

Special Commission of Inquiry into Healthcare Funding

Statement of Brad Astill

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1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.

A. INTRODUCTION

2. My name is Brad Astill. I am the Chief Executive, Far West Local Health District (**FWLHD**), a role I have held since 1 January 2023. I have held a range of senior leadership roles, including as Executive Director, System Performance Support within the Patient Experience and System Performance Division, in the Ministry of Health from August 2015 to January 2023.
3. In my role as Chief Executive, I lead a team of approximately 785 staff to deliver healthcare to FWLHD and its population of approximately 30,000 people.
4. I am also the current Chair of the Regional Health Committee, which is part of the NSW Health Regional Health Division. A copy of my curriculum vitae is exhibited to this statement and marked ' **A**' (MOH.9999.1259.0001).

B. GEOGRAPHY

5. The FWLHD footprint is 194,949km², and is bordered by Victoria, South Australia and Queensland.
6. FWLHD is comprised of four local government areas of Broken Hill, Central Darling, Wentworth, and Balranald. It encompasses the traditional lands of the Barkandji, Muthi Muthi, Wilyakali, Ngiyampaa, Wadigali, Malyangaba, and Wangkumara peoples.
7. The major defining feature of FWLHD is its remoteness – both within NSW, and within the boundaries of FWLHD. By way of overview:
 - a. Broken Hill is 1,144km from Sydney, which is 13 hours by road or 2.5 hours by plan.
 - b. The Modified Monash Model defines whether a location is rural, remote or very remote. The model measures remoteness and population size on a scale of Modified Monash Model (**MMM**) categories MMM 1 to MMM 7. MMM 1 is a major city and MMM 7 is very remote. Broken Hill is classified as 3.
 - c. The distance from Broken Hill to other FWLHD health facilities is as follows:

To	MMM classification	Distance	Hours by road
Menindee	7	110km	1.25
Wilcannia	7	197km	2

White Cliffs	7	260km	2.75
Wentworth	5	266km	2.75
Buronga	3	279km	2.75
Ivanhoe	7	318km	3.75
Tibooburra	7	332km	3.5
Balranald	5	451km	4.75

d. the nearest city to Broken Hill is Mildura, located 300 kilometres south in Victoria.

8. The remoteness of FWLHD creates challenges in all aspects of its delivery of health care services.

C. POPULATION

9. The FWLHD population is approximately 30,000, and it is the most sparsely populated local health district (**LHD**) in NSW.
10. The population is predicted to decrease from 30,144 to 27,250 by 2031. However, the proportion of those aged 65 years or older is expected to increase from 18% to 29% by 2036.
11. FWLHD has a significant Aboriginal population, with 13% of residents with an Aboriginal or Torres Strait Islander background. In FWLHD, 8.9% of residents speak a language other than English at home.
12. The health needs of communities in the region are high. On a range of indicators, the health of people in FWLHD is relatively poorer than other NSW communities. For example, the mortality rate in FWLHD is 31% greater than the NSW average, with the leading causes being circulatory diseases (26% of deaths) and cancer (27%). Potentially avoidable deaths in FWLHD are 79% higher than the NSW average. The rate of self-harm in FWLHD is five times higher than in the rest of the state. Hospitalisation rates among Aboriginal people are more than twice that of non-Aboriginal residents.
13. In the FWLHD Strategic Plan 2021 – 2026 (**Exhibit B (MOH.9999.1260.0001)**), identified priority health issues are ageing related, drought-impacted mental health, drug and alcohol use, chronic obstructive pulmonary disease, diabetes related conditions, and intentional self-harm.

D. HEALTH SERVICES

14. FWLHD operates the following health facilities:
- a. **Hospitals** - Broken Hill Health Service and Wentworth Health Service
 - b. **Multipurpose Services (MPS)** - Balranald MPS and Wilcannia MPS
 - c. **Non-inpatient health facilities** - Ivanhoe Health Service, Menindee Health Service, Tibooburra Health Service, White Cliffs Health Service and Buronga Health One
 - d. **Community Health, Mental, Health, Drug and Alcohol Services** - Broken Hill Community Health Centre, Safe Haven Café, and Sub-Acute Mental Health

Recovery Centre. FWLHD now operates some satellite outpatient clinics in Dareton – provided as outreach from Buronga.

- e. **Oral Health Clinics** - Broken Hill Community Health Dental Clinic. FWLHD also operate the Dental van across the lower western sector and have a contract with Royal Flying Doctor Service (**RFDS**) for 'remote' dental clinic visits. All FWLHD facilities have a dental chair available.
15. FWLHD services include emergency care, acute care, subacute and palliative care, restorative care, and community-based primary healthcare. In MPSs, FWLHD also provides residential aged care services.
 16. Five FWLHD facilities also provide Triple Zero responses and operation of ambulances by FWLHD staff. These are Tibooburra, White Cliffs, Wilcannia, Menindee and Ivanhoe.
 17. Broken Hill Health Service does not currently have access to MRI imaging. There is an MRI scanner in town operated by a private provider, however this practice is not close to the hospital and presents challenging logistics to have scans undertaken on inpatients. Outpatients can be referred to the practice for MRI scans, but there is out-of-pocket expense for the patient.
 18. There is an arrangement with the Oncology Department at the Royal Adelaide Hospital for patients requiring treatment for cancer. Senior Staff Specialists conduct regular outpatient clinics at Broken Hill Health Service and manage the care of the patients. Chemotherapy can be delivered in Broken Hill (dependent on the chemotherapy agent). However, should the patient require radiotherapy, this is provided in Adelaide.
 19. In the 2022 – 2023 financial year at FWLHD there were:
 - a. 3,527 ambulance presentations;
 - b. 23,271 Emergency Department (**ED**) presentations – the majority were for single-site injuries followed by digestive system illnesses;
 - c. 8,448 inpatient admissions – 53% of these were same day admissions, with the majority for haemodialysis;
 - d. 135,716 hospital non-admitted patient services;
 - e. 1,777 surgeries; and
 - f. 184 babies delivered.

