwellings by 30 June 2028. As of 30 June 2025, 27 properties have been secured, with final preparations underway to welcome healthcare workers.

In December 2024, NSW Health commenced a 12-month trial of **body-worn cameras** for hospital staff, supporting implementation of the Anderson Review recommendations. Staff can activate cameras during incidents involving aggression or violence, where there is a risk of harm. The trial includes the Central Coast, Hunter, Illawarra, Mid North Coast, Northern NSW and Western NSW local health districts. The trial will be independently evaluated to assess its impact on safety and de-escalation.

An **additional 125 paramedics** will begin working across regional NSW in 2025, further strengthening emergency healthcare services in rural communities. This workforce expansion is part of NSW Health's commitment to deliver 500 additional paramedics to regional and rural areas, ensuring these communities continue to receive timely and high-quality emergency medical care.



All NSW Local Health Districts and Networks now have access to the **Emergency Care Assessment and Treatment (ECAT)** protocols. This co-designed program, with standardised nurse-initiated emergency care, has helped reduce unwarranted clinical variation and enhance patient experiences. It has also supported staff in building skills, capability, and confidence, enabling greater workforce mobility across NSW. The program's momentum continues to grow statewide, improving emergency care delivery and staff satisfaction.






The **NSW Limited Licence Radiography Course** has been developed, and funding has been allocated to Western NSW LHD to coordinate the course in 2025. The NSW Environment Protection Authority has approved physiotherapists to be eligible for remote x-ray licences, allowing them to undertake the course.

The Allied Health workforce pipeline has been enhanced through the **Rural Allied Health Clinical Educator Pilot**. This innovative program is a 3-year pilot, in partnership with the Department of Primary Industries and Regional Development (DPIRD) to employ 8 allied health educators across 5 regional LHDs. It aims to increase the number of allied health students undertake regional clinical placement and improve recruitment and retention. The program has increased the capacity of regional LHDs to provide more allied health clinical placements and is on track to see the number of students on placement double in 2025 compared to 2023, to an additional 700 students.

Partnered Pharmacist Medication Charting (PPMC) is a safe and effective model of care that was introduced in 11 regional hospital emergency departments in 2024. It has been shown to reduce medication errors and reduce length of stay while building on pharmacists' scope of practice. This enables them to chart a patient's medications, after taking a Best Possible Medication History, and having a collaborative discussion with a medical officer to determine the medication plan.

Pharmacists participating in PPMC received additional training and are credentials to provide the service.

The plan is for the model of care to be expanded and become usual practice across NSW Health after the pilot finishes in 2025.

Target	Has progress been made?	Description of progress at the end of Year 3 (30 June 2025)
Priority 1		
<p>There are 3,800 more staff working in regional local health districts by 2026</p>		<p>At the end of the third year of the Plan, the number of staff working in regional Local Health Districts increased by 1,352.6 full-time equivalent (FTE) positions compared to the previous year. This represents a total increase of 4,584 FTE staff in regional and rural NSW since the beginning of the Plan.</p>
<p>There are 100 more Nurse Practitioners working in regional local health districts by 2026</p>		<p>The number of Nurse Practitioners (NPs) and Transitional Nurse Practitioners (TNPs) working in regional Local Health Districts increased by 25.7 FTE staff compared to the previous year. Since the start of the Plan, this workforce has grown by 121.3 FTE staff across regional and rural NSW.</p> <p><small>*Reporting will now combine NPs and TNPs to provide a more accurate measure of nurse practitioner workforce capacity. This approach reflects both current service delivery and the pipeline for future NP workforce.</small></p>
<p>At least 85% of the Rural and Regional Health Career Scholarships have been taken up by 2026</p>		<p>96.1% of Rural and Regional Health Career Scholarships were taken up in 2024-25. This is 15.1% higher than the first year of the Plan.</p> <p>Since the program commenced, more than 80% of the scholarships have consistently been awarded.</p>
<p>All regional LHDs have achieved and maintained at least 4% or greater representation of Aboriginal staff employed by 2026</p>		<p>At the end of Year 3 of the Plan, Northern NSW Local Health District achieved 4% or greater Aboriginal workforce employment. This milestone brings the total to five regional local health districts with more than 4% Aboriginal staff employed: Far West, Hunter New England, Mid North Coast, Northern NSW and Western NSW.</p> <p>There is significant work underway to achieve greater representation of Aboriginal staff across regional local health districts.</p>
<p>Access to new and existing staff accommodation in regional LHDs is increased by 10% by 2026</p>		<p>Staff accommodation assets in regional and rural NSW have increased by 57.7% since the beginning of the Plan in 2022.</p> <p>As part of the 2024–25 NSW Budget, the NSW Government has committed an additional \$200.1 million to expand key worker accommodation across rural and regional areas of the state. The government plans to secure approximately 120 dwellings, which may include new builds, refurbishment of existing living quarters and the purchase of suitable properties.</p>

New Accommodation Supports Nurse Recruitment in Narrandera

Narrandera Health Service is strengthening its workforce through the provision of new on-site accommodation for key health workers. Registered Nurse, Ariel Bayten, relocated from Queensland and joined the team permanently in March 2025, citing the availability of comfortable and well-located accommodation as a major factor in his decision.

Ariel is currently residing in one of the newly built on-site pods at Narrandera Hospital.

“Since the new accommodation provided by Narrandera Hospital is really nice and within the hospital compound, I took that into great consideration when deciding whether I should

work and live here in Narrandera for a longer period of time,” Ariel said.

He shared that the proximity to work and the quality of the facilities have made a significant difference.

“Firstly, the distance to work, it’s within the hospital compound. Secondly, it’s newly built and has all the things and appliances I need for my daily work and life in Narrandera.”

Narrandera Hospital had experienced critical workforce vacancies over the past two years, with a high reliance on agency nurses to maintain services. Over the past 6 months, thanks to the efforts of the management team and the increased availability of accommodation, the service has successfully filled all long-term vacancies. This initiative highlights the importance of investing in key worker accommodation to attract and retain skilled health professionals in regional areas.



Emergency Response Training Builds Confidence in Remote Communities

In some of the most remote parts of NSW, health staff are expanding their scope of practice through specialist training being offered in collaboration with NSW Ambulance.

Staff from Tibooburra, Wilcannia, White Cliffs, Menindee and Ivanhoe recently completed an Ambulance Orientation course. The course is designed to prepare local health workers to deliver a Triple Zero response when paramedics are not available.

The training covered a range of essential skills, including scene safety, vehicle operation, equipment use, and time-critical interventions. Participants included Registered Nurses, Enrolled Nurses, Assistants in Nursing, Hospital and Security Assistants, Aboriginal Health Practitioners, and volunteers, all of whom play a vital role in supporting emergency care in their communities.

“This training gives our staff the confidence and capability to respond quickly and safely in emergency situations,” said a Far West Local Health District (FWLHD) spokesperson.

“It’s about building local resilience and ensuring people in remote areas can access life-saving care when they need it most.”

In these communities, the Triple Zero clinical response is often delivered by local health staff who step into multiple roles – providing clinical care and even driving the ambulance when needed. The orientation course strengthens this model by ensuring staff are well-prepared, supported, and connected to the broader emergency care system.

This initiative reflects the commitment of FWLHD and NSW Health to invest in workforce capability, particularly in remote and isolated areas, where flexibility, teamwork and local knowledge are essential to delivering safe and effective care.

Where will we focus next?

NSW Health is committed to alleviating pressure on GPs and primary care services. **Community pharmacies** play an important role in the primary care setting, particularly in rural and remote areas. With adequate training, collaborative care models, and the appropriate physical and digital infrastructure, pharmacists can support the safe and timely management of certain health conditions that are typically treated by GPs.

