Summary

This report summarises progress undertaken at local levels to meet NSW Health’s strategic priorities as outlined in the *NSW Rural Health Plan* launched in November 2014. It reflects the system-wide, significant work being undertaken to provide connected and seamless care as close to regional, rural and remote communities as possible.

The report is a high level, consumer friendly snapshot of key achievements and initiatives. It covers progress across the seven rural health districts in NSW: Far West, Hunter New England, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. While some towns have been highlighted in the report, significant progress has occurred across rural NSW.

Achievements and initiatives are reported under the directions and strategies of the *NSW Rural Health Plan: Towards 2021*.

**Direction 1:** Healthy rural communities
**Direction 2:** Access to high quality care for rural populations
**Direction 3:** Integrated rural health services

**Strategy 1:** Enhance the rural health workforce
**Strategy 2:** Strengthen rural health infrastructure, research and innovation
**Strategy 3:** Improve rural eHealth

Many of the achievements in rural health have been supported through partnerships with external stakeholders including non-government organisations, Aboriginal community controlled health services, other government agencies, education providers, local government, primary health organisations and private sector organisations.
Healthy Rural Communities

NSW Health has continued to implement tailored early intervention and prevention initiatives to improve the health of rural communities in NSW.

- Funding was provided to all local health districts, in 2012-13, to employ Aboriginal Immunisation Health Workers as part of a pilot program to improve immunisation coverage and timeliness for Aboriginal children. Recurrent funding has now been provided on the basis of evidence of significant improvements in coverage and timeliness over the period of the pilot.
- As at 30 June 2015, immunisation coverage rates for rural children at one, two and five years of age were higher than the NSW average for the majority of rural local health districts. Coverage rates for all age groups increased between December 2014 and June 2015 for the majority of rural local health districts.
- The Quit for New Life program was developed to reduce the gap in pregnancy smoking rates between Aboriginal and non-Aboriginal women. The program is delivered in six rural local health districts through Aboriginal Maternal and Infant Health Services, some mainstream hospital antenatal clinics, and a range of postnatal/child and family health services. It offers interventions including Nicotine Replacement Therapy and Quitline follow-up. Between January and June 2015, a total of 240 pregnant women, 89 postnatal women and 128 partners of pregnant women engaged in the Quit for New Life program across the six rural local health districts. This is a 3.4% increase on the previous six month period.
- NSW Health has delivered the Culture–Health–Communities program in partnership with NSW Rugby League. The program aims to equip Aboriginal people to manage their risk factors for chronic disease, including an unhealthy diet, physical inactivity and tobacco use.
- The Housing for Health program undertakes repairs and maintenance of Aboriginal community housing. It focuses on house repairs that maximise evidence-based health and safety outcomes, particularly for children up to five years old. Since 1997, 3,435 house surveys have been completed, 94,566 items have been fixed and 14,424 people have benefited. A 10-year review demonstrated that people living in houses that received the program were 40% less likely to be admitted to hospital for infectious diseases (NSW Health, 2010, Closing the Gap: 10 years of Housing for Health in NSW).
- The NSW Sexual Health Promotion Framework has been developed to support the delivery of an integrated, population-based prevention program to increase consistent condom use, STI/HIV testing and STI/HIV treatment among young people, with a focus on young Aboriginal people. The Framework includes a mix of universal strategies such as social marketing, and sexual health education in schools, and targeted strategies such as Aboriginal youth and health services and peer educators.

Aboriginal vaccination:
- Coverage at five years of age in rural areas has risen 9.9% since 2011-12 to 95.6% in 2014-15.
- Coverage at one year of age in rural areas has risen 4.9% since 2011-12 to 90.3% in 2014-15.

At the 2015 Knockout Health Challenge:
- 31 of the 33 teams (848 participants) were from regional, rural and remote locations
- Average weight lost was 2.7 kilograms for participants who completed the challenge.

In 2015, under the Housing for Health program, 646 houses were surveyed, 3,439 items were fixed and 2,681 people benefited.

Between January and June 2015, local health districts conducted:
- 9,224 STI testing/management occasions of service with 15% of them being for Aboriginal people
- 4,200 HIV testing occasions of service with 13% of them being for Aboriginal people.
A key achievement in rural health is the steady rise in Aboriginal childhood immunisations.