Broken Hill Health Service

20. Broken Hill Health Service is a rural teaching hospital and the major rural referral centre in FWLHD. It currently provides a 10-bed ED as well as general medical, surgical, obstetric, paediatric, dialysis, oncology unit and acute mental health beds, operating theatres, specialist palliative care, intensive and coronary care units.
21. Inpatient services include 27 medical acute beds (including palliative care priority beds), 21 surgical beds, 5 Intensive Care Unit (**ICU**)/Critical Care Unit (**CCU**) beds, 6 maternity beds, 6 paediatric beds, 6 mental health inpatient beds, 10 sub-acute rehabilitation beds, 6 dialysis chairs, 3 operating theatres and 3 recovery beds, and 2 Special Care Nursery Level 2 cots.

22. Support services include radiology and pathology departments, as well as a wide range of allied and primary health services.

Wentworth Health Service

23. Wentworth Health Service is a small rural hospital and health service that provides 24-hour nurse-led first aid services and inpatient facilities. Virtual care appointments with specialists are offered. The 20 inpatient beds consist of 12 for sub/post-acute care and 4 for transitional care.
24. Services available include drug and alcohol treatment services, general medicine, needle and syringe program, and outreach services from Buronga Health One.

Balranald MPS

25. Balranald MPS has a 2-bay ED and 8 beds, plus 15 high care residential aged care places (including 4 dementia-specific) and a respite bed.
26. Other services available at Balranald MPS include Aboriginal health services; general medicine; mental health services; access to the needle and syringe program; oral health services; sexual health services; and a range of allied health services including access to dietitians, physiotherapists, podiatrists, social workers and speech pathologists.

Wilcannia MPS

27. Wilcannia MPS has a 3-bay ED and 4 inpatient beds, plus 4 residential aged care beds.
28. The RFDS runs several general practice clinics each week at Wilcannia MPS and regular dental clinics, with supporting allied health, mental health and specialist nursing staff.
29. Registered nurses provide 24-hour emergency care, and Triple Zero response, and ambulance services. Services available include child and family health, community health, general medicine, maternal and mental health services
30. There is a Nurse Practitioner operating from Wilcannia MPS who also provides services to White Cliffs.

Ivanhoe Health Service

31. Registered nurses provide 24-hour emergency care, and Triple Zero response and ambulance services. Patients requiring hospitalisation are usually transported to Broken Hill Health Service. The RFDS runs general practice clinics each Monday and Friday.
32. Primary health services are provided by registered nurses and an Aboriginal Health Education Officer. Some visiting specialists are usually supplied by Maari Ma Aboriginal Health Corporation. Outreach Dental services are provided under contract by RFDS.

Menindee Health Service

33. Registered nurses provide 24-hour emergency care, and Triple Zero response and ambulance services. Patients requiring hospitalisation are usually transported to Broken Hill Health Service. The RFDS runs general practice clinics each Monday, Tuesday and

Friday. Primary care clinics are operated by Maari Ma Aboriginal Health Corporation in the facility.

34. The health service is staffed by registered nurses and an Aboriginal Health Practitioner providing primary health care, chronic disease management, outpatients and emergency. Visiting specialists are usually supplied by Maari Ma Aboriginal Health Corporation. Outreach Dental services are provided under contract from RFDS.

Tibooburra Health Service

35. The RFDS runs a general practice clinic each week, with supporting allied health, mental health and specialist nursing staff. The service also provides 24-hour emergency treatment, support and retrieval through telehealth and RFDS.
36. Tibooburra Health Service runs the Triple Zero response and ambulance service assisted by trained volunteers in partnership with NSW Ambulance.
37. Primary health services are provided at Tibooburra Health Service by 2 registered nurses. Nursing staff are able arrange referrals to a range of other services including Aboriginal health services; general medicine; mental health services; drug and alcohol treatment; ophthalmology; oral health services; audiology services; chronic disease management; ear, nose and throat specialist services; and a range of allied health services including access to dietitians, physiotherapists, and podiatrists.

White Cliffs Health Service

38. White Cliffs Health Service provides on-call emergency, and regular primary health care clinics. The RFDS runs a general practice clinic each week and regular dental clinics, with supporting allied health, mental health, and specialist nursing staff. Patients requiring hospitalisation are transported to Broken Hill Health Service.
39. Primary health services are provided by 2 registered nurses. Nursing staff can arrange referrals to a range of other services, including general medicine, immunisation, mental health, pathology, and wound management.
40. Registered nurses provide 24-hour emergency care, and the Triple Zero response and ambulance service.
41. Services available include general medicine, immunisation, mental health services, pathology and wound management.

Broken Hill Community Health Centre

42. Broken Hill Community Health Centre provides a range of health services for children, young people and families, focusing on early intervention and prevention. Services available include child and adolescent mental health, child and family health, community nursing, early parenting support, immunisation, oral health, sexual health, social work, and women's health. Access to the lead health program, and the violence abuse and neglect program, is also available.