The NSW Government has funded a statewide clinical trial enabling **appropriately trained pharmacists** to provide **expanded scope-of-practice services**. These include the management of uncomplicated urinary tract infections (UTIs), resupply of the oral contraceptive pill to eligible women and treatment for some minor skin conditions.

In addition, **pharmacists** who have completed select university-level Queensland-based education modules have been authorised in accordance with NSW Practice Standards, to provide services for the following conditions:

- Urinary tract infection
- Hormonal contraception resupply
- Mild, acute musculoskeletal pain
- Gastro-oesophageal reflux and gastro-oesophageal reflux disease (GORD)
- Allergic and non-allergic rhinitis
- Acute nausea and vomiting
- Acne.

Inspired by successful international models, NSW Health is exploring **alternate work practices in emergency and urgent care settings**. A partnership between the Ministry of Health, the Agency for Clinical Innovation (ACI), and 2 local health districts delivered two 10-week pilots where paramedics worked alongside other healthcare professionals in emergency departments (EDs) and urgent care services. Two paramedics worked as part of the Rapid Access Clinic at Wagga Wagga Base Hospital, while 3 paramedics worked within the ED at Mudgee Health Service. These pilots will inform the development of new workforce models in NSW Health, aimed at improving access to care and shaping future work practices.



Priority 2: Enable better access to safe, high quality and timely health services

2

NSW Health is committed to ensuring all people living in regional, rural and remote communities have access to safe, high quality care, regardless of where they live.

NSW Health, in partnership with the Aboriginal Health and Medical Research Council of NSW) and participating Aboriginal Community Controlled Health Organisations (ACCHOs), is piloting a two-year initiative to provide **upfront IPTAAS funding to ACCHOs**. This enables them to manage travel, and accommodation claims directly on behalf of their patients, aiming to improve access and cultural appropriateness of the scheme for Aboriginal communities.

Current activity includes simplifying the application process and developing an evaluation framework. Feedback from participating ACCHOs will inform potential expansion of the initiative.

Throughout 2024-2025 IPTAAS continued to grow through expanding access to specialised allied health services for people living in regional areas.

On 20 November 2024, a new **adult critical and specialist care interhospital transfer policy** introduced a prioritisation model. This model has 5 interhospital transfer Medically Agreed Time Frames that inform timeframes for transfers based on patient acuity. This aims to enable better escalation and communication to NSW Ambulance if a patient's transport needs are unable to be met. (Recommendation 28 - Review use of Ambulance vehicles for patient transfers)

NSW Health is working to improve healthcare access for regional communities along the NSW border by strengthening **cross-border care**. This includes better data sharing between jurisdictions and easier access to specialist services for border residents. Cross-Border Community of Practice meetings have focused on patient flow, continuity of care and governance. NSW Health also joined the Tri-State Health Border Forum in October 2024, where health leaders shared insights on cross-border service delivery to support future planning. Another forum is planned for late 2025.


In 2024-25, NSW Health expanded its virtual capability with the statewide rollout of the **virtual urgent care service for adults**, complementing the existing virtual urgent care service for children. These services are primarily accessed via Healthdirect. NSW Ambulance commenced referrals to the virtual urgent care service in June 2025.

Together, these services are helping patients avoid unnecessary emergency department presentations while accessing timely care from home.



To further support virtual care, NSW Health established two **Virtual Psychiatry Hubs** in NSW as an emergency response to psychiatric workforce shortages. Since the launch in February 2025 until June 2025, the hubs have supported over 1,500 referrals, enhancing access to senior psychiatric advice and reducing emergency department wait times.

NSW Health has provided a **dental van** to Hunter New England, Murrumbidgee, Northern NSW, and Western NSW local health districts. This will expand the NSW Health Mobile Dental Van program, delivering free dental care, education, and hygiene products to regional communities, Aboriginal people, disadvantaged children, and high-risk populations, benefiting an estimated 7,500 additional people annually.

Target	Has progress been made?	Description of progress at the end of Year 3 (30 June 2025)
Priority 2		
<p>75% of applications for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) are completed online to ensure faster payments to patients by 2026</p>		<p>In Year 3 of the Plan, 43% of Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) applications were completed online. Claiming online is the fastest way for patients to receive IPTAAS subsidies.</p> <p>In November 2024, the IPTAAS Policy Directive and Assessment Guidelines were updated to remove the referrer signature requirement, previously cited by patients and carers as a major barrier to access. This change is expected to improve access and encourage more online applications.</p>
<p>There will be more than 45,000 patients accessing IPTAAS each year by 2026</p>		<p>In 2024–25, 49,198 patients accessed IPTAAS, an increase of more than 7,500 patients compared to Year 2. This reflects continued growth in uptake and exceeds the target of supporting more than 45,000 patients annually.</p> <p>The number of IPTAAS applications from Aboriginal patients also increased, from 8,500 in 2023–24 to 10,900 in 2024–25.</p>
<p>Maintain 90% 'very good' or 'good' patient experience rating for virtual care in regional areas by 2026</p>		<p>According to the Virtual Care Survey 2024, 91% of regional patients reported that the virtual care they received from hospital outpatient clinics in the past 12 months was 'good' or 'very good'.</p> <p>This is 2 percentage points higher than the previous year, and 1 percentage point higher than urban respondents.</p> <p><small>*Bureau of Health Information responses are reported based on the Accessibility/Remoteness Index of Australia (ARIA) which categorises locations as regional or remote based on how geographically close they are to services. Patient responses are broken down into 'rural' (inner and outer regional, remote and very remote) and 'urban' (major cities).</small></p>

New Ambulances for Severe Weather Response

In March 2025, Northern NSW Local Health District (NNSWLHD) prepared for the arrival of ex-Tropical Cyclone Alfred. Drawing on extensive experience with extreme weather events, the District delivered additional supplies, including medication, linen, fuel and food, to hospitals and Multi-Purpose Service sites ahead of the storm.

More than 370 staff stayed away from home some for up to 4 days, to ensure patients continued to receive care. Many staff slept on-site, unpacked and delivered supplies, and assisted in evacuation centres. NSW Health staff from across the state, including registered nurses, mental health and allied health workers, travelled to the region to provide additional support. Healthcare workers from NNSWLHD and Healthy North Coast Primary Health Network provided support at evacuation centres.

The new Hazardous Area Rescue Ambulance (HARA) fleet played a critical role during the cyclone. The



arrival of the HARA ambulance at Murwillumbah District Hospital meant NSW Ambulance services could reach isolated community members experiencing acute medical issues. Launched in October 2024 as part of a \$14.8 million package to build the state's flood rescue capabilities, the HARAs are designed to drive through flood waters up to 1.2 metres and operate in hazardous environments, including fire grounds.

The response to ex-Tropical Cyclone Alfred demonstrated the dedication and resilience of NNSWLHD staff and the value of innovative resources like the HARA fleet in supporting communities during extreme weather events.



IPTAAS Helps Coffs Harbour Family Access Specialist Care

For families living in regional NSW, accessing specialist healthcare often means travelling long distances, sometimes multiple times a year. The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is helping ease that burden for families like Ibrahim and Nori's, who live in Coffs Harbour.

Their 2 youngest sons live with nephrocalcinosis, a rare condition that requires regular travel to Sydney for specialist eye and kidney treatment. The family accesses IPTAAS with support from the Mid North Coast Local Health District's Refugee and Multicultural Health Service.

"It's a lot of help and it gives us a lot of relief," said Nori. "If it wasn't for the program, we wouldn't be able to go to Sydney that much."

IPTAAS provides financial assistance to people who need to travel long distances to access specialist care, approved specialist allied health services, or non-commercial clinical trials not available locally. The program helps cover travel and accommodation costs when specialised health treatment is not available nearby, allowing families to focus on care rather than logistics.

For families like Ibrahim and Nori's, IPTAAS is more than just financial support, it's a vital service that makes essential care possible, helping to ensure equitable access to health services for people living in regional, rural, and remote NSW.

