Health
Murrumbidgee
Local Health District

Lake Cargelligo

Service Plan

July 2023

Version 2.0

ACKNOWLEDGMENTS

TRADITIONAL CUSTODIANS

MLHD acknowledges the Traditional Custodians of the lands across our footprint, traditional lands of the Wiradjuri, Wamba Wamba/Wemba Wemba, Perrepa Perrepa, Yorta Yorta, Nari Nari and Muthi Muthi nations. We recognise their continuing connection to lands, waters and communities and we pay respect to Elders past, present and emerging.

We commit to respect, protect, preserve, and maintain Aboriginal and Torres Strait Islander people's culture, and to conduct our business in accordance with cultural protocol and respect. We celebrate and share successes and are proud of the rich history of Aboriginal Culture, recognising the diverse and proud Aboriginal nations across our District.

We are grateful for our local community who contribute to the wellbeing of people and communities in the region, the contributions of our communities, and our community controlled Aboriginal health organisations. together, we remain determined to closing gaps in health inequities for all Aboriginal and Torres Strait Islander people across our region.

MLHD commissioned Artwork by Luke Penrith

Titled "Healthy Rivers, creeks and waterways, healthy people and healthy animals".

REVISION HISTORY

The Lake Cargelligo Service Plan has been developed in close consultation with the Lake Cargelligo regional community, the Health Service Manager (HSM) and Cluster Manager. Their input and feedback has been incorporated into Version 1.0 of the Draft Plan.

Version	Feedback from	Changes Incorporated
V1.0	Lake Cargelligo Steering Group, Managers	Clarified information, endorsed
V1.1	Manager Service Planning, and MLHD Executive	February 2023
V1.1	Community feedback	February 2023
V1.2	MLHD Executive	March 2023
V1.3	MLHD Board	April 2023
V2.0	NSW Ministry of Health	July 2023
V2.1	MoH Issues Log	

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EXECUTIVE SUMMARY

This Service Plan has been developed to identify appropriate services for the community for the next 10 years. Service planning is underpinned by State and District strategic directions, strategies and policy and Murrumbidgee Local Health District (MLHD) planning principles. Planning is informed by the catchment population profile, and political, economic, technological, legal and environmental factors.

A redevelopment of Lake Cargelligo MPS is a priority capital project identified in the (MLHD) Asset Strategic Plan. A Service Plan is a prerequisite for capital infrastructure investments. An analysis and rethinking of service models is required to inform capital development. This ensures future demand is met, and models of care maximise health outcomes and operational efficiencies.

Lake Cargelligo Multi-Purpose Service (MPS) is a facility within Murrumbidgee Local Health District (MLHD) which was formed on 1 January 2011. It is one of seven Rural LHDs in NSW. The MLHD covers 21 Local Government Areas (LGA's) spread across 125,561 square kilometres. It includes 47 geographically spread health facilities including several community health centres.

Lake Cargelligo is the second largest town in the Lachlan Shire Council (LGA). Lake Cargelligo township is 135 kilometres north of Griffith, 608 km west of Sydney, 393km northwest of Canberra and 590km north of Melbourne. It is situated in the central West region of NSW and is classified as remote. Lake Cargelligo MPS is one of two health facility in the local government area.

The Lake Cargelligo MPS catchment includes the communities of Lake Cargelligo, Tullibigeal, Naradhan, Murrin Bridge, Euabalong and Euabalong West for planning purposes. This catchment is based on historical flow and usage patterns. The estimated residential population in July 2021 was 1779. The proportion of people over 70 is projected to rise by a third. The catchment is the most socially disadvantaged and remote in the LHD. The 2021 Census and local feedback reports that 22% of residents identify as Aboriginal or Torres Strait Island peoples and 82% of residents were born in Australia. This plan focuses throughout on a range of ways to improve access to affordable and culturally appropriate health services close to home.

"Stand out" features impacting on health in the Lake Cargelligo Catchment are:

- Increasing older population particularly 70 years and over
- High levels of social disadvantage
- Geographic remoteness
- Large Aboriginal community
- High levels of Potentially Preventable Hospitalisations (PPH)
- Very diverse community with large Aboriginal, culturally and linguistically diverse and
- Very high prevalence of premature death
- Diabetes
- Mental health and suicide
- Arthritis
- Asthma

The catchment population is projected to decrease slightly in the next 10 years. Changing population demographics will have a significant impact on the future demand for primary health/ health education services, chronic disease management, acute/ sub-acute care and aged care services. The Aboriginal community makes up 22% of the catchment population. This means throughout this plan there is a significant focus on priorities that close the gap and provide culturally safe and appropriate care on Country.

Lake Cargelligo MPS is an F3 Multipurpose Service (with Commonwealth Funded Aged Care)[1], with 6 inpatient beds, 16 high care residential aged care beds, a level 1 emergency department,

[1] NSW Hospital Peer Groups 2016 Information Bulletin, NSW Ministry of Health

community health services and clinical/non-clinical support services. Most services operate at a role delineation level of one or two (Appendix 1). Higher level services are provided at Griffith Base Hospital (GBH), or Wagga Wagga Base Hospital (WWBH), as the Major Group one, B1 Hospital in MLHD.

Lake Cargelligo MPS is part of the Leeton/ Narrandera Cluster governance structure. The facility operates within a hub and spoke service model with Griffith Base Hospital (GBH). Outreach is provided from GBH, Griffith community health, and mental health and drug and alcohol services.

Services include:

- Emergency care
- Inpatient medical
- High care residential aged care
- Aboriginal Health
- Mental Health and Drug and Alcohol
- Community Health
- Clinical support services – pathology, and pharmacy; and
- Nonclinical support services.

A review of resident flows was completed as part of this Plan to understand where residents go for services and where people come from who use the services at Lake Cargelligo MPS. The majority of people accessing services at Lake Cargelligo MPS are from Lachlan Shire.

The Lake Cargelligo catchment access 16% total service bed day demand at Lake Cargelligo MPS (excluding chemotherapy, renal dialysis and unqualified neonates). The total bed demand for catchment residents for services provided anywhere in 2020/21 was 14 beds per day (excluding renal dialysis, chemotherapy and unqualified neonates and emergency treatment). Lake Cargelligo MPS accommodated the equivalent of an average of 3 beds per day. The demand for the additional 11 beds is spread across multiple facilities, with the main providers being WWBH, Griffith, private services, West Wyalong, and Sydney hospitals.

The main flows of this catchments residents to WWBH are historically for rehabilitation, psychiatry – acute, respiratory, orthopaedic services, cardiology an non-subspeciality medicine. The main flows to private services were for orthopaedic, urology, psychiatry – acute, gastroenterology, cardiology, and respiratory services. Renal dialysis is mainly sought at Griffith Base Hospital. Chemotherapy is exclusively provided at private services.

Inpatient activity has been consistently at approximately 50% occupancy in the past five years, with occupancy sharply increasing in the last 6 months to almost 100% and trending upward. The 65 years+ group make up 20% of the community and use a disproportionately higher percentage of local hospital services (74% of bed days and 60% of separations).

Emergency department presentations have shown minor fluctuations, but are largely steady, however their acuity has decreased slightly with more low triage presentations. there are higher percentages of triage 1 and 2 relative to other similar MPS across the district. The majority of triage 1-3 arrive by ambulance and the local protocol means most pick ups are delivered to the MPS, with few exceptions. The ED presentations from 2016/17 to 2020/21 have fluctuated from four to 5 presentations per day, however this has jumped considerably in the last 6 months to 8-10 presentations per day. This increase is attributed to lack of community health and GP services, as there has been some unforeseen GP leave.

A further breakdown of the activity in 2020/21 by Enhanced Service Related Group (ESRG) indicates the highest bed days were recorded for:

- Chronic obstructive airways disease (COPD)
- Other respiratory medicine
- Surgical follow up
- Palliative Care - Cancer Related

- Cellulitis
- Maintenance
- Other general medicine

Activity is generally spread 90/10 across acute and subacute care. Palliative and maintenance care are the subacute care types at Lake Cargelligo MPS. Bed days have decreased for sub-acute services from 2016/17 to 2020/21, this is due to respite being offered in inpatient beds, but counted in aged care capacity.

There is one GP practice in Lake Cargelligo but no after-hours GP service. Same day appointments are generally available for urgent issues. There are 2 doctors at the practice. Both have visiting rights to the hospital.

Future service need incorporates a review of inpatient, emergency, and support services with plans to increase aged care, increase care delivered in the community and offer some medical imaging modalities.

Future inpatient services will continue to provide acute and sub/ non-acute services in line with role delineation levels. Development of outpatient and ambulatory care services is required to provide contemporary integrated models of care to abate constantly increasing demand for avoidable hospitalisation.

The existing facility has a disjointed layout and lacks appropriate space to introduce additional ambulatory care/ outpatient services. There are separate buildings preventing efficiencies offered by colocation. The current space does not meet Australasian Health Facility Guidelines.[2]

Service recommendations to meet projected demand and models of care include:

- Role Delineation Level 1 Emergency Department.
- A 30 bed Residential Aged Care Service.
- 6 inpatient beds including a shared quiet room for family caring for palliative care patients.
- Home like living spaces in line with Living well in MPS models.
- Wellness Centre with education and group therapy services incorporating.
    - Enhanced community health services and clinics.
    - Ambulatory care (Hospital in the Home (HITH) or similar model; and
    - Outpatient services.
- Mental Health and Drug and Alcohol program delivery.
- Aboriginal Health program delivery, including aged care.
- Level 2 radiology service.
- Level 2 pathology service; and
- Level 2 pharmacy service.
- Staff accommodation (10 required).
- Potential colocation of the Murrin Bridge Aboriginal Medical Service (negotiations still ongoing).

The recommended configuration is based on projected service need and shown in the table below.

Table 1: Lake Cargelligo Bed/Space Table

Areas	Existing	Proposed to 2036
ED		
ED resuscitation bays	1	1
ED acute treatment bay enclosed	1	1
ED isolation room	0	0
ED triage room	0	1 (not counted in total)

[2] https://healthfacilityguidelines.com.au/full-guidelines

Areas	Existing	Proposed to 2036
ED interview – used for MH assessments and low stimulus/quiet room (not a safe assessment)	0	1 (not counted in total)
ED treatment/consult room (outpatient/community use) with telehealth space	0	1
Total ED treatment spaces	**2**	**3**
Inpatient beds		
Inpatient beds	6	6 (4 acute and 2 subacute)
Residential Aged Care	16	30
Total inpatient beds	**22**	**36**
Support Spaces		
Family room with kitchenette (palliative care)	0	1 – model to increase access for multiple palliative care patient families. Can be used as Aboriginal liaison/family room preferably with access to outdoor views/space. Kitchen.
Interview/ meeting room	0	1 – on edge of ward or in main entrance area
Education space for Nurse Educators, simulation capability	0	1 – location to be confirmed (ward or Wellness Centre)
Staff accommodation	10	10
Carer accommodation	0	1
Resident Laundry	1	1
Clinical Support		
X-ray service	no	yes
Ultrasound service	no	yes (flexible use of room as consult when not in use for US)
CT service	no	no
Pharmacy	yes	yes
Pathology	no	Yes – outpatient collection room
Wellness Centre – not including workforce office and support areas		
Outpatient/ Community Health general consultation/ treatment/interview rooms	1 community nursing space, 1 child and family space and 1 MHDA, 0 outpatient, CH currently from staff offices	3 – mix of consult/ treatment/ interview, capacity for Ultrasound and a space for self-care dialysis to be set up with appropriate plumbing.
Group room large – used for cardiac and pulmonary rehabilitation, community exercise and falls prevention groups,	1 large in chronic care building	1 large - in Wellness Centre (up to 40 participants) – requires exercise circuit equipment (able to be sectioned off by operable wall) and loose exercise equipment + walking track for gait assessments + storage for equipment, tables and chairs. Requires audio-visual/telehealth equipment
Cultural space (Mob room)	0	1 - this space can be used for family meetings and to accommodate larger visits for the Aboriginal community. This should be connected to an outdoor garden area. Beverage bay included
Small meeting rooms Used for smaller operational meetings, Hospital Auxiliary etc	0	2 in Wellness Centre – to meet the needs of increasing non admitted projects/programs and associated staff (7-10 people)
Outdoor garden with yarning space and mobility areas	0	1 – multi function space for family visits, cultural activities, smoking ceremonies and allied health mobility assessments
Stand alone community gym. This is a single building separate from the MPS. It is rented in a private arrangement with the Lachlan Shire	1	1 – this building provides a space for a much loved community gym. This provides a valuable space for health and fitness and has been used by residents and staff in the past. This space is not clinical, it is older and not suited to rehabilitation, but supports community goals for health and fitness.

Table 2: Lake Cargelligo Options Considered

Option	Incorporated Y/N	Justification
Maintain inpatient beds at 6 based on health app projections.	Y	Accommodate local people close to home
30 high care residential aged care beds/ places	Y	Accommodate ageing on country for increasing ageing Aboriginal population. Increased cultural safety and exposure to model is impacting on service use. Based on high occupancy of current beds, ageing population, high disease burden within community, and lack of access to community packages due to workforce.
Wellness centre and hospital avoidance model	Y	To be added to focus on prevention, and early intervention
Medical Imaging – X-ray and ultrasound	Y	Reduce travel burden for local residents (1 ½ hours) to access service, and increase uptake of referrals.
Staff Accommodation	Y	Critical infrastructure for the future. Offers have been made to new staff and then declined because housing could not be found.
Inpatient Rehabilitation Service	N	Does not align with the MLHD Rehabilitation strategy. There is capacity in other regional facilities, and volume cannot support workforce requirements.
Urgent Care Centre	N	Remoteness of facility and acuity of presentations supports retention of a 24-hour Emergency Department.
Co-location Aboriginal Medical Service (AMS) (HealthOne)	Y in principle	AMS has indicated desire to collocate dependent on funding outcome for new facility
Helipad	N	Helipad at the aerodrome currently, corner near the hospital is flat and is used for helipad landing and drop offs of emergency landing and equipment. Landed at show grounds and recreation reserve.
Community Delivered Rehabilitation –	Y	Allied health services offered in community. Cardiac and pulmonary rehabilitation, gentle exercise, falls prevention.
Carer accommodation	Y	1 room. Carers are often travelling long distances and there is very limited accommodation in town, particularly at night.
Inpatient Dialysis	N	Small numbers, highly specialised service that requires higher level support services than can operate at Lake Cargelligo.
Self Care Dialysis	Y	There is a current space allocated with proper plumbing. This will be maintained
Expansion of inpatient beds	N	Focus is on implementing models to avoid hospitalisation. There was no decrease in beds because there are high levels of chronic and complex health issues.
Rehabilitation hydrotherapy pool	N	There is no proposed inpatient rehabilitation service proposed and insufficient demand and clinical need to require a heated rehabilitation pool. Highly specialised skills are required to run these facilities safely and in line with appropriate health standards.

1. CONTEXT OF SERVICE PLAN

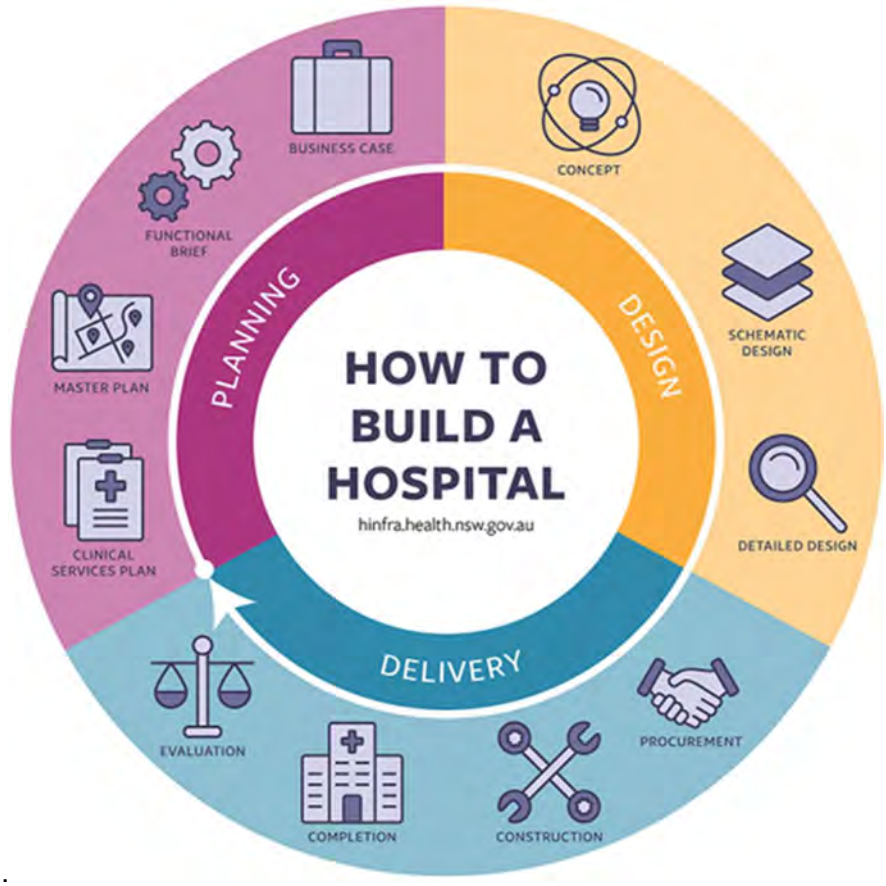
Local health districts have a responsibility to effectively plan services over the short and long-term to enable service delivery that is responsive to the health needs of its defined population. Generally, local health districts are responsible for ensuring that relevant government health policy goals are achieved through the planning and funding of the range of health services which best meet the needs of their communities (whether those services are provided locally, by other local health districts, specialty networks or other service providers).

Local Health Districts and Specialty Health Networks (LHDs/SHNs) undertake a range of planning as part of usual business processes, examples of these include clinical services, workforce, asset, financial, business and broader strategic planning.

A clinical services plan (CSP) provides sufficient information to describe a service or services and how these will need to be delivered into the future to reflect changing health needs of the community and ways of providing care. A CSP is a robust document and is essential in supporting the scope of potential investment priorities identified in the LHD/SHN Asset Strategic Plan. It is important to understand that a CSP does not indicate any commitment to a specific capital investment.

A CSP should outline how services will develop or evolve over a 5- 10-year period to meet community health needs. As models of care and service delivery, technology and workforce change over time, the detail of the strategies in the plan will evolve, and plans should be reviewed and updated accordingly at appropriate intervals. Usually, the CSP is formally requested by the NSW Ministry of Health, as a CSP is required prior to commencing facility planning including Business Case development. If a CSP is used as the basis for infrastructure investment, it is to be submitted to the Ministry of Health for endorsement after being approved by the LHD/SHN and prior to commencing infrastructure/investment planning, as shown below.

Figure 1: NSW Health Infrastructure 'How to build a hospital' process



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Source: Health Infrastructure

This Service Plan responds to District wide planning for Strategic Asset Management. Planning aims to provide the right service in the most appropriate setting for the patient's needs. This is achieved through improved service integration, and partnerships with other service providers, across care settings.

Service planning aims to identify appropriate services for the community within the context of MLHD planning principles as follows:

- Equity – individuals have equal opportunity to achieve their best level of health.
- Access – Services are available, acceptable and affordable.
- Sustainability – balance ongoing needs with workforce availability and budget; and
- Ownership – communities are encouraged to own and manage their health and actively participate in their health care.

A redevelopment of Lake Cargelligo MPS is one of capital investment priorities for the District, outlined in the MLHD Strategic Asset Management Plan.[3] Existing infrastructure is unable to accommodate the models of care required to meet future service demand.

DATA

There are certain assumptions in service planning that are useful to point out. It is important to note that not all the Lachlan Shire Council population flows to Lake Cargelligo Health Service. Lachlan LGA has two health services: Lake Cargelligo MPS and Condobolin Health Service. The area of the Lachlan Shire which is included in Murrumbidgee LHD is made up of seven Statistical Area level 1's (SA1s are a standard geographical classification devised Australian Bureau of Statistics) including some small communities within the Cobar Council region. This region is the closest alignment for the Lake Cargelligo MPS catchment, and this is used for activity analysis and making planning assumptions about future scenarios. It is the data set that most accurately reflects the past activity and therefore will best suit projections of future growth and needs have been based on these statistical areas.

Due to the small numbers in this community, it is assumed that the catchment area for the MPS will have much in common with broader Local Government Area (LGA) in terms of demography and epidemiology. Future planning should not reflect only current occupancy but needs to consider local use patterns and trends in population for relevant age groups. This is especially true for isolated facilities and in communities where there is a single provider. Population health data offers insights into the region and broader trends locally, so the current Lachlan Shire and MLHD wide data is used as a baseline. There is no current year data currently in the state-wide inpatient planning tools, as a result of Covid-19 the data cleansing and upload were delayed.

It should also be noted that due to the dramatic impacts of the Covid-19 pandemic many key assumptions will be based on 2018/19 data and although more recent data will be included it may be considered an anomaly due to the significant changes in usage seen during the pandemic. Data reported during the pandemic may be considered an anomaly and the trends shown may not be a true reflection of service need or normal delivery.

At the time of writing the data from the 2021 census was used. The 2022 Department of Planning and Environment population projections have been recorded. Should additional releases of population projections be released they will be considered however not necessarily updated in the document unless significant.

Concerns were voiced that consumers were not always asked if they were Aboriginal when presenting to the hospital, particularly after business hours. This can be a challenge where there is high levels of casual and agency staff using new systems who may not be familiar with the standard process. There was a fear that the current health data may understate the number of aboriginal people using

[3] MLHD Asset Strategic Plan 2021

local services. Although this is hard to qualify.

POLICY FRAMEWORK

Service planning is underpinned by State and District strategic directions, strategies, and policy. It is influenced by the catchment population profile, and political, economic, technological, legal, and environmental factors. Planning is forward thinking, providing scope for future changes to incorporate service innovations, enhanced technology, and models of care.

Planning for Lake Cargelligo MPS aligns with *State and MLHD strategic directions*. The following priorities are to be reflected in strategic and operational plans for MLHD:

Premier's Priorities relating to Health

- Improving Service Levels at Hospitals – '81% of patients through emergency departments within four hours.'
- Improving outpatient and community care and
- Towards zero suicide deaths in NSW by 20% by 2023[4].

State Priority

NSW Health *Future Health*[5] outlines the roadmap for NSW Health over the coming decade**.** It provides the strategic framework and priorities for the whole system from 2022 – 2032 and will position the NSW health system to continue to meet the needs of patients, community, and workforce.

It aims to deliver on NSW Health's vision for a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness, and is digitally enabled.

The report identifies four main matters that will need to be addressed in the future. These include:

- The importance of involving patients in their own care, helping them to make their own decisions about the health outcomes that matter most to them
- The value of collaboration and partnerships, and how we can enhance this
- The potential of virtual care tools such as Telehealth in our future health systems and what it means for both patients and clinicians
- The need for more choice of care settings in the future – in the community, in the home and virtually[6.]

The overarching vision for MLHD facilities and infrastructure is aligned to the NSW 20 Year Health Infrastructure Strategy as follows:

- MLHD facilities are sustainable, safe, and pleasant for consumers and staff, with flexibility to meet projected service demand and support emerging models of care

Elements that support this vision include:

- Demographic and social shifts
- Expectations and benefits of personalised and consumer focused health services
- Technological and digital innovation
- Continuing advances in medical research

Master planning for any facility upgrades should therefore incorporate a 20-year horizon. The focus for infrastructure investment decisions at the State level is shown in the figure below.

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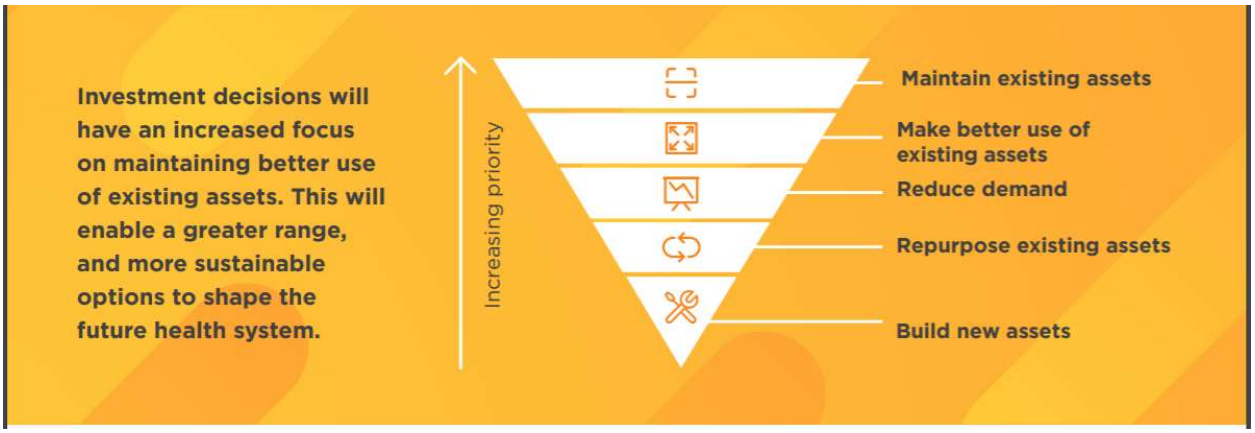
[4] https://www.health.nsw.gov.au/priorities/Documents/strategic-priorities.pdf

[5] Future Health: Guiding the next decade of health care in NSW 2022-2032 health.nsw.gov.au/about/nswhealth/Documents/future-health-summary pdf

[6] Et al p. 4

Figure 2: NSW Infrastructure Investment Decision Strategy. Priority for infrastructure investment



Source: NSW 20 Year Health Infrastructure Strategy

The NSW Rural Health Plan is undergoing a review but will align with Future Health with a focus on rural and regional health care needs.

MLHD has a Service Agreement with the Ministry of Health outlining key accountabilities to deliver the directions of a number of the key influencing plans such as Young People and Families 2014-2024; Living Well, A Strategic Plan for Mental Health in NSW 2014-2024; First 100 Days Framework; NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025, End of Life and Palliative Care Framework 2019-2024; NSW Women's Health Framework; NSW Men's Health Framework; Strategic Framework for Suicide Prevention in NSW 2018-2023 and the Integrated Care Strategy.

The Integrated Care Strategy vision is for seamless, effective, and efficient care provided through different health care providers and with an emphasis on community-based services. It aims to respond to all aspects of a person's health and is particularly targeted at supporting people with long term conditions and complex health needs.

The MLHD Strategic Plan Exceptional Rural Healthcare 2021-2026 outlines the vision, focus and investments required to deliver excellence in connected health care for our communities in partnership with others.

It identifies for strategic directions MLHD will be focusing on:

- Holistic health and wellbeing
- Lifting health outcomes
- Locally led reform
- Workforce at its best

The MLHD Clinical Services Framework (CSF) 2021-2026 aims to assess the challenges and detail the priorities and future directions for clinical service development and delivery for the next five years. It outlines future priorities, strategic directions, and recommendations for services across MLHD and individual hospitals[7].

It identifies several clinical services strategic priorities as follows:

- Increase wellness and care in the community and home
- Enhance networked services and processes to improve experience and outcomes
- Optimise workforce resources
- Optimise use of existing infrastructure for safe sustainable care delivery
- Optimise service innovation through research and advances in technology

[7] MLHD Clinical Services Framework 2021-2026 Draft v1.3 p. 6

This plan also needs to respond effectively to the Aged Care Royal Commission and to the Enquiry into Rural Health ensuring safe quality care is equitably accessible.

LOCAL PLANS

In addition to health policies and plans, health service planning for Lake Cargelligo region must be cognisant of regional plans and Local Government plans. The Riverina-Murray Regional Plan outlines a vision for the region which 'establishes a framework to grow the region's cities and local centres, supports the protection of high-value environmental assets and makes developing a strong, diverse and competitive economy central to building prosperity and resilience in the region'[8]. This plan notes the importance of supporting the growth of the health and aged care sectors supporting equitable access and innovation.

