

“Caring for our regions”

A Six Point Action Plan on **RURAL & REGIONAL HEALTH**



PRESIDENT’S FOREWORD

Communities in rural, regional and remote NSW are facing a crisis in the provision of essential healthcare services. Residents in these areas have poorer health outcomes and face significant challenges in accessing health and hospital services compared to people living in metropolitan areas.¹

Shamefully, life expectancy for people living in the bush is about 3 years less than those in the city².

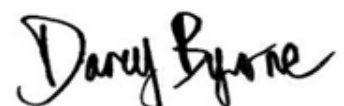
It is completely unacceptable that someone’s postcode will determine their access to essential healthcare services.

For too long, councils have been stepping in to fill the void for their communities.

**ONE VOICE
FOR COUNCILS**

As the peak body representing the local government sector, LGNSW is advocating for the meaningful implementation of all [44 recommendations](#) from the 2022 report of the NSW Parliamentary Inquiry into rural and regional healthcare. But the time for inquiries and reports is over. Our communities need and deserve real action to address this crisis.

That is why LGNSW is fighting hard for this six point action plan and stands ready to work with the State and Federal Governments to deliver better health outcomes for our communities.



Mayor Darcy Byrne
President LGNSW

¹ NSW Ministry of Health. (2023). NSW Regional Health Strategic Plan 2022-2032

² NSW Ministry of Health. (n.d.). Regional health. HealthStats NSW. Retrieved April 30, 2026

LGNSW'S SIX POINT ACTION PLAN TO ADDRESS THE RURAL AND REGIONAL HEALTHCARE CRISIS



1. Strengthen the regional health workforce

The NSW Government must establish a Regional Health Workforce Investment Package, with \$440 million over four years, to address systemic workforce shortages across general practice, specialist care, nursing, allied health and particularly mental health services in rural, regional and remote NSW.



2. A GP guarantee

In a country as wealthy as ours, it is unacceptable that in parts of rural, regional and remote NSW accessing a GP is nearly impossible. A GP guarantee is needed, requiring targeted investment in regional training pathways and recruitment and retention incentives, and long-term workforce sustainability. LGNSW calls for a \$200 million investment over four years to expand regional GP training, support recruitment in hard-to-fill locations, and ensure consistent access to primary care in under-serviced communities.



3. Reimburse councils for filling the health gaps

The NSW Government must establish a rural, regional and remote health reimbursement scheme to compensate councils for costs incurred in supporting access to local healthcare. LGNSW calls for a \$20 million program over four years to reimburse councils that are forced to redirect funding from core infrastructure and community services to support access to local healthcare.



4. Fund patient transport as core health infrastructure

The NSW Government must recognise patient transport as core health infrastructure. LGNSW calls for a \$150 million investment over four years to provide sustainable funding for community transport services and integrated health and transport planning to improve access to care across rural, regional and remote NSW.



5. Safe, local maternity care

The NSW Government must reverse the decline in rural birthing services and restore safe, local maternity care. This requires targeted investment of \$120 million over four years to protect and rebuild rural birthing units and expand midwife-led continuity of care and culturally safe maternity models, including for Aboriginal women and communities.



6. Invest in community-based aged care and ageing in place

The NSW Government needs to work with the Commonwealth to establish a Rural and Regional Aged Care Transition Fund, with \$250 million over four years, to:

- expand council-delivered supports for ageing in-place, including in-home care and community-based services in under-serviced regions;
- support transitional care models that reduce hospital discharge blockages; and
- enable faster delivery of residential aged care infrastructure in high-need communities.



#1 STRENGTHEN THE REGIONAL HEALTH WORKFORCE

PROBLEM

Access to health care in rural, regional and remote NSW is fundamentally constrained by a persistent shortage of health professionals. Workforce gaps extend across general practice, specialist care, nursing, allied health and mental health, limiting service availability and placing unsustainable pressure on existing staff.

Health worker attraction and retention is hindered by a combination of structural and lifestyle barriers. These include a shortage of affordable housing, limited access to childcare, and a lack of employment opportunities for partners.

Geographic isolation, limited transport connectivity and professional isolation further reduce the attractiveness of regional practice. At the same time, heavy workloads, reliance on locums and limited career pathways contribute to burnout and high turnover.

While targeted incentives have delivered some improvement, the need for a more sustained and systemic response is needed.

SOLUTION

The NSW Government should establish a Regional Health Workforce Investment Package with additional dedicated investment of \$440 million over four years, reflecting the scale and complexity of workforce shortages across rural and regional NSW.

Without this investment, workforce constraints will continue to limit access to care, exacerbate health inequities, and drive avoidable demand across the broader health system.