Mental Health and Wellbeing Van Reaches Aboriginal Communities

Aboriginal communities across the Illawarra Shoalhaven Local Health District (ISLHD) are now receiving more accessible and culturally safe mental health support, thanks to the new Mobile Outreach Mental Health and Wellbeing Van.

Officially launched during National Reconciliation Week 2025, the van is the first of its kind delivered by NSW Health, made possible through an investment from the Aboriginal Health Minor Capital Works Program.

The van travels across the NSW South Coast, through the lands of the Yuin and Dharawal people, including the Walbunja people of the far south coast, and the Walbanga and Djiringanj peoples of the Eurobodalla Shire. It provides mental health, wellbeing and healing support, while also offering other health services based on local demand.

This innovative model is about meeting people where they are — on Country, in community and in a space that feels safe and welcoming.



Aboriginal people led the co-design to ensure the van creates a culturally safe environment that helps reduce stigma around mental health and healthcare. It also strengthens relationships between ISLHD and local Aboriginal communities.

The van's exterior features elements of the artwork Garadyigan (Dharawal word meaning Healer), created by local Aboriginal artist Jasmine Sarin, symbolising healing, connection and cultural pride.

This initiative reflects NSW Health's commitment to equity, inclusion and culturally safe care, and supports improved access to mental health services for Aboriginal people living in regional and rural areas.

Mark's recovery a first for joint program

Patients undergoing total hip and knee replacements at Coffs Harbour Health Campus are now recovering at home sooner, thanks to the successful rollout of the Rapid Recovery Pathway — a new model of care designed to reduce hospital stays and improve outcomes.

This program is a joint initiative between the Mid North Coast Local Health District, NSW Ministry of Health and the Agency for Clinical Innovation.

Patients are supported by same-day, or early, discharge after surgery. This has led to strong results in recovery, confidence and comfort. The pathway involves coordinated care across multiple teams, including orthopaedic surgeons, physiotherapists, occupational therapists, dietitians, pharmacists and Hospital in the Home services.



"The preparation leading up to the surgery, the exercise to gain strength, helped me through the recovery," said Mark Brooke, the first patient to undergo a same-day knee replacement at Coffs Harbour.

Mark received follow-up care at home the next day with his recovery was supported by the Knee and Hip Osteoarthritis Program team.

Following its success at Coffs Harbour, the program has expanded to include Port Macquarie Base Hospital, reflecting NSW Health's commitment to safe, timely and patient-centred care.

Where will we focus next?

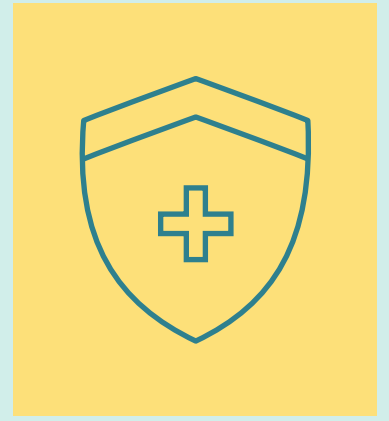
Three **new helicopter bases** will be built in Port Macquarie, Wagga Wagga and Moruya as part of ongoing efforts to rebuild essential health services and improve health outcomes for patients in regional and rural parts of the state. These bases will provide quicker access for NSW Ambulance critical care medical teams to incidents in remote locations. The NSW Government has committed a further \$158.8 million to commence construction, in addition to the \$126.6 million previously allocated.

NSW Health and the NSW Cross Border Commissioner will co-host the annual **Tri-State Health Border Forum** in Wentworth. The event will bring together senior health leaders and policymakers from NSW, South Australia and Victoria. This cross-jurisdictional forum serves as a vital platform for exchanging insights, showcasing successful initiatives, strengthening partnerships and advancing more integrated and responsive healthcare systems across border regions.

NSW Health is continuing to review its approach to non-emergency health transport and improve options in regional, rural, and remote areas to ensure people can more easily access health services. In 2024–25, NSW Health undertook extensive consultations with government, local health districts, non-government transport providers and the community to understand the current state of transport access and identify challenges and opportunities for improvement. More than 2,200 responses were received from the community and transport providers, and more than 25 in-depth workshops were conducted. These findings will inform a review report with recommendations, anticipated for public release by late 2025. A new strategic document will follow in 2025–26.

NSW Health is also continuing the statewide rollout of HealthDirect Video Call clinical videoconferencing platform. Video Call offers a sophisticated, agile solution that supports care coordination, care delivery and workload reduction across the care continuum. It is intuitive to use, with a simple design and features that enhance the video consultation experience. It is anticipated that all local health districts, Specialty Health Networks will adopt Video Call by the end of 2025.

Launching in September 2025, the **Virtual Care Suitability Toolkit** from the Agency for Clinical Innovation is designed to help both consumers (patients and families) and healthcare providers determine whether virtual care is an appropriate option. It empowers patients to understand their choices, supports clinicians in making safe and appropriate decisions, and encourages collaborative conversations between both parties. This leads to more flexible, accessible and person-centred care.



Priority 3: Keep people healthy and well through prevention, early intervention and education

3

Understanding the social and environmental determinants of health so we can keep people healthy and prevent illness is a priority in the Plan.

The Mental Health Branch continues to fund the Towards Zero Suicides initiatives, ensuring ongoing support for individuals at risk of suicide in regional areas.

There are 23 Safe Havens located across NSW, with 13 in regional and rural areas. Safe Havens continue to provide peer support for individuals experiencing suicidal distress.

There are 18 **Suicide Prevention Outreach Teams** (SPOTs) across NSW, with 10 in regional and rural areas. SPOTs continue to deliver assertive, outreach-based care to individuals experiencing suicidal thoughts or distress. These teams engage with individuals in their local communities or in environments where they feel most comfortable accessing support.

In addition, Rural Counsellor positions are funded across all nine rural and regional LHDs, providing support to individuals experiencing psychosocial hardship, suicidal distress, or those in recovery following a suicide attempt.

In addition, Rural Counsellor positions are funded across all nine rural and regional LHDs, providing support to individuals experiencing psychosocial hardship, suicidal distress or those in recovery following a suicide attempt.

All regionally located PHNs have **developed place-based needs assessments** in collaboration with LHDs as well as the Aboriginal Medical Services, local councils, allied health networks, universities, the Rural Doctors' Network, clinical councils, the business sector, community groups/ organisations and communities

(Recommendation 43 - Develop place-based needs assessments)

In 2024–25, the **Justice Health and Forensic Mental Health Network** engaged with Aboriginal people in custodial settings to promote hepatitis prevention, testing and treatment. Activities included participation in a Close the Gap event at Bathurst Correctional Centre and high intensity testing campaigns at Lithgow and Bathurst Correctional Centres. These initiatives were supported by peer workers from Hepatitis NSW who provided health education to patients.

In 2024–25, the **Housing for Health program** fixed more than 3,000 health-related items in 609 homes, benefiting more than 2,000 people in Aboriginal communities. A new 'Test and Fix' pilot was launched



in 200 social housing properties on the North Coast, integrating Housing for Health principles into routine housing management. NSW Health also commenced work to identify effective housing modifications for climate adaptation in partnership with Healthabitat and other organisations.

In June 2025, the Commonwealth government confirmed agreement to a one-year extension to the current Bilateral Agreement between the Commonwealth and NSW for trials of innovative models of care, in line with the one-year extension to the National Health Reform Agreement to 30 June 2026.

This has provided ongoing implementation of services such as the **NSW Telestroke** service which is delivered from Prince of Wales Hub to 18 referral sites across rural and regional NSW. The model of care provides world class, hyperacute stroke care (care delivered in the initial 24 hours after the onset of stroke symptoms) for patients with suspected stroke in NSW, regardless of their rural and remote locations.