The Lachlan Shire Council LGA has developed a Community Strategic Plan 2018-2027[9] as part of the integrated planning and reporting process. These plans express the communities' aspirations and how they are achieved, internally and in partnership with a variety of organisations. Potential partnerships include philanthropic organisations, Local Government, State and Commonwealth Government. The plan notes concern around aging population, disability support, community transport for health, access to dialysis and health services in general with a view to advocate.

Health service availability and health employment opportunities are critical enablers to maintaining vibrant communities in the rural context. Services must reflect the needs of the population, be viable and sustainable. The health service works in close partnership with human services providers to ensure a linked-up service for disadvantaged people and people requiring mental health prevention or specialist services. There are further opportunities to strengthen partnerships, including broader participation by services in interagency meetings and integrated care strategies.

[8]https://www.planning.nsw.gov.au/-/media/Files/DPE/Plans-and-policies/riverina-murray-regional-plan-2017.pdf

[9] https://www.lachlan.nsw.gov.au/f.ashx/Adopted-Community-Strategic-Plan-2017-2018-.pdf

2. CATCHMENT COMMUNITY AND SOCIO-DEMOGRAPHIC PROFILE

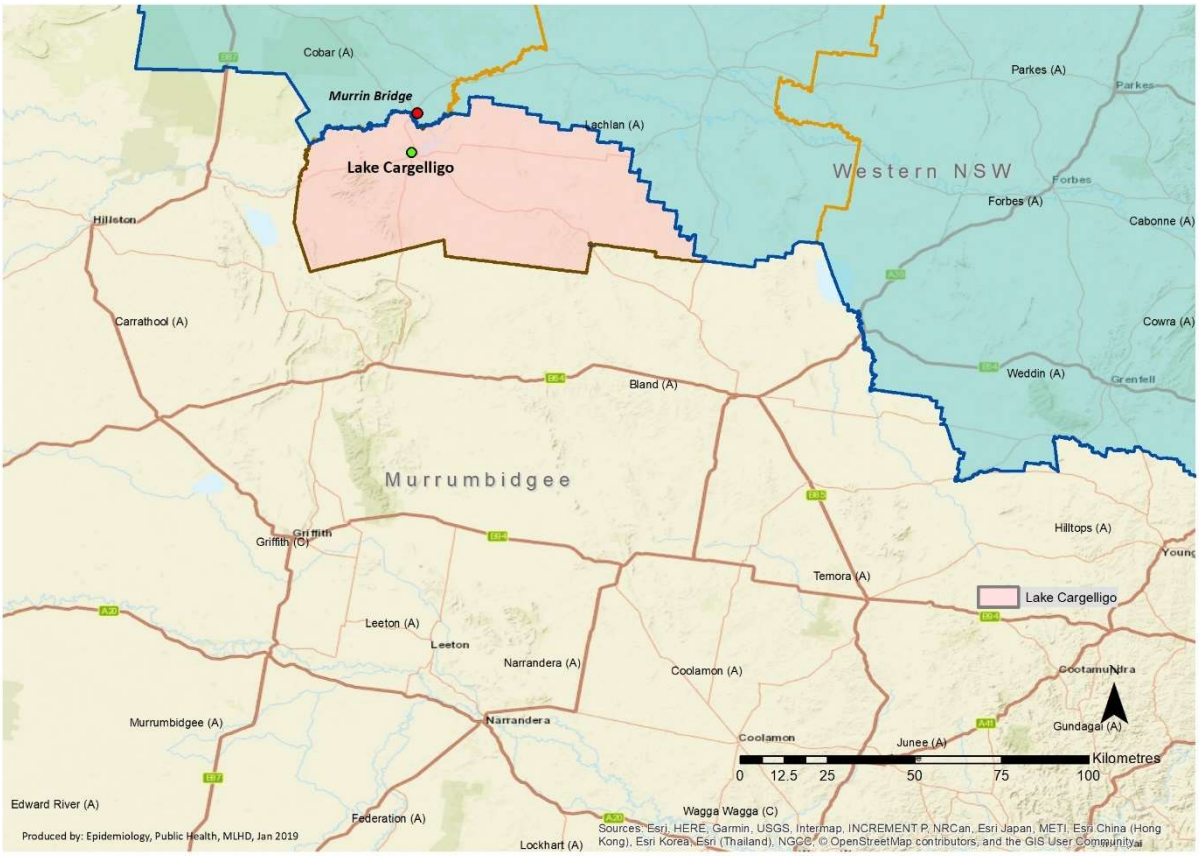
The MLHD is situated in southern NSW. Historically a diverse economy founded on Australia's food bowl, with iconic waterways and a strong network of vibrant, and connected and resilient communities. It is commonly known as the Riverina region.

LOCATION

Lake Cargelligo is the second largest town within the Lachlan Shire. Lake Cargelligo township is 298 kilometres west of Orange and 135 kilometres north of Griffith. It is 608 km west of Sydney, 393km northwest of Canberra and 590km north of Melbourne.

The Lake Cargelligo MPS catchment includes the communities of Lake Cargelligo, Tullibigeal, Naradhan, Murrin Bridge, Euabalong and Euabalong West. Most of the catchment area of Lake Cargelligo is outlined in the maps below and falls in the Shire of Lachlan including the town areas of Lake Cargelligo, Tullibigeal and Naradhan. The small communities of Euabalong, Euabalong West and Murrin Bridge (an Aboriginal community) are within the Cobar Council region, are considered part of the Lake Cargelligo catchment, but is not technically within the MLHD boundaries. The remainder of Lachlan Shire is in the Western NSW LHD.

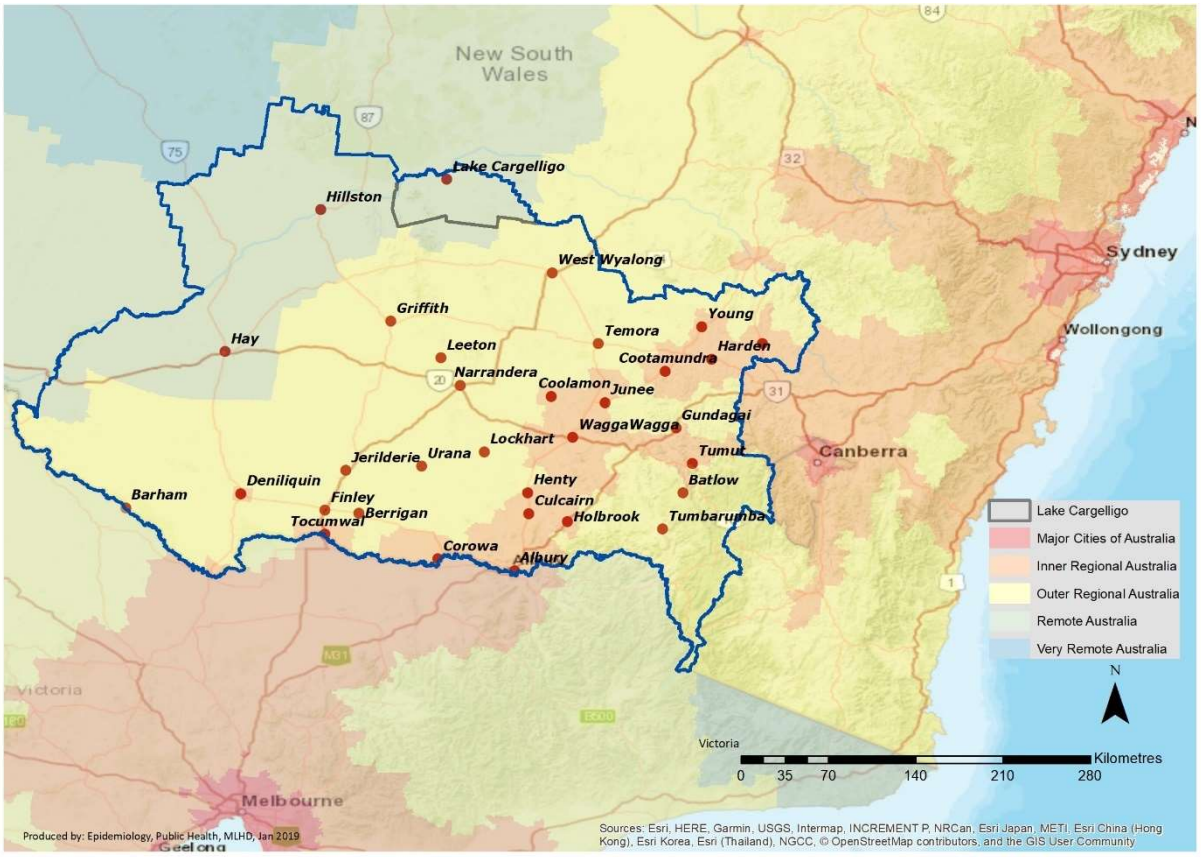
Figure 3: Lake Cargelligo part of Lachlan Shire



Source: Public Health, MLHD, created using Esri ArcGIS software.

The area of the Lachlan Shire which is included in Murrumbidgee LHD as "Lachlan LGA – Part B" and is made up of seven Statistical Area level 1's (SA1s are a standard geographical classification devised Australian Bureau of Statistics). Lake Cargelligo has a significant Aboriginal population, proportionally being 15%. Murrin Bridge, a settlement 15 kilometres north of Lake Cargelligo is part of the catchment for the MPS. The population at Murrin Bridge of 59 people all identify as Aboriginal (100%). Within the total Lake Cargelligo MPS catchment 18% identify as Aboriginal. This compares to 3.4% for NSW (ABS Census 2021). The Lake Cargelligo area is classified as "remote".

Figure 4: Lake Cargelligo in Murrumbidgee Local Health District with ARIA+ remoteness



Source: Public Health, MLHD, created using Esri ArcGIS software.

AGE

The median age of the population in 2021 was 40 years for Lake Cargelligo, slightly older than the median age for NSW 39 years and Australia at 38 years. The proportion of the population aged 65 years or older was 20 per cent in Lake Cargelligo compared to 17 per cent in Australia and 18 per cent in NSW (table below).

The 2021 ABS Census reports that 15 per cent of Lake Cargelligo's residents identified as Aboriginal or Torres Strait Islander (269 people, approx. 52 people over 50 years).

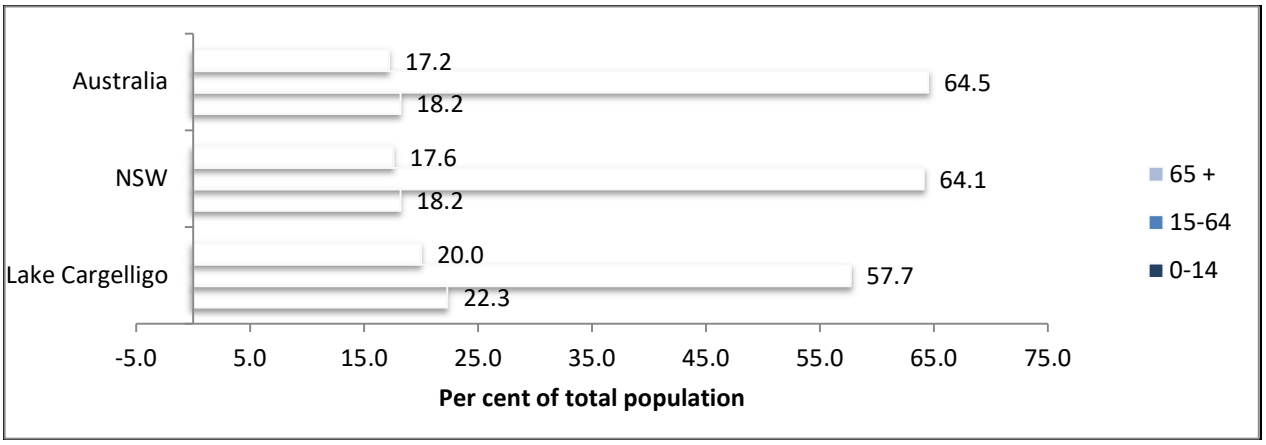
Table 3: Summary demographic characteristics Lake Cargelligo and NSW

Area	Total Persons	Aboriginal Population			People Aged 0–14 Years		People Aged 65 Years and Over		People Aged 70 Years and Over	
	N	Total	%	50+yrs	N	%	N	%	N	%
Lake Cargelligo	1779	269	15	52	396	22.3	356	20.0	252	14.2
Murrin Bridge*	59	59	100	20						
Total catchment (approx.)	1838	328	18	72						
NSW			2.9			18.2		17.6		12.5
Australia			2.8			18.2		17.2		12.1

Source: ABS Usual Resident Population Census 2021. Very small numbers in Murrin Bridge do not allow further age aggregations.

Lake Cargelligo has proportionally more older people and more children than NSW and Australian averages (below). This age structure is typical of other rural LGAs in the area.

Figure 4: Age Distribution Comparison Lake Cargelligo Catchment, NSW, Australia, 2021



Source: ABS Usual Resident Population Census 2021

POPULATION CHANGE

There has been no significant change in the Lake Cargelligo resident population from the 2016 (1775) to 2021 Census (1779).

Population projections for the Lake Cargelligo area are based on the projections for Lachlan Shire and are affected by the births, deaths and migration rate for the entire LGA. The projections indicate a slowly declining total population. The proportion of older people however, will increase over time with those aged 70 years or over making up 15% of the population in 2021 and 18% in 2031. The actual projected increase in those aged 70 years and over from 2021 to 2026 is 30 with a further increase of 35 to 2031.

Table 4: Lake Cargelligo population projections

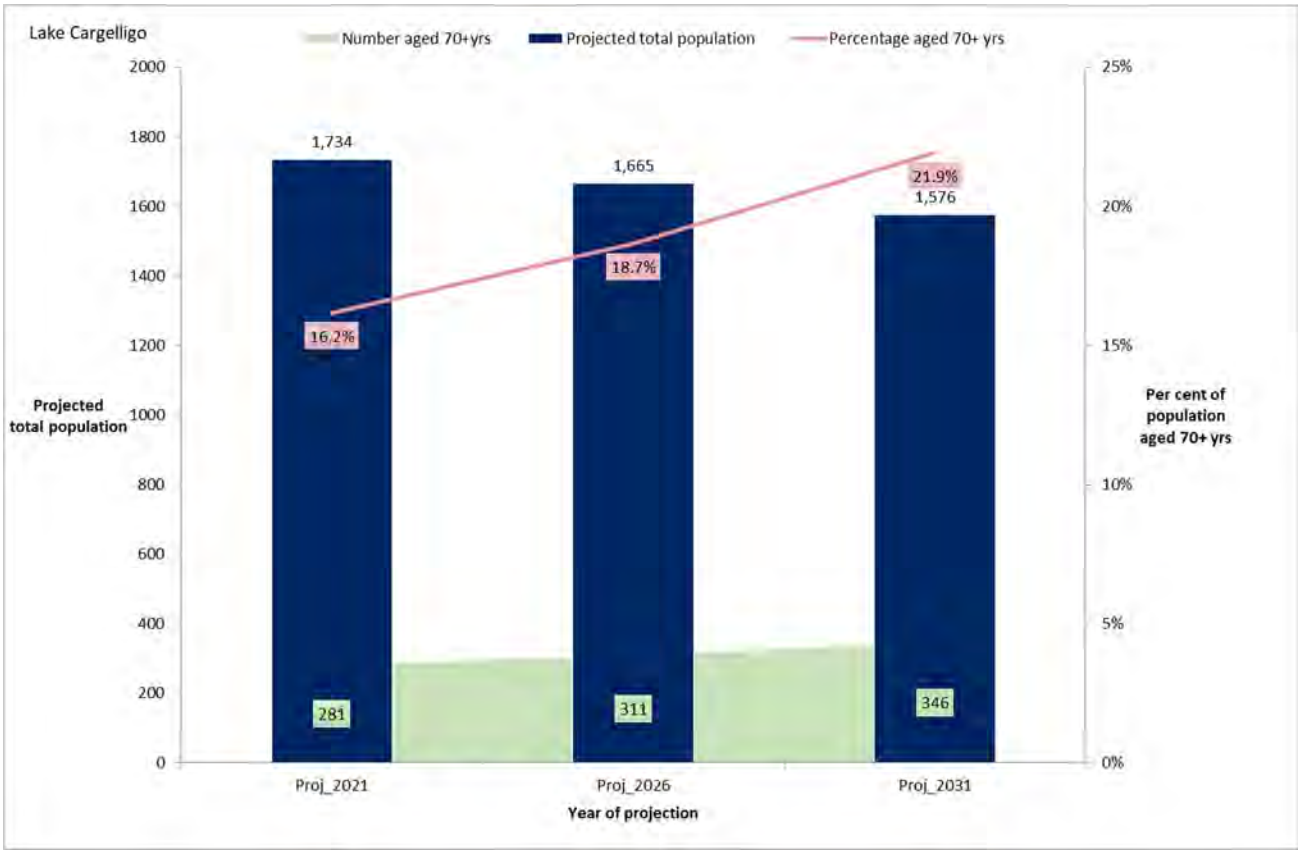
Age group	Census 2021	Proj_2021	Proj_2026	Proj_2031	Proj_2036
00-04	122	137	113	100	93
05-09	140	155	137	115	104
10-14	134	121	109	95	82
15-19	90	114	121	106	90
20-24	83	69	74	76	64
25-29	92	78	60	60	59
30-34	107	97	94	78	75
35-39	124	120	105	100	86
40-44	103	85	103	93	87
45-49	105	89	78	91	83
50-54	104	72	74	65	73
55-59	82	98	76	76	66
60-64	137	114	99	78	77
65-69	104	104	111	97	77
70-74	98	100	107	115	100
75-79	64	70	82	88	94
80-84	40	56	57	69	74
85+	50	55	64	74	88
All Ages	1779	1734	1665	1576	1472
Change in total from previous			**-69**	**-89**	**-104**
65+		384	422	442	433
% 65+		22.2%	25.3%	28.1%	29.4%
Change in 65+ from previous			**37**	**20**	**-9**
70+		281	311	346	356
%70+		16.2%	18.7%	21.9%	24.2%
Change in 70+ from previous			**30**	**35**	**10**
75+		180	203	231	256
%75+		10.4%	12.2%	14.6%	17.4%
Change in 75+ from previous			**23**	**27**	**25**
80+		111	121	142	162
%80+		6.4%	7.3%	9.0%	11.0%
Change in 80+ from previous			**10**	**21**	**19**
0-14		412	358	311	279
%0-14		23.8%	21.5%	19.7%	18.9%
Change in 0-14 from previous			**-54**	**-48**	**-32**

Source: Estimated from Population Projections provided by NSW Department of Planning and Environment, (2022)

The projected increase in those aged 70 years and over from 2021 to 2031 is 65 people (Figure below). Each 5-year period up to 2031 indicates an increase in the number of those aged 70 and over of around 30 people – and for those aged 80 years and over the increase is projected to continue with approximately 20 more people in this age group each 5 years to 2041.

These changing population demographics will have a significant impact on the future demand for services related to ageing; primary health/ health education services, chronic disease management, and acute/ sub-acute care.

Figure 5: Population projections for Lake Cargelligo, all ages and 70+ years 2021 to 2031



Source: Estimated from Population Projections provided by NSW Department of Planning and Environment, (2022)

INDIGENOUS POPULATION

The MLHD acknowledges the Traditional Custodians of the land on which we operate and pay respects to their Elders past and present. The majority of the MLHD footprint is on Wiradjuri land and also includes the lands of the Wemba Wemba, Baraba Baraba Nari Nari and Yorta Yorta people. The people of the Wiradjuri country are known as 'people of three rivers' due to the Macquarie, Lachlan and Murrumbidgee rivers which border their lands.

After colonial settlement, the land around Lake Cargelligo was taken over by settlers and the local Aboriginal population was removed from their traditional country and consolidated at other locations, under the control of the Aboriginal Protection Board. In 1907, official records showed no Aboriginal people as living at 'Cudgellico Lake'.[6] In 1949, a population of Wiradjuri, together with Ngiyampaa and Paakantyi people—from traditional lands west of the Wiradjuri lands—totalling 240 people was relocated from Menindee to a camp at Murrin Bridge about 15km from Lake Cargelligo. [10]

The map below shows the approximate regions representing language, social or nation groups of Aboriginal Australia. The nations included here are within but not restricted to the MLHD footprint.

[10] "History & Culture". *Lake Cargelligo and surrounds website*. Retrieved 13 December 2020.

Figure ?: Map of Indigenous Australia in the MLHD Region

Source Http://alatsis.gov.au/explore/map-indigenous-australia

Usual Resident Population of Aboriginal people in the Lake Cargelligo for 2021, was 269 which was 15 per cent of the total population compared to 2.9 per cent in NSW and 2.8 per cent in Australia. The Murrin Bridge community was reported to have 59 usual residents in 2021 Census bringing the Aboriginal population of the catchment to 328 (18% of the total population). There were approximately 52 Aboriginal people aged 50 years or over and an additional 20 in Murrin Bridge.

In the 2021 Census the median age of Aboriginal people in Lake Cargelligo was 26 years, younger than the Lake Cargelligo median age of 40 years and younger than the NSW Aboriginal median age of 22 years, however the median age in Murrin Bridge was 40 years indicating a significantly older Aboriginal population. The median household income for Aboriginal people was $1025/week compared to the total Lake Cargelligo household median of $1158/week. In NSW the median household income for Aboriginal people was $1558/week and for all households $1829/week.

The Lake Cargelligo Aboriginal Lands Council estimates the population of Murrin Bridge to be approximately 150 people, including 26 Elder members (over 50) and almost 100% of the community identifies as Aboriginal. This is significantly higher than the 59 people estimated in 2021 census. It also shows growth in this community from the 90 people reported in the 2016 census. The 2021 census was conducted during a peak of the Covid-19 pandemic, while many restrictions were in place. During this time many Aboriginal communities had reduced unnecessary access from people outside their areas and there was significant fear about getting sick. Local feedback indicates that the participation in the census by Aboriginal people is likely to have been negatively impacted, and the local population figures likely underreported based on local commentary. It was also noted that this community has close linkages with the Menindee area and people from these communities can be quite mobile between each area. The table following showed the updated statistics increasing from 18% to 22% pf the local population. The local Central School noted that up to 33% of their students identify as Aboriginal.

Table 5: Summary Demographic Characteristics Lake Cargelligo Area

Area	Persons	Aboriginal Population*				People aged 0–14 years		People aged 65 years and over		People aged 70 years and over	
	N	Total	%	50-69yr	65+ yrs	N	%	N	%	N	%
Lake Cargelligo	1741	260	14.6	43	17	414	23.8	362	20.8	263	15.1
Murrin Bridge*	151	150	99%	26	<5	18		<5		<5	
Total catchment (approx.)	1892	410	21.7%	69	21						
NSW			2.9				18.5		16.3		11.5
Australia			2.8				18.7		15.9		11.1

*Source *ABS Usual Resident Populations 2016 #ABS Resident populations, June 2019*

Cultural and Linguistic Diversity (CALD)

Eighty-two per cent of Lake Cargelligo's residents were born in Australia, and 3 per cent spoke a language other than English at home. People speaking a language other than English at home did not report major difficulty speaking English. The main languages other than English spoken at home were Gujarati (from India), Cantonese and Wiradjuri (less than 10 people in each group).

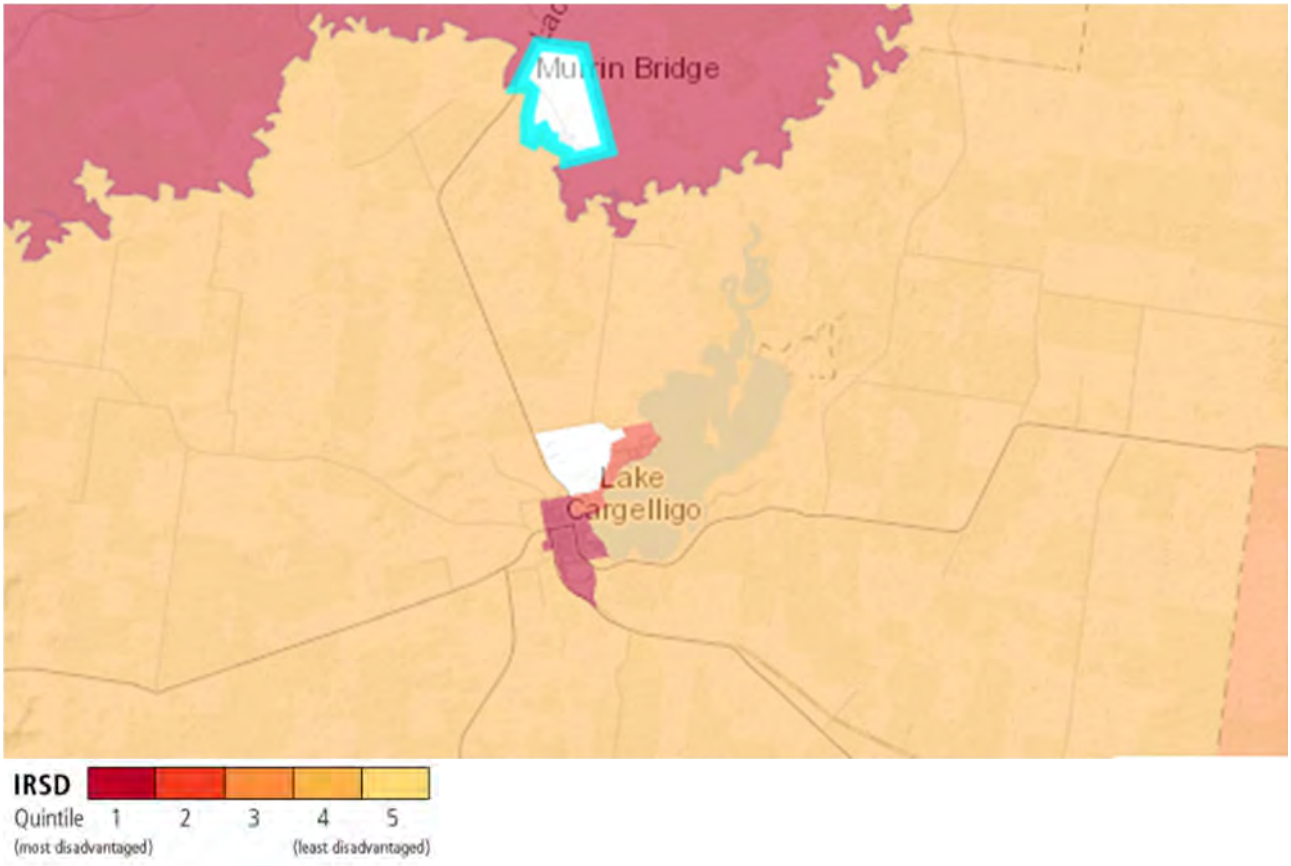
Socio-Economic Status

The health and wellbeing of individuals and communities is strongly linked to socio-economic factors where it is well documented that those who are socio-economically disadvantaged have poorer health. The Australian Bureau of Statistics Index of Relative Socio-economic Disadvantage is a score calculated on the percentage of the population in a particular area (such as LGA) with certain characteristics related to disadvantage (e.g., low income, high unemployment, low skilled jobs, and fewer qualifications). The scores for all areas across Australia are then put in order, given a ranking and divided into 10 groups (deciles), with Decile 1 being the 10 per cent most disadvantaged areas, and Decile 10 the 10 per cent least disadvantaged areas. 2021 Census indices will not be available until 2023.