Safe Haven Café

43. The Far West Safe Haven is operated by Mission Australia and funded by NSW Health as part of the Towards Zero Suicides initiative. It is run by a peer workforce with a lived

experience of mental ill health. The FWLHD Safe Haven is co-located with the FWLHD Suicide Prevention Outreach team (**SPOT**). The Safe Haven currently opens 5 days per week, and FWLHD are negotiating a 7-day operational model.

Sub-Acute Mental Health Recovery Centre

44. The Sub-Acute Mental Health Recovery Centre is a 10-bed unit that had been operated by Neami National. On review of data, community, and staff feedback, and taking into consideration the new Mental Health Inpatient Unit (**MHIPU**) build (see paragraph 52), FWLHD has resumed management of the building and service to link it effectively with the whole of health care system.
45. The centre requires extensive repairs and an update for it to be fit for mental health consumers to engage in recovery and rehabilitation. It will offer day programs to the community and SPOT managed clients, as well as a residential program up to 12 weeks.

Buronga HealthOne and Dareton Primary Health Service

46. Buronga HealthOne, which incorporates the Dareton Primary Health Service, opened in July 2022 and is a new facility that services the communities of Buronga, Dareton, Gol Gol, Wentworth, Euston and Balranald. The facility is staffed by Clinical Nurse Specialists, Registered Nurses and Aboriginal Health Practitioners, with visiting medical and allied health professionals available. Outreach services are delivered across the Shires of Wentworth and Balranald.
47. The purpose-built Buronga HealthOne facility was funded by the NSW Government HealthOne program, which brings together Commonwealth-funded general practice and state-funded primary and community health care services.
48. Through the course of the development of the Buronga HealthOne project, Native Title was conferred to the local traditional landowner group over the site which had previously been Crown Land. The subsequent Health Service development is operated under an Indigenous Land Use Agreement (ILUA). It is believed that this is the first such arrangement in NSW.
49. Services provided by Buronga HealthOne include primary health services; child and family health services; community midwifery; Aboriginal maternal and infant health services; dental services; women's health; diabetes education; chronic, complex, and aged care services; and palliative care services. A psycho-oncology counsellor is available to assist with a broad range of life-limiting related difficulties, as well as access to social workers; early intervention educators; Aboriginal Health Workers; Aboriginal Health Practitioners; and a range of visiting allied health practitioners.
50. Mental Health Services delivered from Buronga Health One include adult case management, the Opioid Treatment Program, the Magistrates Early Release Into Treatment (MERIT) program, and child and adolescent mental health services. This team provides the same service entry points as Broken Hill Health Service. The team and number of presentations are of a low volume with people accessing elements of mental health care and treatment in Mildura.
51. Services in Dareton are now delivered as outreach from Buronga only.

Capital works

52. The current major capital works in FWLHD are:
- a. Broken Hill Health Service – this work includes an upgrade to the ED, and a new 8-bed Acute MHIU. Construction is on track to commence in mid-2024;
 - b. Wentworth Hospital redevelopment - construction of a new hospital to replace current building, which commenced in 2024;
 - c. Key worker accommodation – this will include at least 20 single-bed units in Broken Hill and 2 new twin studios (3 in total) at Balranald. Construction has commenced.
53. Material inflation and labour shortages have significantly increased the construction cost and is expected to continue over the next couple of years. There is a high degree of uncertainty in delivering the projects within the budget and the district may need to source additional funds to meet the original project specifications and community expectations.

E. COLLABORATIONS AND PARTNERSHIPS

(1) Collaborations and partnerships with other NSW Health agencies

54. FWLHD's clinical networks or partnerships with other NSW Health agencies for delivery of health services are detailed below.
55. **Sydney Local Health District (SLHD)** partners with FWLHD for a range of virtual clinical initiatives. The virtual models in place have been developed as partnerships between the clinical teams at the two LHDs. The SLHD service does not manage the local Broken Hill Health Service but is available for clinical, professional and collegiate support in the management of cases in the Broken Hill Health Service. The resulting model enables staff to feel supported and patients to have access to senior experienced expert clinicians. This has resulted in instances where patients have been able to be managed locally and reducing the need for emergency retrieval to Adelaide.
- a. The Virtual Intensive Care (**vICU**) service provides direct specialist support and advice from the ICU team at Royal Prince Alfred Hospital (**RPA**) in Sydney. It is a very successful support and collaborative platform.
 - b. The RPA Virtual Fracture Clinic was launched in April 2024. Patients who present with uncomplicated fractures at Broken Hill ED have the opportunity to be referred to the RPA Virtual Fracture Clinic by their attending ED clinician for follow-up care. An RPA virtual physiotherapist will reach out to the patient at their home, providing a tailored management plan for their injury.
 - c. Virtual Nurse Assist, which is a telehealth linkage where nurses at any facility can seek assistance from an RPA Virtual nurse. This assistance can take the shape of formal clinical advice or support or less formal collegiate contact to reassure junior staff in the delivery of care in a remote setting. The feedback from both staff and patients regarding the service has been incredibly positive.
 - d. RPA Remote Emergency Department (**rED**) - this initiative is modelled on the successful vICU and is structured in a similar way. The rED model provides clinical support and advice in the management of cases within the ED resulting in staff having 24/7 access to specialty skilled doctors and nurses irrespective of time of day.