The Australian Childhood Immunisation Register was established in 1996. Data from the Register provides information on the immunisation status of all children less than seven years of age. Aboriginal immunisation status in NSW at 12 months and five years (full immunisation) increased over the period 2011-12 to 2014-15. In 2014-15, coverage at 12 months in rural areas was 90.3% which is approaching coverage of non-Aboriginal children in rural areas (91.7%). In 2014-15, full immunisation in rural areas was 95.6% which is higher than the coverage for non-Aboriginal children in rural areas (93.5%).

**Aboriginal childhood immunisation rates in rural NSW at 12 months**

Source: Australian Childhood Immunisation Register

**Aboriginal childhood immunisation rates in rural NSW at 5 years**

Source: Australian Childhood Immunisation Register
**Healthy Rural Communities**

- Several initiatives to encourage healthy eating and physical activity amongst children have been implemented in rural communities. These include:
  - Go4Fun is a community-based program for overweight and obese children and their families. It supports children aged 7 to 13 and their families through weekly games and activities, interactive discussions and practical demonstrations, with a focus on improving eating habits, fitness, teamwork and overall health.
  - Live Life Well @ School is a partnership between NSW Health and the NSW education sector aiming to get students more active, more often, and providing a focus on healthy eating habits.
  - Munch and Move is implemented in early childhood education and care services. It supports the healthy development of children from birth to five by promoting physical activity, healthy eating and reduced screen time.

- The Get Healthy Information and Coaching Service supports adults to make sustainable lifestyle changes in relation to healthy eating, physical activity and maintaining and/or achieving a healthy weight. In 2015, 25% of Get Healthy Service participants are from rural areas of NSW. On average participants who complete the six month coaching program lose four kilograms in weight and five centimetres of their waist circumference.

- An ongoing partnership, established in 2014, between Brewarrina Shire Council, Western NSW Local Health District, Charles Sturt University and the Centre for Oral Health Strategy provides dental services in the Brewarrina region. The partnership involves final-year dentistry students at Charles Sturt University undertaking a one-week rotation in Brewarrina to provide dental services to the community. In 2014, there were five one-week rotations with 152 patients seen and 623 individual dental treatment items provided. In 2015, this has grown to a total of nine rotations, which is likely to substantially increase the number of treatments provided. This is the only regular dental service provided in Brewarrina.

- A partnership between the Centre for Oral Health Strategy, Hunter New England Local Health District, local Aboriginal Medical Services and the Poche Centre for Indigenous Health at the University of Sydney provides dental services and oral health promotion to Aboriginal communities in the New England region. This includes dental assessment and treatment based on clinical priorities for adults and children in partnership with Aboriginal health services in eight communities, 19 schools and six pre-schools. It also includes, regional oral health promotion tours and training for Aboriginal people living in regional and remote areas of NSW to become qualified dental assistants. The first cohort of 21 students, who graduated in March 2015, are now all employed in oral health. The second cohort of 19 students will graduate in December 2015.

- The Needle and Syringe Program provides access to sterile injecting equipment through a range of outlets, including community pharmacies, in rural local health districts. It also provides safe sharps disposal facilities and blood-borne virus prevention education and referrals for healthcare needs such as drug treatment, mental health and sexual health.

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In 2015:
- 28% of Go4Fun participants are from rural areas
- an additional 450 families from rural and regional areas participated in Go4Fun compared to 2014
- 64% of primary schools classified as remote or very remote are participating in the Live Life Well @ School program
- 76% of centre-based early childhood services classified as remote or very remote are participating in Munch and Move.

As of November 2015, in regional NSW, 75 of 95 utilities supply fluoridated water.

Between January and November 2015, fluoridation commenced for the first time in Tea Gardens, Lismore, Ballina and parts of Richmond Valley.

In 2014/15, a total of 4,963,089 units of injecting equipment to encourage safe drug use were distributed in NSW by rural and regional LHDs. This is a 5% increase compared to 2013/14.
Healthy Rural Communities

- Across NSW, there are 69 active Community Drug and Alcohol Teams, of which 55 are located in rural and remote areas. These teams implement local drug and alcohol prevention and harm minimisation activities, including local forums on the impacts of crystalline methamphetamine (ice), youth mentoring camps and provision of drug and alcohol information at community events.

- Whole Family Teams provide specialist in-home and community-based interventions for children and families with complex mental health and drug and alcohol issues where the children have been identified as being at risk of significant harm. The program provides services to over 200 families per year in Lismore, Nowra, Newcastle and Gosford. During January to June 2015, teams expanded their reach through hub and spoke arrangements, with Lismore for example providing services to Ballina. Between January and June 2015, 99 families received the service which is an increase of 43% compared to the same period in 2014.