In 2024-25, NSW Health has continued to increase access to midwifery continuity of care models across the state. New and expanded **midwifery continuity of care models** include Midwifery Group Practice in Glen Innes, Port Macquarie, Goulburn, Moruya, Bega, Shoalhaven, Auburn, Wagga Wagga, Wollongong, and an expanded service in Wollongong.



NSW Health continued to focus on improving timely access to specialist maternity care through the **Pregnancy Connect** which is an investment in an investment of \$6.19 million annually in the midwifery and obstetric workforce. This funds a total of 13 FTE midwives and 8 FTE obstetricians, with fractional appointments in each local health district. This includes the safe transfer of women who require higher levels of care and the increased use of virtual care services to reduce the sense of dislocation often experienced by women and their families in this situation.

Pregnancy Connect also aims to improve support from specialist obstetricians to regional clinicians who provide maternity care, reducing the sense of isolation for clinicians that can act as a barrier to rural and regional recruitment and retention of staff.

NSW Health is expanding its **Health and Development Checks** in the Early Childhood Education and Care program across regional, rural and remote NSW. The checks aim to identify any areas where children may need additional support before starting school. They screen for health and development areas such as growth, oral health, talking, problem solving and motor skills.

The **Sustaining NSW Families program** has expanded from 9 to 17 sites, improving access to child and family health support in regional areas. All 8 newly established sites are now operational and are expected to continue increasing enrolments throughout 2025-26. The program provides enhanced support to families from pregnancy through to a child's second birthday, offering sustained, nurse-led home visits that promote healthy development and strengthen family wellbeing.

The Medical and Forensic Clinical Placement and Support Program, with a focus on upskilling rural and regional sexual assault nurse examiners, has had 31 participants complete the program since it was established and 7 more are enrolled for 2025. **Western Sydney University** have been contracted to formally evaluate the Program, in partnership with **NSW Health Education Centre Against Violence**. The final evaluation report will be delivered at the end of 2025

Target	Has progress been made?	Description of progress at the end of Year 3 (30 June 2025)
Priority 3		
<p>75% of mental health patients in regional NSW are followed up within 7 days after discharge from hospital by 2026</p>		<p>In 2024–25, 83% of mental health patients were followed up by a community mental health service within 7 days. This is the highest proportion recorded since reporting on the Plan began, and 8.1 percentage points above the target value of 75%. The follow-up rate in regional areas is higher than the statewide rate, which stands at 80.9%.</p>
<p>Increase the number of pregnant women in regional NSW quitting smoking by the second half of their pregnancy by 4 percentage points each year through to 2026</p>		<p>The percentage of pregnant women (who gave birth in regional public hospitals) quitting smoking by the second half of their pregnancy has remained stable in year 3 of the plan at 29.5%.</p> <p>To support smoking cessation in pregnant women, NSW Health is implementing the Reducing the Effects of Smoking and Vaping on Pregnancy and Newborn Outcomes policy, which sets minimum standards for midwives to provide evidence-based cessation support before, during and after pregnancy, including referrals to behavioural support and NRT where appropriate.</p> <p>Statewide support includes CO monitors, enhanced training and online education (e.g. Yarning About Quitting), an implementation checklist, and a community of practice.</p> <p>NSW Health is partnering with selected districts to pilot free NRT in maternity services for pregnant women and their families.</p> <p>Additional initiatives targeting smoking and vaping in pregnancy continue to be implemented across regional and rural NSW, including Tackling Indigenous Smoking and iSistaQuit.</p>

Target	Has progress been made?	Description of progress at the end of Year 3 (30 June 2025)
Priority 3		

Maintain the number of referrals to the Get Healthy Service – Get Healthy in Pregnancy to over 5,000 referrals in regional NSW per year by 2026



In 2024–25, there were 4,134 referrals to the Get Healthy in Pregnancy service across the 9 regional Local Health Districts – a 5.7% decrease compared to 2023–24. This decline is likely due to the service transitioning to a new provider and enhanced service offering during 2023 and 2024.

A decrease in referrals during this transition period was expected. Get Healthy is now offering more ways for people to connect, along with enhanced support for Aboriginal participants. Initiatives are also underway to increase awareness of the service among NSW Health and primary health care clinicians. This includes working closely with midwives across NSW to identify referral opportunities during antenatal care.

Flexible connection options, such as phone and video consultations, are now available, along with wraparound support via online chat, SMS, webinars and a participant portal to better support regional communities.

Service engagement leads are actively promoting the program to both community and clinical audiences by attending regional events. Additionally, a new online education module has been developed to assist clinicians in making digital referrals to Get Healthy in Pregnancy.

Virtual Reality Enhances Falls Prevention Education

In an innovative approach to staff education, the Central Coast Local Health District Nursing and Midwifery Directorate's Practice Development and Education team has introduced a virtual reality (VR) simulation to transform how nurses and volunteers learn about falls prevention. Rather than relying on traditional presentations, Nori Koizumi and her team developed a simulation that allows participants to experience a fall from a patient's perspective within a 3D hospital environment.

"We could have made another slide deck," said Nori, "but instead we created a fully immersive experience that presents falls prevention in a completely different way."

With support from the Learning and Development team, the VR module was rolled out across the district. Staff wear VR headsets and spend 10 minutes in a simulated hospital scenario, experiencing the confusion and vulnerability of a patient with delirium who has fallen. The experience has proven to be deeply impactful, with participants reporting a heightened understanding of the emotional and physical challenges patients face during such incidents.

Hospital volunteer DJ, pictured participating in the VR experience, is studying dementia care. She described feeling vulnerable and disoriented during the simulation:

"I now have a much better insight into how patients may feel and react in this situation. Observations and training can only give you so much, this gives you a different level of understanding."



Building on the success of the education module, the team launched a second VR project focused on clinical handover in February 2025. Supported by the Ministry of Health's Innovation Scholarship, the module was co-designed with consumers to embed lived experiences into the training. The finished product was well-received and further demonstrated the value of immersive learning in improving care quality and supporting early intervention.

Eurobodalla Pre-Stroke Clinic Supports Early Intervention for Aboriginal Men



A new Stroke Screening Clinic launched by Southern NSW Local Health District is helping Aboriginal men take control of their health and reduce their risk of stroke. Based in Eurobodalla, the clinic is the first of its kind in NSW and was developed by Transitional Stroke Nurse Practitioner Kristine Caprecho in partnership with the Aboriginal Health team.

The clinic is designed for Aboriginal men aged 30 and over and offers free, culturally safe health checks, including ECG, blood pressure and blood glucose testing. The goal is to identify stroke risk factors early and connect participants to GPs for ongoing care. The clinic was created in response to data showing Aboriginal and Torres Strait Islander people are up to 2.3 times more likely to experience stroke at a younger age and are less likely to seek help early.

For Darren Leonard, a proud Kamilaroi man from Batemans Bay, the clinic was life changing. After attending a session, Darren discovered he had several risk factors for stroke. The experience not only

prompted lifestyle changes, it also inspired him to join Southern NSW Local Health District as an Aboriginal Health Worker.

“It’s about living longer and closing that health gap, not just for me, but for the community and the next generation,” Darren said. “The clinic gave me the information and support I needed to start making changes.”

The clinic uses a shared care model, with follow-up support provided by the Aboriginal Health team and nursing staff. Feedback has been overwhelmingly positive, with participants reporting increased confidence, better understanding of their health, and motivation to make lasting changes.

“From that first clinic to now, I’ve gathered all the information I need to live a healthier life,” Darren said. “It’s helped me stick to the lifestyle changes I’ve made, and my next doctor’s appointment is already booked.”

District Manager for Aboriginal Health, Kellyann Johnson, said the clinic is helping to change the narrative around men’s health.

“Many men don’t talk about pain or go to the doctor. We need to change the narrative and support men to say, ‘it’s okay that you’re not okay.’ If our men are well, our communities are strong.”