56. **Western NSW Local Health District (WNSWLHD)** - following the dissolution of the former Area Health Service structure and establishment of the current LHDs in January 2011, a number of shared services were established between FWLHD and WNSWLHD. These include Public Health, Population Health, Risk Management, Health Information, Communications and Technology and some aspects of Finance operations. In addition, a range of clinical services utilise links to WNSWLHD. In general, these partnerships work well enabling both LHDs to have access to scarce resources in these operational areas and reducing competition for skilled staff between LHDs. However, even with shared models, it remains challenging to attract sufficient skilled staff to operate these services. The effectiveness of the partnerships is also limited by corporate and clinical systems which do not effectively interface.
57. **WNSWLHD and Murrumbidgee Local Health District (MLHD)** – shared Specialist Intellectual Disability Health Team (**SIDHT**). In 2020, funds were provided by the Ministry of Health, from a consultation regarding the Intellectual Disability Health and Intellectual Disability Mental Health Pathways, to enhance specialised intellectual disability health across NSW. A ‘Hub and Spoke’ model was developed for support for patients with an intellectual disability in the three LHDs. FWLHD is in a joint arrangement with WNSWLHD as the hub, and MLHD as another spoke. From 2020 to 2022, there was an attempt to recruit an occupational therapist to the role locally in FWLHD without success. In 2022, the role was revamped to be a Disability Coordinator, to incorporate both the National Disability Insurance Scheme (NDIS) and SIDHT positions in FWLHD to improve recruitment opportunities. The position is now successfully recruited, to be based in the Broken Hill Health Service but with a wider focus.
58. **South Eastern Sydney Local Health District (SESLHD)** - the NSW Telestroke Service facilitates specialist stroke care to Broken Hill Health Service. Since the start of this service in rural areas in June 2020, there has been a notable reduction in inter-hospital transfers for stroke patients.
59. **Sydney Children’s Hospitals Network (SCHN) and Newborn and Paediatric Emergency Transport Service (NETS)** for specialist advice and retrieval of critically unwell newborns, children and adolescents. The LHD is currently establishing clinical models utilising the SCHN ‘Virtual Kids’ service to enable access to specialist services through virtual linkages.

(2) Collaborations and partnerships with non-NSW Health agencies

60. In a remote region such as Far West there is a dependence on working with community partners to ensure services for the community as well as reducing potential for duplication. Non-NSW Health partners include:
- a. **RFDS** for the retrieval/transfer of ill patients from Broken Hill, providing medical cover to inpatients in Wilcannia MPS, delivery of primary care clinics to remote communities, and regular dental clinic services to remote communities.
 - b. **Medstar** - medical retrieval service based in South Australia to transfer patients from Broken Hill to South Australian hospitals. Medstar are the equivalent of Air Ambulance for South Australia and are used for emergency retrieval of patients from Broken Hill when RFDS are unavailable.
 - c. **My Emergency Doctor (MED)** – which provides a virtual medical consultation for GP-like presentations to the EDs of Broken Hill Health Service, Balranald MPS, and Broken Hill community-based services like integrated care and community nursing. Those who visited the Broken Hill Emergency Department gave their

experience high ratings, with 98.89% indicating a good to very good experience. Additionally, the Broken Hill Health Service ED observed an enhancement in compliance with triage wait times after implementation, demonstrated by a 22% increase in compliance for triage category 4 within 8 weeks of implementation.

- d. **Aboriginal Medical Services** - Maari Ma and Coomealla Health Aboriginal Corporation. Partnerships with the two Aboriginal Community Controlled Health Organisations (ACCHOs) are particularly focussed on the delivery of primary care services. Maari Ma Health also provides a range of outreach specialist medical services to remote communities particularly in the northern towns in the LHD. Both ACCHOs also offer mental health services, alcohol and other drugs services and prenatal services.
- e. **Western PHN and Rural Doctors Network.**- partnership comprising WNSW LHD, FWLHD, Western NSW PHN and NSW Rural Doctors Network successfully applied to the NSW Ministry of Health to implement a Collaborative Commissioning program in 2019. The partnership identified type 2 diabetes (T2DM) as a regional priority.
- f. **Mildura Base Hospital Mental Health Cross-Border protocol** – to provide streamlined mental health care in Wentworth and Balranald Shires. Residents from areas such as Pooncarie, Wentworth, Dareton, Buronga, Gol Gol, Euston, and Balranald can access mental health services at Mildura Base Hospital, eliminating the need for journeys up to 450 km to Broken Hill. The protocol features mutual recognition of documentation and efficient information exchange. This model does enable access for these border communities to specialist Mental Health care however, in emergent situations the differences in legislation between the two States creates challenges with respect to involuntary scheduling of patients.
- g. **SportsMed Adelaide** – for outreach complex orthopaedic surgical procedures.
- h. **Adelaide** – Primary referral pathways are to the Royal Adelaide Hospital and Women’s and Children’s Hospital. There are structured clinical pathways for non-emergency care in order for patients to receive levels of clinical care more complex than can be delivered at Broken Hill Health Service. These include Cardiology, Cancer Care including radiotherapy, complex Obstetric care, complex surgery and medical admissions. Urgent life-threatening cases are retrieved by air to Adelaide. Primary destinations are the Royal Adelaide Hospital (adults) and Women’s and Children’s Hospital (paediatrics). However, by the nature of the cases and dependent on bed availability, patients may be retrieved to other major hospitals in Adelaide
- i. **Melbourne** - for FWLHD residents the primary clinical pathways are to hospitals in Adelaide. However, there are circumstances when particular clinical services are not offered in Adelaide. In these instances, the referral pathway from Adelaide is to Melbourne. It can occur that patients from Broken Hill Health Service may ultimately be referred to Adelaide and then on to Melbourne.