CASE STUDY



Coolamon Shire Council – health workforce crisis

In 2023, Coolamon Shire Council reported that chronic workforce shortages meant only 22 of its 33 residential aged care beds were operational, despite more than 70 people being on a waiting list for care. After seven years of unsuccessful attempts to recruit registered nurses locally, including offering HECS debt support, council was forced to seek innovative and alternative solutions to keep its aged care facility viable.

To maintain this essential service, council committed over \$1M

to sponsor 4 overseas nurses and 14 Care service employees, provide training, cover visa and legal costs and construct workforce accommodation. This financial support is continuing with an intended transition into permanent residencies for the overseas workforce and the associated ongoing costs. This case highlights both the severity of regional health workforce shortages and the unsustainable expectation that councils will fund and deliver solutions well beyond their formal responsibilities.



#2 A GP GUARANTEE

PROBLEM

People in rural, regional and remote NSW are being denied the most basic element of the health system: access to a General Practitioner close to home. Up to one in five people in some regions are unable to access a GP when they need one. A NSW parliamentary inquiry has heard that more than 40 towns could lose their only GP by the end of the decade.

It is completely unacceptable that communities face weeks-long wait times, are forced to travel hours for primary care, or are left to go without it altogether.

Councils report that GP shortages are a significant and growing challenge in their communities, alongside broader shortages in mental health, nursing and allied health workforces.

GP workforce growth is bypassing the communities that need it most. Training numbers in regional and rural NSW have increased by just 4 per cent in 2025, compared to 17 per cent nationally³, widening an already unacceptable gap in access

to care. In some communities, GPs are continuing to practice well beyond typical retirement age due to the absence of successors.

SOLUTION

A GP guarantee, backed by targeted investment in regional training pathways and incentives, would ensure doctors are trained and retained in the communities that need them most. This requires a dedicated investment of \$200 million over four years to expand regional GP training, support recruitment and retention in hard-to-fill locations, and sustain primary care services in under-serviced communities.

CASE STUDY



Mid-Western Regional Council – Gulgong GP Services

The community of Gulgong was without GPs for 18 months following the closure of its only practice. The return of GP services was the direct result of financial incentives and assistance being provided by the [Doctors 4 Mudgee Region](#) initiative. The initiative is backed by Mid-Western Regional Council and three local mining companies.

Without this investment, communities will continue to lose access to primary care, driving avoidable pressure onto hospitals and deepening health inequities across NSW.

³ [Royal Australian College of General Practitioners. \(2025, January 21\). More GPs training in NSW, but rural GP shortfalls show state investment needed.](#)



#3 REIMBURSE COUNCILS FOR FILLING THE HEALTH GAPS

PROBLEM

More than 20 percent of regional and rural councils are stepping in and funding health services where state and federal governments are neglecting their obligation. This includes subsidising running costs of medical facilities, providing health infrastructure, supporting workforce housing and delivering transport assistance.

While councils are not responsible for funding health services, they have little choice if they want to ensure their communities can access critical care. This diverts limited resources away from essential local infrastructure and services.

Often, these are the smallest and most remote councils, least able to afford these additional costs. Yet without council intervention, communities would go without basic health services. This cost-shift embeds structural inequity in both local government finances and regional access to health services.

SOLUTION

The NSW Government must establish a rural and regional health reimbursement scheme to compensate councils for this expenditure. LGNSW advocates for a \$20 million program over four years to reimburse councils that are forced to redirect funding from core infrastructure and community services to support local health access.

Without appropriate reimbursement, funds that are desperately needed for libraries, roads, playgrounds and sports fields will continue to be diverted to fund medical services that are the responsibility of State and Federal Governments.

CASE STUDY



Bogan Shire Council - Medical Centre in Nyngan

Bogan Shire Council has taken on the responsibility for establishing, operating, and funding the only Medical Centre in Nyngan for the last nine years.

Recognising market failure and with an impending crisis in local primary healthcare on the retirement of existing doctors, the accredited practice was established to avoid a critical lack of locally accessible primary, allied and specialist healthcare services.

The services offered have grown since 2017, with two building

extensions and the practice now has 3,400 active patients, with a local population of around 2,400, indicating that it services the regional community beyond Bogan Shire LGA.

The practice is well managed and operational costs are contained. However, annual expenditure increasingly outweighs income from patient fees, meaning that the practice is considerably subsidised by over \$600,000 per year from Council's other revenue including property rates. The main item of expenditure is fees associated with securing locum doctors, including housing, vehicles and travel.



Without adequate and well-funded patient transport, Councils will be forced to continue to cover these costs or patients will face expensive round trips for consultations or forego critical and necessary treatments.