The team now hopes to expand the model into a broader men’s health service and roll it out to other communities across Southern NSW. Kristine Caprecho closed with a reminder to know the signs of stroke and act fast. B.E.F.A.S.T — Balance, Eyes, Face, Arms, Speech, Time — because recognising symptoms early can save lives.

DanceWise Program Brings Joy and Movement to Aged Care Residents

Residential aged care residents across Murrumbidgee Local Health District are now enjoying the benefits of movement and music through the DanceWise program, a fully seated dance class designed specifically for seniors. Delivered by trained staff across multiple facilities, the program is enhancing wellbeing and supporting integrated care in aged care environments.

Following training by the Dance Health Alliance in Narrandera in May 2025, 15 staff including Allied Health Assistants and Leisure and Lifestyle staff are now equipped to deliver the program across Multi-Purpose Services (MPS) and District Hospital settings. DanceWise is tailored to support residents with dementia, Parkinson's, arthritis and stroke recovery and is adaptable to all levels of mobility.

Each 30-minute session incorporates brain training, falls prevention exercises, cardiovascular activity, age-appropriate strength training, creative expression and social interaction. The program is already being delivered in several rural facilities including



Tumbarumba and Culcairn, with overwhelmingly positive feedback from residents.

All participating sites have commenced classes, with residents thoroughly enjoying the mix of dance and movement. Classes are now a regular feature of the MPS activity schedule and align with the requirements of the New Aged Care Act and strengthened Aged Care Standards.

“Dancewise has been a great addition to our activities calendar. Our residents love the sessions and the staff are all keen to join in as well!” Toni Shutt, Activities Officer at Culcairn Multipurpose Service.

Where will we focus next?

NSW Health, in partnership with the Commonwealth, is continuing to expand access to adult mental health services through the **Medicare Mental Health Centres** initiative (formerly **Head to Health**). This joint effort has already delivered four co-funded centres in Muswellbrook, Young, Wagga Wagga and Bathurst, with permanent sites in Blacktown and Dubbo scheduled to open in July 2025. Further expansion is underway, with new centres planned for Broken Hill/Central Darling and Tweed, alongside two additional locations agreed under the Bilateral Agreement.

In 2025-26, NSW Health is accelerating [5 initiatives](#) to improve the experience and wellbeing of pregnant women and their families. All commitments align with the implementation of **Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW** and are on track. These initiatives include:

- increasing access to maternity continuity of care models
- embedding trauma-informed maternity care
- improving the way information is provided to women
- improving consent processes in maternity care
- supporting women who experience pregnancy complications

To build on these initiatives the NSW Government invested \$44.8 million in the 2025-26 budget for maternity care. This funding also supports the implementation of the and includes increasing access to midwifery continuity of care models with funding for an additional 53 full-time equivalent midwives in regional NSW.



Priority 4: Keep communities informed, build engagement, seek feedback

4

We learn from the feedback and experiences of our staff and communities and connect with them regularly to ensure services are aligned to specific needs.

The **Statewide Health Literacy Hub** has been established to support health literacy initiatives across NSW Health. The Hub provides system leadership, practical tools and resources to embed health literacy into everyday care. It also includes an annual \$50,000 Translation Research Grant Program to support evidence-based projects that advance clear, inclusive and culturally safe communication.

The **KINDLAB Innovation Platform** has been established to instil and sustain a culture of kindness and compassion across the system. KINDLAB is a space to test ideas, nurture them, and scale them. It is where projects like 1000 Hearts, the KindSide podcast and the Gathering of Kindness have taken root and flourished.

KINDLAB is not just about funding, it is about proving, repeatedly, that kindness is not separate from innovation - kindness is innovation.

The **NSW Health Accessible Communications Policy** and online hub for staff was launched in August 2024. More than 700 staff have already attended information sessions, with 95% indicating they are likely to apply accessible communication principles to their work following the session. A dedicated Teams channel with more than 140 members has been established to share information, knowledge and opportunities to improve communication practices.

The **NSW Health Aboriginal Governance and Accountability Framework** was published in September 2024. The Framework aims to improve outcomes for Aboriginal people in NSW and outlines the 'gold standard' for Aboriginal governance, shared decision-making and accountability within NSW Health.

All regional local health districts have embedded the five guiding principles for **strengthened local health committees**. Support has included quarterly Community of Practice meetings, recorded masterclasses and tailored assistance for each district. A live resource hub and best practice toolkit have been developed to support ongoing coordination and engagement.

(Recommendation 42 - Local Health Advisory Committees)

[Understanding Project Consultation Insights Report](#), following extensive engagement with staff, communities and partner organisations. The insights are informing recommendations now progressing through governance processes to support a statewide action plan. The project is strengthening how NSW Health connects with communities to ensure new models of care are understood, trusted and shaped by those they serve.



Also, in 2024–25, NSW Health endorsed the **Stolen Generations Survivors Action Plan 2025–2030: Towards Health and Healing**, following an extensive co-design process with Stolen Generations Survivors, representative organisations and key stakeholders. The Action Plan was previewed on National Sorry Day 2025 and is complemented by the Healthy Living artwork by Kinchela Boys Home Survivor, Uncle Richard Campbell. The development of the Action Plan and the preview event featuring the NSW Health Secretary were key achievements during this reporting period.

Target	Has progress been made?	Description of progress at the end of Year 2 (30 June 2024)
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Priority 4

All regional local health districts have an effective local community engagement model that elevates the voice of communities and consumers in health service planning and outcomes by 1 July 2024



All regional local health districts (LHD) have reported progress against the 5 guiding principles for strengthened local health committees (LHC) and have a strategy or framework in place to guide community engagement at the local level.

NSW Health recognises the important role LHCs play in helping communities shape and influence their local health services. LHDs use a variety of approaches to promote and celebrate the valuable contributions of their committees, including social media, flyers, newsletters and local community events.

Since the [Strengthening Local Health Committees in Regional NSW report](#) was published in February 2023, the Ministry of Health Experience team has been working in partnership with regional local health districts, the Clinical Excellence Commission and Agency for Clinical Innovation to support capacity and capability development for local health committees.

By 2026, further improve the cultural appropriateness of health services delivered to Aboriginal people by ensuring that all staff in regional local health districts complete Aboriginal cultural training: Respecting the Difference by 2026



The Respecting the Difference (RTD) training program shifted to an 8-year currency cycle. This resulted in a demonstrable drop in training outcomes for eLearning completion rates. Face-to-face training completion rates have continued to steadily rise since the first year of the Plan.

NSW Health is developing a new statewide cultural safety workforce to support delivery of RTD training across all agencies. This dedicated workforce will help drive the knowledge and behaviour changes needed to ensure cultural safety is institutionally embedded in all levels, areas and services of NSW Health.

NSW Health is supporting 100% compliance of staff for completing mandatory Respecting the Difference training.

Manildra Leads the Way in Community-Led Health Improvement

Manildra was named the champion town in Western NSW Local Health District's inaugural Building Healthy Communities Challenge, recognising its outstanding commitments to improving health and wellbeing through locally led initiatives. The challenge encouraged communities of populations less than 5,000 to take ownership of their health priorities by designing and delivering grassroots programs that promote long-term, sustainable change.

Manildra's initiative focused on increasing physical activity and strengthening social connections, with a diverse range of activities supported by local professionals and organisations. These included walking and swimming groups, yoga and fitness classes, health assessments and mental health education sessions, all tailored to individual needs and designed to embed healthy habits into daily life.

As the champion town, Manildra received additional funding and continued support from the Health

Promotion team to further develop and embed the initiative to ensure sustainability. Grenfell was also recognised as a finalist for its inclusive program promoting nutrition and access to fresh produce through community garden beds across various locations within the community, including primary schools, high school and Grenfell Multipurpose Service. The initiative brought together people of all ages, supported by local experts and included a focus on traditional Aboriginal foods.