F. FUNDING

61. The 2023 – 2024 Performance Agreement (**Exhibit C (MOH.9999.1261.0001)**) sets out FWLHD’ s budget for the period 1 July 2023 to 30 June 2024.

62. FWLHD operates with a mix of Activity Based Funding (**ABF**), Small Rural Hospitals Funding Model (**SRHFM**), and block funding:
 - a. Broken Hill Health Service is funded by ABF;
 - b. Balranald MPS (in combination with Dareton), Menindee Health Service, Tibooburra Health Service, Wentworth Health Service, Wilcannia MPS (in combination with White Cliffs) and Ivanhoe Health Service are all funded by SRHFM, a non-ABF methodology;
 - c. Community mental health care is funded by block funding.
63. The ABF model may not be the appropriate funding methodology for Broken Hill Health Service with a very high percentage of fixed cost to total cost. Average Cost per NWAU (2022-23) was \$7,674 for FWLHD, compared to \$7,846 for Broken Hill and a \$5,756 average for NSW. An underlying issue contributing to costs is the need to staff services irrespective of activity delivered. One example is the maternity ward, an essential service and infrastructure for a community such as Broken Hill. In 2022-2023, there were 184 births in the region. On average this is one birth in two days, but the maternity ward is staffed with qualified health professionals for 365 days.
64. ABF does not capture Telehealth well, due to considerations of whether the service is provided in the hospital or in a clinic.
65. FWLHD's dependence on working with community partners results in a range of contracts with community partners for delivery of services. Costs associated with these contracts are subject to market forces, and cost escalation in excess of the NSW Health budget escalation factor is common. The escalation rate applied to the healthcare partners is increasing (5.75% in FY2023-24) compared to the escalations provided to the district by the Service Level Agreement (2.5%).

G. PROCUREMENT

66. FWLHD follows NSW Government and NSW Health policies and frameworks regarding procurement objectives and requirements.
67. FWLHD has a Contract and Procurement team which sits under the Director of Finance and Corporate Service. The team consists of two staff members. Funding has been received for an additional full-time equivalent (FTE) to drive the NSW Health's procurement savings programs and reforms. FWLHD is in the process of finalising recruitment for this position, which will be a SmartChain Change Lead to deliver change management activities to support the implementation of procurement reforms – for example DeliverEASE, Pharmacy Formulary, Traceability, and the Master Catalogue System.
68. The team is responsible for delivering contract implementation activities (state contracts) with the support from HealthShare NSW, providing procurement advisory services, promoting procurement systems, tools, and practices to improve procurement effectiveness and ensuring procurement policy compliance.
69. FWLHD does not utilise the full extent of shared services from HealthShare NSW due to its remoteness. FWLHD has its own linen service, food service, warehouse, and patient transport. FWLHD utilises the following from HealthShare NSW: employee data management, payroll services, compensation and benefits (including workers compensation, staff remuneration), accounts payable, accounts receivable, Masterfile management, financial accounting, payment processing for Visiting Medical Officers (vMoney system), tax services, financial accounting services associated with fixed

assets, procurement cards and core functions of other financial services, including assistance in reporting and reconciliation.

70. FWLHD utilises eHealth centralised procurement services and provision of shared services, itself through a shared Chief Information Officer with Western NSW LHD.
71. NSW Health pathology provides pathology services to assist in the operation of the health services in the LHD. Specialised and complex pathology tests may be sent to a central laboratory in Sydney for testing.
72. Health Infrastructure is responsible for the delivery of the NSW Government's major works hospital building program, under the auspices of a Board appointed by the Secretary. In FWLHD, Health Infrastructure has led the development and delivery of the 4 key capital projects currently being undertaken in the LHD: The new Wentworth Hospital, expansion of the Broken Hill Health Service ED; the new Mental Health Inpatient Unit at Broken Hill Health Service; and key worker accommodation at Broken Hill and Balranald. There has been no experience of disruptions to supply chain in the past year though the risk has been identified more broadly. There have been some challenges in supply chain related to some capital projects across the State.

H. PATIENT TRANSPORT AND RETRIEVAL SERVICES

73. FWLHD is heavily reliant on clinical services in South Australia for patients that require a higher level of care than can be delivered locally. This reliance is a strongly historical one and is primarily due to the proximity and significantly shorter travelling times to Adelaide for critically unwell patients.
74. Transfer of patients is undertaken primarily by air and FWLHD has a heavy reliance on the RFDS as well as Medstar for these transfers. Medstar has changed the pricing methodology to full costs recovery, and compared to the last financial year the quoted cost increase is 77 per cent.
75. NSW Health has a State grant in place with RFDS for retrieval services for the State (including FWLHD). Due to demand, there are times when there are no RFDS assets available to conduct a retrieval. As the vast majority of patient retrievals are to Adelaide Medstar (South Australia Air Ambulance) have regularly been tasked.