The Lake Cargelligo area is made up of 7 smaller geographic unit called SA1's each of these is given a disadvantage score relating to the relative disadvantage of the households in that area compared to other SA1s in Australia. Most of the population of this area live in or around the township. The map below shows these areas to be in the highest disadvantage quintile (top 20%) of Australia. There was 23% of the population living in areas of high disadvantaged (top 10% in Australia) in the Lake Cargelligo area. This is the highest level of disadvantage in the Murrumbidgee LHD for an LGA (2016).

The Australian Standard Geographic Classification category based on Accessibility/Remoteness Index of Australia (ARIA+ 2011) indicates that Lachlan LGA is classified as "accessible" (University of Adelaide www.spatialonline.com.au/ARIA_2011).

Figure 6: Socioeconomic Disadvantage by SA1, Lake Cargelligo area, 2016



Source ABS SEIFA Interactive Maps 2016.

LOCAL INDUSTRIES

The 2021 ABS Census reports the Lake Cargelligo area unemployment rate as 4.1 per cent (Australia 5.1%, NSW 4.9%). Of the employed people in Lake Cargelligo, 8.6% worked in Grain-Sheep or Grain-Beef Cattle Farming, 7.7% in combined Primary and Secondary education and 5.8% in Other Grain Growing.

PENSION SUPPORT

In 2020, 16 per cent of the 0- to 64-year-old population of Lake Cargelligo were Health Care Card holders (218 people); 30.1 per cent of people aged over 15 years were Pension Concession Card holders (395) and 6.3 per cent of those aged 65 years or over were Seniors Health Card holders (23). Ten per cent of females aged 15-54 years were receiving single-parenting payments compared to 3 per cent in NSW. The proportion of the population receiving most pension categories were higher than NSW (below) indicating that a large proportion of Lake Cargelligo is welfare dependent. Additionality a third of children aged under 16 years were in welfare dependent families and 15 per cent of families in Lake Cargelligo were classified as low income, welfare dependent.

Table 6: Income Support Recipients June 2020, Lake Cargelligo and NSW

	Lake Cargelligo		NSW
Pension type	**Number**	**% of eligible population**	**Per cent of eligible population**
People receiving an Age Pension	219	60.4	59.7
People receiving a Disability Support Pension	68	7.3	4.6
Females receiving a Parenting Payment (single)	38	10.2	3.3
Pensioner Concession Card holders	395	30.1	21.1
Seniors Health Card holders	23	6.3	10.4
Health Care Card holders	218	16.1	10.2
People receiving an unemployment benefit	134	13.2	9.1
People aged 22 to 64 receiving a JobSeeker Payment	111	14.3	9.0
Children in low income, welfare-dependent families	141	33.6	20.6
Low income, welfare-dependent families (with children)	66	15.0	8.8

Source: Social Health Atlas of Australia, Data by Local Government Area from Centrelink, PHIDU, June 2020, accessed Oct 2022.

DISABILITY

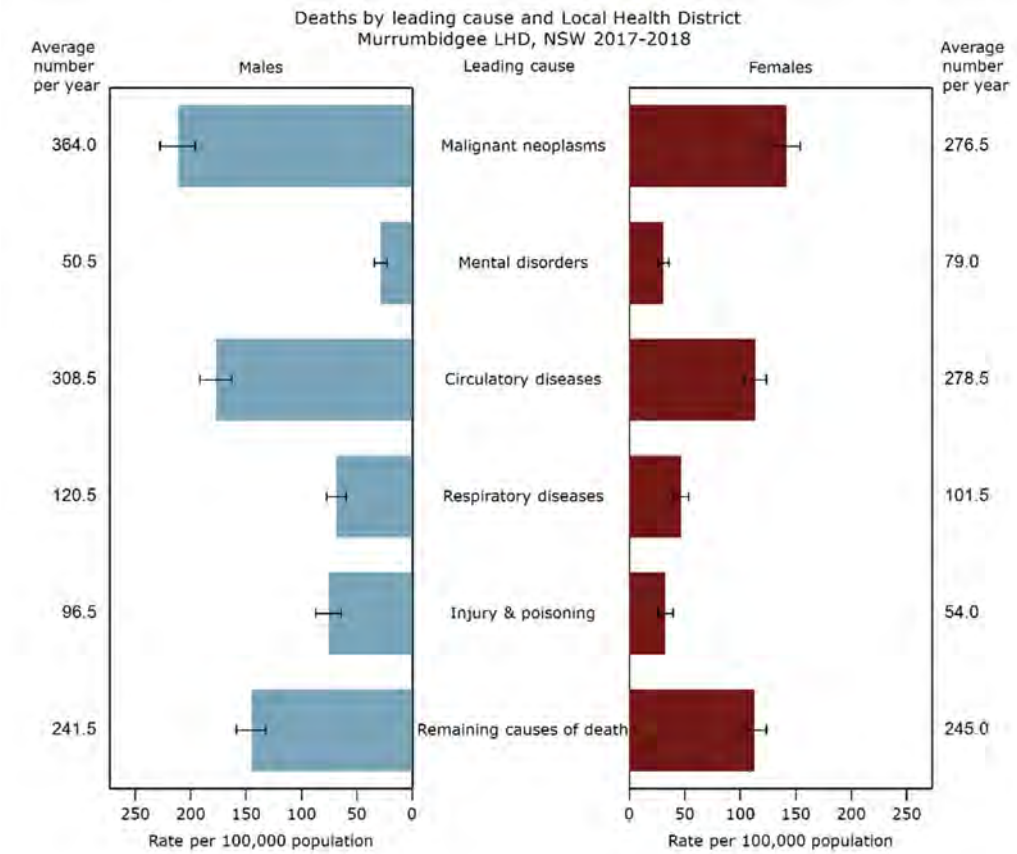
On Census night August 2021, 94 people in Lake Cargelligo (5.3% of population) were classified as needing assistance with core activities and 177 people providing unpaid assistance to persons with a disability (10% of population). This is similar percentages to NSW with 5.8% of people requiring assistance with core activities and providing care.

2.3 HEALTH OF THE POPULATION

MORTALITY

The age-adjusted “all cause” death rate for 2019 in MLHD was similar to the NSW rate (510.4 per 100,000 population compared to 513.8 per 100,000 in NSW). There were 2,372 deaths in MLHD 2019, and the death rate has overall been decreasing steadily for both males and females since the early 2000’s, the rate for males is significantly higher than the rate for females and both males and females in MLHD have decreased to near or below the NSW rates. The major causes of death for males and females are cancer followed by circulatory diseases (Figure 7).

Figure 7: Causes of Death in MLHD 2017-2018



Source: Health Statistics NSW, March 2022

There was an average of 20 deaths per year (2016-2020) for residents in Lake Cargelligo, approximately seven of these were in those aged 0-74 years, which is considered a premature death. The age standardised rate of premature death in Lake Cargelligo was found to be significantly high (2016 to 2020 compared to Australia and NSW). The main causes of premature death were cancer and cardiovascular disease (PHIDU Social Health Atlas 2022). Further analysis is unavailable as the population is relatively small.

Morbidity (hospitalisation)

The most significant cause of hospitalisation in MLHD (2019-20) was “other factors influencing health care” (ICD10 Z-codes*) (15,724 episodes, 13.7%); followed by digestive system diseases (13,327, 10.5%), and then dialysis (12,630 episodes, 9.9%). The pattern for most causes was similar for males and females however the highest rate of hospitalisation for females was maternal and neonatal related diagnoses. Rates of separations for dialysis and injury were significantly higher for males compared to females (Figure 6). **In 2016 in MLHD there were around 13,500 episodes with Z-codes although specific reasons for hospital contact are varied, some of the major reasons for these encounters were for chemotherapy (~4,000), newborns (~2,000), surgical care follow up (~1000) and endoscopic examinations (~500).*

Since the early 2000's rates of separations for most major categories of cause have been increasing slightly, however the major contributor to increased separation rates overall for the MLHD had been the increasing rate of dialysis admissions which had doubled in 15 years (from around 3% of admissions in 2001-02 to around 10% in 2016-17) but has stabilised around the 10% mark. For MLHD residents the age-adjusted rates of hospitalisation by cause were significantly higher than the NSW rates for many causes (Figures xx and 1).

Figure 8: Trends in major categories of cause of hospitalisation, MLHD 2001-02 to 2019-20.

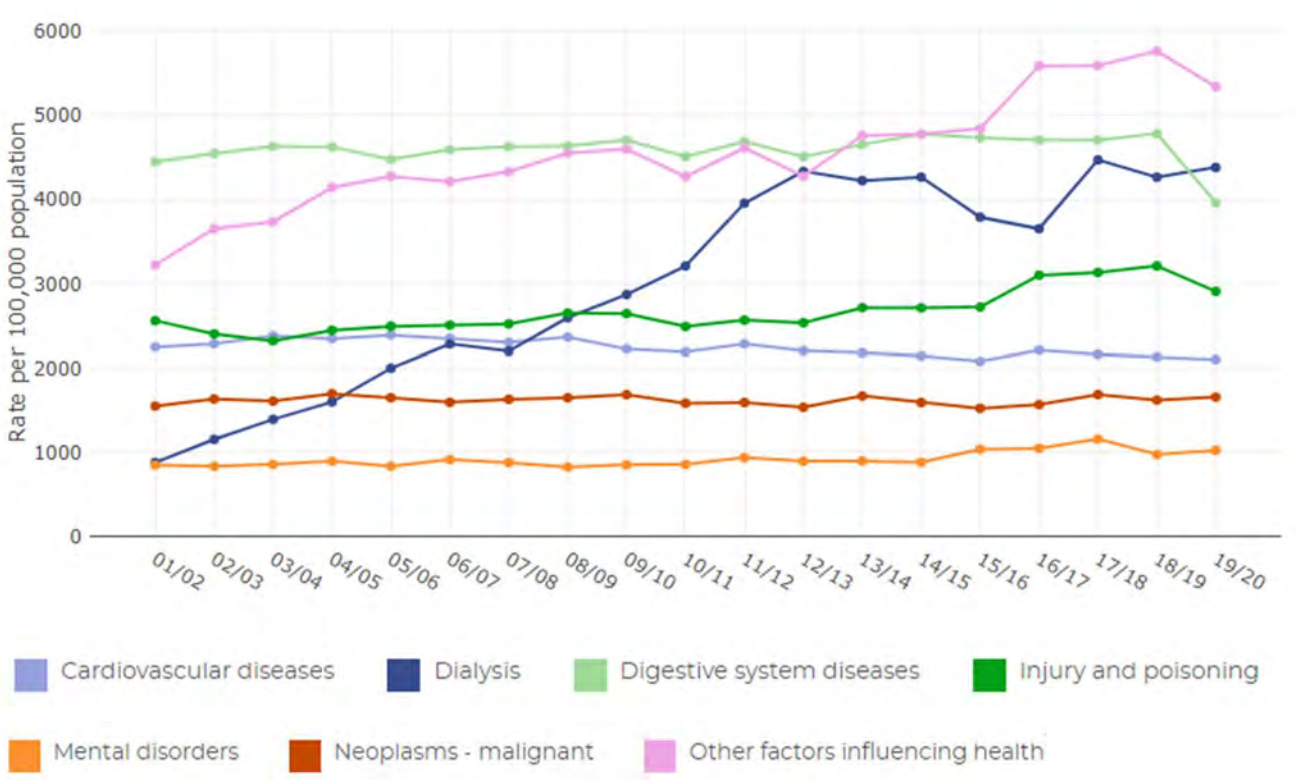
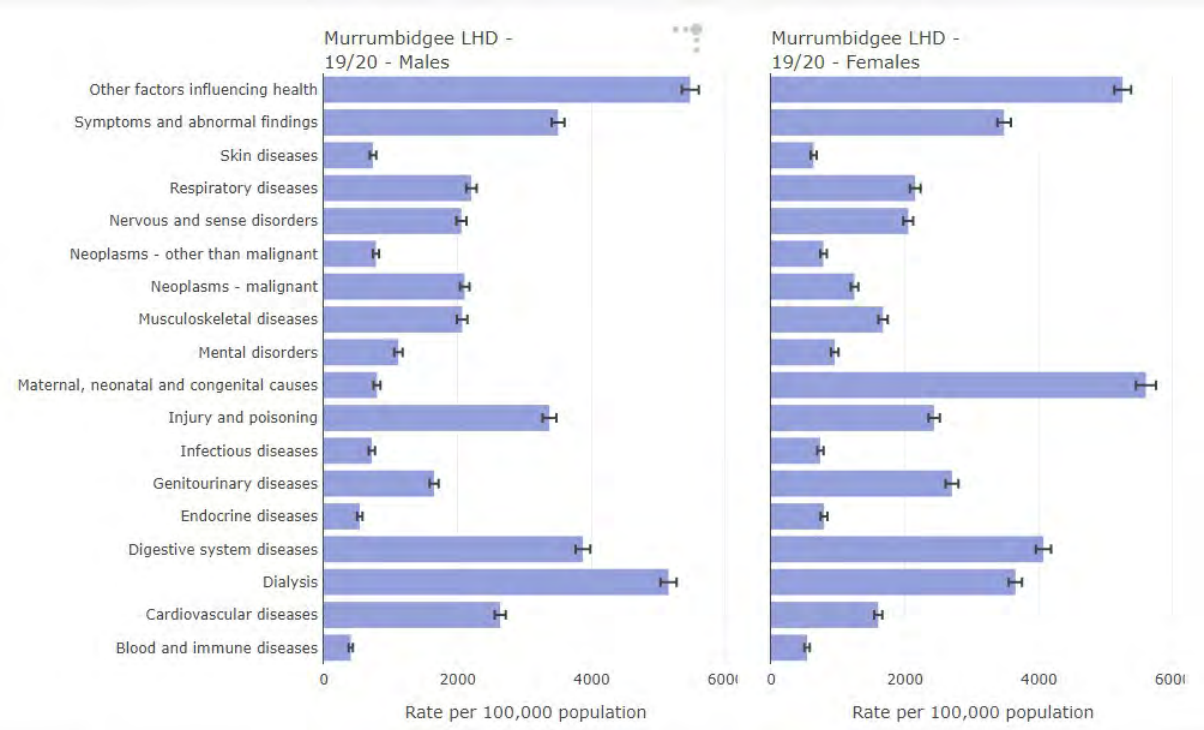
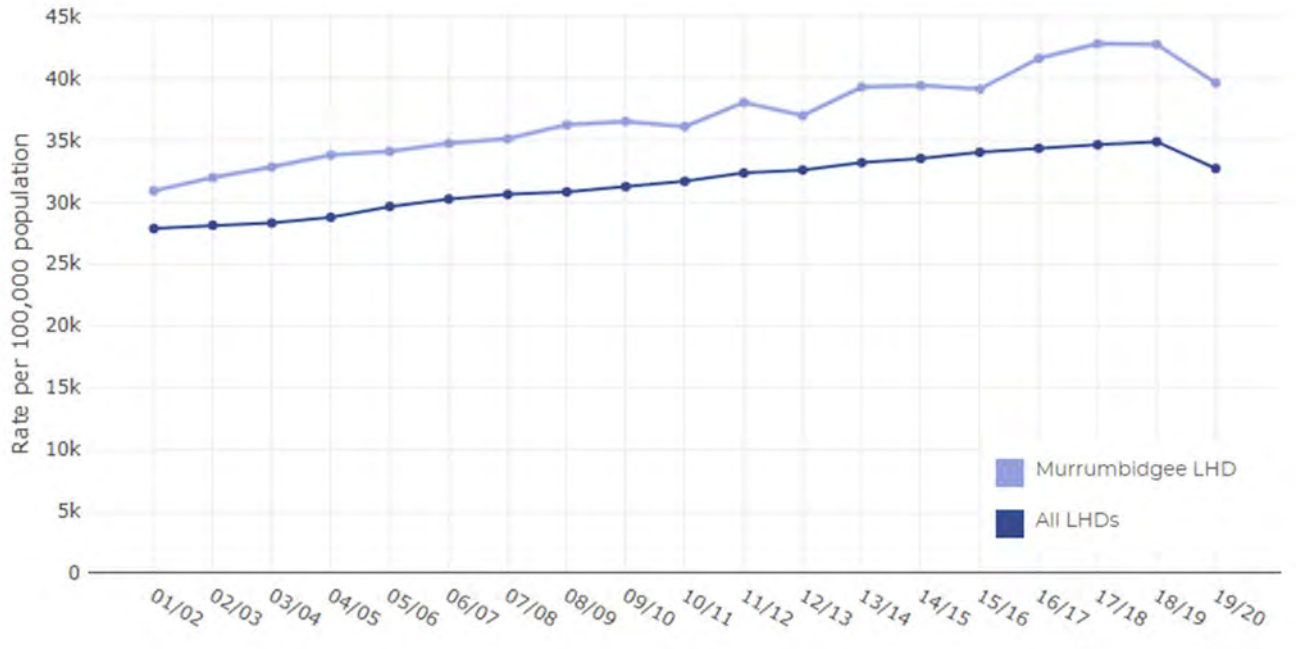


Figure 9: Hospitalisation by cause and sex. MLHD 2018-19



Source: Health Statistics NSW, November 2022

Figure 10: Hospitalisation for all causes MLHD 2001-02 to 2019-20



Potentially preventable hospitalisations (PPH) are those that could potentially have been avoided through preventive care and early disease management, usually delivered in an ambulatory setting such as general practitioners or community health services (Figure 9).

Potentially Preventable Hospitalisation in 2019-20 in MLHD:

*The most frequent in terms of **admission numbers** (Figure 9):*

- COPD (1,115)
- Urinary tract infections (971)
- Cellulitis (860)
- Congestive cardiac failure (769)
- Dental conditions (752)
- Diabetes complications (563) *emerging issue ↑
- Iron deficiency anaemia (485)
- Ear nose and throat infections (465)

*Most common condition type by **total bed days** per year:*

- Chronic obstructive pulmonary disease (5,016 total bed days)
- Congestive cardiac failure (4,028 total bed days)
- Cellulitis (3,314 total bed days)
- Diabetes complications (2,954 total bed days)
- Urinary Tract Infections (2,779 total bed days)

The causes with significant increasing trend in admission rates since 2001-02 were:

- Pneumonia and influenza (vaccine preventable)
- Other vaccine preventable conditions
- Diabetes complications (increasing since 2012/13)
- Bronchiectasis
- Urinary tract infections
- Cellulitis
- Iron deficiency anaemia (increased dramatically to 2017/18 then dropped significantly to 2019/20)
- Ear, nose and throat infections (significant increases to 2018/19 dropped 2019/20)
- Dental conditions

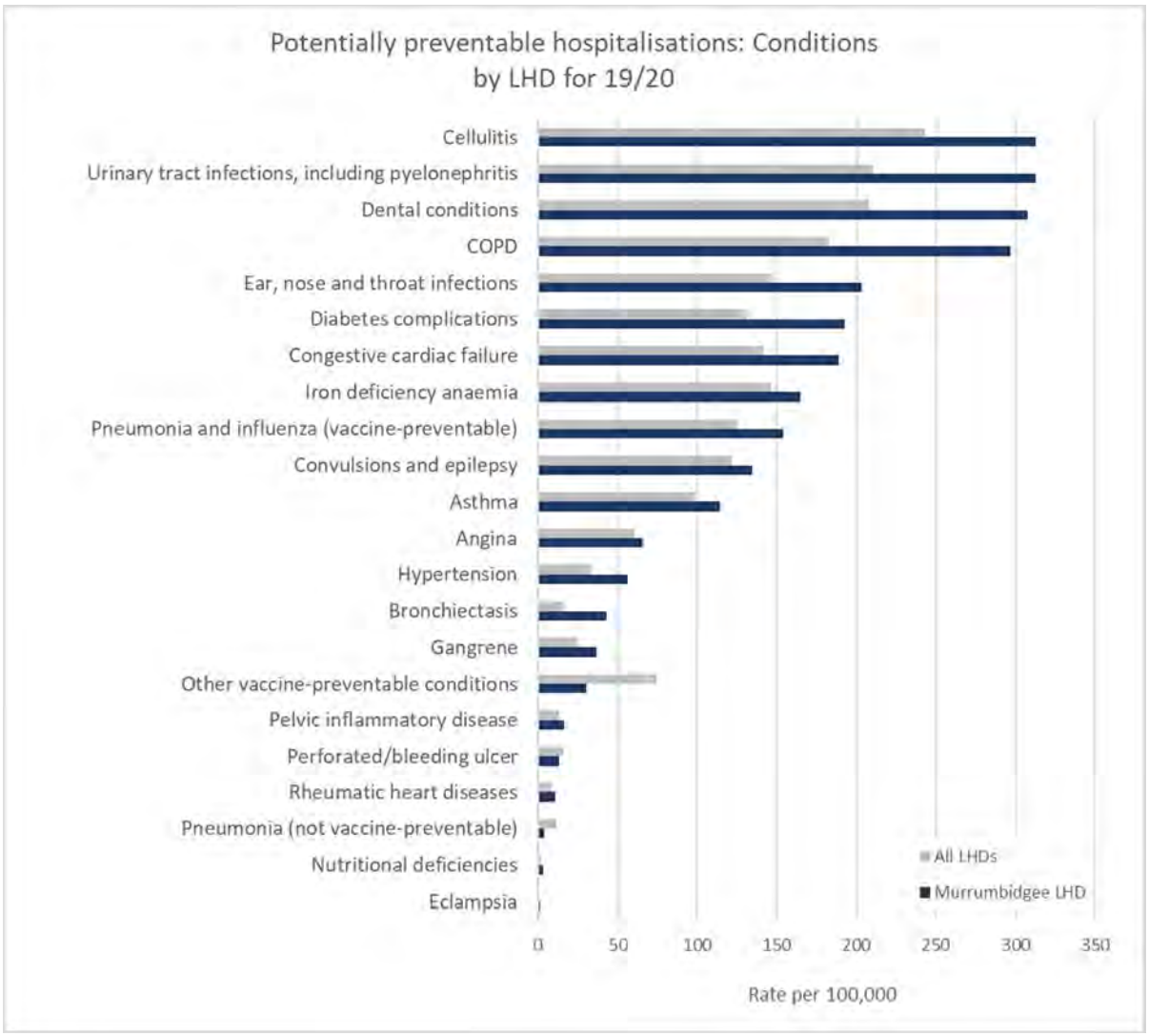
*Those with significant **decreases in admission rates** since 2001-02 were:*

- Congestive cardiac failure
- Angina
- COPD
- Perforated bleeding ulcer
- Pelvic Inflammatory Disease.

*The age-adjusted rates of PPH by condition in MLHD were **significantly higher** than the rates for NSW for the following:*

- COPD
- Urinary tract infections, including pyelonephritis
- Cellulitis
- Dental conditions
- Ear, nose and throat infections
- Congestive cardiac failure
- Iron deficiency anaemia
- Diabetes complications
- Asthma
- Bronchiectasis
- Gangrene
- Total preventable hospitalisation

Figure 11: Potentially Preventable Hospitalisation by cause MLHD 2019-20



Source: Health Statistics NSW, current as of November 2022.

No further standardised data is available for the Lake Cargelligo population as the area is not an LGA and therefore not included on Health Statistics NSW.

Morbidity – cancer

MLHD had significantly higher incidence of total cancers and deaths from all cancers, lung, and prostate cancer in MLHD compared to NSW (2013-2017). Small numbers prevent further analysis for Lake Cargelligo, data are only available at LGA level.

Table 6: Cancer incidence and mortality by LGA compared to NSW (2013-2017)

	LGAs with significantly higher rates than NSW	
Cancer type	**Incidence (new cases)**	**Deaths**
Bowel	Greater Hume, Snowy Valleys	Greater Hume and Hilltops
Breast	Cootamundra-Gundagai	Cootamundra-Gundagai
Prostate	Bland, Carrathool, Gundagai, Hilltops, Narrandera, Snowy Valleys, Temora & Wagga Wagga	Bland
Lung	Junee, Carrathool, Edward River, Federation	
Skin	Bland, Lockhart (low in Griffith)	
Pancreatic	Snowy Valleys	

Source: Cancer Institute NSW, March 2022.

Health Related Behaviours

The MLHD population has higher prevalence of many lifestyle health risk factors than NSW averages including smoking and being above healthy weight (Table 6).

Table 7: Lifestyle related health determinants, MLHD

Topic	Statistic	Compared to NSW*
Smoking	14.4% of adults smoke (MLHD 2021, 12.0% in NSW)	
	14.3% of non-Aboriginal mothers had smoked during pregnancy (MLHD 2020; NSW 7.0%) compared to 49.1% of Aboriginal mothers (NSW 41.7%) a total of 17.6% of mothers (NSW 8.6%).	High
Alcohol	38.7% of adults drink alcohol at risk levels to health (MLHD 2021, significantly higher than NSW 33.5%)	
Exercise	40.8% of adults reported insufficient exercise (NSW 2020, 38.3%)	
Diet	6.9% of adults reported adequate vegetable consumption (NSW 2020, 5.9%) and 43.5% reported adequate fruit intake (NSW 2020, 40.3%)	
Weight	68.2% of adults were above healthy weight (MLHD 2021, significantly higher than NSW 57.8%)	High
	32.5% of adults have obesity (MLHD 2021, significantly higher than NSW 23.2%)	High
Diabetes	16.6% of adults reported ever being diagnosed with diabetes (MLHD 2019; NSW 11.3%)	
Asthma	9.6% of adults (MLHD 2019: NSW 11.5%) and 20.5% of children (MLHD 2017-2019: NSW 13.1%) reported to have current asthma.	
High Blood pressure	30.9% of adults reported ever being diagnosed with High Blood Pressure (MLHD 2019, NSW 24.8%)	

Topic	Statistic	Compared to NSW*
High cholesterol	35.8% of adults reported ever being diagnosed with High cholesterol (MLHD 2019; NSW 29.5%)	

Source: Health Statistics NSW, November 2022. **statistical significance*

For Lake Cargelligo

Major long-term health issues reported in the 2021 Census by residents of the Lake Cargelligo area are included in the Table xy. Of significance are the conditions highlighted in orange. In the Lake Cargelligo area people were more likely to report having arthritis, asthma, diabetes and mental health conditions, compared to Australian averages as well as the likelihood of having 3 or more long-term health conditions.

Conditions affecting the most people in Lake Cargelligo were arthritis, asthma, mental health conditions and other conditions (not classified).

Table 8: Long-term health conditions reported by Lake Cargelligo residents, Census 2021.