- The NSW School-Link Initiative is a collaborative initiative between NSW Health and the Department of Education to improve the mental health of children and young people in NSW through the; early identification of mental health issues for children and young people; provision of evidence-informed early intervention programs in schools and TAFEs; and early access to specialist mental health services. School-Link is delivered in all local health districts. Over January-June 2015, Mid North Coast Local Health District provided training to 69 school counsellors and mental health staff in an evidence-based mental health early intervention group program for implementation in schools. Far West Local Health District, in partnership with headspace school support, delivered skills-based training to four Broken Hill schools and TAFEs in identifying, monitoring and supporting students at risk of suicide following a suicide taking place.

- The Government’s Mental Health Reform announced the establishment of a new 24 hour, seven day a week mental health resource centre for northern NSW to provide rapid and safe mental health assessment and advice on the most appropriate care. The resource centre will be established in early 2016 followed by a staged implementation at pilot sites in Hunter New England, Mid-North Coast and Northern Local Health Districts. Videoconferencing technology will support health professionals to manage the care of people with mental health problems who present to smaller rural emergency departments.

- The NSW Mental Health Commission, together with Suicide Prevention Australia, have developed Communities Matter, a toolkit to support small towns to turn conversations and interest in suicide prevention into activities that reflect local need. The toolkit outlines evidence-informed suicide prevention strategies to support communities to undertake suicide prevention activities and combat stigma.

- The Rural Adversity Mental Health Program is a statewide program that works to improve mental health in rural and remote areas affected by adversity such as weather extremes, economic uncertainty and isolation. Under the program, 10 frontline workers are supported by a coordination and program development unit based at the Centre for Rural and Remote Mental Health. Since July 2014, the program has transitioned from a community resilience building model to a stronger focus on facilitating access to services for individual people. In 2015, 219 community and workplace support skills workshops were delivered to over 2700 people and 24 Mental Health First Aid courses were delivered to 344 people. By the end of 2015, program coordinators will have linked approximately 1350 people to approximately 2790 services and programs across 10 sites.
High Quality Care For Rural Populations

NSW Health has prioritised improving access to high quality clinical care in rural communities by developing new programs and models of care specific to these communities.

- New models of care are being developed which benefit rural areas.
  - The NSW Stroke Reperfusion Program ensures patients receive care faster from the first onset of stroke symptoms at Acute Stroke Thrombolysis Centres. There are six centres now established in five rural health districts at Wagga Wagga, Bathurst, Orange, Tamworth, Port Macquarie and Lismore.
  - The State Cardiac Reperfusion Strategy, which includes models of care designed to increase access to specialist medical advice and lifesaving cardiac therapy for heart attack patients, has now been implemented across all rural local health districts.

- Better Cardiac Care for Aboriginal People aims to improve access to early treatment and better engage Aboriginal communities in cardiac health. It has implemented several key initiatives in 2015 including working with Aboriginal Community Controlled Health Services to enhance chronic disease management, improving access to cardiac procedures and analysing data to understand the journey of patients with cardiac disease.

- The Whole of Hospital Program, established to improve access to care and patient flow within NSW public hospitals, has now transitioned to the Whole of Health Program to better connect the entire patient journey, integrate care and reduce demand on acute services. Twenty of the 44 facilities that are directly engaged in the Program are located within the seven rural local health districts. Capability-building strategies for rural facilities include teleconferences for knowledge sharing and structured program management support in end-of-life care and mental health.

- To reduce the burden on rural emergency departments, the Nurse Delegated Emergency Care (NDEC) provides timely, quality care for patients with specified non-urgent conditions. Doctors delegate authority to credentialed Registered Nurses to deliver entire episodes of care. In June 2015, the number of facilities implementing NDEC more than doubled to 14 in the seven rural local health districts.

- NSW Ambulance has been working to reduce the burden on hospitals through increasing access to alternative care pathways:
  - The Frequent User Management Program works with patients and other key stakeholders to provide timely and appropriate treatment to patients who have been identified as frequent callers to Ambulance. Approximately 35 per cent of patients in the program live in regional or rural NSW.
  - Alternative care pathways for patients calling 000 have been developed. These include assessment, treatment and/or referring patients to care providers outside of hospital. At 30 June 2015, the proportion of rural patients provided with an alternative care pathway had risen to 26.8% of all calls from 25.1% in June 2014 (an increase of 5165 cases).
NSW Health has developed new initiatives to ensure the rural health system better supports integrated care for rural patients.