I. PRIMARY CARE

76. Timely and equitable access to general practice services is a growing issue across FWLHD. The market failure of local General Practitioners (**GPs**) has significantly increased the dependence on FWLHD EDs for fundamental medical care for the community.
77. Since the COVID 19 pandemic there has been significant contraction in the number of GPs providing primary care services to the community in Broken Hill. This has resulted in considerable limitations to access GP services for the community. Patients often wait 6-8 weeks for an appointment with a GP for a routine consultation like a repeat script or a medical certificate. The impact for FWLHD resulted in a marked increase in low acuity presentations to the ED. The result is that the community of Broken Hill is not receiving an equitable share of Medicare funding for primary care and there is likely a subsequent reduction in health in the community.
78. In response, FWLHD needed to implement innovative and complex on-demand virtual services at a high cost from external healthcare service provider (for example, MED) to

address basic health needs and reduce ED pressure. The MED model provides the patients virtual access to an Emergency Care physician. Patients are offered virtual consults following triage at the Emergency department. The MED services are funded through NSW Health funding, thereby replacing funding by the Commonwealth Medicare system for these primary care services.

79. Access to GP services outside Broken Hill is extremely limited. There is one GP in Balranald who is scheduled to retire at the end of May, and one new GP in place at Wentworth. Although remote communities have access to primary care from the Aboriginal Medical Service or the RFDS (which is partially Commonwealth funded) the cost of health care needs is far from covered by the Commonwealth.
80. In response to the extremely limited GP access for the communities of Dareton, Wentworth, and Buronga along the Victorian border, a project was scoped in an attempt to establish a sustainable medical model at Wentworth Health Service and Buronga HealthOne for the provision of comprehensive GP services. The model was also to include General Practitioner Visiting Medical Officer (GP VMO) services for sub-acute inpatients at Wentworth Hospital. Discussions were held with Medical Directions, a niche medical workforce company providing workforce solutions across numerous LHDs. The proposal was to establish a sustainable medical workforce model, in contrast to fluid locum engagements, through a fly in/ fly out model. This model proposed having practitioners available Monday to Friday, from 0900 to 1700 hours, who would share the roster, circulating through to provide regularity and ability to cover absences. Sustainability of the service would be supported as it would not be reliant upon an individual. FWLHD were to arrange and provide return flights to and accommodation in Mildura, and a hire car for travel from Mildura to Wentworth Health Service / Buronga HealthOne. The model proposed the delivery of approximately 20 hrs/week at Wentworth Hospital, with the balance of hours worked in Primary Care/General Practice across the region. Preliminary costing indicated an annual cost of \$1 million for this model. Costs incorporated salary to the medical officer, management fees, flights, accommodation, and provision of a motor vehicle. Planning was discontinued based on the potential costs when balanced against the clinical input to the Wentworth Hospital. The costing did not include any funding sourced from Medicare, however an exemption under Section 19(2) of the *Health Insurance Act 1973 (Cth)* would have been required to enable billing to Medicare for the primary care services.

J. AGED CARE

81. Provision of aged care services is an emerging issue within the FWLHD footprint. FWLHD provides 4 aged care beds at Wilcannia MPS, and 15 aged care beds at Balranald MPS.
82. There is a single aged care provider in Broken Hill with an average wait time to access a bed in excess of 2 months. The flow on effect is bed block at FWLHD. Currently 23 acute beds in Broken Hill Health Service are utilised by aged care patients awaiting a residential aged care bed. If an aged care bed is not available in Broken Hill, options for an aged care patients involve considerable distances. For example, moving an aged care patient to Wilcannia (200km), to Mildura in Victoria (300km), or Balranald (450km).

K. CHALLENGE – WORKFORCE

83. FWLHD has 756.86 FTE staff to deliver healthcare across FWLHD, comprised of 864 total staff. Of these, 8.91% identify as Aboriginal or Torres Strait Islander. FWLHD

clinical staff are mostly comprised of nursing and allied health. Non-clinical staff are mostly maintenance crew, disaster recovery, and biomedical engineers.

84. The remote context of FWLHD makes it very challenging to recruit and retain staff. While the Rural Health Worker Incentive Scheme (**RHWIS**) was introduced to provide incentives to attract and retain staff in NSW's rural and remote areas, this scheme has not had a material impact on the capacity of FWLHD to attract staff. As Broken Hill is classified as MM3 (which is the same classification as the Blue Mountains and Dubbo), it is difficult for FWLHD to compete for workers who are offered the same incentive to work at a far more remote location. Additionally, as award rates are determined at a state-level, FWLHD is unable to compete with superior employment conditions in neighbouring states. For example, the Victorian Nursing and Midwifery Enterprise Agreement provides nurses and midwives in Victoria with additional personal leave for employees with 5 or more years of service. This benefit is difficult for FWLHD to compete with, particularly in the Lower Western sector, which is located close to the NSW/Victoria border. Staff are also vulnerable to the dangers of long-distance travelling, both hazardous conditions and fatigue.
85. This leads to increased labour costs due to the utilisation of premium labour, often on a fly-in-fly-out basis with associated travel and accommodation costs.
86. For the financial years since 2021, FWLHD expenditure on premium labour is as follows:

Salaries & Wages paid to agency staff FYE	Agency nursing expenditure	Allied health expenditure	Locum medical expenditure
2021	\$3,375,448	\$41,321	\$2,305,280
2022	\$2,779,705	\$10,431	\$3,104,174
2023	\$4,619,178	\$4.00	\$3,829,376
2024 (YTD March 24)	\$4,224,617	\$241,048	\$3,494,783

87. For the financial years since 2021, expenses to recruitment agencies are set out below. These are mainly placement costs, but may include travel, accommodation and other incidentals if arranged by the agency.