Number of Long term health conditions	Number	Age standardised rate/100	Compared to Australian average
People who reported they had one long-term health condition	350	19.6	
People who reported they had two long-term health conditions	115	6.0	
People who reported they had three long-term health conditions	79	3.8	High
People who reported they had one or more long-term health conditions	543	29.4	
Type of condition reported			
People who reported they had arthritis	198	9.8	High
People who reported they had asthma	191	11.0	High
"People who reported they had cancer including remission)"	51	2.5	
People who reported they had dementia (including Alzheimers)	15	0.6	
People who reported they had diabetes excluding gestational diabetes)	112	5.7	High
People who reported they had heart disease (including heart attack or angina)	85	4.0	
People who reported they had kidney disease	22	1.1	
People who reported they had a lung condition (including COPD or emphysema)	40	2.0	
People who reported they had a mental health condition (including depression or anxiety)	122	7.3	High
People who reported they had a stroke	19	0.9	
People who reported they had any other long term health conditions	102	5.6	High

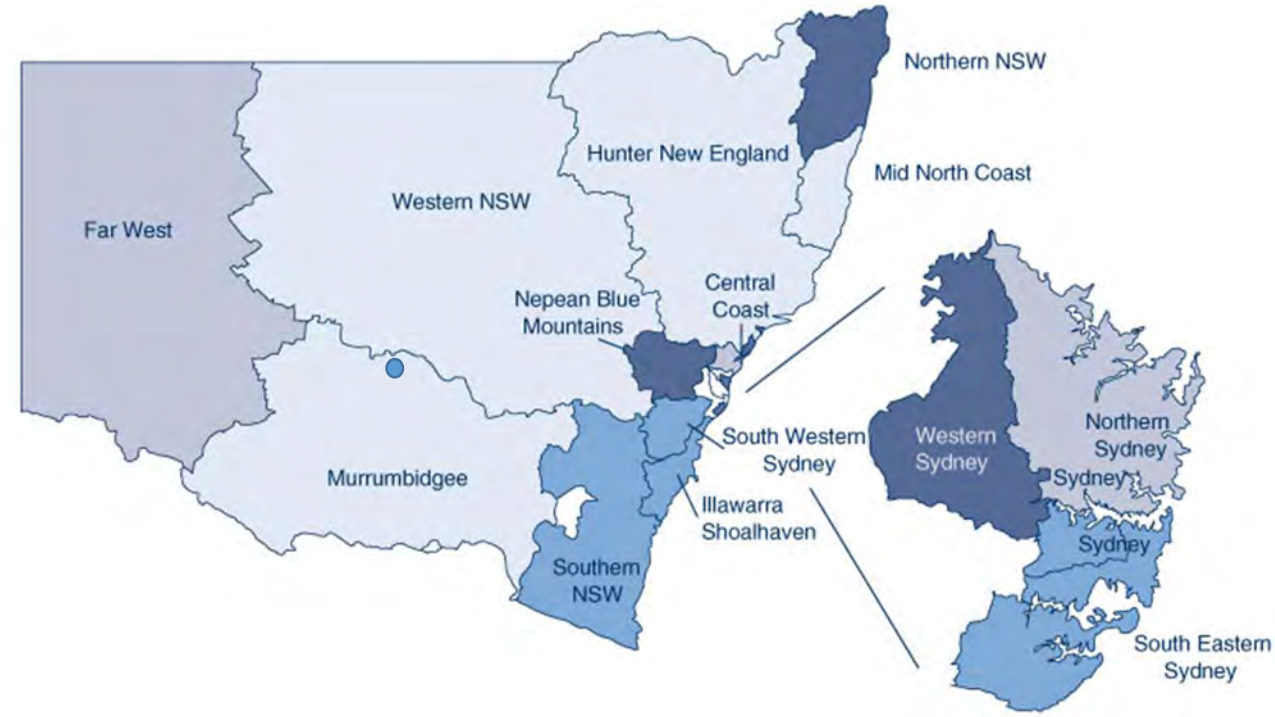
Source: PHIDU 2022 Social Health Atlas, Census 2021 data for PHN's by LGA

3. SERVICE OVERVIEW

STRUCTURE

Lake Cargelligo Multi-Purpose Service (MPS) is part of the Murrumbidgee Local Health District and sits on the northern most border of the region adjoining the Western NSW LHD. The MLHD was formed on 1 January 2011 as part of NSW Health. It is one of seven Rural LHDs in NSW.

Figure 11: NSW Local Health Districts (LHDs)

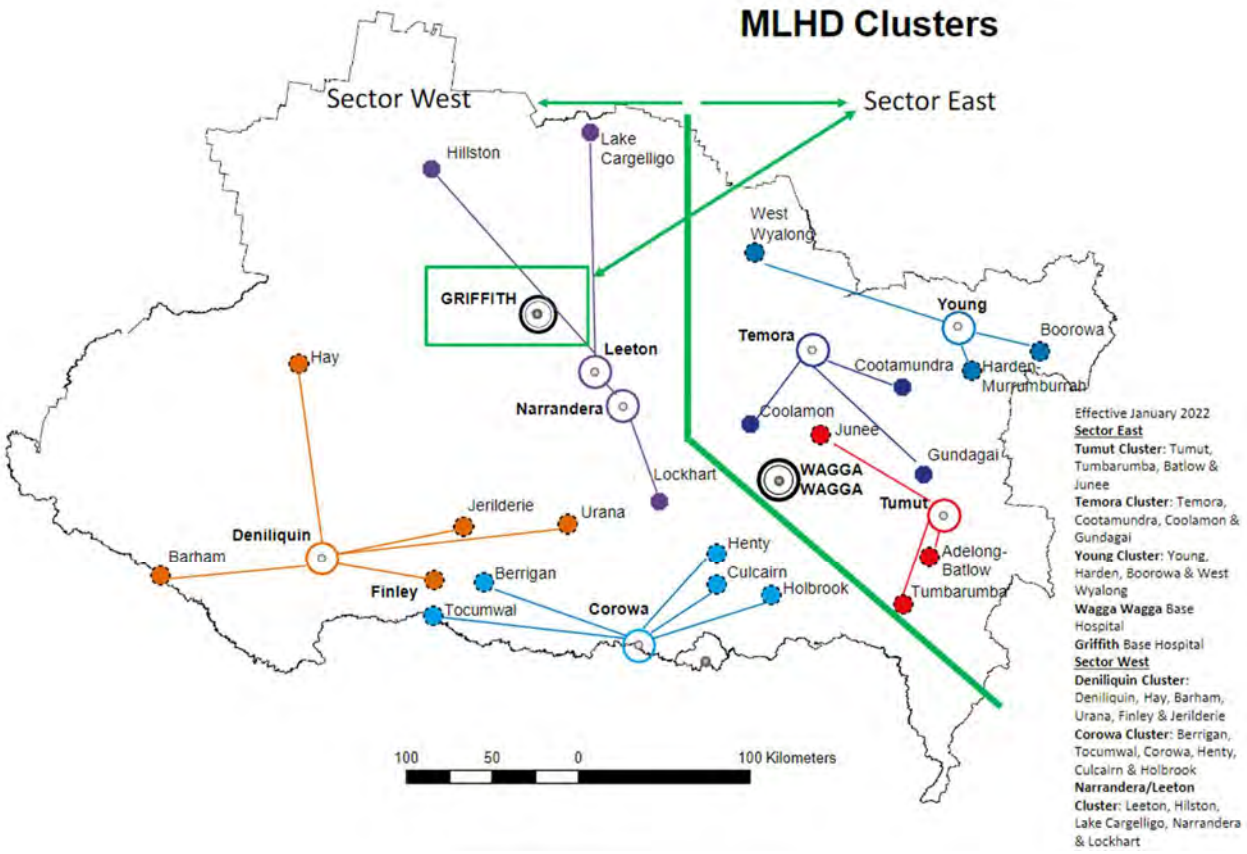


Source: NSW Ministry of Health

The MLHD covers 21 Local Government Areas spread across 125,561 square kilometres. It includes 47 geographically spread health facilities including several community health centres. Most of the LHD is considered inner regional or outer regional in terms of remoteness. The largest towns are Wagga Wagga, Griffith and Deniliquin. Albury is considered part of Albury Wodonga Health; however, some MLHD health services continue to be provided in this community.

Lake Cargelligo MPS operates within a cluster model. It sits within the Narrandera/Leeton Cluster with four other facilities, Narrandera, Leeton, Lockhart and Hillston, shown below.

Figure 12: MLHD Cluster Structure



Source: MLHD

Linkages between services occur within the network, district and cluster structure. Patients flow primarily to Griffith Base Hospital (GBH) and Wagga Wagga Base Hospital (WWBH) for higher level services if required. Lake Cargelligo links closely with GBH for higher level services not available locally, including high level emergency care, medical imaging, critical care, cancer care, centre based renal dialysis, rehabilitation services, maternity, dental and surgery. There are also links with Riverina Cancer Services in Griffith for chemotherapy and other cancer related care. Many clients will require referral to a larger facility due to the lower acuity (predominantly level 1 and 2 role delineated) services provided by Lake Cargelligo MPS. There are several A1 Principal Referral Hospitals that are accessed by Lake Cargelligo residents including Canberra Hospital (3 hours' drive), and multiple Sydney hospitals.

Lake Cargelligo is in the northern part of the MLHD close to the border of Western NSW LHD and some local residents access their services in Western facilities in Condobolin and in the larger centres of Parkes and Forbes.

The MPS has a collaborative relationship with the GP Practice in town, the Murrin Bridge Aboriginal Health Service, Murrumbidgee Primary Health Network and other health providers in the region.

SERVICES

Lake Cargelligo MPS provides acute services, residential aged services, and community services under one organisational structure, on one campus. Integration of care occurs across the continuum, including illness prevention, community and ambulatory care, residential and inpatient care. The MPS is the only frontline clinical service operating 7 days a week, 24 hours a day in the community.

Lake Cargelligo MPS is a 22-bed facility. The inpatient beds are used flexibly to meet the needs of the community. At present, the following services are provided:

- 6 acute beds (including respite and palliative care);
- 16 beds allocated to high care residential aged care in line with the Multi-Purpose Service Model;
- Level one role delineated Emergency Department;
- Health and ambulatory care services;
- Community Nursing
- Child, Youth & Family
- Aboriginal Health
- Visiting specialty community, allied and mental health and drug and alcohol services
- GP generally on call 24 hour a day;
- Mental Health Emergency Care Services (MHECs) is provided through Wagga Wagga Base Hospital (WWBH) via videoconference facilities.
- Critical Care service, remote medical and nursing consultation support is available through a remote virtual care video link to WWBH;
- Pathology services provided by NSW Health Pathology;
- There is no on site or visiting pharmacy service to Lake Cargelligo MPS, there is a remote service delivered from WWBH. Medications are ordered through MLHD and are sent out by courier. An internal pharmacy and medication management program in conjunction with a local pharmacy dispenses medications and some medications required by the MPS residents.
- Clinical support services
- Non Clinical support services
- Staff accommodation
- Inventory, purchasing and delivery of stores through the MHLD procurement process.

Lake Cargelligo MPS mainly provides a range of level 1 and 2 role delineated services. This means that the complexity of the service is one of low acuity, with emergency department facilities for treatment, stabilisation and transfer of clients. There is no medical imaging at present.

FACILITIES/ASSET

The hospital in Lake Cargelligo was founded in 1933 and sits on a large block at 34 Uabba Street Lake Cargelligo. The front half of the parcel of land is built on and the back half is unused but heavily treed. The hospital has seen many changes and improvements over time.
The front section of the Hospital rebuilt 2001 and includes the aged care wings, emergency department and ward. The current facility is compliant to current standards and Australasian Health Facility Guidelines with respect to fire, security, access, and electrical safety. However, the site is no longer fit for purpose, hampering modern models of care as layout of the site is no longer efficient. This is most evident in the acute and aged care areas. The space is dated, has a clinical feel, and has no separation from the rest of the facility. The communal spaces lack home like comforts and amenities, lack food preparation spaces, lack access to outdoor areas, and do not have discreet lounge and dining spaces.

The back part of the facility made use of the old hospital infrastructure and includes the kitchen, community health, physiotherapy space/gym room, office space, storage, meeting rooms, and morgue. This area is basic, very old and lacks some modern comforts. HACC meals on wheels, community transport and other organisations also use this space periodically. This area is joined to the front part of the facility by a long hallway via secure access. This area includes community health which has a separate entrance and parking to the main health service building. There is a reception and waiting area. These are well utilised by a variety of health service staff as well as community and service providers. Space for additional visiting services exists and the meeting room provides

opportunities for additional small group and exercise activities. However is not appealing, especially to potential commercial or external uses.

The existing staff accommodation onsite consists of a one bed unit, a 2-bed unit and 3 bedroom house. It does have shared shower/bath and kitchen/dining facilities. It is aged, lacks privacy and will not meet future staff accommodation requirements. Agency staff are increasingly requiring higher level facilities to take on agency contracts. The one-bedroom unit is attached at the rear of the community health building.

The MPS undergoes regular maintenance and improvements, and a list of prioritised repairs and capital upgrades is with the Asset Management Team. The facility has received funding for minor works and upgrades in 2022 focusing on improvements to the aged care wings and for improvements to cultural spaces.

FACTORS IMPACTING SERVICE DELIVERY AT LAKE CARGELLIGO MPS

Aged Infrastructure

Lake Cargelligo MPS will require significant upgrades and reconfiguration to deliver contemporary models of care. A recommended facility redevelopment of Lake Cargelligo MPS is a priority in the MLHD Asset Strategic Plan (ASP).

The layout of the facility, lack of functional relationships, aged infrastructure and nonconformity to current Health Facility Guidelines makes expansion and renovation of the current facility challenging. The current ED does not meet current health facility guidelines and is very cramped, especially if a resuscitation is occurring, it lacks separate spaces to accommodate for the needs of different cohorts

Good functional relationships are a feature of well- designed infrastructure to support safe delivery of care. Over time there have been changes in service provision at the hospital. Relocation of services into non-purpose-built areas, have led to poor functional relationships. A lack of privacy for both inpatients and the Emergency Department (ED) is a key concern. Patient privacy is impacted and delays for ongoing interventions occur due to the lack of space. Security infrastructure is lacking at the current facility.

Capacity

Capacity is an issue in both the residential and ED spaces, as are the lack of medical imaging and limited community health services. Inpatient bed numbers are sufficient, but dated, lacking adequate access to toilet and shower facilities and not best suited to current models of care. The aged care space requires significant expansion, is quite clinical with significant home like improvements needed. This is very difficult within the limits of the current building especially given the elevation of the land in parts. This also limits access to outdoor spaces for residents.

Staff

Staff comfort and efficiency is impacted by aged infrastructure and this impacts on recruitment and retention. Limited access to comfortable staff change rooms, break rooms, office space, training space, comfortable staff stations with good access to technology impacts retention and development. Lack of staff accommodation presents significant problems. Clinical areas that are well designed offering good workflow, access to appropriate equipment, designed with safety and security in mind impact positively on staff. Lake Cargelligo has historically had good recruitment and retention of clinical staff however national staff shortages and local housing shortages have resulted in staffing challenges. Challenges extend to other professions across the hospital including food services, cleaning, administration and asset staff.

Demography

This community is complex. The population is small (and forecast to decrease) and community infrastructure reflects this with limited shopping, entertainment, and sporting facilities.

The community has the high levels of:

- Social disadvantage,
- Pension support
- Chronic illness,
- Individuals with complex issues and multiple comorbidities,
- Preventable illnesses,
- Cultural diversity
- Risky behaviour
- Poor health literacy and access to technology

Services need to be affordable, accessible, comprehensive and connected, efficient and culturally appropriate. Local consultations noted that consumers are often putting off following up on imaging and pathology and additional follow up due to financial restraints. This can cause further deterioration.

Population and demographic changes and changes in the disease burden mean that the increasing volume of demand is outpacing the population growth rate, especially in mental health, diabetes and other chronic diseases. In addition, the complexity of demand is increasing due to an increase in the number of co-morbidities. People are living longer with the complexity of care they need increasing. Technology literacy and connectivity may present issues with virtual care access. Consumer understanding of the health and aged care services needs improvement - the need for increased consumer targeted education on available services and how to access them and how to navigate aged care especially the My Aged Care portal.

Distance

The region is classified as remote and is significant distances from small and larger regional towns and capital cities. Accessing specialists, visiting clinicians coming to the town, accessing higher level services all requires significant travel distances and expense. Transport access, public transport and costs present significant challenges.

Culturally appropriate care

Ensuring services across the continuum of care are culturally safe and responsive to the large local Aboriginal Community providing care on country. Aboriginal people continue to have lower life expectancy, higher rates of chronic and preventable illnesses, poorer self-reported health, and a higher likelihood of being hospitalised than nonindigenous Australians. An ongoing focus on improving cultural competency of staff, working to engage positively with Aboriginal people and engaging Aboriginal workforce. Consultations noted that most Aboriginal people had positive feedback about the hospital staff and services.

Aged care

The MPS is the only provider of aged care in the community, lack of adequate capacity has meant consumers delay access to secure a local bed. This has meant poorer outcomes for people waiting and significant pressure on inpatient bed capacity. The number of people over 70 is forecast to increase significantly. Ensuring aged care models match the needs of the community

Technology

MLHD has undergone significant e-health upgrades in the past 10 years. Improved bandwidth was a core component as an enabler for Electronic Medical Record (EMR) implementation. EMR was rolled out in Lake Cargelligo in 2015, while Community Health Outpatient Clinics (CHOC) rollout occurred in 2016. Medication management followed soon after enabling digital prescribing, dispensing and administration of medication for patients and residents. This electronic advancement has allowed for remote review and prescribing allowing flexible care that can be delivered from doctors more remotely.

This has had positive impacts on sharing of information for connected care delivery. Further enhancements using updated platforms, particularly for Telehealth, will see greater access to specialty services.

Technology access and skills in the community are limited.

Patient Flow

A Patient Flow Unit is established across MLHD, which is supporting rural sites with patient management and appropriate patient transfers in conjunction with the critical care component linked through ED cameras. The Critical Care Support Service has provided additional support for GP's and Nurses in rural health service emergency departments. Virtual nurse assist is a remote nursing consult service for staff looking for assistance with appropriate triage and assessment. Lake Cargelligo is a trial site for this new program.

Shift to Community based services

Hospital in the Home (HITH) access was raised during the consultation phase for this Plan. MLHD currently has two sites with HITH programs: Wagga Wagga and Griffith. There are opportunities to explore the viability of providing a HITH service in smaller health facilities such as Lake Cargelligo. Community, visiting allied health staff and mental health staff have challenges accessing consult and treatment spaces. The introduction of new and expansion of current outpatient and outreach services are two major strategies aiming to keep people with health conditions particularly chronic and complex conditions at home. Space requirements need to be considered during the facility planning phase.

Prevention

There is a lack of programs in the catchment designed to decrease risk and illness. A lack of engagement with/access to preventative care and public health programs (e.g. falls prevention light exercise, healthy eating, smoking cessation and health education) lack of screening especially during Covid 19 lockdowns, mean higher prevalence of chronic illness and poorer outcomes. This is compounded with poor service awareness and health literacy. Many of these programs used to be run by community health staff and there is now no capacity for them to facilitate this. This has resulted in higher numbers of preventable admissions and readmissions and more advanced levels of disease.

4. NON-INPATIENT SERVICES – CURRENT

MLHD Community Health Service delivery across the District has centralised the intake process, improved models of care, priority programs, and targeted service delivery.

A range of networked Level 1 and Level 2 primary and extended care services are provided by Lake Cargelligo MPS to meet local health needs. These services are provided in consumer homes and from the community health offices are located in the Lake Cargelligo MPS health campus. The clinics and offices are at the back of the hospital building. The services based at Lake Cargelligo and those visiting and providing outreach use this space. This area has separate access, parking and waiting area. There is not a good linkage between community staff spaces in the rest of the MPS.

Outreach to remote locations can be a challenge and Lake Cargelligo is quite a distance from larger centres. Consultations noted that visits from specialty clinical staff have reduced since there are fewer

community based clinicians working from Lake Cargelligo to determine need and coordinate locals. Visiting clinicians an access seats on the small plane used by the LHD.

Appointments are made through the Community Care Intake service (CCIS). The hours of operation are 08.30 - 17.00 hours, Monday to Friday and can be contacted on: 1800654324.

Governance for services that traditionally sat with community health are streamed across the District. Collocation of these services, with good links to inpatient and support areas is therefore critical to support ongoing integration of services for better patient outcomes.

The Community Health Outpatient Clinics (CHOC) software has improved the reliability of non-admitted patient data since 2016. The current data sets are far more robust. Older Community Health non admitted patient data can be unreliable as a projection tool for future demand, particularly where there have been staff and program vacancies.

4.1 POPULATION HEALTH SERVICES

Lake Cargelligo MPS is supported by a Public Health Unit, which covers MLHD and Southern NSW LHD as well as Albury. The following services are provided as part of Public Health services:

- Environmental health.
- HIV, Sexual Health and Hepatitis services.
- Immunisation services.
- Infectious disease monitoring and reporting.
- Tobacco Compliance; and
- Tuberculosis services.

Most of these service professionals are based at the Albury Office of MLHD. Public Health support and advice for health professionals is available 24 hours per day, 365 days per year.

A Needle and Syringe Program (NSP) service operates from the Lake Cargelligo MPS via a free automatic dispensing machine with 24-hour access. Consumers report that the program works well. Access to HIV and STI testing, and treatment services are available via the Wagga Wagga Sexual Health Service (Brookong Centre). Additional information on access to HIV and STI services is available via NSW Sexual Health Infolink (Monday-Friday 9am-5.30PM). Access to Hepatitis C treatment services is through local GPs and the Hepatitis C treatment Service in Wagga Wagga.

4.2 ABORIGINAL HEALTH SERVICES

Aboriginal Health Services

The health of Aboriginal and Torres Strait Islander Australians is improving on several measures, including significant declines in infant and child mortality and decreases in avoidable mortality related to cardiovascular and kidney diseases. Despite these improvements, significant disparities persist between Indigenous and non-Indigenous Australians. Indigenous Australians continue to have lower life expectancy, higher rates of chronic and preventable illnesses, poorer self-reported health, and a higher likelihood of being hospitalised than non-Indigenous Australians (AIHW 2015a, 2015b).

There are many dimensions to the poorer health status of Indigenous Australians compared with other Australians and a complex range of factors are behind these differences. These include:

- Differences in the social determinants of health, including lower levels of education, employment, income and poorer quality housing, on average, compared with non-Indigenous Australians
- Differences in behavioural and biomedical risk factors such as higher rates of smoking and risky alcohol consumption, lack of exercise, and higher rates of high blood pressure for Indigenous Australians
- The greater difficulty that Indigenous people have in accessing affordable and culturally appropriate health services that are in close proximity.

The Aboriginal community makes up a significant portion of the Lake Cargelligo population. Within the total Lake Cargelligo MPS catchment, the 2021 Census estimated 18% of the community identify

as Aboriginal. This compares to 3.4% for NSW (ABS Census 2021). Murrin Bridge is an Aboriginal community just to the north of the Lake Cargelligo area border, within the shire of Lachlan, it is considered part of the Lake Cargelligo catchment, MLHD provides services to this community although it is not within the official MLHD boundaries. The Lake Cargelligo Lands Council estimates the population of Murrin Bridge to be approximately 150 people, with 26 Elder members (over 50). This is significantly higher than the 59 people estimated in 2021 census. Considering local information and feedback it is estimated that Aboriginal People make up between 22-25% of the local community.

The MLHD Aboriginal Health Unit is responsible for promotion of Aboriginal Health and the provision of Aboriginal Health Services across the MLHD. It provides programs and services that are culturally appropriate and accessible for Aboriginal people and communities. The Aboriginal Health Unit also works with mainstream staff, across the continuum of care, to enable them to plan and deliver high quality and accessible health services to Aboriginal people and communities more effectively.

With a large local Aboriginal community MLHD Aboriginal Health Services are provided to Lake Cargelligo and surrounding communities by locally based Aboriginal health workers and some specialty staff who provide outreach services. All Aboriginal health workers in MLHD are Aboriginal Health Practitioners or working towards this qualification. Aboriginal Health practitioners are able to complete a wider scope of clinical services than Aboriginal Health Workers including observations, immunisations, wound care, medication administration, taking blood and case management [11].

To be eligible to use the Aboriginal Health services clients must be Aboriginal and Torres Strait Islander people or parents/carers with Aboriginal children. The staff in the hospital or community, GPs and individuals can refer to this service. If an Aboriginal person presents to the hospital their visit will flag for the team to follow up with them. These services do not use central intake.

Local services include:

Aboriginal Maternal Infant Health Service (AMIHS)-

Community based antenatal and postnatal care to 8 weeks for Aboriginal women and women with Aboriginal babies provided by a Midwife and Aboriginal Health Worker. Services include antenatal care, booking into hospital, referral to other services, home visits, health promotion and education on pregnancy related issues and healthy choices during pregnancy.

Building Strong Foundations for Aboriginal children, families and communities –

Aboriginal Health Worker and Child and Family Health Nurse, working together to provide early childhood health from birth to school-age including Personal Health Record ‘blue book’ developmental checks, referrals to other services, health promotion and education.

Aboriginal Health Worker/Practitioner Support -

The Aboriginal Health Worker/Practitioners work as part of a multi-disciplinary team, providing primary healthcare to Aboriginal people including screening, assessment, brief intervention and referrals. They actively contribute to case planning and case management as part of the multi-disciplinary team. Provide support and advocate on behalf of Aboriginal people in the community and health care setting. The worker also participates in planning and delivery of health promotion and education to promote healthy lifestyles to Aboriginal people.

The team can provide support and advocacy in the emergency or inpatient setting as well as in the community. Aboriginal Health staff make referrals to other community health services, logging the request with the Central Intake System on the clients behalf. If the client doesn’t have reliable phone access the intake team to follow up with the Aboriginal Health staff to coordinate the appointment. This care coordination ensures people get the care they need and attend their appointments.

[11] https://www.health.nsw.gov.au/workforce/Aboriginal/Publications/Aboriginal-health-worker-guidelines.pdf

This team runs several programs and additional support services are available for people who identify as Aboriginal or Torres Strait Islander. These include

- Availability of Aboriginal Health Workers for liaison/ support,
- Support and care in the ED, inpatient and aged care setting,
- 48 hour follow up program improves care coordination and enhance the management of care for Aboriginal patients, identifying and resolving any issues that may put the patient at risk of representation or readmission to hospital. This can be a phone call or home visit
- A social and emotional wellbeing support program,
- And Aunty Jeans Program (support for people with or at risk of chronic disease). There was an attempt in March and October to run the Aunty Jeans program but couldn't get the numbers. Are looking at running the health food component in conjunction with the Ironbark program

Aboriginal health workers work closely with hospital leadership to ensure care is cohesive and well coordinated for local people with regular case conferences.

Outreach services include:

Palliative Aboriginal Health Worker

This is a district position offering culturally appropriate support to people with a life limiting illness. This role works with nursing palliative care specialists and palliative care social workers, bringing in other staff to assist as needed. Assisting with client and family supports. There is a stigma around serious illness like cancer and ultimately death and dying and this extends to the palliative care room at the MPS. Feedback noted that the current palliative care room is small, clinical and lacking warmth and decoration. There are opportunities to make the room feel nicer with some decoration/art as a distraction and comfort for clients.

District Mental Health and Drug and Alcohol Services Coordinator for Aboriginal People -

Strategic direction across the district to coordinate programs and deliver on strategic directions. Cultural safety audits and outcomes. Working on outreach and coordination of care into AMS and collaborating for care. Coordinating the Mental Health Trainee program - Djirruwang Program, supporting Aboriginal team members to complete mental health qualifications and workplace experience[12].

District Clinical Lead MHDA support for Aboriginal People

Clinical coordination for any MHDA cases that involve first nations people. Cultural consultation in case conferencing. Ensuring cultural safety to improve engagement for first nations people.

Opportunities

Consultation with community members, staff at the AMS, MPS and Lands Council note that the MPS provide good services to the Aboriginal community. Most people consulted believe that there is broadly positive feelings about the services delivered by the MPS, the staff are trusted and have built good relationships.

Several opportunities have been flagged during consultations:

- **Aboriginal aged care model** – In Lake Cargelligo there is a rapidly aging and growing Aboriginal community. There are currently two local elders living at the MPS. As family and friends visit these residents this is breaking down fear and barriers to local Aboriginal people considering respite and residential aged care. This is creating additional local demand for places in a facility that is already operating over 100% occupancy and the only aged care provider in town.

[12] https://healthinfonet.ecu.edu.au/key-resources/programs-and-projects/132/?title=Djirruwang+Program&contentid=132_4

By changing the model, we can explore opportunities to provide culturally safe and appropriate aged care to suit the needs of this community. This allows Aboriginal people to live well and age on country. There is a fear amongst this community that they will be 'sent away' and isolated. There would be a focus on developing physical infrastructure and models of care that enable cultural activities, welcome ceremony, family visits, ceremonies, yarning and sorry space, outdoor access, art programs in a homelike environment. There is an opportunity to look to collaborate and co-fund this with the Commonwealth via the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, this would be viewed positively by the MOH. The Aged Care Royal Commission and the Rural Health Enquiry both made recommendations about providing culturally appropriate care, close to home, maintaining connection to country, and offering inclusive care.