The challenge has now been expanded, with increased funding available and a broader invitation to communities across Western NSW to participate. This initiative reflects the power of community engagement in shaping health outcomes and building lasting connections.



Community Voices at the Heart of Regional Health Planning

In a major step forward for community engagement in regional NSW, Illawarra Shoalhaven Local Health District (ISLHD) has launched its Consumer and Community Advisory Council (CCAC), an initiative designed to ensure that diverse voices across the region help shape local health services.

Spanning a large and culturally diverse area, ISLHD recognised the need for a formal structure that could elevate community perspectives and strengthen partnerships between consumers and health staff. The CCAC was developed through a collaborative process led by five experienced consumer representatives, supported by ISLHD's Clinical Governance Unit Director and Partnering with Consumers Managers.

“We wanted to create a Council that truly advocates for ‘All of Us’,” said one of the founding members.

“It was exciting to see authentic representation at our first meeting, with voices from Aboriginal, LGBTQI+ and multicultural communities all at the table.”

The working party met monthly to co-design the Council's Terms of Reference, recruitment procedures, and define its purpose, roles and responsibilities.



The process was inclusive and transparent, with active engagement from ISLHD staff and community members throughout.

The CCAC is now positioned to provide strategic advice and feedback on health service planning, delivery and evaluation – ensuring the lived experiences of regional residents are central to decision-making.

ISLHD's commitment to meaningful engagement reflects the broader goals of the Plan to build trust, improve transparency, and deliver care that meets the unique needs of regional communities.

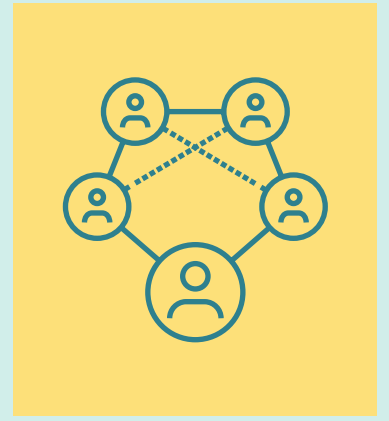
Where will we focus next?

NSW Health is evaluating the **Rapid Patient Experience Survey Pilot**, developed in collaboration with the Clinical Excellence Commission and 4 regional local health districts. The pilot trials a survey with 7 common core questions issued shortly after discharge to support timely, actionable insights for local teams. Evaluation findings will inform future approaches to strengthening and streamlining patient experience measurement across the state.

NSW Health is developing a dedicated webpage to **support charities and local community groups** in regional NSW. The site will provide accessible information on available grants, charity funding pathways and practical resources to strengthen grant applications. By equipping community organisations with the tools to secure funding, this initiative aims to build local capacity and support the delivery of services that meet community needs.

Following extensive consultation and thematic analysis, the **Shared Understanding Project** produced a consultation insights report that captures the voices of staff, communities and partner organisations. These insights have informed a **set of recommendations** that will inform a statewide action plan. This will guide future engagement and ensure health services are designed in partnership with the communities they serve.

Local Health Committees will continue to play a vital role across regional NSW in shaping health service planning and delivery. NSW Health will maintain support for these committees through ongoing monitoring, capacity building and advocacy for meaningful engagement. This includes ensuring committees are equipped to evaluate their effectiveness and continue to elevate community voices in decision-making.



Priority 5: Expand integration of primary, community and hospital care

5

To truly integrate services across state, Commonwealth and non-government sectors, we need strong partnerships, effective communication, clearly defined roles and accountability.

In 2024–25, NSW Health strengthened its partnership with Healthdirect to expand the **Single Front Door program**, offering a single point of contact for nurse advice, assessment, and referral for non-life-threatening, unplanned care. The program now connects local and virtual services across NSW, including Urgent Care Services in regional areas and virtual urgent care for children, adults and GP consults.

During 2024–25, more than 35,000 virtualGP consults were delivered to NSW callers, with nearly half supporting people in regional or remote areas and 7% for Aboriginal people. By providing timely, accessible care around the clock, the service helped reduce Emergency Department demand, with almost 8,000 virtualGP patients indicating they would have otherwise presented to ED.

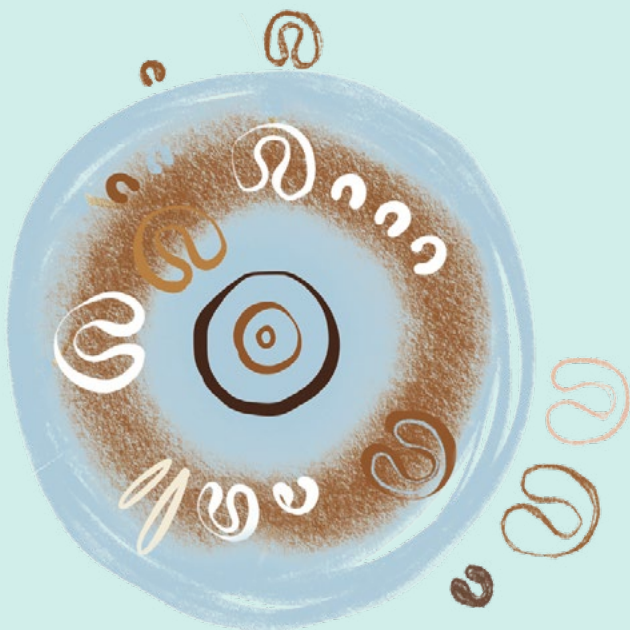
The **Rural Generalist Single Employer Pathway (RGSEP)** is a 4-year pilot program which aims to support a total of 80 trainees across 8 regional LHDs. The program is in its second year and has supported 50 trainees so far through a length-of-training contract. In the first 2 years of the program, trainees have worked across 32 NSW Health facilities, 32 GP practices and 3 Aboriginal Community Controlled Health Organisations.

(Recommendation 9 - *Single Employer Model*)

In 2024–25, NSW Health developed the **Multi-Purpose Services (MPS) Strategy** to guide planning, investment and service delivery for integrated health and aged care in regional communities, with a strong focus on best practice, innovation and workforce development.




Extensive consultation was undertaken, including social media, newsletters, stakeholder presentations, a community survey and direct engagement with more than 240 stakeholders. A **Community Reference Group** was established to ensure regional voices shaped the Strategy and to support broad engagement and feedback across NSW.

In 2024-25, NSW Health expanded the ability for primary care professionals to **digitally refer to specialist outpatient services** in regional and rural areas through electronic referral (**e-Referral**). Increasing the footprint of e-Referral strives to enhance communication, facilitate continuity of care and streamline the referral management process between primary care and regional and rural hospital settings across NSW.



NSW was allocated \$196.22 million over 4 years from 2024–25 through the **Commonwealth’s Strengthening Medicare package** to support long-stay older patients. This includes \$140 million for **Aged Care Outreach Services (ACOS)** and \$56.92 million for Virtual Specialist Geriatric Care, advancing integrated models of care and referral pathways between aged care outreach and Hospital in the Home (HITH) services for older people in Residential Aged Care Facilities and the community.

ACOS provides time-limited, specialist clinical care to older people in residential aged care homes and the broader community, with new services established in Far West, Murrumbidgee, Southern NSW and Western NSW LHDs. The Virtual Specialist Geriatric Care enables eligible older individuals to remain at home by building referral pathways between ACOS and multidisciplinary HITH services, supporting timely medical escalation and reducing unnecessary emergency department presentations and hospital admissions.