Goods & Services to agency FYE	Agency nursing expenditure	Allied health expenditure	Locum medical expenditure
2021	\$372,153	\$56,461	\$826,641
2022	\$508,283	\$298,604	\$1,163,866
2023	\$1,315,052	\$47,900	\$1,267,591
2024 (YTD March 24)	\$1,422,773	\$51,949	\$1,032,704

88. For the financial years since 2021, the total travel and accommodation costs for all staff categories is as follows:

Total Travel (FY)	Travel and Accommodation (Excluding for Training, Education and Study Leave)
2021	\$1,206,577
2022	\$2,902,853
2023	\$2,092,818
2024 (YTD March 24)	\$2,287,908

89. FWLHD relies on services from many specialists from Adelaide on a FIFO basis. Rex Airlines and Qantas Link have significantly reduced the number of flights to and from Broken Hill and often cancel flights at late notice without offering an alternative. As a result, the LHD has at times, been forced to cut clinics and surgeries and also to pay unexpected accommodation costs.
90. Workforce initiatives being deployed include:
- a. Welcome Service run by Regional NSW for new staff working in the region, and co-ordinating them into the community.
 - b. Virtual Nurse Assist – discussed in paragraph 55.
 - c. GradStart Program and Metro Rural Exchange Program - the GradStart program offers new graduate registered nurses a vast choice of locations and settings to start their career. This is the annual state-wide process to recruit graduate nurses and midwives to NSW Health. Currently, the FWLHD, has partnerships with **SESLHD**), Central Coast LHD (**CCLHD**), and Justice Health and Forensic Mental Health Network (**JHFMHN**), for Rural Metro Exchange (**RMX**) programs between these LHDs. The RMX programs allow for a new graduate RN to experience their 12-month program within both a metropolitan LHD and a rural LHD. The program allows an RN to commence at either LHD for 6 months, before swapping to complete their final 6 months. Currently, for 2024, FWLHD is offering 1 position for the SESLHD partnership, 3 positions for the CCLHD partnership, and 1 position for the JHFMHN partnership. The rotations and specialties that are on offer include the ED, the ICU, Medical Ward and the Surgical Ward of Broken Hill Health Service. Our partner LHDs in this program offer the same specialties, ensuring a new graduate RN works in the same specialty for a total of 12 months, although in both a metropolitan and rural setting. In 2025, the model is being further expanded to include specialised justice health, and neonatal and paediatric care. In recent years, the FWLHD and partner LHDs in this program have managed to recruit to these positions successfully. The RMX has contributed directly to new graduate RNs staying within the FWLHD to continue their career, with a high number of new graduate RNs applying for second year positions.
 - d. Transition to Specialty Practice (**TSP**) - TSP Programs are being created and implemented, including upskilling opportunities with SLHD and SCHN. The TSP Programs involve the FWLHD locally developing second, third- and fourth-year RNs' learning and development, rural and remote practice, person-centred approaches and cultural capability. The partnership between SLHD and FWLHD,

enables ICU and ED RNs in the TSP to have a secondment to the RPA hospital, to shadow and 'buddy' with a senior ED/ICU RN to meet specific learning outcomes. For 2025, FWLHD and SCHN, are reviewing how a FWLHD TSP program could involve an exchange program for second, third- and fourth-year RNs to be seconded to large specialty paediatric hospitals, including The Children's Hospital at Westmead and Sydney Children's Hospital Randwick.

- e. Manager of Nursing and Midwifery Career Development (MNMCD) - FWLHD has created this role to develop Career Development Pathways, allowing any Nurse or Midwife, to have a specific pathway from their new graduate year, to their second, third and fourth year, including developing into a Clinical Nurse/Midwifery Specialist, Clinical Nurse/Midwifery Consultant, Nurse/Midwifery Unit Manager and Nurse Practitioner. These partnerships and pathways have been developed with a range of LHDs and organisations. This includes recognition from universities for credit towards units within Post Graduate Certificates and Post Graduate Diplomas in a range of specialty areas.
 - f. In addition to competing with other LHDs with the same MM rating (as described in paragraph 84), the RHWIS has been a source of divisiveness in the community. This is because clinical support roles, which are the lowest paid, are not classified as hard to fill, and therefore do not attract incentives. This causes tension within the LHD workforce, which the LHD has tried to address via communications.
 - g. Accommodation support - delivering quality temporary accommodation is a key driver in sourcing and recruiting talent. The ability of FWLHD to meet the growing demand for accommodation for health staff is hindered by the region's strong housing market and limited available housing supply. This is attributed to the low rental vacancy rate in the region, population growth, and competing largescale government projects as well as private commercial industry (in Broken Hill this is mostly mining). In addition, following COVID-19, FWLHD has experienced an increase of tourists. Rental properties have been converted to Air BnB's to meet the influx of short-stay tourists, placing additional burdens on the availability in the market. While current Key Worker Accommodation capital works will be delivering around 20 one-bedroom units for the district, the district has filled the gap temporarily with a leased housing portfolio.
91. There is limited opportunity to engage local skilled staff for specialist roles such as mental health, alcohol and other drugs (AOD), child and adolescent psychiatry or disability. In order to have skilled staff the LHD relies on staff undertaking further studies to become well trained. To support this skills acquisition, the LHD has a commitment to support staff through scholarships and/or funding additional study/training.
92. Funding models for implementation of new initiatives are often very limiting for a LHD such as FWLHD, including in relation to workforce. Mental Health initiative funding is often calculated on the prevalence of a particular condition in the community (for example, 1000 cases per FTE) . This model results in staff allocation funding of a fractional FTE, which proves very difficult to recruit. A strategy to address this can be to combine a range of fractional roles to create a full time (or near full time) position. However, in taking this approach, the successful candidate needs to have skills in a range of areas rather than being a specialist in one; thus, diluting the skills available to work with these patient groups.