#4 FUND PATIENT TRANSPORT AS CORE HEALTH INFRASTRUCTURE

PROBLEM

In rural, regional and remote NSW, access to health care is determined by access to transport. For many residents, particularly older people, people with disability and those on low incomes, the absence of reliable transport makes timely care effectively unreachable. This means missed appointments, delayed treatment, and avoidable pressure on hospitals, emergency departments and ambulance services.

The scale of this challenge is significant. In 2023–24, more than 99,000 travel assistance claims were approved under the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), an increase of 21% from the previous year⁴. While IPTAAS provides partial reimbursement for travel, it does not provide transport. For residents without access to a vehicle or driver, the scheme is effectively inaccessible. Transport barriers lead people in rural and remote areas to delay primary care and rely more heavily on hospital services, contributing to avoidable pressure on the health system.

Councils are stepping in to fill this gap, operating community transport services that are often the only way residents can attend essential medical appointments. Yet the NSW Government does not fund these services as core health infrastructure. Instead, community transport providers rely on fragmented Commonwealth and State programs that fail to meet the true cost of delivery and restrict services through inflexible eligibility rules.

SOLUTION

The NSW Government must:

- recognise and fund patient transport as core health infrastructure in rural, regional and remote NSW. This requires a dedicated investment of \$150 million over four years to provide sustainable, index-linked funding for community transport in regional and rural areas; and
- integrate transport and health planning to improve coordination and access.

CASE STUDY



Narrandera Shire Council – Community Transport service
Narrandera Shire Council provides [community transport](#) to residents of the Narrandera and Leeton Shires, funded through the Commonwealth Home Support Programmes (Department of Health and Ageing) and the Community Transport Program (Transport for NSW) and supported by both councils. This service is provided to residents aged 65 years and over (or 50 years and over who identify as Aboriginal or Torres Strait Islander), or those who are transport disadvantaged to attend

medical appointments, shopping and social events, both locally and out of town. In 2024–25 the Narrandera Leeton Community Transport service provided 15,171 trips to residents and travelled over 356,455 kilometres, providing services to over 700 active clients. Many of the passengers used the service on a regular basis as their sole means of transport. The service relies heavily on the incredible generosity of 29 volunteer drivers who worked a staggering 7500 hours within the reporting period.

⁴ NSW Government. (2024, October 8). [Making it easier for regional patients who need to travel for healthcare.](#)



#5 SAFE, LOCAL MATERNITY CARE

PROBLEM

Reduced access to rural maternity services places expectant mothers and their babies at significant risk. Maternity services are not routinely available in rural hospitals, and the ongoing closure and prolonged bypass of birthing units continues to undermine local care. Nationally, Australia lost 41 per cent of its maternity units between 1992 and 2011⁵, with closures disproportionately affecting small rural and regional services.

When local birthing facilities close, rural women and their families are often forced to travel long distances or permanently relocate to other towns to start or grow their families. This not only increases financial, social and emotional strain on families, but also contributes to the long term social and economic decline of rural communities as families move to regions with better services.