- **Potential AMS Co-location in HealthOne Format** – The Lake Cargelligo AMS is currently waiting on the outcome of a grant to purchase their building. However, if this is not successful, they are very interested in investigating colocation with the MPS, especially if a redevelopment is undertaken. Incorporating the AMS supports the wellness model incorporating primary care with community and outpatient services. This meets the requirements for a Health One as it integrates community and primary care services and responds to the local needs of the community. The AMS and lands Council both see benefits to being co-located for service users. Building closer relationships with the AMS and Lands Council will offer opportunities to collaborate on projects and programs. This includes outreach of mental health services where first nations people want to receive them, e.g., home or AMS setting.

  Detailed discussions will need to occur to determine the exact needs of the AMS for clinical and non-clinical spaces.

- **Renal Self Care –** Investigating the commissioning of the space in community health that was fitted out with specialised plumbing for renal self-care. This may save some local clients the 1.5hr drive each way to Griffith. The AMS and MLHD has suggested training their Aboriginal health workers to offer carer support to assist the clients dialysing to connect and disconnect from the system.

- **Community education and engagement** – a recent Aged Care Forum invited the Lands Council and a group of Elders, and they participated in several sessions. The feedback was that the sessions were useful. Follow up with local ABH and lands council staff and see if we can organise a tour of the hospital and the aged care for elders. This may help build relationships and break down the fear that the hospital is about death and dying. Invite a few of the staff to be introduced and talk about how they can help. Possibility to talk further about health service planning and needs analysis.

  Consultations have noted that there are lots of short term and out of town services that come in but don't engage with the community which builds some mistrust. Getting to know a few key people in the facility will help build trust and care coordination. Open days and visits that are ongoing have been used in other regions very successfully and yielded good feedback.

- **Aboriginal Workforce (additional or changed mix)** – Feedback about staff has been largely positive, with some community members noting that having more Aboriginal people working in the MPS has made them feel more comfortable. Consultations have noted that the Aboriginal health staff are incredibly busy providing a mix of social work and complex care coordination. There are two workers in a very large local community.

  A range of feedback for this community noted length of stay increasing, increasing complexity, increasing preventable hospitalisation, and poor medication compliance due to lack of understanding of why it's important. This has been partly attributed to limited community nursing and COMPACs capacity, intake for community services can be tricky to use, GP can be hard to get into and the AMS GP is only once a week and limited allied health access.

  A suggested approach to assist would be the addition of male Aboriginal health worker or Nurse. Would free up more time to do more health promotion and education, medication education,

translating health problems when people don't understand, support for chronic conditions or serious illness e.g., cancer management. Opportunity to engage Aboriginal school-based trainees, AIN, EN and allied health assistants in the hospital and community setting. There is interest in a local working group with LHAC, Tafe, School, Lands Council and ABH Worker participation with support from People and Culture. Further exploration of an additional Mental Health Trainee based with the LHD or AMS.

- Community care navigation, services come and go and can be inconsistent.
- Additional transport options. Distance presents many challenges. Both with travel to services and challenges with outreach services visiting the community.
- Larger rooms, with ensuites, that can accommodate larger family groups. An Aboriginal Family room and cultural spaces
- There needs to be a real and genuine focus on programs that close the gap in health outcomes between Aboriginal and non-Aboriginal people in this community with significant additional consultation required.

Feedback has noted that the current facility is not set up well for Aboriginal people. The building does not have a welcoming feel and could benefit from some updated decoration/art. Rooms are small and large family groups can't be accommodated. Some works have improved the look and feel of the building, and more are planned.

Some of these models will be able to be operationalised, fully or in part prior to a redevelopment, others may be best planned towards and developed for a likely redevelopment.

Additional in-depth community engagement to further explore appropriate design features and benefits should occur e.g., look and feel, access to gardens and outdoor space, supporting cultural activities, facilitating smoking ceremonies for rooms and hospital areas, mortuary with viewing area with indoor and outdoor space as planning progresses. Local research supports this methodology "yarning member said service providers should come down and do a bit of an information session on what we actually do. This is how simple connecting services to community could be."[13]

These concepts have come from community codesign. They are supported by the steering group, lands council and AMS as well as MLHD Aboriginal health team. There is genuine engagement between the MPS staff, the AMS, the Lands Council and a range of community organisations that have expressed a genuine desire to improve health outcomes for Aboriginal people. This is the first time there is so many parties working together in this community. This presents a good platform for change and improvement with a diverse range of stakeholders working together towards similar and shared goals.

Aboriginal health services in Lake Cargelligo are jointly provided by MLHD and the Murrin Bridge Aboriginal Medical Service (AMS) managed by Griffith AMS. The AMS offers a five day/week service for the Aboriginal and non-Aboriginal population with a visiting GP once a week, visiting physiotherapy services, transport to appointments at the AMS only, which is located in the township of Lake Cargelligo. Further details of the service are outlined in the primary care section of the plan.

4.3 HEALTH PROMOTION SERVICES

There are health promotion programs provided through MLHD including falls prevention/physical activity leaders programs (Stepping On, Tai Chi, Community Exercise and Aqua) and school/preschool programs based on the Healthy Children's Initiative (Munch and Move and Live Life Well at School). Most of these programs are run in a community/school setting rather than through

[13] Sharing and valuing older Aboriginal people's voices about social and emotional wellbeing services: a strength-based approach for service providers

the health service. Health promotion also provides tobacco control and education programs through schools and businesses/organisations.

The seven weeks Stepping on program for falls prevention is not run in Lake Cargelligo and hasn't run for 6 years. The program was run by community nurse, but there is not capacity to run it with current staffing. This could be picked up by an allied health assistant in future and there is demand for the service. Aqua Aerobics is running at the local pool and well attended. Tai Chi was running regularly prior to Covid 19, but is not running currently.

There are issues with access to space for group activities such as the Stepping on Program and Community Exercise groups. At present workers try to find free venues in the community, however these are very limited and not ideal. There is no space for group activity within the Health Service as a whole. Group work is a growing modality for general, cardiac, and pulmonary rehabilitation programs, and population health prevention and education programs. Lake Cargelligo has high levels of cardiac and respiratory disease, compounded by obesity, aging, smoking and other lifestyle risks. An increased focus on prevention programs and community led wellness programs would offer significant return on investment.

4.4 DENTAL SERVICES

There is no public dental clinic in the Lachlan Shire. However, clients can access free general and preventive dental care is available at NSW Public Dental Clinics in Griffith for:

- All children under 18 years of age.
- Adults who hold any Centrelink concession cards.

All patients must be eligible for Medicare and should have a valid Medicare card. A range of different services are available for children and adults. There is a Child Dental Benefits Scheme which covers routine dental treatments but does not cover additional services such as orthodontic treatment. All appointments are booked through the intake line and waitlisted if not urgent.

Under some circumstances adult patients from Lake Cargelligo region can access a voucher system under the NSW Oral Health Fee for Service Scheme. The Commonwealth voucher system for adult public dental engages private dentists to provide this service.

Dental van has been newly purchased by MLHD. It is being commissioned and will be visiting communities once the schedule has been confirmed. This new model of care delivery should increase access to dental care and improve outreach into smaller communities.

The aged care residents at the Lake Cargelligo MPS are visited twice yearly by the Oral Wellness Lifelong program (OWL program). This service offers twice yearly dental services by visiting staff, this ensures regular review and dental health and comfort checks. An oral health therapist visits the resident at bedside or for an in room check and treatment. Then further actions can be organised if needed with the therapist or for more complex procedures with a dentist. If urgent care is required and the public system cannot accommodate the resident the OWL program can organise a private dental voucher for treatment.

There are several private dental services in Griffith and one in Condobolin. Access to dental care was noted as a challenge in community consultations. Cost was cited as the key barrier to access and public dental programs weren't widely known about.

4.5 MENTAL HEALTH/ DRUG AND ALCOHOL SERVICES

A multi-disciplinary MHDA team is centrally located in Griffith and provides equitable access to surrounding communities including Lake Cargelligo. Some specialty staff outreach from other communities. These services are available across the lifespan. Child and Adolescent (CAMHS), Adults, and Older Person's (SMHSOP) workers are available 5 days a week, they also do home visits and café visits.

The Specialist Community Mental Health and Drug & Alcohol Teams provide:

- **Assessment:** this is an interview with a mental health worker to identify the consumer's needs, which may also include consultation with a psychiatrist.
- **Individual Care:** Following assessment, the mental health worker will give information about available treatment options and reach an agreement with the consumer about a treatment plan. Other important people in the consumer's life may be involved in this process with the consumer's permission.
- **Case Management:** This is offered to consumers who require further counselling and treatment. This includes referral and consultation with other service providers to assist in recovery.
- **Referral and Consultation:** When the initial assessment has been completed it may be necessary to refer to (or consult with) other service providers for specialist services.
- **Education:** Education on a variety of mental health issues is provided to consumers, families, carers, and community groups.
- **Advocacy:** The Community Mental Health Service can speak with other service providers on consumers' behalf.
- **Drug & Alcohol:** Aiming to reduce harm caused by the use of drugs and alcohol. Responding to people with all kinds of use and patterns of harm, not just those with dependence. Offering education, assessment and referral to other specialised drug and alcohol services for individuals, families and community groups.
- **Carer Support Worker and Consumer Advocate:** CMHDA have a MH carer support worker and a MH consumer advocate; and
- **Got IT Program:** Screening and Intervention in Primary schools for children who may be vulnerable to MH issues in the future.
- **Farm Gate support:** immediate support for mental wellbeing for people living in regional communities dealing with adversity and natural disaster. The program offers one on one brief interventions and counselling sessions.
- **Suicide Prevention Outreach Service**

MLHD Mental Health and Drug and Alcohol (MHDA) services are focussed on acute care needs. MLHD MHDA services are provided to people with moderate to acute or severe mental health as well as drug or alcohol conditions. The team provides a variety of free services to local and surrounding communities. Services are available 24 hours a day, 7 days a week.

Referrals to the services are via an Accessline or MHECS. The service can support children and adolescents, adults and older people in a way that is close to home, personalised, evidence-based and focussed on a person's own goals for recovery. Support is provided both face to face and via Virtual Care so that clients can access services in a way that suits them.

MLHD Accessline is staffed by mental health clinicians who can provide assessment and advice to people experiencing mental health issues or distress. They can also assist people caring for a loved one with mental health challenges. Accessline can make referrals to the most appropriate service to meet the client's needs. This may include referral to the other mental health hubs across the district offering Community Mental Health Drug and Alcohol Services. These services work with a range of community mental health and drug and alcohol services provided through other agencies.

Mental health and counselling services were highlighted in consultations as an area of need, particularly with pressures from Covid-19 and natural disasters. It was noted that while the mental health team has a presence in town many local people required less acute care than that offered by the high-level services from the LHD. The interest shown in consultations was in stepped care and entry level services e.g., counselling. The census data reflected very high prevalence of mental health conditions and consultations with medical and MPS staff noted high levels of trauma, distress, mental illness and drug and alcohol issues.

The data below indicates there is an increase in usage of mental health services in the Lake Cargelligo catchment area. Services have increased significantly over the period shown below. There has been an increase in mental health presentations into the emergency department and the data below shows an increase in emergency assessment via the MHECS team for consumers presenting at the hospital. This increase has flowed on to community support services is anticipated. Future service models will

need to meet this demand while maintaining safety for clients and practitioners. This service need may be met in collaboration with private or NGO providers.

The majority of services are provided by clinicians in Griffith, Temora, and Wagga Wagga across a range of specialty areas. There is an increase in services across the board of 545% from 2016-2021.

Table 9: Mental Health Services Provided to Consumers in the Lake Cargelligo MPS Catchment 01/07/2016 to 30/09/2022

Service	2016	2017	2018	2019	2020	2021	2022 Partial
GR Adult & General	84	172	237	317	285	409	266
WW MHECS	38	71	115	108	160	223	141
GR MH Adult	20	28	8	72	126	386	174
TE Adult & General	48	34	98	91	122	167	96
GR Child & Adolescent	27	54	34	67	91	96	53
TE Child & Adolescent	18	29	48	56	54	67	45
MLHD My Step	4	4	3	17	61	70	138
GR Older People	13	12	22	54	76	75	31
WW MH TZS SPOT	*	*	*	*	35	66	102
GR MH TZS SPOT	*	*	*	*	11	57	68
TE Older People	*	*	27	*	21	19	*
WW Adult & General	*	8	4	13	13	30	
WW MH Got It Program	*		16	*	*	16	29
WW Child & Adolescent		*	*	*	*	*	16
TE MH Vulnerable Populations			*		*	*	18
TM Adult & General	*	*	*	*	*	*	*
YO Adult & General	*	*	*	*	*	*	*
WW DBAMS	*	*	*	*	*	*	12
WW MH Adult	*	*	*	*	*	*	
TE MH 1800 MH Line Reinvestment	*	*	*	*	*	*	*
TE MH Adult	*	*	*	*	*	*	*
TE MH Farm Counselling	*	*	*	*	*	*	*
WW MH Vulnerable Populations	*	*	*	*	*	*	*
TM Child & Adolescent	*	*	*	*	*	*	*
TM MH 1800 MH Line Reinvestment	*	*	*	*	*	*	*
GR MH Assertive CAMHS	*	*	*	*	*	*	*
YO Older People	*	*	*	*	*	*	*
GR MH Farm Counselling	*	*	*	*	*	*	*
GR MH Peer STOC	*	*	*	*	*	*	*
TE MH Peer STOC	*	*	*	*	*	*	*
GR MH 1800 MH Line Reinvestment	*	*	*	*	*	*	*
WW Older People	*	*	*	*	*	*	*
Grand Total	**269**	**445**	**629**	**831**	**1099**	**1736**	**1215**

*Source: MH Reporting Team - Data presents consults for consumers that reside in the 2672, 2669, 2877, 2671, 2675, 2681, post codes, it does not represent consumers receiving MH services at a specific MH location. Consumers may have received services from any MH teams at any MLHD location. * represent redacted data to ensure consumer privacy where numbers are very low.*

The majority of serices are delivered face to face (45%) or via phone (31%) with most delivered by social workers, mental heatlh practitioners or registered nurses, shown in the following tables. There were significant increases in the use of phone and video services when the pandemic started to

manage risk to consumers and clinicians. There is potential to increase connectedness via video link, especially if specific spaces are allocated in the hospital enabling comfort, privacy and good connectivity. Consultations noted that there is a willingness to increase use of video and telehealth, but quality and consistency were essential for building trust. There is generally poor internet and phone access in the community.

Table 10: Mental Health Delivery Method

Modality/Method	2016	2017	2018	2019	2020	2021	2022	%
Face to Face	113	195	266	380	472	843	524	45%
Telephone contact	83	149	206	276	355	487	381	31%
Video link	47	72	111	130	183	220	118	14%
Telemedecine link -	21	22	34	27	73	158	180	8%
Other method	5	1	10	18	14	28	12	1%
Telehealth / Videoco		6	2		2			0%
Grand Total	**269**	**445**	**629**	**831**	**1099**	**1736**	**1215**	**100%**

*Source: MH Reporting Team - Data presents consults for consumers that reside in the 2672, 2669, 2877, 2671, 2675, 2681, post codes, it does not represent consumers receiving MH services at a specific MH location. Consumers may have received services from any MH teams at any MLHD location. * represent redacted data to ensure consumer privacy where numbers are very low.*

Table 11: Providers of Mental Health services to the Lake Cargelligo Community

	2016	2017	2018	2019	2020	2021	2022	Grand Total
Social Worker	80	172	188	220	273	299	208	**1440**
MH practitioner	53	80	161	215	202	275	201	**1187**
Registered Nurse	45	75	101	122	201	409	178	**1131**
Psychologist	11	15	18	39	82	113	104	**382**
CNS	5	15	22	31	56	77	61	**267**
MH Non-Clinical	5	13	3	12	27	82	64	**206**
EN	5	8	4	25	40	60	63	**205**
MH Support Worker	1	1	4	6	20	64	88	**184**
CNC	8	8	25	22	32	60	27	**182**
VMO	14	14	28	37	27	28	20	**168**
OT	9	9	11	12	16	62	30	**149**
Other	33	35	64	90	123	207	171	**723**

Source: Mental Health Data Manager

4.6 PRIORITY POPULATIONS

Violence, Abuse and Neglect is a serious public health problem. From infants to the elderly, it affects people in all stages of life and from all different backgrounds. Survivors of violence, abuse and neglect can experience physical, mental, and or emotional health problems throughout their lives.

MLHD call the violence prevention programs the MLHD Priority Populations Programs. The team provide excellent trauma informed care, and are committed to providing a specialist response to violence, abuse and neglect and trauma impacts through education, advocacy, counselling and crisis services.

Referral pathways into these priority population service services vary depending on the individual and particular service stream requirements but can include:

- MLHD facilities and service streams
- Self-referral
- Primary care e.g. GP
- NGOs

- Education providers
- For children and young people who are experiencing or at risk of harm, the first point of referral is the State Child Protection Helpline on 132111 within the Department of Communities and Justice. This department will refer children back into our services where appropriate.

The MLHD Priority Populations Program provides specialised support to people dealing with experiences of violence, neglect and abuse. These include:

Children's Services:

- Child Wellbeing Coordinator and Educator (CWC)
- Child Protection Counselling Service
- Joint Child Protection Response Program (JCPRP)
- New Street
- Out of Home Care Coordinator (OOHC)

Violence, Abuse and Neglect Services:

- Counselling Service
- Domestic Violence Services
- Forensic Medical Services
- Sexual Assault Service
- Violence Abuse and Neglect (24/7 crisis support)

Women's Health Nurse Services:

- Women's Health Service

This service is centralised and provides outreach to individuals referred into the service. There are no staff from this service based at Lake Cargelligo.

4.7 NON-ADMITTED SERVICE SUMMARY

Lake Cargelligo has a multidisciplinary Community Health team, with clinicians offering outreach from nearby communities into Lake Cargelligo MPS. Centralised specialist support positions such as Clinical Nurse Consultants (CNC's), and Nurse Practitioners (NP's) provide additional advice and support when required. CNC/ NP positions are generally based in Wagga Wagga.

Community services available through MLHD for the Lake Cargelligo catchment are outlined in the table below.

Table 12: Lake Cargelligo MPS - Community Health Services Available

Profession/ Service	Core Activities	Frequency	Target Group	Predominant Setting
Aged Care Assessment Team (ACAT)	Consultation / Assessment	As required	Not defined (By referral only)	Home or inpatient setting
BreastScreen Service - bus	Direct Clinical Service Delivery	Once yearly	Women	Community setting
Child and Family Health Nurse	Care Coordination	5 days/ week	Parents and children	Community setting covers Lachlan Shire
Clinical Nurse Educator – community	Consultation	As needed	Service Providers	Workplace setting
Continence Service	Consultation	As required	Adults	Remotely – e.g., telehealth / phone
Clinical Nurse Educator – Hospital	Consultation	As needed	Service Providers	Workplace setting – currently being recruited
Dementia services CNC DBAMS	Consultation	As required	Adults 65+	Based out of Wagga. Remotely – e.g., telehealth / phone but can come on site
Diabetes Educator and CNS	Mixed activities Outreach from Wagga	As required on average 1/ month	Not defined	Community Health, GP Office
Dietitian	Consultation	As required	Not defined	Community Health , video conference

Profession/ Service	Core Activities	Frequency	Target Group	Predominant Setting
Occupational Therapist	Consultation	Once a month or As required if urgent	Not defined	Community Health
Drug and Alcohol Services	Triage, assessment and referral ongoing counselling Direct Clinical Service Delivery	As required	Not defined	Community Health
Opioid Treatment Program	Assessment and dispensing	As required	Not defined	MHDA building based out of Wagga Wagga
Generalist community health nurse/s	Mixed activities Post-Acute Care	5 days / week	Adults	Community Health & home setting
Health Promotion Officer	Community Work	Project based	Not defined	Community setting / schools
Immunisation child - CYF	Direct Clinical Service Delivery	As needed	Children and youth	Schools
Mental Health Services – Specialist Child and Adolescent	Consultation/ Case Management	As required	children and youth 0-18yrs	Face to face, home setting, school setting, Community Health and Videoconference
Mental Health Services – Specialist Adult	Direct clinical and Consultation/Case management	As required	18 – 65yrs	Community Health, home setting and Remotely - e.g., telehealth/ phone
Mental Health Services – Specialist Older Persons	Consultation/ Case Management	As required	65 + (or 45yrs + if Indigenous)	Community Health, home setting and Remotely - e.g., telehealth/ phone
Mental Health Family and Carer Worker	Mixed activities	As required	Not defined	Based out of Young. Remotely – e.g., phone / home setting/ Community Health
Mental Health Consumer Advocacy	Mixed activities	As required	Not defined	Based in Wagga Wagga. Remotely – e.g., phone, home setting, Community Health
Speciality Palliative Care Community Nursing, including Aboriginal Palliative care support	Community work	As required	Not defined	Community Health
Pathology	Pathology Collection	4 days / week (available as needed)	Not defined	Multiple settings
Pulmonary and cardiac CNC had come 3 monthly not happening currently	Group work or one on one consultations	As needed -	Other	Telehealth or clinic visit in Wagga or Cootamundra
Respiratory and cardiac care Nurse Practitioner	Consultation	As required	Not defined	Community, Acute, telehealth
Stepping on program	Direct group work	No capacity to run	Adults 65 +	Community facility
Women's Health Nurse	Consultation	Outreach from Young 6 monthly	Women	Community Health
Wound Management Community nursing	Mixed activities	As required	Not defined	Multiple settings
Sexual Assault Counsellor and Domestic violence service	Face to face consultation	As required	Adults/ Children/Youth	Community Health
Aboriginal Health Workers – female	Mixed activities	5 days per week	Aboriginal people	Multiple settings including Telehealth
Audiometry	Face to face	As required	Not defined	Clinic setting
Speech pathology	Mixed activities	As required	Not defined	Multiple settings, private and residential
Brain injury service	Rehabilitation	As required	Not defined	Multiple settings
Pregnancy care clinics	Maternal health	As required	Not defined	Multiple settings attending in other communities.
Aboriginal CYF and Building Stronger Foundations	Mixed activities	Up to 5 days per week as needed	Aboriginal parents	Clinic and home setting
Podiatry	Mixed activities	Fortnightly	Not defined	Clinic

Profession/ Service	Core Activities	Frequency	Target Group	Predominant Setting
Physiotherapy	Mixed activities	Not available for community	Not defined	Multiple settings

On site there is currently:

- Community Registered Nurse
- Community Enrolled Nurse
- Child, Youth & Family Nurse
- Aboriginal Health team
- Administration- limited services, available from 0830am until 12pm daily.

The Not-for-profit organisation Marathon health operates out of Community Health Building 2 days per week focusing and supporting the indigenous community with chronic diseases.

Cardiac and pulmonary rehabilitation are not running currently but used to be run by community nursing and physiotherapist. Clients now travel to Griffith for this service. There are high numbers of Cardiac and respiratory issues in this community and clients that engage with rehab have better outcomes.

There is no Physiotherapy available through MLHD at Lake Cargelligo for community clients. This service has previously been delivered via a private provider under contract. Negotiations are underway to recommence this service. If required clients can travel to Griffith for this service. This was highlighted consistently as an area of concern for the community.

The model of care for most allied health specialties incorporates community, outpatient and inpatient service provision across the age range. There are no after-hours community or allied health services, and service access is based on meeting specific criteria for priority client groups/ conditions as general community demand for allied health services is unable to be met by MLHD services. Other providers do exist through the Primary Health Network (PHN) and privately. Physiotherapist, dietitian services and social workers are now accessible via virtual platforms with referrals made through electronic medical records for aged care and acute care.

Demand for chronic and complex care through the Integrated Care Program is high and growing, particularly for diabetes and wound care. A Nurse Practitioner provides mainly home visits.

Due to the current community health building limitations, spaces perform the function of both office and clinical space. This model is outdated, inefficient, and has work health and safety implications.

Recently a telehealth Psycho-Geriatrician service was provided in the MPS based on a need identified through a Primary Health aged care plan. This model was well received and is planned to be used as required in the future. Access to remote consults linking to CNC's and other district speciality services via workstations on wheels that are connected to virtual care platforms.

4.8 NON-ADMITTED PATIENT OCCASIONS OF SERVICE (NAPOOS)

In 2021/22, Pathology had the largest proportion of NAPOOS (37.7%), followed by Post-Acute Care (14%), and child and family services (12%). Currently some non-admitted outpatient services (Pathology collection) are delivered on an ad hoc manner by inpatient staff within the inpatient unit and who also have ED responsibilities.

The activity data is shown below:

Table 13: Lake Cargelligo NAPOOS (based at Lake Cargelligo)

Service Unit	2017/ 18	2018/ 19	2019/ 20	2020/ 21	2021/ 22	% Activity
Multi Purpose Service ED Pathology Service	1149	1288	1086	1429	1784	37.7
Community Health Service Child & Family Service	486	574	458	404	130	11.5
Community Health Centre Nursing Post-Acute Care	453	861	562	409	169	13.7

Service Unit	2017/18	2018/19	2019/20	2020/21	2021/22	% Activity
Community Health Service Nursing Commonwealth Home Support Program	668	314	114	132	354	8.8
CHC Aboriginal Health Social & Emotional	446	179	91	54	88	4.8
Community Health Service Aboriginal Health Building Strong Foundations Program	254	174	258	94	52	4.7
Community Health Service Community Nursing Service	73	12	24			0.6
CHC Aboriginal Health Direct Clinic	255	2				1.4
CHC Palliative Care Service	167	54	158	77	40	2.8
CHC Aboriginal Health Midwifery/ Mothers & Babies Group	83	238	111	71	14	2.9
Health Service Community Nurse Integrated Care			200	209	37	2.5
Community Health Service Wound Management Service	39					0.2
CHC- Immunisation Identified and Non-Identified	115	92	12	4	1	1.3
Health Service Aboriginal Health 48 Hour Follow Up				65	233	1.7
Community Health Service Aboriginal Health Smoking Cessation	112					0.6
DVA Home Nursing Contract	75	19	85	32	25	1.3
Multi Purpose Service COVID19 Assessment Clinic					224	1.3
CHC Aboriginal Health Otitis Media		118	56			1.0
Community Health Service Chronic and Complex Care Service	23					0.1
CHC Aboriginal Health Quit for New Life	33					0.2
CHC Aboriginal Health Aunty Jeans Program	34	22	9			0.4
Community Health Service Aboriginal Health Education & Training						0.0
CHC Obstetrics Service	*	10	14	*	*	0.2
Multi Purpose Service COVID19 Vaccination Clinic				16	22	0.2
Supervised Administration OTP			24	10		0.2
Other	*	*	*	*		0.1
	4475	**3959**	**3269**	**3008**	**3174**	

Source: MLHD Performance team, NAPOOS, NSW Beds Reporting Tool and BI

Activity as a whole has fluctuated over the past five years, with a decrease of 29% overall. General patterns show that:

- Pathology services have shown large increases.
- Community nursing – post acute care services have decreased after some spikes
- Child and family services have decreased
- Palliative care has varied over time, reflecting actual need.

There has been a reduction in community health staff based at Lake Cargelligo over the last 5 years. A number of staff now work across a region and have less capacity to service community clients in Lake Cargelligo. Some staff have also moved into other positions and have proved difficult to replace with new recruits. Discussions are ongoing about increases to local community health staffing profile.