L. LOCAL COMMUNITY HEALTH ISSUE - LEAD EXPOSURE

93. FWLHD has a systematic screening program for exposure to lead. The screening program is conducted at the FWLHD Community Health Service and at Maari Ma Aboriginal Health Corporation. The target group for screening is children between the ages of 0-5 years. If at screening a child is found to have blood lead levels above 15 ug/dl they are referred for further blood tests to confirm the levels. Children with high levels may require treatment to reduce levels in the blood. Lead exposure in childhood can cause behaviour and attention problems, learning difficulties and cognitive losses. It may also affect physical growth, blood cell development and the functioning of the kidneys.
94. There were 294 confirmed or probable lead poisonings notified for FWLHD residents in 2023. Of these:
- 67% were male and 33% were female;
 - 27% identified as Aboriginal and 48% identified as non-Aboriginal (remaining notifications were not specified);
 - the majority (60%) were aged younger than five-years of age, 24% were aged between 25 and 64 years (inclusive), and 13% were aged between 15 years and 24 years (inclusive);
 - 73 (68%) of the 108 notifications aged from 15 to 64 years of age were identified as working in the following occupations: lead miner (58%), metal worker (26%), automotive worker (12%), construction (roofing), mining heavy machinery parts and repairs, lead remediation contractor (1% respectively).
95. Of the notifications, 100% were from the Local Government Area (LGA) of Broken Hill.
96. The 2023 annual rate for lead poisoning was slightly (2%) lower than the expected rate, but 12% higher than the 2022 rate.
97. The highest monthly total for 2023 occurred in July (n=61) while for the remaining months notifications ranged from 9 to 34.
98. To address potential impacts of lead exposure, the LHD attempts to provide children with access to treatment services to ameliorate the impacts. These services are highly specialised and the LHD has challenges in accessing these services for children who have been exposed. The services entail complex testing by paediatric developmental neuropsychologists, paediatric developmental occupational therapists, and physiotherapists. These assessments are followed by a range of treatments aimed at addressing deficits identified. These highly specialised assessment and treatment services are very limited across the State.
99. Exposure to lead will be an ongoing challenge for the local community and for the LHD to address. There are very limited suitably qualified staff in the State to provide the treatment for children affected. The ability to attract these resources to FWLHD is extremely challenging.

M. APPLICABILITY OF STATE POLICIES FOR FWLHD

Fleet vehicles

100. FWLHD needs to continue to have a safe fleet that is petrol/diesel powered due to refuelling as well as needing to negotiate unsealed roads between some sites.
101. According to PD2023_030 *NSW Health Vehicle Procurement and Use*, “the procurement of vehicles must meet the NSW Government NSW Electric Vehicle Strategy target which

states that by 2030, 100 per cent of all passenger fleet procurements should be fully electric vehicles”.

102. Most modern electric vehicles have a range of around under 500km on a single charge, which may not be enough to cover long distances without stopping to recharge. The challenge in maintaining an electric fleet is access to charging stations. Between Broken Hill and Balranald (451km) there is only a single charging station. There are currently no charging facilities available between Broken Hill and Tibooburra (330km).
103. While electric cars are not suitable for a district where people need to travel long distances on a regular basis, hybrid cars are feasible. The quotes obtained to replace a current vehicle with a hybrid car attract a significant price increase in finance rentals, and in some cases are almost double.

N. OPPORTUNITIES

104. FWLHD has introduced a range of strategies to train local staff across a range of specialities. FWLHD has expanded the school-based apprenticeship and trainee program available locally, as a means of attracting students in Years 11-12. FWLHD has embarked on an expanded training program to grow the districts Aboriginal workforce, which includes supporting Aboriginal Health Workers (AHW) and Aboriginal Health Practitioners (AHP) to gain industry recognised qualifications through TAFE NSW. Increasing the number of AHWs and AHPs employed in FWLHD will assist with cultural appropriateness of the services provided, as well as create employment opportunities for the local Aboriginal population. FWLHD is currently investigating pathways to enable AHW and AHP staff to further develop their career within the health sector and provide supported pathways into mainstream roles such as nursing.
105. The LHD is currently engaging with partner organisations across the Victoria border to investigate opportunities for shared positions across the health system, including clinical both roles and student placements.
106. FWLHD is collaborating with the Broken Hill University Department of Rural Health (UDRH) to increase the duration of clinical student placements (medical, nursing and allied health) in FWLHD. A successful pilot program has been rolled out to extend nursing placement programs from a 6-week placement to a 20-week placement. This extended placement offers nursing students with the opportunity to form a real understanding of the depth of rural and remote nursing, and the opportunity to experience living in these communities. This pilot program has resulted in an increased number of new graduate nurses choosing to work in FWLHD. Planning is currently underway to extend the model to medical and allied health students.



Brad Astill



Witness: Kate Williams

8 May 2025

8 May 2025

Date

Date