- Since the launch of the Integrated Care Strategy in 2014, three Integrated Care Demonstrators – Western Sydney, Western NSW and Central Coast Local Health Districts – have begun to implement large scale integrated care initiatives in partnership with other sectors to join up services for local populations. Six Innovators have also been funded in rural NSW for local, discrete integrated care initiatives. All integrated care initiatives are focused on the identified needs of their local populations.

- People in rural NSW are able to access trusted health information and advice via healthdirect’s online and telephone service and new smartphone app, 24 hours a day, seven days a week. Most of the calls to healthdirect nurses are received in the after-hours period when access to face-to-face services is most restricted.

- HealthPathways clarify patient pathways between primary and specialist care, improving patient management, assessment and referral through streamlined links between primary and secondary care clinicians, and providing clear information for referrers. In Hunter New England Local Health District, for example, approximately 300 pathways for various conditions have been established.

- ParamedicConnect builds stronger links between paramedics and the small rural communities where they are often either the only local health professional or a key part of small local teams that include general practitioners, nurses and other health workers.

- NSW Health is increasing access to pain management services in rural and regional NSW. For example:
  - specialist outreach pain management support services to Murrumbidgee, Far West and Southern NSW Local Health Districts are being provided through formal links with established pain management services in other local health districts
  - since July 2015, The Children’s Hospital at Westmead has been offering a telehealth model enabling families and specialists in rural areas to access pain management expertise remotely
  - the Orange Pain Clinic has implemented a telehealth model enabling people residing in Forbes and Cowra to access a specialist pain management service.

  This is in addition to the specialist pain management services funded under the NSW Pain Management Plan 2012-2016 at Tamworth, Orange, Port Kembla, Lismore, Port Macquarie and John Hunter Children's hospitals.

- Through the Building Partnerships Program, the Agency for Clinical Innovation is working with six rural and regional areas (Wagga Wagga, Dubbo, Bellingen, Tweed Heads and two sites in Hunter New England Local Health District) to improve the patient journey across care providers for older people with complex health needs. Community and secondary providers are working together to ensure patients receive integrated care at all points of service delivery and can move seamlessly between providers.

- The Regional Aged Care Hospital Avoidance Compendium Report published in February 2015 by the Agency for Clinical Innovation provides a ‘one stop shop’ for service providers to review a range of statewide programs available when considering choices to meet local needs for older people.

This is in addition to the specialist pain management services funded under the NSW Pain Management Plan 2012-2016 at Tamworth, Orange, Port Kembla, Lismore, Port Macquarie and John Hunter Children's hospitals.
Integrated Rural Health Services

- NSW Health is increasing access to palliative care and providing patients with greater choice about the care they receive at the end of their life through the Last Days of Life Home Support Service. This Service provides home-based supports, such as domestic assistance and personal care, that link to the care provided by specialist services. The Service supports people to die at home if this is their wish. Between July 2014 and June 2015, more than 600 packages of support were completed in rural and remote NSW.

- The Isolated Patients Travel and Accommodation Assistance Scheme provides financial assistance towards travel and accommodation costs when a patient needs to travel long distances for specialist medical treatment not available locally. The 2015-16 State Budget provided an extra $13 million over four years to enhance the Scheme. Subsidy increases, co-payment reductions, and a range of other enhancements, took effect from 1 September 2015. There have also been improvements to online information and forms. Patient subsidies for not-for-profit accommodation will increase from 1 February 2016 supported by a further commitment from the NSW Government of $2.7 million per year.

- The Agency for Clinical Innovation is supporting the use of telehealth in a number of ways, including:
  - the release of the Guidelines for the Use of Telehealth for Clinical and Non Clinical Settings in NSW, which provide a common communications framework for clinicians wanting to engage with telehealth across NSW
  - the implementation and distribution of models of care using telehealth for chronic pain, high risk diabetic foot, burns injury and Telestroke.

- The Non-Emergency Patient Transport Strategy provides a centralised booking and dispatching service, improving coordination of transport fleets and reducing patient delays. Reforms have established a seamless booking, scheduling and dispatch IT system connected to mobile data terminals in each vehicle. The regional strategy includes the establishment of four regional satellites to manage non-emergency patient transport fleets and demand.

  The Tamworth Satellite Hub was established in December 2014. During 2015-16 satellites will be established in Port Macquarie, Dubbo and Wagga Wagga, providing a consistent statewide system.
NSW Health has focused on building and retaining an effective, well-trained workforce to ensure the delivery of high quality healthcare across rural and remote NSW.