Table 14: Lake Cargelligo Region Residents Total NAPOOS utilisation

Health Organisation Full Name	2018	2019	2020	2021	2022
Wagga Wagga Base Hospital	208	308	511	968	1211
Lake Cargelligo Multi Purpose Service					
Wyalong Health Service	1107	878	701	488	513
Cootamundra Health Service	421	614	457	408	426
Wagga Wagga Community Health Centre	123	430	415	426	328

Griffith Community Health Centre	364	343	268	271	244
Temora Health Service	106	147	133	163	202
Calvary Medibank Murrumbidgee LHD Purchasing Public Patient Services					133
Young Health Service	10	30	33	27	48
Other	34	45	92	31	46
Hillston Multi Purpose Service	13	51	13	20	27
Grand Total	**2386**	**2846**	**2623**	**2802**	**3178**

Source: MLHD Performance team, NAPOOS, NSW Beds Reporting Tool and BI

The residents of the Lake Cargelligo region are accessing more services delivered from outside the MPS. There has been an increase of almost 33% over the 5 years shown. As services provided from Lake Cargelligo have reduced many have been centralised or reorganised into Wagga Wagga and other hubs. This reflects the increase in district-based roles and services. While some of these services are based in other locations some are delivered via an outreach model into Lake Cargelligo. The current data over the last 3-5 years shows decreased utilisation for the services based at the MPS and small average yearly increases for Lake Cargelligo residents accessing services elsewhere (6.5%). The decrease in activity over this period has reflected the reduced availability of community health staff, the challenges attracting staff to remote areas, reductions in movements of clinicians due the impact of the Covid-19 pandemic and changes in delivery of services in the region. A significant increase (482%) in activity of services based at Wagga Wagga based and delivered to Lake Cargelligo residents over the 5 year period demonstrates an increase in outreach and also virtual care services being delivered. However, the increase in services in Wagga Wagga also include recently introduced Covid 19 services also.

Consultations noted that a reduction in locally based community health staff also corelated with a reduction in locally hosted outreach clinics as there wasn't sufficient staff to coordinate them. Local feedback noted there was significant demand for and interest in community-based services, especially services that had a preventative and early intervention focus.

Regional community health hubs of West Wyalong, Cootamundra, Griffith, and Temora also offers a range of services for Lake Cargelligo residents, often by outreach.

Broadly there is a shift to treat consumers in the community. This is shown to have better health outcomes for consumers and is a more sustainable into the future. There is an increased focus on enabling community centred healthcare, particularly for the prevention and care of persistent, long term or recurrent conditions.

Non-Admitted Patient (NAPOOS) data can be a poor indicator of need, rather it shows what has been provided by local staff. Visiting staff activity data is recorded at the site where the staff member is based, skewing analysis of service need. Staff vacancies can lead to variable activity in some programs, which skews some analysis of community need for services. Over time there have been reporting changes between service units within programs. The data is requires interrogation to form the basis for projecting future need.

5. NON-INPATIENT SERVICES - PROPOSED

There are opportunities to streamline non inpatient services to improve efficiencies, better integrate services, and provide a service based around client needs. Consultations indicated that there is a desire to collocate services under one roof with the hospital. The perceived benefits include improved integration across services, better outcomes for patients, and streamlined use of flexible spaces.

Future direction for all Health Services requires a change of mindset to see the community and/or appropriate ambulatory setting as the natural location for most health care, with hospital admission or ED presentation as the alternative if the illness

- Is severe

- Requires surgery
- Requires higher technology or
- Requires urgent, rapid, or more intensive assessment, therapy & care which cannot be provided in the community or ambulatory setting.

Adopting new ways of working, new models of care, better care coordination and integration will help improve access, reduce avoidable admissions, ensure service equity and make better use of the available workforce[14].

Future models will incorporate identified community based/ambulatory/outpatient services which may be delivered by community health or dedicated staff to offset increasing inpatient demand. The optimal mix of community based, HiTH, outpatient and outreach models with the emphasis on community focussed services needs to be investigated. Below is a list of potential services that could be deemed suitable for locating on the site.

N.B. Acute Post-Acute Care (APAC) is an acute service which treats many conditions in the patient's home that would otherwise have meant being admitted to hospital. The service can be provided by either hospital staff or community health staff.

OUTPATIENTS

A service provided to patients who do not undergo a formal admission process and do not occupy a hospital bed (NSW Health, 2019, 1).

The classic outpatient service operates on an allocated session /scheduled basis. The service will provide scheduled clinics for a range of clinical services as well as specialist follow-ups. It is proposed that Lake Cargelligo MPS will provide several clinics including but not limited to:

- Post-Acute care
- Wound care
- Child and family
- Medical and surgical
- HiTH
- Allied Health
- Pathology
- Mental health
- Drug and alcohol

The clinics can be operated within normal business hours i.e., Monday to Friday 0800 to 1700 hours, however consideration will need to be made for extended hours (i.e., 0700-2100 and weekend consultations) in the future.

HOSPITAL AVOIDANCE

This is a service that is utilised as an ED avoidance strategy.

Examples include:

- Urgent review and drop in clinics
- by specific appointment given after telephone consult
- education sessions or group sessions e.g., Diabetes Education Sessions
- direct referrals to specialist teams for chronic and complex patients by phone or Virtual Care
- care coordination management
- GP liaison
- HITH

[14] *Western NSW Integrated Care*

These services may be led by a general medical/advanced nursing member who could assess a patient post ED discharge or hospital discharge and refer to appropriate teams or an Integrated Care model with Primary Health Network liaison.

Allied Health Services

Allied health services will provide a mix of hospital inpatient, in-reach and community-based services. It is proposed that a large majority of allied health services will be local to allow staff to service both the hospital and the community. These could be provided in a combination of on site, visiting and Virtual Care.

Allied health services will provide a range of services including:

- Dietetics
- Occupational Therapy
- Physiotherapy
- Social Work
- Speech Pathology
- Allied health assistant to support local delivery and operationalisation of care plans.

Staff feedback has noted it will be essential to support virtual consults that are booked for local clients. Facilitating remote sessions puts significant pressure on limited staffing profiles in the inpatient and community setting. Discussions have noted that additional support via an allied health assistant will be progressed to support allied health services and increasing virtual care needs.

Community Health/Hospital in the Home

Community Health will continue to run the range of services outlined previously in the current services section. As well there is an increasing need for APAC services and Hospital in the Home (HiTH) services to be expanded and enhanced in the future as a hospital avoidance/ED avoidance strategy.

HiTH is admitted acute/sub-acute care in the patient's home or in the community as a substitute for in-hospital care.

HiTH is an opportunity for patients to receive care in their own environment. It also offers health services a model of care that supports patient flow and helps manage demand[15]. It provides short home-based care as a substitute for people who would otherwise be admitted to a hospital. HiTH provides acute, sub-acute and post-acute care to a person at home (including Residential Aged Care Facilities) or in an ambulatory setting that may include a hospital or community clinic, school or workplace.

HiTH is largely a nurse run service but will also have Medical, Allied Health including Pharmacist and Social Work support when required. There are opportunities to rotate staff between smaller and larger sites to develop their skills. This will develop expertise in HiTH models and increase the skills mix of staff.

HiTH services will be centrally managed with Hubs due to the large geographical area. HiTH is resource intensive and expensive to run. Griffith Health Service will provide onsite care assessment, with nurses providing in-home care from outreach centres.

Referral pathways will be developed to enable Medical Officers, Allied Health, General Practitioners and Nurse Practitioners to make appropriate referrals to the service.

Wound management will in the main be delivered in the outpatient setting. Service delivery in the home setting will continue for some client groups i.e., the elderly or immunocompromised clients.

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[15] NSW Health: Adult and Paediatric Hospital in the Home Guideline 09 August 2018 p.7 www1health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_pdf

The NSW Health Outpatients Services Framework provides guidance on the expectations of the NSW Ministry of Health for the planning, progressions, and management of outpatient services, and outlines clear goals and targets to which outpatient's service units can work towards[16].

5.1 AMBULATORY/ OUTPATIENT/ COMMUNITY HEALTH

Non admitted patient service such as clinics, procedural, allied health therapy, rehabilitation, community health and community mental health and drug and alcohol clinical/consultation services will be collocated within a dedicated outpatient zone. Group services would also be delivered in this zone. Garden areas to spill out from group activity spaces were highlighted as important for the Aboriginal community.

From an Aboriginal perspective, consultations indicated that it is important for community health, outpatients, and ambulatory services to have a separate presence and entrance, while still linked internally. This is to disassociate the service from death and dying, which is generally associated with the hospital and can impact on people accessing services.

There is a great opportunity for virtual models of care to support existing models of care and increase access to a diverse range of services in the community.

The model supports existing workforce requirements, particularly for allied health staff that have responsibilities across community, outpatient and inpatient groups. The model will assist with recruitment of allied health staff.

The model will require clinical support services such as radiology, pathology and pharmacy to be readily accessible.

MLHD Central Intake services have centralised the intake process, improved models of care, prioritised programs, and targeted service delivery. Care coordination may need to be considered centrally at Lake Cargelligo as many clients have challenges accessing and navigating community services, especially due to socioeconomic and technology. Even reliable phone access is challenging.

Governance for services that traditionally sat with community health has been streamed across MLHD. Collocation of these services, with good links to inpatient and support areas is therefore critical for ongoing integration of services for better patient outcomes.

Mental Health and Drug and Alcohol services were highlighted in consultations as an area of growth. A flow on to community support services is anticipated and future service models will need to meet this demand.

PROJECTED ACTIVITY

Projecting non-admitted patient activity at Lake Cargelligo based on current available data is challenging. The current data over the last 3-5 years shows decreased utilisation for the services based at the MPS and small increases for Lake Cargelligo residents accessing services elsewhere (6.5%). The decrease in activity over this period has reflected the reduced availability of community health staff, the challenges attracting staff to remote areas, reductions in movements of clinicians due the impact of the Covid-19 pandemic and changes in delivery of services in the region. A significant increase (482%) in activity of services based at Wagga Wagga based and delivered to Lake Cargelligo residents over the 5 year period

Consultations noted that a reduction in locally based community health staff also corelated with a reduction in locally hosted outreach clinics as there wasn't sufficient staff to coordinate them.

Projected NAPOOS activity has been estimated on average annual increase from 2018/19 to 2021/22 i.e., 4 years. The average annual increase has been applied to the 2018 to estimate projected NAPOOS (including mental health and drug and alcohol) for 2031 and 2036 requiring clinical space

[16] NSW Health: The Outpatient Services Framework 30 July 2019

at Lake Cargelligo MPS assuming an annual growth rate of 4.8%. This would indicate a need for 2.5 clinic spaces in 2031 and 3 clinical spaces in 2036. This calculation does not account for required increases in allied health and allied health assistant consults, group rehabilitation and falls prevention classes, HITH and outpatient clinic services.

This excludes spaces for group classes, Specimen Collection, infusions and wound dressings as well as consultation space for residents to access outpatient Virtual Care from MLHD and metropolitan sites.

Mental health and drug and alcohol consultations highlighted an area of growth. A flow on to community support services is anticipated and future service models will need to meet this demand.

***Table 15: Lake Cargelligo MPS* proposed increase in NAPOOS activity 20*22* to 2036**

Year	2022	2031	2036
Number of NAPOOS	4335.3	6611.1	8357.6
Number of Clinical Spaces	1.6	2.5	3.1

Source: MLHD Performance Unit

N.B. The proposed number of clinic spaces has been determined based on patient throughput. If each patient session was for 30', each space operates for 7 hours a day, 240 days a year at 80% occupancy; each space could accommodate 2,688 NAPOOS per year.

Facility Requirements

It is envisaged that the entrance to the outpatient zone will be front of house to clearly establish the focus on prevention, early intervention, and health maintenance models. Advice has been forthcoming to improve cultural safety included welcoming staff (those consulted felt the hospital currently does this well), Aboriginal artwork and flags, and involvement of the Aboriginal community in cultural enhancements.

Appropriate facilities will be provided for use by both inpatients and outpatients. This will include therapy areas such as a basic gym that can double as support areas for clients attending community and outpatient clinics. A large group room can be used for hospital and community activities including cardiac rehab and stepping on and balance classes. Deconditioning due to long length of stay is highlighted as being a significant issue and some basic assessment areas are going to ensure clients return home safely.

Virtual care will be an increasing component of delivering a broader range of specialty services to the community. Community discussions The community survey provided an insight that 35% of respondents were willing to use telehealth to access services locally, and an additional 19% of people were using telehealth already. This shows a strong willingness to utilise technology to improve health outcomes, increase the range of services, reduce travel time and possible discomfort. An existing gap that would benefit from introduction of a telehealth model is Paediatrician and Paediatric allied health access, the survey expressed community concerns about access to specialist services, and distance to services being barriers to care. This could potentially be alleviated by telehealth consults. There is currently a three to five month wait for a consultation. The outreach model reduces clinical time due to travel. A blend of both models would increase the clinical time available. It was noted in staff consultation that virtual clinics generally require additional assistance to support the access to telehealth.

Staff education and meeting spaces are required to accommodate ongoing education needs and collaborative meetings for staff in both the inpatient and non-inpatient arena. Appropriate staff office space and facilities will be required to accommodate staff in the Ambulatory/Outpatients/Community Health zone.

It is proposed that the ambulatory/outpatient zone will need to incorporate:

- 1 X Consult/treatment community consults/outpatient care
- 1 X Consult/ interview room specifically for Virtual Care and MHDA

- 1 X Treatment/ interview rooms Procedure/HiTH room/Child and Maternal Health
- 1 X 1 large group room - (up to 40 participants) – requires exercise circuit equipment (able to be sectioned off by operable wall) and loose exercise equipment + walking track for gait assessments + storage for equipment, tables and chairs. Requires audio-visual/teleheatlh equipment group room with. This space should be flexible to enable part of the room to be sectioned off into a more private consult area/smaller meeting space.
- Small meeting rooms (7-10 people)
- Cultural space with beverage bay ("mob room" model) this space can be used for family meetings and to accommodate larger visits for the Aboriginal community. This should be connected to an outdoor garden area
- Outdoor garden space with mobility areas
- 1 x specimen collection

AMS Co-location will require clinical and non-clinical spaces. However, there is a view that some spaces will be able to be shared which will benefit the community and both organisations. This will increase collaboration between both organisations and ultimately has the capacity to improve care coordination and programs available for Aboriginal people. This will require intelligent master planning to ensure that proper access to shared spaces is able to be easily managed and that spaces are adequate. This model of colocation is consistent with the Health One principles detailed by the Ministry of Health bringing together MPS and primary health care organisations together on one campus to improve outcomes for local communities.

- 2 x consult/treatment space
- 1 x interview room/consult space
- 2 x offices
- 1 medium sized meeting room

6. EMERGENCY AND INPATIENT SERVICES - CURRENT

6.1 EMERGENCY SERVICES

The Lake Cargelligo MPS Emergency Department (ED) has a current catchment for Lower portion of the Lachlan Shire including Lake Cargelligo, Tullibigeal, Naradhan, Murrin Bridge, Euabalong and Euabalong West. These small communities all do not have health services or MPS facilities.

The ED at Lake Cargelligo is at a level one role delineation. It is not a designated mental health ED.

The ED is accessed by the main hospital front door and air lock or via ambulance entry. Patients are granted entry into the whole hospital to get to the ED which presents security risks. The ED is located next to the inpatient areas in the acute wing of the building. The ED has one bay resuscitation area for acute management, treatment, or transfer. A secondary bay is located opposite to the first. These beds are both in one single large room separated by curtains. There is not a separate room that can be used flexibly for paediatric assessment, mental health assessment or infection control protocols. If available an inpatient bed can be used to accommodate these special needs groups, although this is not ideal. There is a treatment space that has been set up in a partitioned storage space adjacent to the ED entry that accommodates ED overflow, especially if the consumer can be managed seated. This space is sometimes used for infusions. It is very small and used only as a last resort. The resuscitation bay is used for remote assessments that are now completed using the critical care and remote assessment cameras. The computers on wheels can be used for remote consults in any part of the ED.

There is a waiting room however it is not close to nurse station or reception for oversight but is monitored by a security camera. The waiting room is close to the ED entry. There is no dedicated triage space. Triage is attended in the waiting room or in the resuscitation/treatment bay. This impacts on the privacy of patients and safety to staff.

Nursing staff at the facility have joint clinical responsibility for both inpatient, residential care and ED activity. Large numbers of presentations at the ED on weekends ties up staff and impacts on availability on the inpatient unit. There are two doctors in town that are credentialled to treat patients in the ED. They are both from the same practice and can flexibly attend the MPS as needed.

Table 16: Lake Cargelligo MPS ED Activity

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Grand Total	**1781**	**1942**	**1937**	**1806**	**1729**

Source: EDAA V21, NSW MoH

The ED presentations from 2016/17 to 2020/21 shown in the table below have fluctuated from four to 5 presentations per day on average. Emergency visit numbers have remained relatively steady. From July-December 2022 there was a doubling of presentations with 8-10 presentations per day consistently. This increase is attributed to lack of community health and GP services, as there has been some unforeseen GP leave. This increase throughput is challenging to manage given the staffing profile. The majority of people arrive at the ED via private car or via ambulance, per below.

Table 17: Lake Cargelligo MPS ED activity by mode of arrival

Mode Of Arrival Name	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021
Private vehicle	1702	1668	1568	1539
State Ambulance Vehicle	201	195	156	153
Internal Bed / Wheelchair	6	38	33	15
No transport (walked in)	13	17	37	14
Community/Public Transport	15	9	8	3
Other, e.g., Undertakers/Contractors/Police/Patient Transport	5	10	3	5
Grand Total	**1942**	**1937**	**1806**	**1729**

Source: EDAA V21, NSW MoH

Ambulance NSW has a number of specific reasons to bypass Lake Cargelligo MPS, these include scheduled mental health and major trauma. Otherwise, patients generally are treated locally. Access to the local ambulance has shown less of the acutely unwell arriving by car e.g., chest pain and trauma. This means patients are being treated sooner and having better outcomes.

ED, patients are triaged according to the urgency of care need as follows: [17]

Table 18: Triage Category classifications

Triage 1:	People in this group have conditions that are life threatening and require immediate aggressive intervention. Most would arrive by Ambulance
Triage 2:	People in this group have conditions that are deteriorating rapidly and are imminently life-threatening, or they need time critical treatment, or are in very severe pain. They need treatment within 10 minutes.
Triage 3:	People in this group have potentially life-threatening conditions which may lead to significant morbidity or adverse outcomes if not treated within 30 minutes or may be in severe discomfort or distress requiring treatment within 30 minutes.
Triage 4:	People in this group have potentially serious conditions which may deteriorate or may lead to an adverse outcome. Symptoms may be moderate or prolonged. Assessment and treatment should start within 60 minutes.
Triage 5:	People in this group have chronic or minor illnesses where clinical outcome will not be significantly affected if treatment is delayed for up to two hours.

Source: – Australian College for Emergency Medicine, Policy on the Australasian Triage Scale (2006)

Lake Cargelligo Emergency Department data shows that triage 1, 2 and 3 presentations are trending downward and triage 4 and 5 trending slightly up over the 5-year period. The proportion of Triage 5 categories have shown a slight increase for the five-year period shown in the table below: from 35% in to 41%. This reflects trends in chronic disease patterns and complexity. The average level of acuity has dropped at Lake Cargelligo MPS. There are small numbers of Category 1 triages presenting, however there are higher percentages of triage 1 and 2 relative to other similar MPS across the district.

Table 19: Lake Cargelligo MPS ED presentations by Triage Category

Triage Category	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
1	9	4	10	6	4
2	159	137	137	106	98
3	450	427	469	450	362
4	524	587	593	418	563
5	638	781	727	824	702
N\A	1	6	1	2	
Grand Total	**1781**	**1942**	**1937**	**1806**	**1729**

Source: FlowInfo version 21, NSW MoH

These presentations may present to ED for various reasons, including the perceived urgency of treatment required or inability to access GP services, particularly after hours. They may also be planned return visits for outpatient follow up.

Emergency presentations by visit type make up 76% of ED presentations. The majority of the remaining visit types are planned or prearranged and there is potential to reorganise this activity in a more planned way to improve staffing efficiencies and patient flow into outpatient clinics. The existing facility layout and outlying buildings limits the increased efficiencies achievable through combining community health and outpatient areas. There has been an increase in planned and outpatient activity over the period. The numbers had been consistent over the period shown, with a spike in the

[17] http://www0.health.nsw.gov.au/hospitals/going_to_hospital/triage.asp

2018/19 year and there has been a decrease in activity in the 2020/2021 outpatient data, consistent with Covid19 trends.

Outpatient visits to the ED make up a large percentage of ED activity, 19%. There has been a 22% increase, the largest amount of growth of all presentation types. This has potential to utilise shared ED spaces and to be booked most efficiently, with potential integration with community health.

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Table 20: Lake Cargelligo- MPS Emergency Department Presentations by Visit Type

Visit Type Name	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021
Emergency Presentation	1452	1563	1472	1194	1334
Outpatient Clinic	276	327	397	436	336
Return visit - Planned	24	31	43	134	19
Pre-arranged Admission: Without ED Workup	10	6	7	20	3
Current Admitted Patient Presentation		2	8	9	18
Other	19	12	9	11	19
Grand Total	**1781**	**1942**	**1937**	**1806**	**1729**

Source: EDAAV 21, NSW MoH

The top five presentations to the emergency department in 2020/21 were:

- Other presentation.
- illness Injury, single site, major.
- Musculoskeletal/connective tissue illness
- Digestive system illness and
- Respiratory system illness.

A particular concern expressed in the community consultations was regarding mental health as a community issue, however the numbers have mostly been consistent for mental health and drug and alcohol presentation except for a large spike in Drug and Alcohol presentations in 2019/2020. The data was checked with staff during consultations. Staff agreed there hadn't been a significant increase of these presentations in the last year, however the alcohol/ drug abuse data can be impacted by non-admitted planned methadone services delivered through the ED, especially as local pharmacies do not offer the service.

The key presenting problems were for 'care – patient review', 'care -wound care/dressing' and for 'Care - medication administration'. There is potential for a portion of these types of encounters to move into primary care or an outpatient setting. Local consultations noted that access to GPs have improved with additional doctors joining the local practice. This has seen some lower triage activity move into the GP clinic, as reported anecdotally.

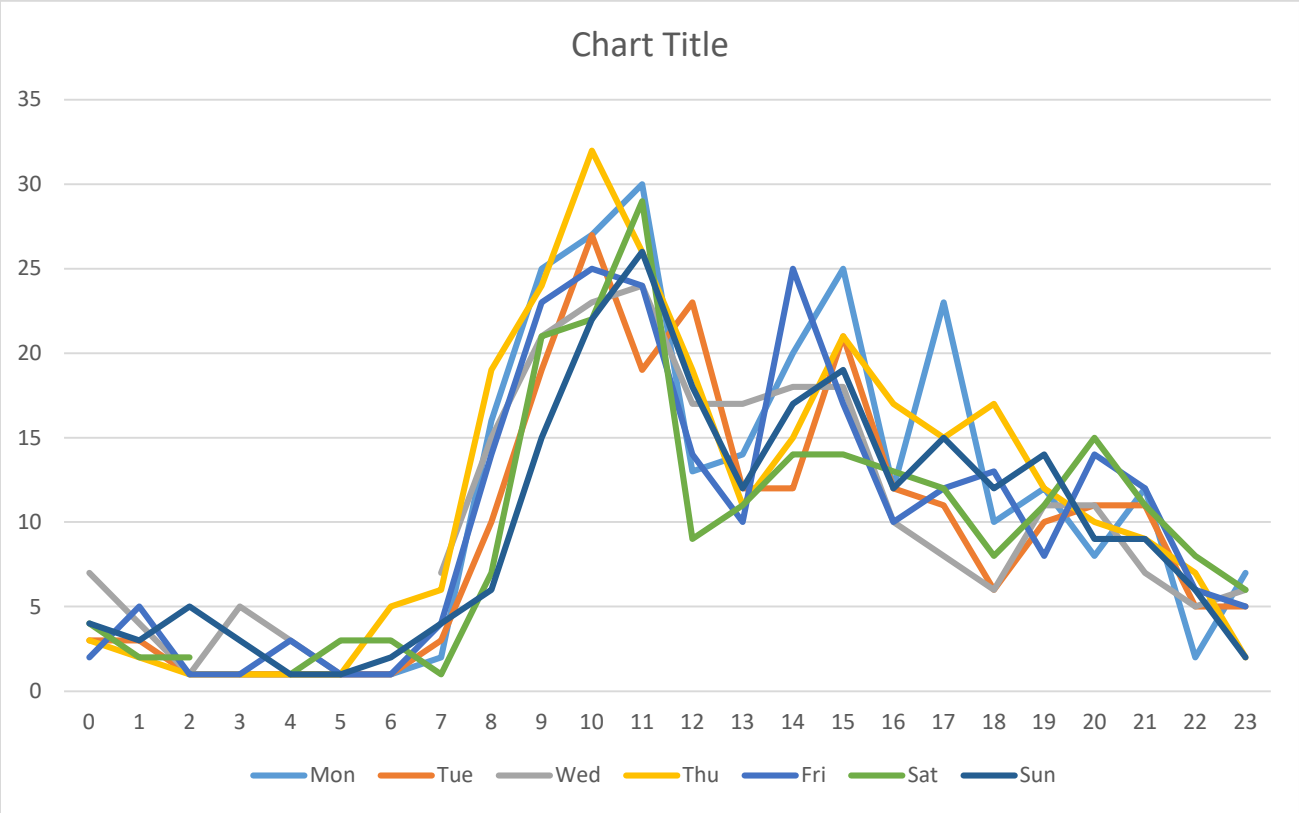
Table 21: Lake Cargelligo MPS Presentations by Issue

Issue	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021
Other presentation	178	236	198	533	363
Injury, single site, major	443	473	392	250	259
Musculoskeletal/connective tissue illness	117	102	125	73	157
Digestive system illness	159	152	159	144	146
Respiratory system illness	170	137	174	124	118
Circulatory system illness	99	127	129	93	107
Illness of the ENT	123	151	128	91	107
Illness of the skin, subcutaneous tissue, breast	101	132	165	77	91
System infection/parasites	43	80	77	58	80
Neurological illness	56	71	58	55	52
Urological illness	39	36	45	43	51
Injury, multiple sites	25	25	11	10	36
Psychiatric illness	44	36	47	37	34
Endocrine, nutritional and metabolic system illness	24	32	29	21	25
Illness of the eyes	29	35	34	24	19
Blood/immune system illness	7	16	21	7	16
Obstetric illness	23	19	21	10	14
Injury, single site, minor	25	20	20	9	11
Gynaecological illness	3	10	5	8	10
Poisoning	14	13	16	11	8
Alcohol/drug abuse and alcohol/drug Induced mental disorders	36	6	43	78	7
Allergy	8	13	11	9	7
Other	15	20	29	41	11
Grand Total	**1781**	**1942**	**1937**	**1806**	**1729**

Source: EDAA V 21, NSW MoH

Presentations trend consistently across the week. Peak times are between 8am and 5pm most days, with presentations tapering off outside those hours. If multiple presentations occur at once managing patient care and movements in the facility is difficult. The facility recently been working towards putting an extra staff member on to assist over this time. Drilling down in the data showed the busiest times for the ED was on weekends. See table below.

Figure 12: Lake Cargelligo MPS ED Presenations by Day and Hours of the Day 2020/2021



Source: EDAA V 21, NSW MoH

Considering the recent addition of another GP at the GP practice primary health services are better meeting demand, thus reinforcing the anecdotally reported reductions in very minor presentations to the ED this last financial year. However, the previous 6 months has reversed this trend due to unplanned absence at the GP practice. The higher levels of chronic disease in the community and cost of living may impact on presentations to the ED. Higher costs of living are shown to impact health spending and local feedback supports this.

There are no after-hours GP services available nearby, with 2 practices open until 8pm in Griffith to be available to redirect non urgent presentations to these services, however this isn't widely known about. This can be an appealing suggestion for minor issues, especially if long waits are likely. These later appointments are popular and not always available 'as needed'.

Most ED presentations are resolved during the visit and the consumer is discharged, approximately 93% were not admitted to a hospital for ongoing treatment and management of their condition.