CASE STUDY



Parkes Shire Council – Local Birthing Unit

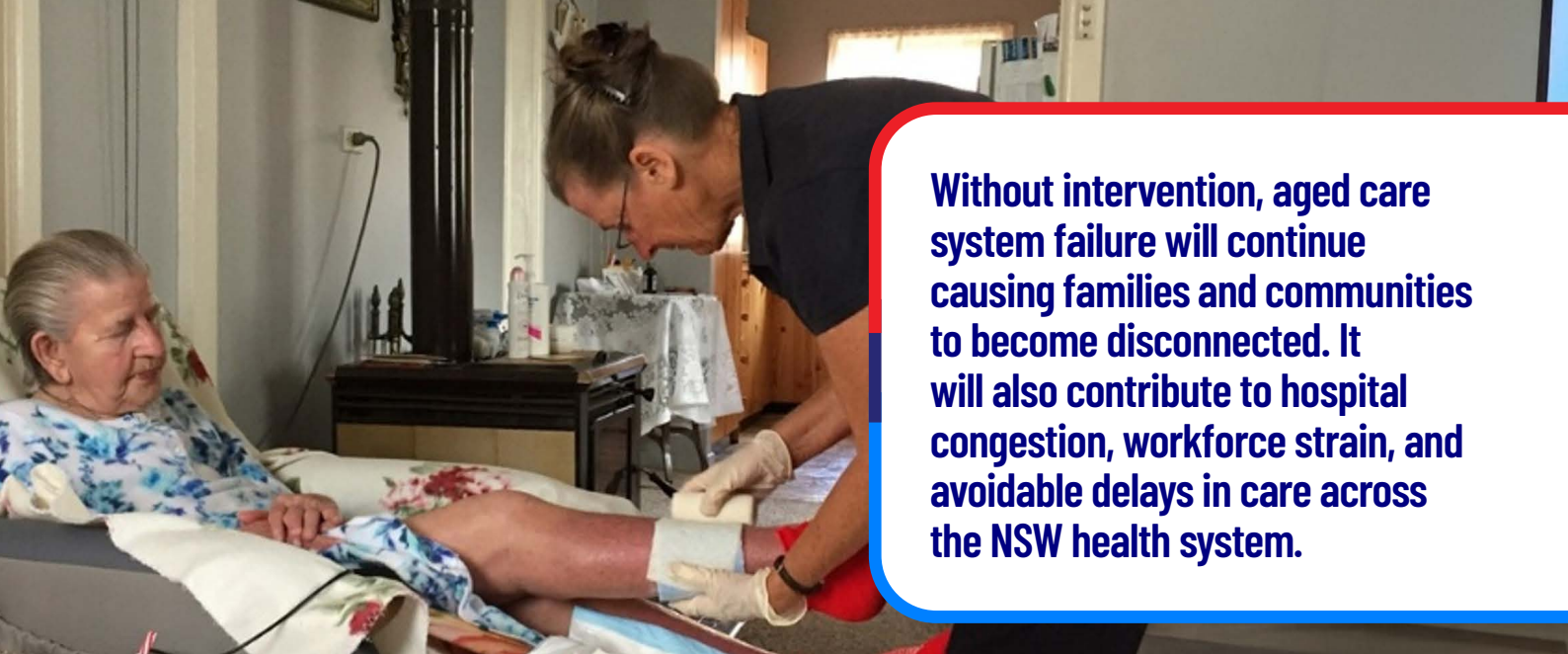
The birthing unit at Parkes hospital has been closed since 2019 as it was unable to secure staff. The town's sole obstetrician resigned in January 2025 leaving Parkes without obstetric services. Mayor Neil Westcott reports the community is constantly reassured that Parkes maternity reinstatement is high on the agenda of NSW Health, but a solution does not appear to be any closer.

SOLUTION

The NSW Government must act to reverse the decline in rural birthing units and restore access to safe, local maternity care. This requires targeted investment of at least \$120 million over four years to protect and rebuild local services, alongside the expansion of midwife-led, continuity-of-care and culturally safe maternity models, including for Aboriginal women and communities.

Without decisive action, rural families will continue to be denied the right to give birth safely, close to home.

⁵National Rural Health Alliance. (2025, June 23). Second edition national consensus framework for rural maternity services.



Without intervention, aged care system failure will continue causing families and communities to become disconnected. It will also contribute to hospital congestion, workforce strain, and avoidable delays in care across the NSW health system.



#6 INVEST IN COMMUNITY-BASED AGED CARE AND AGEING IN PLACE

PROBLEM

In around one third of rural and regional communities, local government is the primary or sole provider of a broad range of aged care and community-based services including domestic assistance, community transport, meals, social support programs, respite, home modifications, nursing, personal care and allied health. In some areas councils are even running residential aged care facilities.

Councils are particularly involved where there is a scarcity of service providers and workforce constraints.

Supporting older people to age in place enables older residents to stay connected to established social networks, informal supports, and local services, all of which are critical to wellbeing and independence of the individual but also to the connectedness and wellbeing of the community.

Aging in place also reduces demand on residential aged care and the acute hospital system by enabling earlier and

more appropriate support pathways. The lack of access to appropriate aged care in rural, regional and remote communities is placing pressure on the NSW public hospital system, particularly through “bed block” when patients remain in hospital after they are medically cleared for discharge because no appropriate aged care placement or in-home support is available.

SOLUTION

The NSW Government should work with the Commonwealth to establish a Rural and Regional Aged Care Transition Fund, with an investment of \$250 million over four years to:

- expand council-delivered ageing in place supports, including in-home care and community-based services in underserved regions
- support transitional care models that reduce hospital discharge blockages
- enable faster delivery of residential aged care infrastructure in high-need communities.

CASE STUDY



Uralla Shire Council – Providing Aged Care

Uralla Shire Council delivers a range of services for older people and people with disability, spanning entry level support through to more intensive care options. Through [Tablelands Community Support](#), the Council delivers government funded aged care services, including the CHSP, NDIS, and the Support at Home program, and along with Tablelands Community Transport runs a dedicated community transport service that supports many

frail aged, disabled and transport disadvantaged residents. The Council’s services extend beyond domestic assistance and meals to include personal care, allied health, mobility equipment, home maintenance, in-home respite care, nursing and social support, such as a weekly Elders Aboriginal group. In addition, the council provides short term reablement and facility-based respite and offers access to higher level aged care through its McMaugh Gardens residential aged care facility.