- The NSW Health rural health workforce increased significantly between 2012 and 2015 with an additional: 18.6% medical professionals, 4.5% nursing professionals and 10.5% allied health professionals.

- NSW Health is also providing new training opportunities in 2015 for medical practitioners in rural areas including:
  - the funding of three intern positions in rural general practices in Milton-Ulladulla and Coolamon and the establishment of six postgraduate year two positions in rural locations (Bathurst, Kempsey, Coffs Harbour, Byron Bay and Orange) in non-acute settings such as community mental health and ambulatory care
  - five new Rural Generalist (Medical) Training positions being established per year over the next four years, commencing from 2016, which will result in a total of 50 Rural Generalist Training positions by 2018-19
  - sixty Metropolitan Access Scholarships (total annual $300,000) being offered over the next four years, from the 2016 clinical year, to rural-based trainees who are required to undertake metropolitan rotations as part of their medical training
  - extra funding provided to the Rural Doctors Network Medical Cadetship Program to allow for an additional six cadetships over two years (in addition to the current 12 existing cadetships per year)
  - a new medical speciality training position in General Medicine funded at Bathurst Health Service.

- Recruitment of nurses, midwives and allied health workers has been supported, for example:
  - 70 midwives from five local health districts were funded to take up a clinical placement in a larger maternity service, to support these practitioners maintain currency of practice and competence in skills
  - 33 undergraduate allied health students living in rural and remote areas were awarded NSW Rural Undergraduate Scholarships
  - 21 allied health workers from five local health districts were supported with Rural Postgraduate Scholarships.

- The rural Aboriginal workforce has been supported.
  - In 2014-15, the Aboriginal Nursing and Midwifery Strategy provided 15 undergraduate nursing and midwifery scholarships and funded 29 cadetships in rural areas.
  - The NSW Aboriginal Mental Health Workforce Program includes a statewide training program that provides workplace training, a degree level qualification and clinical placements. Of 33 current trainees at September 2015, 25 are based in rural local health districts. Retention of graduates in mental health services is a high priority.

- To ensure the rural health workforce is culturally aware, NSW Health has delivered the eLearning component of Respecting the Difference training which has now been completed by a majority of NSW Health staff.

In January 2015, 94 interns recruited via the Rural Preferential Recruitment pathway commenced their medical careers in NSW rural hospitals, an increase of 12 from 2014.

Ten rural postgraduate midwifery scholarships were allocated in 2015, taking the total number to 40 since the initiative’s inception. Positive outcomes have been identified in retention of these midwives in local rural services.

Aboriginal representation in the NSW Health Workforce increased to 2.4% in June 2015 from 2.1% in June 2014.

98,712 NSW Health staff have completed the eLearning component of cultural competency training.
Rural Health Research and Innovation

NSW Health has supported innovation and research in rural areas to drive the development of best practice health care.

- The NSW Innovation and Health Symposium, held on 2 and 3 November 2015, showcased the 2015 NSW Health Awards Finalists selected from 173 entries across the state. The following are rural examples:
  - The early detection of chronic kidney disease in Aboriginal people is a project delivered in Northern NSW Local Health District. It aims to improve the identification and management of Aboriginal and Torres Strait Islander clients with early stage chronic kidney disease. An algorithm was developed to identify patients in the electronic medical record database provided by the North Coast Medicare Local.
  - In March 2014, an Urgent Care Centre was established at the Wauchope District Memorial Hospital in the Mid North Coast Local Health District. The purpose built centre operates between 8am and 6pm, seven days per week. It is staffed by registered nurses, with medical care provided by general practitioners and emergency physicians. Outcomes for the community are improved clinical service delivery, a sustainable permanent workforce and greater efficiencies for the hospital. The Centre continues to receive strong community support.

- A rural and remote health and medical research network has been established as part of the NSW Health and Medical Research Hub Strategy 2014-2019. A statewide network coordinator was appointed in 2015.

- The Health Services Research Support Program, announced in 2015, provides funding to encourage research in local health districts, specialty networks and ambulance. Targeted investment and leadership ensures practitioner researchers and the systems that enable their research are supported.

- NSW Health has invested in the Rural Research Capacity Building program to increase the number of rural and remote health workers with knowledge and skills in evaluation and research methods. Fifteen candidates completed the program in June 2015. To date, 22 graduates have had their studies published in peer-reviewed publications, demonstrating the success of the program in contributing to the literature on innovation and evidence-based practice around rural and remote healthcare. A recent evaluation found that the program is highly regarded by key stakeholders.