Target	Has progress been made?	Description of progress at the end of Year 3 (30 June 2025)
Priority 5		
<p>Deliver at least 10 urgent care services that are available to residents in regional NSW by 2026</p>		<p>As of 30 June 2025, 13 urgent care services are available to residents in regional local health districts, achieving the target set out in the Plan. This includes services in Bulli, Dapto, Hunter New England, Long Jetty, Mid North Coast, Orange, Tweed, Wauchope and 2 services in Wagga Wagga, as well as 3 virtual services. The Dapto Urgent Care Service has since transitioned to a Medicare Urgent Care Clinic.</p> <p>Services opened in Armidale and Goulburn, but these have since closed due to workforce sustainability issues. Opportunities will continue to be explored for the Armidale and Goulburn communities to support access to urgent care.</p>
<p>Reduce preventable hospital visits in regional areas by at least 5 percentage points by 2026</p>		<p>At the end of Year 3 of the Plan, potentially preventable hospital visits made up 23.1% of hospital services in regional LHDs.</p> <p>This is 0.7 of a percentage point lower than Year 2 of the Plan and 1.2 percentage points lower than the baseline. The regional rate is higher than the statewide rate of 20.4% for the same period.</p>
<p>Double the number of Collaborative Care models across regional local health districts by trialling and expanding on effective models by 2026</p>		<p>During Year 3 of the Plan, 3 additional Collaborative Care projects commenced in Liverpool Plains, Murwillumbah and Far South Coast. This brings the total to 10 projects across regional local health districts, achieving the target.</p> <p>The Sax Institute is developing an evaluation framework for the 5 new sites. The Regional Health Division will continue to work closely with Rural Doctors Network, local health districts, primary health networks, Aboriginal Community Controlled Health Organisations, local councils and community groups to deliver Collaborative Care in these 5 sites.</p>

Mobile Imaging Van Enhances Continuity of Care for Aged Care Residents

A new mobile x-ray imaging van is now operating across the Hunter New England Local Health District, delivering on-site diagnostic services to aged care residents and improving access to timely, high-quality care. Based out of Belmont Hospital, the service covers Lake Macquarie and the broader Newcastle area, offering general radiography including limb, chest, abdomen and spine x-rays directly at aged care facilities.

The initiative is a significant step forward in integrating hospital-level diagnostic services into community settings. By reducing the need for hospital transfers, the service is easing pressure on emergency departments and improving the overall patient experience. Residents can now receive imaging services in the comfort of their care facility, with results delivered within 90 minutes to support faster clinical decision-making.



General Practitioners are able to assess residents and refer them directly to the imaging team, streamlining care pathways and enhancing coordination between primary and hospital care. The service is Medicare-billed, ensuring there are no out-of-pocket costs for patients or aged care facilities.

The mobile imaging van is improving continuity of care, reducing stress for aged care residents, and supporting a more integrated and responsive health system. Well done to everyone involved in bringing this innovative service to life.

Finding Purpose in the Country as a Rural Generalist Trainee



In the heart of regional NSW, Dr Jack Grentell is forging a career that blends professional challenge with personal fulfilment. As a Rural Generalist Trainee under the Single Employer Pathway program, Dr Grentell is part of a growing movement to strengthen healthcare in rural communities.

The Rural Generalist Single Employer Pathway (RGSEP) offers doctors the opportunity to train and work in regional areas while maintaining continuity

in employment and entitlements. For Dr Grentell, the program has provided security, flexibility and the ability to plan ahead.

The people and the purpose of RGSEP ensure Dr Grentell feels truly integrated into the community, and the gratitude from patients reminds him why this work matters. He knows rural generalists play a vital role in improving health outcomes in the regions and is passionate about the continuity of care they provide.

Dr Grentell appreciates the diversity of rural generalism, blending hospital and general practice work to develop a broad skillset. Orange Hospital, where he currently trains, offers a supportive culture, diverse cases, and the excitement of treating patients from surrounding rural towns.

As he looks ahead, Dr Grentell is clear about his future: he will always be rural, building a life and career in the communities that matter most to him.

Coordinated Care for Children with Complex Needs

In regional NSW, a coordinated approach to the care of children with complex and chronic health needs is essential, particularly when access to specialist services can be limited.

The Mid North Coast Local Health District's Paediatric Complex Care Coordination Service, led by a Paediatric Clinical Nurse Consultant, is transforming the way care is delivered for children living with multiple complex health conditions.

By coordinating appointments and care plans, the service helps families avoid unnecessary hospital admissions and procedures, reduces time away from school and work, and saves on private travel costs.

The use of telehealth and personalised care planning ensures timely access to both local and specialist services.

“This service is about making life easier for families while improving health outcomes for children,” said the Clinical Nurse Consultant. **“We work closely with families and providers to make sure care is connected, accessible and centred around the child.”**

Through strong partnerships with families, local health providers and specialist services, the Paediatric Complex Care Coordination Service is improving equity of access and delivering better outcomes for children in regional NSW.

This initiative was recognised as a Transforming Patient Experience category winner, highlighting its impact in integrating care across hospital, community and primary health settings.

District-Wide Boost to Complex Menopause Care

Women across Southern NSW are benefiting from a new Menopause Referral Service, launched by Southern NSW Local Health District to support severe or complex menopause symptoms. The service was officially opened on World Menopause Day at the Mogo Women's Group, marking a significant step forward in improving access to specialised care for women in regional communities.

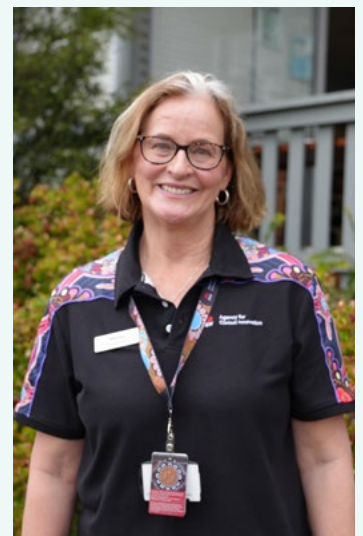
Led by a dedicated Care Coordinator and Women's Health Nurses, the service offers district-wide outpatient care and connects women to a multidisciplinary team of medical specialists and allied health professionals through the South Eastern Sydney Menopause Hub. This includes access to physiotherapists, dietitians and clinical psychologists, ensuring a holistic approach to care.

Women can be referred by general practitioners, specialists or nurse practitioners through Southern's Community Health Central Intake Service, or connect directly via Women's Health Nurses based at community health centres in Eurobodalla, Bega, Queanbeyan, Yass, Cooma and Goulburn.

For one patient, 50-year-old university tutor and mother, the service was life-changing as she was struggling with hot flushes, brain fog and joint pain. After accessing the service in early 2025, she received a personalised care plan and support from the menopause team.

“I finally felt heard,” she said. **“Menopause isn't something we should have to go through alone.”**

This initiative reflects NSW Health's commitment to equitable, high-quality care and highlights the power of regional collaboration in meeting the evolving health needs of women across Southern NSW.



Where will we focus next?

In 2025–26, NSW Health will focus on finalising the implementation and evaluation plan for the Multi-Purpose Strategy (MPS). Implementation will be supported by the development of a **MPS SharePoint site** and the establishment of a **Community of Practice** to promote best practice, knowledge sharing and operational support for the NSW MPS network.

The **Rural Generalist Single Employer Pathway (RGSEP)** continues support rural generalist trainees across regional NSW, through an innovate employment model. In the first 2 years of the program, 50 trainees have been supported through length of training contracts whilst undertaking placements in 32 NSW Health facilities, 32 GP practices and 3 Aboriginal Community Controlled Health Organisations (ACCHOs). A new cohort of trainees will join the program in the 2026 clinical year, following 2 rounds of successful recruitment where positions were advertised across Far West, Illawarra Shoalhaven, Hunter New England, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW local health districts.

As trainee numbers grow across the program in NSW, increased engagement with primary care providers, GP training colleges, primary health networks and local health districts is planned. This includes a growing the list of primary care providers listed on the NSW 19(2) exemption which allows trainees to bill Medicare while employed by NSW Health. For 2026, the exemption list is being expanded to include 113 GP practices, supporting broader placement options. Engagement with ACCHOs and Aboriginal Medical Services remains a priority, with targeted information sessions, ongoing resource sharing and virtual and face-to-face engagement. NSW is also contributing case studies to the Commonwealth's evaluation of the Single Employer Model trial, while progressing its own evaluation in partnership with the Agency for Clinical Innovation.