Table 22: Lake Cargelligo MPS patients attending ED requiring admission

Is Admitted	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
No	1570	1805	1811	1728	1638
Yes	211	137	126	78	91
Grand Total	**1781**	**1942**	**1937**	**1806**	**1729**

Source: EDAA V 21, NSW MoH

There is high utilisation of the ED by the Aboriginal and Torres Strait community with 31-36% of visits from people identifying as having First Nation status. This indicates that this community uses the ED at higher levels relative non-Aboriginal people. This service is available to support local people when the AMS is not. The most common reason for presenting is because of injury. Aboriginal people are also presenting with higher levels of acuity compared to the Non-Aboriginal community, 30% of triage 1 and 36% of triage 2 presentations are Aboriginal.

Table 23: Lake Cargelligo MPS patients attending ED by Indigenous status

Indigenous Status Name	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Aboriginal	632	620	533	537	535
Both Aboriginal and Torres Strait Island	5	5	7	6	5
Declined to respond	8	20	9	5	7
Not Aboriginal or Torres Strait Islander	1113	1270	1365	1234	1137
Torres Strait Islander	2		2		
Unknown	21	27	21	24	45
Grand Total	**1781**	**1942**	**1937**	**1806**	**1729**

Source: EDAA V 21, NSW MoH

Over the 5 years 53% of the clients that departed the ED because they didn't wait or left at own risk were Aboriginal and/or Torres Strait Islander people. Work to address this is ongoing, 48 hour follow up is catching up with people who are leaving early.

6.2 INPATIENT SERVICES

The inpatient ward consist of 6 beds, that can be used flexibly. There are two rooms with 2 beds and 2 single rooms, one with ensuite. The single rooms are well suited to palliative care and use as an infectious isolation space (since the onset of the Covid pandemic particularly) however are used flexibly. There are only two bathrooms for these 6 beds and the ED to use. There is an additional toilet allocated to ED. There is good functional relationships to the emergency department but not to the nurses station for oversight of the beds.

Inpatient activity is consistently low. Over the last 5 years the occupancy has not exceeded 50% and has exceeded 60% occupancy one year in the last 10 (2013/14). The bed occupancy was between 27%-50% over this period. However, for the last 6 months the inpatient ward has been at 100% occupancy with acutely unwell people, people awaiting nursing home placement or in respite care.

The total average occupancy of the inpatient beds has shown a decreasing trend over the last 5 years with an increase in the 2021/22 year. There was a sharp downturn in occupancy in the 2019-2021 financial years which were significantly impacted by Covid 19. The district saw trends of decreased occupancy broadly across facilities due to the impacts of Covid-19. Occupancy of the 6 beds ranged in from a daily average of 1.7 to 3 beds in use on any day across the 5-year period.

The local GP reports rarely sending patients to other facilities due to lack of beds, however this has changed in the second half of 2022 with significantly increased maintenance care. Seasonal variation does impact capacity during winter and flu season. The MPS can generally accommodate patients seeking respite or transitional aged care services, whilst waiting placement in the MPS or other aged care settings. There is some capacity for clients from larger facilities to be transferred by the patient flow unit for long stay lower acuity care if required. But the lack of allied health services on site makes this less feasible.

The inpatient beds can be used flexibly to accommodate aged care residents waiting for long term placement. Although the location and room configuration in the inpatient ward is not ideally suited for this.

Table 24: Lake Cargelligo MPS Occupancy

Lake Cargelligo MPS	2017-18	2018-19	2019-20	2020-21	2021-22
Total separations (Excluding Emergency Care)	240	227	132	145	225
Total occupied bed days (Excluding Emergency Care)	1077	1066	609	847	1018
Total Available Bed Days	2163	2190	2196	2190	2190
Total Average Beds Occupied (Daily Average)	3.0	2.9	1.7	2.3	2.8
Total Average facility occupancy	**49.8%**	**48.7%**	**27.7%**	**38.7%**	**46.5%**

Total Average Number of Acute Beds – G	**5.9**	**6.0**	**6.0**	**6.0**	**6.0**

Source: MLHD Performance team, NAPOOS, NSW Beds Reporting Tool and BI

In 2020/21 acute inpatient services made up most separations (97%) and occupied bed days (91%). Sub and Non-acute inpatient services made up 3% of separations and 9% of bed days. There are large numbers of respite days that are using inpatient beds that are captured in aged care utilisation (302 in 2021/22).

Table 25: Lake Cargelligo Activity by Patient Type Excludes Chemotherapy, Renal Dialysis and Unqualified Neonates

	2018/2019		2019/2020		2020/2021	
Patient Type Name	**Separations**	**Bed Days**	**Separations**	**Bed Days**	**Separations**	**Bed Days**
Acute	219	932	126	565	140	773
Sub and Non-Acute	8	136	6	44	5	74
Grand Total	**227**	**1068**	**132**	**609**	**145**	**847**

Source: MLHD Performance team, NAPOOS, NSW Beds Reporting Tool and BI

Sub-acute care is less intense than acute care. Sub-acute care incorporates maintenance care, palliative care, rehabilitation, and geriatric evaluation and management (GEM). In the 2021/22 year there has been a huge spike in sub-acute maintenance care with frail elderly people admitted waiting for nursing home placement, both from Lake Cargelligo and surrounds, this has demand overflowed to other hospitals nearby. This has been attributed to the severe shortage of home care package delivery in the last 12 months. These consumers are arriving with significant impairment and very high care needs, some of whom have had an acute episode and extreme escalation of issues.

Maintenance type care is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. This care type is often used for a patient who requires nursing home placement and although ready for discharge a place is not yet available. Historically there has been some use of maintenance care, however this has increased significantly in the second half of 2022. Despite small numbers of maintenance visits, they tend to be for lengthy periods historically. Likewise palliative care is only a small number of visits between 9 and 4 separations per year. The palliative care type is used for patients admitted with an advanced life limiting illness.

The sub-acute activity trend data is shown in the table above. Both palliative care and maintenance have fluctuated, based on needs in the community. The sub-acute bed day trend has decreased over time, with a 46% decrease over the period shown. Rehabilitation and GEM are hard to manage at Lake Cargelligo as there is no facilities and staff to accommodate this locally. There may be opportunities to further explore how this can be done in the future. The table above combines palliative care and maintenance due to low numbers which might identify individuals.

Lachlan Shire Council residents make up 77% of inpatient activity (separations) and 82% of bed days at Lake Cargelligo MPS. Bland and Cobar Shires make up 17% of separations and 14% of bed days. As shown below.

Table 26: Lake Cargelligo MPS Separations by LGA/ LHD of Residence Excludes Chemotherapy, Renal Dialysis and Unqualified Neonates

Residence LGA 2016 Name	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Lachlan (A)	200	184	167	103	114
Cobar (A)	35	39	42	21	19
Other	13	17	18	8	12
Grand Total	**248**	**240**	**227**	**132**	**145**

Source: FlowInfo V 21, NSW MoH

Most of the activity at the Lake Cargelligo MPS is general medicine. The details are shown below. The Service-Related Groups (SRG's) making up the highest number of bed days were:

- General Medicine
- Respiratory Medicine
- Cardiology
- Palliative Care
- Gastroenterology

Table 27: Lake Cargelligo Service Related Groups By Bed Days Excludes Chemotherapy, Renal Dialysis and Unqualified Neonates

SRG v6 Name	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
General medicine	184	306	268	164	251
Respiratory Medicine	227	156	230	91	181
Cardiology	58	68	163	77	27
Palliative Care	57	96	112	12	58
Gastroenterology	38	55	71	96	21
Orthopaedics	63	54	23	58	26
Neurology	39	49	10	19	78
Maintenance	82	37	24	25	16
General surgery	38	19	39	9	22
Other	175	228	128	58	167
Grand Total	**961**	**1068**	**1068**	**609**	**847**

Source: FlowInfo V 21, NSW MoH

A further breakdown of the activity across the last 5 years by Enhanced Service-Related Group (ESRG) indicates the highest bed days were recorded for:

- Chronic obstructive airways disease (COPD)
- Other respiratory medicine
- Surgical follow up
- Palliative Care - Cancer Related
- Cellulitis
- Maintenance
- Other general medicine
- Other gastroenterology
- Heart failure & shock
- Kidney & urinary tract infections

Many of the above conditions are classed as potentially preventable hospitalisations (PPH) including COPD, cellulitis, heart failure and urinary tract infections. The term refers to hospitalisations that could have potentially been prevented through the provision of appropriate preventative care and early disease management in primary care and community-based care settings. The rate of PPH in a local area may reflect access to primary health care, as well as sociodemographic factors and health behaviours (Falster & Jorm 2017). This mirrors the local epidemiological data.

Table 28: Lake Cargelligo MPS Age Breakdown

	2017/2018		2018/2019		2019/2020		2020/2021	
Age Group	Total Separations	Total Bed Days	Total Separations	Total Bed Days	Total Separations	Total Bed Days	Total Separations	Total Bed Days
0 to 4 Years	1	1						
5 to 15 Years							1	1
16 to 44 Years	62	179	34	87	16	72	19	32
45 to 69 Years	75	293	75	237	41	132	47	231
70 to 84 Years	60	357	75	448	55	303	55	405

	2017/2018		2018/2019		2019/2020		2020/2021	
85 Years and Over	42	238	43	296	20	102	23	178
Grand Total	240	1068	227	1068	132	609	145	847

Source: FlowInfo V 21, NSW MoH

People are living well and for longer however there many health conditions and associated disability become more common with age. This means we see that older people are higher users of health services. The 65 years + group make up 74% of bed days and 60% of separations. There are 20% of the community over 65, this group utilises a disproportionately higher percentage of local hospital services. This reflects the increase in the ageing population, this is seen in many other smaller Riverina communities. As previously noted, the median age of residents is higher for Lachlan Shire compared to NSW and Australia. The proportion of people aged 70 and older is projected to increase.

Aboriginal and Torres Strait Islander people make up 28% of separations and 19% of bed days. Aboriginal people make up 18-22% of the population in the Lake Cargelligo MPS region compared to 2.9% in NSW. This community is being admitted for services at much younger ages, 75% of bed days are for people under 69 with the largest cohort between 50 and 54 years (20%), whereas in the non-Aboriginal community only 25% of bed days are for people under the age of 69.

Table 29: Lake Cargelligo MPS use by Aboriginality

Indigenous Status Name	2017/2018	2018/2019	2019/2020	2020/2021
Aboriginal	285	184	46	173
Both Aboriginal and Torres Strait Island	2	3		4
Not Aboriginal or Torres Strait Islander	781	874	561	669
Unknown		7	2	1
Grand Total	**1068**	**1068**	**609**	**847**

Source: FlowInfo V 21, NSW MoH

6.3 SERVICE USE ELSEWHERE

Lake Cargelligo MPS is a Peer Group Multi-Purpose Service. Hospital peer groupings define groups of similar hospitals based on shared characteristics and allow a better understanding of the organisation and provision of hospital services. Multi-purpose services and small hospitals typically have fewer than 50 beds, provide many different services and are geographically isolated from larger hospitals.

Lake Cargelligo MPS meets 16% of the bed day inpatient demand the residents in the post codes that historically flow to the Lake Cargelligo MPS (excluding Chemotherapy, Renal Dialysis and Unqualified Neonates). These post codes include 2672 for Lake Cargelligo and surrounds and 2669 for Rankin Springs. The other towns in the catchment are included in these post codes. WWBH and Wagga Wagga Collaborative Care meet a further 22% of bed day demand and Griffith 13% bed day demand. Private services meet another 15% bed day demand. The MLHD meet a 68% of bed day demand for residents. The remaining providers account for small amounts of activity shown below.

Table 30: Lake Cargelligo Catchment Residents flows for services by Hospital of service Excludes Chemotherapy, Renal Dialysis, Unqualified Neonates and private interstate hospitals

Hospital Name	2017/2018	2018/2019	2019/2020	2020/2021	%
Wagga Wagga(excl. Coll. Care)	1185	1069	949	1157	22.9
Griffith	868	870	948	878	18.8
Lake Cargelligo	963	913	463	736	16.2
Private(excl DPCs) Hospitals	692	607	699	750	14.5
Wyalong	297	352	379	209	6.5
St. Vincent's - Public	134	53	134	295	3.2
Private Day Procedures	159	145	107	140	2.9
Canberra	73	140	140	63	2.2
Orange	233	48	56	40	2.0
Wagga Wagga(Coll. Care)	88	57	85	94	1.7
Other	299	753	364	314	9.1
Total Bed Days	**4991**	**5007**	**4324**	**4676**	

Source: FlowInfo V 21, NSW MoH

The flows to Wagga Wagga and Griffith bed days are highest for:

Wagga Wagga Base

- Specialist mental health
- Orthopaedics
- Vascular surgery
- Cardiology
- Gastroenterology
- Obstetrics
- Rehabilitation
- General surgery

Griffith Base

- Respiratory Medicine
- General medicine
- Cardiology
- Obstetrics
- Gastroenterology
- General surgery
- Rehabilitation
- Maintenance

Source: FlowInfo V 21, NSW MoH

Flows to Private services are highest for:

- Orthopaedics
- Urology
- Specialist mental health
- Gastroenterology
- Interventional Cardiology
- Respiratory Medicine
- Cardiology
- ENT & Head and Neck

Total inpatient bed demand by Lake Cargelligo catchment residents at any site equates to between 14 and 11 beds based on the last 4 years of activity. Demand at Lake Cargelligo MPS by residents equates to between 1 and 3 beds. This does not include the demand at Lake Cargelligo by residents from other LGA's, although this is minimal presently.

The remaining demand by Lake Cargelligo residents is sought elsewhere, the main being at private services and WWBH as discussed above. It is appropriate that some services are provided at higher level facilities based on availability of specialty services or due to patient complexity which require higher level support services. Use of private services is based on personal choice.

Chemotherapy services are provided at Griffith Hospital, John Hunter, and private day procedure centres for Lachlan Shire residents. The totals have been presented to maintain privacy due to small numbers.

Table 31: Lachlan Shire Council residents demand for Chemotherapy Services by

	2017/2018	2018/2019	2019/2020	2020/21
Grand Total	**8**	**15**	**21**	**2**

Source: FlowInfo V 21, NSW MoH

MATERNITY SERVICES

There is currently no maternity service at Lake Cargelligo MPS. The facility lacks the appropriate spaces and staff to safely offer this service. Access to maternity services for Lachlan Shire residents is in Forbes, Griffith, Orange, Parkes Wagga Wagga (Public and Private hospitals) or on occasion Dubbo. Most Lake Cargelligo catchment clients flow to Griffith or Wagga Wagga. Residents from the northern part of the shire flow to Forbes, Orange and Parkes. There is an Aboriginal Health Midwife in Lake Cargelligo who provides ante and post-natal care in the community. The local GP clinic offers shared care arrangements for parents working with local maternity services in surrounding towns.

The obstetrics services at Griffith Base Hospital are being redeveloped and the new unit will commence operation in the coming 2 years. Complex pregnancies are scheduled to Wagga Wagga Base for higher level maternity care where needed. There are small flows interstate and very small flows into Sydney hospitals.

The breakdown of obstetric activity is shown below.

Table 32: Lachlan Shire Council Residents Accessing Obstetric Separations by Hospital

Hospital Name	2017/2018	2018/2019	2019/2020	2020/2021
Forbes	41	40	54	35
Griffith	22	34	25	23
Orange	17	20	33	20
Parkes	15	25		
Wagga Wagga(excl. Coll. Care)	11	5	9	13
Other	28	35	36	23
Grand Total	**134**	**159**	**157**	**114**

Source: FlowInfo V 21, NSW MoH

Table 33: Lachlan Shire Council Residents Obstetric Separations by Type

ESRG v5 Code And Name	2017/2018	2018/2019	2019/2020	2020/2021
721 - Antenatal admission	34	44	49	35
722 - Vaginal delivery	54	66	63	45
723 - Caesarean delivery	36	35	37	26
724 - Postnatal admission	10	14	8	8
Grand Total	**134**	**159**	**157**	**114**

Source: FlowInfo V 21, NSW MoH

SURGICAL SERVICES

There is currently no surgical service at Lake Cargelligo MPS. The facility lacks the appropriate spaces and staff to safely offer this service. Access to surgical services is in Griffith and Wagga Wagga (Public and Private hospitals) or on occasion Temora. The GP clinic offers minor procedures in their practice.

REHABILITATION SERVICES

There are currently no inpatient rehabilitation services at Lake Cargelligo MPS. Rehabilitation is a specialty subacute service. The facility currently lacks the appropriate spaces and multidisciplinary team to safely offer this service. Access to rehabilitation services is in Griffith and Wagga Wagga.

RENAL DIALYSIS SERVICES

Inpatient renal dialysis is not provided at the facility. In the previous 5 years there have been substantial numbers of Lachlan Shire Council and Lake Cargelligo residents accessing dialysis. services. The community consultations noted dialysis access was flagged as an issue in the community. This was flagged particularly by local Aboriginal stakeholders as a challenge.

Table 34: Lachlan LGA Residents' Renal Separations

ESRG v5 Code And Name	2017/2018	2018/2019	2019/2020	2020/2021	Grand Total
221 - Renal failure	7	9	12	8	36
229 - Other renal medicine	15	6	8	11	40
231 - Renal dialysis	296	147	714	897	2054
Grand Total	**318**	**162**	**734**	**916**	**2130**

Source: FlowInfo Version 20, NSW MoH

Dialysis can be offered under two separate models: inpatient haemodialysis or self-care/assisted self-care (Peritoneal Dialysis/PD) which can be done at home. Clients from the Lake Cargelligo area requiring haemodialysis services can attend the Griffith Renal Unit. The Griffith renal service is 7 days a week service with two shifts Monday to Friday and one shift on Saturday and Sunday. There is a Chronic Kidney Disease (CKD) nurse based at Griffith supporting patients in the hospital and in the community. Griffith clients are supported by three nephrologists based in Wagga Wagga and Sydney. Clients are referred to WWBH or Sydney for speciality surgery, the local AMS, community transport and Lands Council offer transport to and from Griffith for clients needing dialysis. There are currently less than 5 individuals using haemodialysis in the catchment.

There is a Peritoneal Dialysis (PD) nurse supporting clients to learn and manage their home dialysis; they run training at Griffith hospital and at the clients' home. There are select criteria that must be met for clients to transition to a self-care home based model. If suitable training is available for clients to learn how to safely self-dialyse at home with support training offered to family and carers. For most clients, home dialysis is comfortable, convenient and avoids long journeys to Griffith up to three times a week.

In the Lake Cargelligo MPS there is specialised plumbing that has been installed for renal clients to use for self-care dialysis. This was installed for local clients to use when there may have been challenges with home access to appropriate water or power supply for example during drought, flood, and bushfire. Clients need to bring their own machine and consumables to use in the community health wing of the building. The renal team has trained Lake Cargelligo MPS staff to assist as carers in the past, but not offering specialised renal nursing care. Local Aboriginal Health staff have volunteered to do additional training to be able to assist with peritoneal dialysis care. The local AMS has offered to have their staff trained to also support self-care dialysis at home or at the MPS if needed. A number of local people using home dialysis have been connected with one another for support so they feel less isolated and can share information. Where possible most dialysis clients look to transition to home care treatments where possible and additional local support should assist with this process.

Due to the highly specialised nature of haemodialysis services, the support services required and the highly trained staff required to operate a service it is not feasible to look to establish a service in Lake Cargelligo, as the locally reported numbers are not sufficient.

7. Emergency and Inpatient Services - Proposed

7.1 Emergency Services

Future models of care

Lake Cargelligo MPS will maintain a level 1 ED service with capacity for clinical triage service in accordance with Australian Triage Scale, a General Practice Council of Australian Governments (COAG) 19*(2) service and a Mental Health Emergency Consultation Service (MHECS).

The ED will be supported by the on-call GP visiting medical officer services and the NSW Ambulance Service. Nursing staff will have responsibilities across the facility.

Virtual Care will be part of the model particularly for bedside critical care advice and the remote medical consultation service (RMCS) and support through MLHD Patient Flow Unit, and as part of the on-call GP model. Virtual nurse assist will soon be implemented offering staff advice and support for triage and assessment.

The MLHD Critical Care Advisory Service provides support and clinical advice to clinicians regarding patients presenting to the ED. Critical care cameras above ED beds will provide visibility of the patient by the remote critical care team and communication with local staff [18]. There will also be access to Virtual Nurse Assist in the future, this virtual service offers to access experienced nurses for education and advice 24/7.

The NSW Critical Care Tertiary Referral Networks & Transfer of Care (Adults) Network also provides support to EDs to manage patients who are critically ill or injured and those patients at risk of critical deterioration requiring referrals and transfer of care [19].

Current ED service use is likely to change over time with revised on call models and potential after hours GP services accessed over the phone or in Griffith. MLHD are keen to establish further hospital avoidance tactics to redirect low level, non-urgent GP type presentations back to the GP services in town. This would reduce lower-level triage category presentations at the hospital, particularly on weekends.

Several strategies can be implemented to reduce and/or better manage patients attending the Emergency Department. These are described below.

ED Avoidance

ED avoidance strategies are aimed at reducing presentations to the ED or redirecting patients away from the acute area if they do present to the hospital.

Examples include:

- Availability of after-hours GP clinics or alternative Nurse Practitioner clinics, may be virtual
- Access to nurse or allied health led outpatient clinics
- Education sessions or group sessions e.g., Diabetes Education Sessions
- Direct referrals to specialist teams for chronic and complex patients either by phone or Virtual Care
- Care coordination/management, particularly for chronic disease management
- GP liaison
- Prevention and health promotion programs

Non-Admitted Services

Non-Admitted Services outpatient services are being proposed that will redirect activity away from ED for both for the initial consultation and follow-up consultations. These will include outpatient clinics, community health/HiTH and MH&D&A services.

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[18] MLHD Draft Clinical Services Framework 2021-2026

[19] NSW Health Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2010_021 Publication date 30-Mar-2010

Services provided by these services will include but not limited to:

- HiTH
- Allied Health
- Wound care
- Child and family
- Mental health
- Drug and alcohol

Linkages with other service providers will be enhanced to reduce the number of ED presentations.

Emergency presentations by visit type make up the majority (76%) of ED presentations. The remaining visit types are planned non-emergency and there is potential to reorganise this activity in a more planned way to improve staffing efficiencies and patient flow into outpatient clinics. These visit types are the fastest growing types of presentations at the ED.

There have been relatively few triages one and two presentations in the last 4 years. The majority of ED activity is less urgent triage 5 visits (40%). Given the high volume of triage 4 and 5 and return/outpatient clinic visits this activity may be better suited to provision in a community health or clinic setting. There are a significant number of dressings that are attended to by ED staff rather than community health due to the lack of a community based Registered Nurse. There may be an opportunity to investigate alternate models of care being trialled into the future for the ED and community health, especially noting that the majority of presentations to the ED are between 8am and 7pm. Ideally ED and community health spaces will have close functional relationships as there are opportunities for team collaboration and shared consulting spaces for ED, outpatient, telehealth and community health services.

Mental Health and Drug & Alcohol and Cognitively Impaired

Mental Health patients presenting with a broad range of mental health problems and those with cognitive impairment who present to the ED will be managed in a suitable space reflecting their clinical need. A low stimulation space specifically designed to deescalate aggravation is required as part of this model. This space will be required within the ED in a quieter zone away from resuscitation and acute bay, while providing good access to and oversight by staff.

The aim of the model of care is to optimise the safety and comfort of the patient, other patients and staff. There will need to be the ability to manage patients overnight if transfers to higher level services are delayed. Because ED is not separately staffed after hours, a suitable space on the inpatient ward is also required.

Virtual Care will be used for patients presenting with acute mental health and cognitive impairment, linking patients and staff to specialist mental health emergency staff for assessments and recommendations for management and treatment.

The continuing rollout of the Collaborative Care Strategy will enhance client's ability to access personalised mental health services by allowing them to be a partner in their own care.

Use of Virtual Care modalities

The increased use of Virtual Care will allow for improved and faster management of patients presenting to ED as well as accessing appropriate levels of specialised services if required.

Facilities for undertaking Virtual Care will be in ED. This includes fixed cameras in the resuscitation area and additional supporting technology such as mobile technology will allow for videoconferencing and future technological applications to be provided. These can be used to do consultations with specialist services including retrieval services, Mental Health services and others as needed.

Consultation spaces for outpatients to enable community members to link to MLHD or metropolitan services will be provided in the collocated Outpatients Zone. This improves access where technological literacy is poor and/or access to technology in the home is absent or limited.

Appropriate infrastructure will be built into new facilities including Virtual hubs to facilitate optimal use of virtual services.

PROJECTED ACTIVITY

Assumes models of care and patient flows will remain largely unchanged to the existing service activity profile.

The base case indicates that ED activity will remain relatively constant over the next ten years.

Table 35: Lake Cargelligo Facility ED Projections

Row Labels	2006	2011	2015	2021	2026	2031	2036
E1a - adm T12	18	18	22	28	35	36	35
E1b - adm T3	58	58	61	62	60	62	65
E1c - adm T45	83	83	95	84	86	85	88
E2a - not adm T12	66	66	119	169	178	186	185
E2b - not adm T3	221	221	285	289	295	287	279
E2c - not adm T45	1386	1386	1527	1457	1312	1275	1235
E3 - DNW	11	11	31	39	36	37	32
E4 - Other	1	1	2	1	4		2
Grand Total	**1844**	**1844**	**2142**	**2129**	**2006**	**1968**	**1921**

Source: HealthAPP 20 NSW MoH

This activity equates to a requirement for 2 treatment spaces. Treatment spaces include resuscitation and treatment bays but do not include other standard components of ED such as plaster room, triage spaces and consultation spaces.

Consideration of patient cohorts needs to occur in terms of meeting the requirements for child safe treatment and waiting spaces (visual and auditory exposure inclusive) and for sexual assault, domestic violence and child protection presentations.

When the base case data is compared to actual ED activity, the forecasts are a little higher than the actuals. This trend has been consistent across the local health district given the impact of Covid-19. Consumers tended to stay away from ED's unless very unwell and this resulted in a drop off in department activity generally. The trend line in the projected figures is showing a very small but gradual decrease until 2036. The bulk of activity is still in projected to be in triage 4 and 5. Anticipated presentations will increase from an average of 5 per day in 2021 to 7 per day by 2036. Based on the most recent census there are population increases forecast and this is likely to increase ED presentations further.

An urgent care model was considered for this facility but was deemed an ineffective model for this community due to vast distances to neighbouring facilities offering 24-hour care and the comparatively high numbers of higher acuity presentations compared to similar facilities. While most presentations are during extended business hours there are some afterhours high acuity presentations often arriving by private car.

FACILITY REQUIREMENTS

The ED needs to be reconfigured to optimise patient and staff flows and address line of sight issues. Additional spaces including a consultation room and a low stimulus room suitable for people who present with an altered cognitive state to feel safe while awaiting review need to be included. This room can be multifunctional and used for any patients requiring a quieter space away from resuscitation/treatment bay area who do not require a treatment bay for their immediate clinical care.

It is proposed that in addition to standard components (triage room, plastering capacity etc) there will need to be:

- 1X resuscitation bay

- 1 X acute treatment bay enclosed (to provide a child space zone)
- 1 x consult/ interview room for outpatient clinics/ virtual care/GP clinics
- 1 low stimulus/quiet room
- Access to a pathology collection space

The ED waiting area needs careful consideration given the mix of patient cohorts, particularly child safe spaces. As well a space within the waiting room and the treatment bay will be designed specifically to be child friendly to provide appropriate accommodation for children presenting to the ED. Functional relationships to the wellness space will enable spaces to be shared effectively.