When the project was implemented (June-Aug 2014), detection rates for chronic kidney disease amongst Aboriginal clients at Bulga Green General Practice increased five-fold from 2% to 10.7%. The project has now been completed at twelve other General Practitioners including three Aboriginal Medical Services in Northern NSW Local Health District.

Between November 2014 and November 2015, 7482 patients were seen and treated at the Urgent Care Centre in the Mid North Coast Local Health District.

In 2015, 4 graduates of the Rural Research Capacity Building program have had 13 studies published in peer-reviewed publications.
Rural eHealth

NSW Health recognises the importance of eHealth to regional, rural and remote communities and is implementing a range of technologies that will have a positive impact on patient care and outcomes.

• The Rural eHealth Program will deliver a new approach to the way healthcare is delivered across rural areas of NSW. This new approach includes:
  – the Electronic Medical Record (eMR) which allows for electronic recording and sharing of clinical information is currently available in 142 hospitals across NSW. Further work is under way to enhance functionality of the system and increase its reach across the NSW Health network. The eMR has been implemented in four rural local health districts with the program on track for completion by October 2016.
  – the Community Health and Outpatient Care system, which aims to improve access to clinical information by community health services, leading to better patient care. The system is being integrated with the eMR with the program on track for completion across all rural local health districts by November 2016.
  – Health eNet, a key statewide enabler of integrated care that gives a holistic view of up-to-date patient information across the entire NSW health system. Health eNet also provides electronic discharge summaries to patients’ general practitioners and links with the national My Health Record.

• Investments in infrastructure such as the Health Wide Area Network (HWAN) provide a backbone to support remote access and data, voice and video services, as well as wireless access across NSW Health sites. HWAN will lay the foundation for the successful delivery of telehealth and other clinical programs. All hospitals, community health centres and administration facilities will be connected in early 2016.

• HETI Online is a statewide learning management system that delivers and tracks learning and training, including mandatory training for NSW Health employees. NSW Health staff in rural and remote areas now have access to 184 modules covering subjects such as communications and relationships management; quality and safety; and teaching, training and research.

• Other investments include:
  – a $3.5 million enhancement to Hospital in the Home services in rural areas for eHealth initiatives such as piloting in-home monitoring devices, to provide care to suitable patients in their home or a community clinic. All rural local health districts will have implemented their in-home monitoring devices by the end of July 2016
  – over 450 laptops for community nursing, to facilitate access to real-time patient specific clinical information. All rural local health districts received their devices in July 2015.

$48 million committed over the next four years to rural eHealth initiatives.

All rural local health districts will be connected to the Health Wide Area Network by the end of 2015.

Between January and November 2015, rural staff completed over 383 000 HETI Online courses.
Rural Capital Infrastructure

The NSW Government has made major investments in rural health infrastructure to improve access to health services.

- Facilities completed in 2015 include:
  - Hillston and Peak Hill MultiPurpose Services
  - Ivanhoe HealthOne
  - Parkes, Forbes and Tamworth Hospitals
  - Dubbo Hospital redevelopment stages 1 and 2
  - Coffs Harbour Hospital car park
  - Eurobodalla Renal Dialysis and Oncology Unit.

- New hospital investment in rural areas planned in 2015-16 includes:
  - $30.2 million toward the next stage of the Lismore Hospital redevelopment
  - $10.9 million to commence work at Armidale, Bowral, Broken Hill, Bulli, Grafton, Macksville, Manning and Muswellbrook Hospitals
  - Planning money to kick-start the Tweed Hospital upgrade.

- Planned investment in MultiPurpose and HealthOne NSW services in rural areas in 2015-16 includes:
  - $29 million to continue to deliver MultiPurpose Services in Barham, Bonalbo, Molong and Walgett
  - $2.25 million to build a HealthOne facility in Coraki.

- NSW Health is continuing to roll out the Rural Ambulance Infrastructure Program. The 2015-16 NSW Budget sets aside $14.5 million to commence the first tranche of ambulance station upgrades, which includes Berry, Harden, Molong and Wagga Wagga.

- Hunter New England Local Health District officially opened the new $6.5 million Muswellbrook Hospital Emergency Department, with assistance from the BHP Billiton Sustainable Communities charity. This project demonstrates NSW Health’s commitment to exploring innovative approaches to providing healthcare services.
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