The **NSW Single Front Door** is working to make accessing alternate care pathways easier. The NSW Single Front Door Digital Services Enhancement project will enable consumers to self-refer into physical and virtual alternate care services following completion of the online symptom checker and where clinically relevant. The vast majority (66%) of people accessing care through Healthdirect are doing so through the app or website using the Symptom Checker but are only offered limited care options. Scheduled to go-live in June 2026, the Digital Services Enhancement will ensure equitable access to care, whichever way people choose to connect.



Priority 6: Harness and evaluate innovation to support a sustainable health system

6

Building a sustainable health system will help us future proof the way we deliver care in regional NSW for generations to come.

An evaluation of the outcomes from the **Net Zero**

In October 2024, the Ministry allocated an additional **\$20 million** in recurrent annual funding to **small hospitals** across **5** of the regional local health districts to account for higher per capita costs of providing care. A new methodology will help distribute health resources better across remote areas. This model forms part of the work being undertaken as part of the Future Health Strategy Objective of a sustainable health system and review of the overall funding model over 2025-26 and 2026-27.




(Recommendation 1-*Review the current funding models*)

Leads program indicated that the program delivers strong economic and carbon benefits for NSW Health. Program expansion was supported for a further 3 years until 2027. NSW Health embedded recommendations from a **review into how small hospitals in NSW are funded** into its 2024-25 budget process. The recommendations will also be used in future budgets.

The new **Accelerated Research Implementation Grant** supports evidence-based projects, focused on benefitting communities identified as focus population the NSW Cancer Plan. These projects have the potential to be embedded and scaled up in the health system and are sustainable past the funding period.

The **\$800,000 grant** over 3 years was awarded to Professor Aaron Sverdlov for implementation and prospective evaluation of dedicated Cardio-oncology services for prevention, monitoring and treatment of cardiovascular diseases for patients living with, through and beyond cancer in remote and regional NSW.



Target	Has progress been made?	Description of progress at the end of Year 3 (30 June 2025)
Priority 6		
<p>50% of regional general practices enrolled in the Lumos data system by 2026</p>		<p>At the end of Year 3 of the Plan, 32.9% of regional general practices are enrolled in the Lumos data system. This is an increase of 4.2 percentage points from Year 2 and 11.9 percentage points since 2022.</p> <p>The Lumos program links primary care data from general practices with NSW Health data (including hospital data) to better understand the patient journey. It is particularly important to understand how and when patients use primary care in regional NSW to help improve health outcomes and access to care.</p>
<p>10% increase in the number of health sites that are exempt under section 19(2) of the Health Insurance Act 1973 (Commonwealth) across regional NSW to provide access to primary care in rural and remote areas by 2026</p>		<p>The number of sites in regional NSW exempt under section 19(2) has remained consistent at 47 sites in Year 3 of the Plan.</p> <p>While there are no new sites, 3 new applications were submitted to the Commonwealth for approval and are waiting on the outcome.</p>
<p>Deliver 3 clinical trial support units (CTSUs) in regional, rural and remote areas to deliver increased and more equitable access to clinical trials by 2026</p>		<p>Three Clinical Trial Support Units were established during Year 2 of the Plan. The units are in Northern, Southern and Western NSW.</p>

Theatres recycle one tonne of plastic in 6 months

In a major step forward for environmental sustainability, Wyong and Gosford theatres have successfully recycled one tonne of polypropylene plastic wrap in just 6 months, thanks to the installation of new balers. These machines, designed to compact recyclable materials for easier handling and transport, have enabled staff to separate and recycle sterile wrap that would otherwise have ended up in landfill.

Polypropylene plastic, commonly used in sterile wrap, never truly decomposes and instead breaks down into microplastics. Diverting this volume of waste from landfill is a significant achievement and highlights the impact of targeted sustainability initiatives within clinical environments. The success of this program is a testament to the dedication of theatre staff, who have embraced the new recycling process and demonstrated a strong commitment to reducing the environmental footprint of healthcare.



Central Coast Local Health District's Environmental Sustainability Officer Karlie Proctor says she's incredibly proud of the commitment theatre staff have shown to reduce, reuse and recycle.

"The staff at both Gosford and Wyong theatres have really embraced this initiative, it's made a tangible difference in a short space of time and highlights how small actions make a big difference."

This initiative supports NSW Health's broader sustainability goals and contributes to the system-wide effort to reduce emissions and improve waste management practices across health services.

Cleaner, greener transport

Illawarra Shoalhaven Local Health District (ISLHD) has taken a significant step toward a more sustainable future with the introduction of its first electric vehicles (EVs) into the District's fleet. Delivered as part of Stage One of the Fleet Electrification Campaign, 5 EVs are now supporting community health visits from Dapto HealthOne and Kiama Integrated Primary and Community Health Centre.

This initiative aligns with the NSW Government's goal of electrifying the state's passenger vehicle fleet by 2030 and reflects ISLHD's commitment to reducing emissions and improving environmental and community health outcomes. EVs are quieter, more efficient and emit no tailpipe pollution—contributing to clearer air and reduced greenhouse gas emissions.

Complementary infrastructure upgrades have also been completed, including the installation of dual-port EV charging stations and sub-board enhancements at both sites. The new vehicles are expected to eliminate 4.42 tonnes of CO₂ emissions annually.



By reducing reliance on fossil fuels and lowering operational costs, the EV rollout is delivering both environmental and economic benefits.

Where will we focus next?

Over the coming years, NSW Health will roll out the **Single Digital Patient Record (SDPR)** program across every public hospital and health service in the state. This major digital transformation will replace multiple legacy systems, including 9 electronic medical records, 10 patient administration systems and 5 laboratory information management systems, with a single, secure and integrated platform.

The SDPR will give healthcare workers a complete, real-time view of each patient's care, no matter where they present in the NSW Health system. This means safer, more connected and more efficient care for patients, carers and staff.

The rollout will occur in 5 stages. The first go-live is planned for March 2026 in Hunter New England Local Health District, Justice Health and Forensic Mental Health Network and NSW Health Pathology (Hunter New England sites). The SDPR will be operational across all NSW Health local health districts and specialty health networks by the end of 2028.

The next iteration of the **Net Zero Leads** program (now the "**Net Zero Hubs**") will spread and scale solutions across NSW Health where appropriate. Multi-disciplinary Hub teams have been appointed to lead decarbonisation activities in known carbon hotspot areas, with 3 of the 7 Hubs based in regional local health districts at Illawarra Shoalhaven, Mid North Coast and Hunter New England.

The Climate Risk and Net Zero Unit continues to upload case studies from the Sustainable Futures Innovation Fund (SFIF) and Net Zero Hubs programs to the Innovation Exchange platform hosted by the Agency for Clinical Innovation. Funding has been secured for future iterations of these programs to build the evidence base on how we can transition towards a high-quality, low-carbon and climate resilient health system.

The Road Ahead

The Regional Health Strategic Plan 2022-2032 is regularly reviewed and consultation undertaken to ensure effective planning, delivery, monitoring, reporting and evaluation which is responsive to the evolving needs of regional communities.

A comprehensive evaluation of progress will be conducted at 3, 5 and 10 years to determine the impacts and success of the plan. The first evaluation will be publicly released in 2026. The evaluation is being governed by an independent Monitoring and Evaluation Steering Committee.

The Regional Health Committee and the Regional Health Strategic Plan Steering Committee will continue to oversee the Plan. Both provide governance pathways to escalate issues and promote successes of the Plan.

The next Progress Snapshot is due to be released in late 2026.

For more information, please contact the Regional Health Division at:

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