A triage space which is currently not available will help manage patient flow through the department, with many consumers being seen and treated in the triage space for minor issues. This ensures proper consumer privacy as there is no specific place for triage discussions to happen, they either occur in the waiting room or the department treatment space.

Security features will be paramount with low evening staffing numbers, no security staff and limited local police presence.

In general, technology uplift is required to support virtual care needs including but not limited to availability management as part of access to specialist staff for mental health emergency services, and unified communications services (video conferencing and bed-side monitoring of vitals and visual access back to central location such as staff desk/ WWBH Critical Care Service).

7.2 INPATIENT

FUTURE MODELS OF CARE

Projected service demand is split into acute and sub-acute categories. The two categories need to be considered together for total projected service requirements. Projection methodology is based on activity trends, known models of care and projected population changes. This methodology provides the best indication of future need; however, scenarios can be tested by altering existing flow patterns based on potential changes in service delivery. Scenario modelling in the new HealthAPP A*nalytics* tool is based on 2016 population data and 2011 activity data.

ACUTE

There will be an increase in short stay, ambulatory, outpatient and community-based care. The increased utilisation of short stay models of care in a range of clinical services from aged care and medical allows for patients to be assessed, to undergo diagnostic tests, to initiate treatment options and then be discharged to be followed up by ambulatory/outpatient-based services or other service providers e.g., General Practitioners.

The inpatient services will continue to provide overnight accommodation for the diagnosis, care and treatment of acute inpatients. Whilst facilitating the delivery of services to patients, the inpatient areas will also provide facilities to support the needs of families, carers and staff.

The need to accommodate patients with airborne pathogens has been at the forefront with the COVID pandemic over the last few years. For patients requiring inpatient care, appropriate facilities including single rooms and good air conditioning are essential to reduce the spread. Staff adequately trained in infection control procedures is also essential.

The increased use of single rooms in new facilities will assist in reducing the spread of airborne contaminants.

Inpatient services will have access to pathology and imaging (remotely) to facilitate rapid diagnoses and commencement of treatment.

Models of care are moving towards increased treatment in the day only, outpatient and home setting, which will impact on inpatient lengths of stay (shorter). With the increase in the aged population who use health services at a higher rate, demand for services will continue to rise. This will lead to increased or stable inpatient separations (dependent on overall and aged population growth), with a stable or decreased bed day use i.e., higher turnover. This activity will however need to be offset through outpatient or home-based models of care and through the use of technology to connect remotely to the patient.

Future renal services will continue to be linked to Griffith centre-based services. There is no current business case for inpatient renal services at Lake Cargelligo, recent analysis could not support it. There will be a space developed to enable consumers to bring self-care equipment and use water and electricity at the MPS if needed. There will be staff training offered to local staff to act as self-dialysis carers to support consumers using self-dialysis. This is not renal nursing support.

Other inpatient services including surgical and maternity services are not supported.

PROJECTED ACTIVITY (ACUTE) – BASE CASE

The base case modelling assumes models of care and patient flows will remain largely unchanged to the existing service activity profile. This modelling is completed in NSW Health App software based on collated population and activity trends over the last 15 years.

The base case indicates that inpatient activity shows a small increase in activity from 274 episodes in 2015/16 to 283 episodes in 2036. There is a more substantial increase in bed days from 904 bed days in 2015 to 1038 bed days in 2036. This would equate to a need for 3.9 (rounded to 4) acute beds in 2036.

Table 36: Lake Cargelligo Health Service Base Case Acute Projections 2011 to 2036 (excluding chemotherapy, renal dialysis and unqualified neonates)

	2011	2015	2021	2026	2031	2036
Episodes	261	274	256	256	267	283
Bed Days	793	904	1,036	999	1,038	1,080
Sum of Beds	2.9	3.3	3.8	3.6	3.8	3.9

Source: HealthAPP base case Excludes: Chemotherapy, Renal Dialysis, Unqualified Neonates

PROJECTED ACTIVITY (ACUTE) – SCENARIO CASE

No review was undertaken to look to move activity from other services to Lake Cargelligo at this point. So there is no change to projected future demand outside of the above base case analysis. The service location and patient flows mean Lake Cargelligo MPS is not well suited to moving activity to for people outside the current catchment. Most of the care that is safe to be delivered at the Lake Cargelligo MPS is currently delivered there.

SUB-ACUTE

Subacute services are divided into several different clinical areas. These care types include:

- Maintenance
- Rehabilitation
- Palliative Care
- Geriatrics

This bed type has decreased in the last 5 years. Opportunities exist to increase care capacity for both maintenance and palliative care at Lake Cargelligo.

MAINTENANCE

Maintenance bed days demand has been consistent in the last 5 years. This has historically been because of waiting lists at the MPS for residential aged care beds. The flexible beds have not been used to full capacity due to the poor functional relationships and room design not being well suited.

here is a need to explore models of care to provide support for local and regional maintenance clients waiting for rehabilitation, transitional care, NDIS, guardianship and nursing home placement.

PALLIATIVE CARE

Currently services are provided in the hospital setting and through specialist teams providing outreach services in Wagga Wagga and Griffith. It operates a collaborative model with community nursing to provide consultative services. At present there is a shortage of community nurses which can make the provision of services in the community difficult.

There is an Aboriginal Health worker included in the team as well as a Bereavement Support Worker.

Ambulance paramedics have extended scope of practice and can administer a range of medications for managing symptoms to assist patients remaining in their homes.

Opportunities for future service provision include:

- Progressing to on call medical model
- Two Sydney specialists to be located at Wagga Wagga
- Training up staff in hospitals
- Increase on call model at Wagga, Deniliquin and Griffith
- Face to face after hours
- Syringe driver management – set for 24, 48 or 72 hours
- Virtual Care modalities will be a major enabler
- New workforce models to ensure appropriate support

Moving forward there is a need to have conversations with the community as to what is perceived to be a 'normal death'. Educating the community to the notion that not all deaths must be in a hospital setting will allow patients to have a choice as to where they die.

There is a continuing need for health services to provide facilities to accommodate palliative care patients who do wish to die in the hospital setting or who are admitted for symptom control. This needs to include a collaborative working space to optimise patient care. Support for multiple faiths and family providing bedside care will be part of the inpatient model.

REHABILITATION

Rehabilitation is the process of assisting individuals achieves the highest level of function, independence, and quality of life possible. Rehabilitation does not reverse or undo the damage caused by disease or trauma, but rather helps restore the individual to optimal health, functioning, and well-being.

The service will not provide a structured inpatient rehabilitation service. However access to facilities to assist with reconditioning of clients who have had lengthy stays is recommended. There will be outpatient and community rehabilitation that can be provided. This will take place in large clinical/meeting spaces that can facilitate group sessions or visiting allied health practitioners. Pulmonary and Cardiac rehabilitation services will support the large number of residents with cardiac and pulmonary conditions through a potential Collaborative Commissioning model including building a Chronic Heart Failure and Chronic Obstructive Pulmonary Disease pathway with the Murrumbidgee Primary Health Network.

GERIATRICS

There is a need to explore models of care to provide geriatric specific support services to both inpatients, residents in Aged Care Residential Facilities (ACRFs) and patients in the community. Geriatric models will need to provide services with a combination of inpatient services for managing the acute care needs of the older population whilst also optimising the shift of sub-acute care to off-site with most services provided in the community. This includes services provided to ACRFs to support the continuation of care in place rather than transfer the resident to the inpatient setting.

The use of Virtual Care will be used to support geriatric patients in the hospital as well as in the community setting including in patient's homes.

Enhancement of outreach services provided by Clinical Nurse Consultants and other appropriate support services will allow patients to remain in their homes.

The provision of appropriate facilities in the inpatient setting for patients with difficult behaviours including wandering and confusion needs to be considered.

PROJECTED ACTIVITY (SUBACUTE) – BASE CASE

Assumes models of care and patient flows will remain largely unchanged to the existing service activity profile.

The base case indicates that maintenance activity will be consistent for the next ten years equating to approximately one bed worth of activity (shown below).

Table 37: Lake Cargelligo Health Service Sub-acute Base Case

	2011	2015	2021	2026	2031	2036
Maintenance						
Episodes	5	4	8	12	11	12
Bed Days	39	54	84	116	97	100
Sum of Beds	0.1	0.2	0.3	0.4	0.3	0.3
Palliative Care						
Episodes	4	10	23	24	28	31
Bed Days	57	77	204	205	229	260
Sum of Beds	0.2	0.2	0.6	0.6	0.7	0.8
Rehabilitation						
Episodes	5	1	2	2	3	2
Bed Days	22	5	28	32	45	26
Sum of Beds	0.1	0.0	0.1	0.1	0.1	0.1
Total Episodes	**14**	**15**	**33**	**38**	**42**	**45**
Total Bed Days	**118**	**136**	**316**	**353**	**371**	**386**
Total Sum of Beds	**0.4**	**0.4**	**1.0**	**1.1**	**1.1**	**1.2**

Source: NSW HealthAPP Analytics 2021

No scenario modelling was undertaken to move activity from other services to Lake Cargelligo at this point.

Facility Inpatient Requirements

The above projections would indicate that the total number of inpatient beds required at Lake Cargelligo MPS in 2036 is 5.1 beds for the base case. It is proposed that this is rounded to 6 beds for staffing efficiency consisting of 4 acute inpatient beds at 75% occupancy and 2 subacute beds at 90% occupancy.

The current overnight inpatient bed base will be maintained into the future, relying on models shifting more care into the community and more effective treatment methods. This gives capacity for palliative care which is likely to increase with the aging population and increasing medical complexity. A room with kitchenette/family space for use by family members of palliative clients is also required as is a multi-faith quiet room.

These recommendations will future proof the Lake Cargelligo MPS to enable provision of care close to home for local residents.

8. AGED CARE SERVICES - CURRENT

Aged care is the support provided to older people in their own home or in an aged care (nursing) home. It can include help with everyday living, health care, accommodation and equipment such as walking frames or ramps. Generally aged care services are available to people over the age of 65, or Aboriginal or Torres Strait Islander people over the age of 50.

Aged care services are regulated and subsidised primarily through the federal government, and services are offered by a range of accredited organisations. Aged care services include:

- Care in your home.
- Residential care in aged care homes.
- Short-term care (such as after-hospital and respite care).

The aged care industry in Australia, and globally, is changing, with seniors living longer and preferring to stay within their communities and support networks with a focus on living and lifestyle. There has been significant change in the sector with a recent Royal Commission making recommendations for the future operations of aged care to improve safety and quality of care. This constant change, new regulation, increased negative attention through the Royal Commission, the pandemic, staffing challenges and increased demand has exerted significant pressure on the aged care industry, and this is exacerbated in regional areas.

Lake Cargelligo is within the Commonwealth Aged Care Planning Region of Riverina/Murray in NSW. The towns and hamlets in the Lachlan Shire Council are a popular retirement option for people within the Shire looking to move from local farms but also has become popular with residents from larger communities and towns looking to retire to more affordable locations. Historically there has tended to be an outward shift of the younger population to other areas for study and work opportunities. This has resulted in a more rapidly aging population and in a lack of extended family support for older residents and a reliance on aging partners and community support services.

The Lake Cargelligo community is very passionate about aged care issues. There is a local group of active advocates working to promote healthy aging in the region called All Care Inc. This group has noted significant concerns about the number of aged care beds and home care services in the region. They also have concerns about loved ones being placed in aged care services in neighbouring communities' significant distances away. Many founding members have lived experience of loved ones being sent some distance to access aged care facilities, although this is less common now. This has caused significant distress and upset to local families in the past. Limited access to care for residents with a lived experience of dementia has meant in the past residents have been sent further afield to access higher level dementia care. The group has documented many of these stories. They have hosted forums about aging well that have had good engagement from local people.

Ageing issues were listed as the most serious health concerns for the community as a whole in the recent survey with 72% of respondents listing it as the most significant concern and health issue and this came out strongly in comments throughout the survey. The LHD and community (via consultation feedback) acknowledges the work done by local teams noting the high-quality care provided under sometimes challenging circumstances, but is aware of the challenges faced across aged care sector.

8.1 RESIDENTIAL AGED CARE SERVICES - CURRENT

Lake Cargelligo MPS has 16 High Care Residential Aged Care Home Type Beds that are fully occupied and funded by the Commonwealth Government. The facility caters to high needs clients and all current residential clients have been assessed by the ACAT and are classified as high-level care.

These places are very highly sought after, and occupancy is very high (95-101%). Over the last 5 years the facility has maintained a waiting list of between 10-15 people, with most being needing prompt placement. There is a long standing concern in the community that there are not enough beds at the MPS and local residents may be sent away for care. There are some people in the community who have had this experience. In the last 12 months 7 people have been sent to other facilities and

10 passed away waiting for care in the last 2 years. This often means that families struggle to provide care at home, with limited community supports available as they wait for a local placement.

The unit contains 14 single bedrooms with ensuite bathroom and one double room with ensuite. The unit is split into two wings. There is one combined lounge/dining/activity room which is located adjacent to the acute inpatient and close to the emergency department. There is another lounge area at the opposite end of the unit, sometimes used for family gatherings, but this is not well used as it its at the end of the facility and not as appealing. There is a narrow front porch area for residents to access, however this does not have easy access to gardens as it is elevated, it also faces west and is exposed to extreme heat in summer with limited shade. There is minimal outdoor areas are available for residents and families. Between the two wings of the unit there is a courtyard which some rooms have access to however its not well used as its sloping and has no safety rails. This includes table and chairs, rotunda, garden beds and BBQ area, but it has no staff oversight and no security cameras.

The facility struggles to manage residents with lived experience of dementia; there are not features that offer easy way finding and safe wandering. There are no doors to the aged care wings of the facilities, no alarm systems on external doors and no safe gardens for wandering. Funds have been allocated for some upgrades to occur to improve the safety, security, and amenity for aged care residents in 2022, however this will be limited to the current footprint of the building. There is limited space for social and leisure activity and the rooms while comfortable are dated, small, impractical layout for safety equipment and the space is not home like and no longer best suited to best practice aged care delivery. This is no longer to a suitable standard for modern models of health care delivery.

Table 38: Lake Cargelligo MPS Residential Aged Care Occupancy

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Total RACC Separations	17	26	17	18	21	22
Total RACC Occupied Bed Days	6146	5874	5918	5539	5679	5836
Total RACC Available Bed Days	6069	5867	5840	5856	5840	5840
Total RACC Average Beds Occupied	16.8	16.1	16.2	15.1	15.5	15.9
Total RACC Average Occupancy	101%	100%	101.3%	94.6%	97.2%	99.9%
Total Number of RACC Beds	**16.6**	**16.1**	**16.0**	**16.0**	**16.0**	**16.0**

Source: MLHD Performance Team (NSW Bed Reporting Tool & BI Ward Report)

The 2018/19 average occupancy was 95% for High Care Residential Aged Care Clients, in the years since it has been between 95% and 101%. While some episodes of acute care occur for these residents, they remain in the Residential Aged Care bed due to the flexibility afforded by the MPS model. The level of occupancy for these beds equates to all 15-17 out of the 16 beds being occupied on most days of the year. Overflow is managed by placing potential residents in an acute bed initially until a residential bed is available at Lake Cargelligo. The Community health team, community transport, MPS management, and HACC meals on wheels, with feedback from the GP had a community at risk meeting to ensure all were aware of and monitoring clients in the community who are getting close to requiring residential care and availability of places, although this hasn't been active lately. An opportunity exists to reinvigorate the "at risk meeting" for collaborative planning. There is a waiting list with expressions of interest in places, currently 26, over time this is generally had 10-15 clients waiting for immediate services.

Traditionally there was very little use of the MPS aged care services by Aboriginal people. There has not been significant engagement with Aboriginal Elders to promote services and look to adapt current services to be more culturally appropriate. This has changed recently and there are a number of Aboriginal people using residential care. This has also shown friends and family, who are visiting, that the services are good and can have benefits for Aboriginal people locally. Community consultation noted an increased interest and willingness to use aged care, but noted that ideally some improvements to make people feel more culturally safe including staffing, spaces, activities and art.

8.2 COMMUNITY UNITS/INDEPENDENT LIVING

Within the Lake Cargelligo Township, there are 12 self-care units. The retirement village is one block behind the MPS and is called “Cudjallagong Court”.

A community committee operates these. The rental is very affordable and inclusive of utilities. The units were at 100% occupancy at the time of writing. If anyone is seeking information about this facility, please contact Lower Lachlan Community Services for information regarding availability. There is an activities room for coordinated social activities. These events are open to other older people in the community as well as residents. The infrastructure is quite old, but are gradually being renovated. There is shared laundry facilities.

8.3 OTHER NEARBY NSW AGED CARE SERVICES

There are several organisations that provide services to the Lachlan Shire Council communities. However only the Lake Cargelligo MPS provides residential aged care in Lake Cargelligo, other services are available in Condobolin over an hour away.

Table 39: Commonwealth Funded Residential Aged Care

Town	Distance	Facility	High Care beds	Low Care beds	Dementia specific beds	Respite Beds
Lake Cargelligo	0	MPS	16	-	-	Available
Hillston	91 km	MPS	10	-	-	Available
Hillston	91 km	Lachlan Lodge and Carrathool Shire Aged Care Services	17	-	-	Available
Condobolin	95 km	William Beech Gardens Aged Care	34	34	10	

Source: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-servlist-download.htm and personal correspondence with facilities

There are many providers in Griffith providing a range of residential aged care services approximately 140km away.

All of the aged care services in the table above are lengthy drive away from the Lake Cargelligo region. This distance is exacerbated the lack of public transport which severely limits access, particularly for aged partners who themselves often have their own health issues and in many cases no longer drive. This continues to be raised strongly as an issue by the community. It has also been shown in multiple studies that aged care residents have better outcomes when they are placed in their local communities where possible, it also demonstrates better outcomes when residents are not moved unnecessarily during the course of their residential stays. Where possible local residents are placed in Lake Cargelligo MPS aged care facilities, to limit access issues for partners and family of residents to visit.

Accessing public transport is a barrier to accessing facilities in other communities for the elderly and lower socioeconomic groups.

Condo RSL LifeCare - William Beech Gardens is a living community for 78 seniors who require residential care at all levels. There is around-the-clock presence and influence of nurses and care assistants. All aged care services provide assistance with daily activities and we aim to assist all residents maintain as much independence as possible. Specialist dementia care accommodation gives residents the best quality of life in a safe and supporting environment. This facility has high levels of occupancy.

Wagga Wagga Base Hospital has an inpatient unit for high level dementia specific care for residents with extreme wandering or aggressive/disruptive behaviours. This very high level of specialist care is unable to be provided in Lake Cargelligo MPS, in part due to the design and layout of the current facility and the very specialised skills staff would require. Staff at Lake Cargelligo go to significant lengths to manage difficult dementia behaviours through the use of consultant geriatrician and nurse

practitioner and dementia nurse consultants. This reduces the need for residents to be be moved from their home community unnecessarily.

Although there are number of aged care facilities within a 150km radius of Lake Cargelligo local residents are given priority at the MPS, although limited capacity means some are sent away from the area. Many elderly people wait for a bed without support services, cared for by family. If a bed in Lake Cargelligo cannot be accessed facilities in nearby communities have been used to place residents temporarily. If residents need additional assessment residents are occasionally sent to Yathong Lodge at Wagga for intensive review and care planning and return to Lake Cargelligo or a higher-level facility if needed.

8.4 HOME CARE PACKAGES

The Australian government introduced new Home Care Packages on August 1, 2013, as part of its Living Longer Living Better reform package. A Home Care Package provides services that will help people to remain at home for as long as possible. Eligibility for Home Care Packages requires an ACAT assessment to determine the level of care required. The Murrumbidgee Local Health District is not involved in community aged care service delivery but does liaise with service providers to monitor the need for residential aged care. MLHD does provided aged care assessment services.

There are now four levels of Home Care Packages.

- Level 1 supports people with basic care needs
- Level 2 supports people with low level care needs (formerly Community Aged Care Packages)
- Level 3 supports people with intermediate care needs; and
- Level 4 supports people with high level care needs (formerly Extended Aged Care at Home and Extended Aged Care at Home Dementia packages).

There are multiple providers of community home care services, however providers tend to operate at a regional level and subcontract to local providers. Packages are allocated at a national level.

Service providers for the Commonwealth Home Support Programme can be found on the 'Help at home' tab on the My Aged Care website or via their 1800 200 422 contact number. The main provider of home care services in Lake Cargelligo are Australian Unity, Baptist Care, Live Better Condobolin, Spirit ability (NDIS packages). The range of services for eligible clients includes:

- Meals on Wheels – Lachlan aged services
- Social Support – Lachlan aged services
- Community Transport – Lake Cargelligo Community Transport
- Domestic Assistance: Australian Unity/Baptist Care
- Personal care: Australian Unity/Baptist Care
- Lawns & Gardens; Lachlan aged services
- Home Maintenance; Lachlan aged services
- Home modifications
- Nursing care; Community Care Intake Service and
- Allied Health and Therapy Services. Community Care Intake Service.

Modest fees for services usually apply, except for assessment, information and referral. Some Aged Care packages may also have funding to assist with these fees. Consumers choose their preferred provider and can change providers if they wish.

The Commonwealth Living Longer Living Better Reform has changed the way Packages are provided. From 1 July 2015 all Home Care Packages were delivered on a Consumer Directed Care (CDC) basis. Consumers now purchase the services they require rather than services being part of a set package. From 27 February 2017 funding for Packages has followed the consumer once they have been ACAT assessed for suitability for care in the home.

Local providers servicing the Lake Cargelligo area include Australian Unity, and Baptist Care. They broker services to local contractors, however there are not enough local contractors at present. With

many people having little to no access to services. It was noted that finding staff to subcontract or work locally was a challenge, so providers are needing to send staff from larger centres. The distance of the town from larger centres does mean that allocated packages can deduct travel time from their service allocations, and this means that face to face assistance is reduced.

Lake Cargelligo stakeholder feedback identified that finding local providers to support the Home Care Packages for elderly consumers' remains an ongoing issue. There are some level 1 and 2 care packages, however level 3 and 4 care packages are not accessible, often with extended waiting lists. Community consultations noted that some services are difficult to access e.g., gardening and several people noted paying private providers was easier. This is also seen at a National level and the DoH are aware of the current issues. Feedback about the challenges of accessing and navigating My Aged Care were common.

The updated population data, service use data and advice from providers, indicate that residential aged care and inpatient services are no longer meeting demand. There is also an unmet need for community aged care packages, which impacts on residential aged care demand as people are not able to manage at home without support. People are coming into residential care sooner than if there were supports in the community.

8.5 Aged and Dementia Care, Aged Care Assessment Team

Aged Care Assessment Teams (ACATs) assist people and their carer in determining the type of care that will best meet their needs when they are no longer able to manage at home without assistance.

The team works from Wagga Wagga. A team member visits Lake Cargelligo region to complete assessments as required. Visits are attended in the health service and in the home. These services operate under Commonwealth guidelines and requests are made via the My Aged Care Portal. The Royal Commission into Aged Care noted the difficulties involved in accessing aged care and are currently implementing a system of 'Care Finders' to assist navigation and decision making within the system. This program is being administered by the Murrumbidgee Primary Health Network.

An ACAT assessment will determine whether the person can be supported at home with community services or Home Care Packages or if they require residential aged care. While an ACAT assessment is not required for entry into an MPS, an assessment prior to or post admission is preferred to ensure the resident is provided with the appropriate level of care.

The district wide aged care team is available to assist upon request, with consults from the district geriatrician, nurse practitioner and clinical nurse consultant, all of whom have specialist skills in advanced aged care support.

9. Aged Care Services – Proposed

The towns and hamlets in the catchment for Lake Cargelligo MPS are a popular retirement option for people within the Shire looking to move from local farms but also has become popular with residents from larger communities and towns looking to retire to more affordable locations. This has resulted in a more rapidly aging population and in a lack of extended family and support for older residents.

There has been a shift in the demography of the shire since the Covid-19 pandemic. There have been higher inflows of people into the region than had been previously forecast. The pandemic has encouraged people to embrace the benefits of moving to regional areas, with significant outflows from capital cities. This has had a significant impact on increasing housing cost and reducing property availability. The recent population growth has put pressure on service providers, both in terms of catering for increased demand and with challenges in finding and housing new staff.

9.1 Residential Aged Care Beds - Forecast

The Australian Government Department of Health and Ageing calculate the requirements for residential aged care places based on the numbers of people aged 70+ and Aboriginal people 50+. The policy goal of the Australian Government seeks to ensure there is a ratio of 80 operational residential care places per 1000 population in this group.

The benchmark provides indicative information on the residential and community aged care requirements for local government areas and for smaller communities is best looked at in conjunction with past occupancy rates and waiting lists.

The following table shows the Commonwealth ratios applied to the Lake Cargelligo catchment.

Table 40: Projected Lake Cargelligo Catchment Population aged 70 years and over and Aboriginal people 50 years and over

	2021*	2026*	2031*	2036*	% Change 2021 to 2036
Aged 70 and over	263	281	311	346	+ 31.6%
Aboriginal 50+	^26	^30	^35	^35	+38%
Lake Cargelligo total	1741	1665	1576	1472	-15.5%
Total aged catchment Lake Cargelligo	**289**	**311**	**346**	**381**	**+31%**

Source: ABS ERP November 2020; ABS Census 2021, New South Wales State and Local Government Area Population Projections: 2021
**based on aged proportion in Lachlan Shire*

In 2021 the Estimated Residential Population (ERP) of people over 70 and over in Lake Cargelligo catchment was 263. The Aboriginal population aged 50 and over for the catchment was 26 people. A total of 783.

The Lake Cargelligo catchment population of people 70 and over, and Aboriginal people 50 and over is projected to increase by 31% between 2021 and 2036 (above). This group will increase in terms of numbers and proportion of the local community. The Lake Cargelligo catchment population is projected to decrease by 15.5% for the same period based on the 2021 Estimated Residential Population.

The Australian Government planning benchmark aims to achieve national targets of aged care places to assess likely demand for residential aged care. It is worth noting that in smaller communities the benchmark is a guideline and other factors should also be considered. Table below provides a summary of the projected requirements to 2036.

Table 41: Lake Cargelligo Catchment Aged Care Place Requirements to 2036

	Population 70 years and over and Aboriginal people 50 years and over	Aust. Govt. planning benchmarks Residential Care	Current Places	Shortfall
2021	289	23	16	7
2026	311	25	16	9
2031	346	28	16	12
2036	381	30	16	14

Source: Department Planning and Environment ERP 2022

The Australian Government benchmarks shown in the above table suggests that by 2036 there will be a projected requirement of 30 places in Lake Cargelligo catchment based on estimated resident populations. There are currently 16 places at Lake Cargelligo MPS. By 2036 there are an additional 14 required based on the population base.

The Lake Cargelligo MPS has operated at between 95-100% occupancy for the last 5 years. An occupancy over 90% indicates that most beds are utilised on most days and that there is some downtime for residents transitioning into the facility. It is clear more beds are needed considering the high occupancy rates, high MPS and neighbouring facility waiting lists, lack of community aged care support services, significant usage of acute beds for temporary placement awaiting aged care and the need to delay care or placing local residents out of town for aged care services.

There is very high occupancy of all residential aged care beds in the Lake Cargelligo MPS. Local discussions with aged care leadership and local staff note the is extreme pressure on local waiting lists, with some placement in other communities or people passing away prior to placement. The usage of inpatient beds for maintenance care suggests the benchmarked increase is required. The benchmark will be impacted by the Aboriginal population aged 50 and over, who have historically not

used residential aged care. This is changing, especially as the aged care model becomes more culturally inclusive.

Lake Cargelligo is a rapidly aging and growing Aboriginal community. There are currently two local elders living at the MPS. As family and friends visit these residents this is breaking down fear and barriers to local Aboriginal people considering respite and residential aged care. This is creating additional local demand for places in a facility that is already operating over 100% occupancy. The MPS is the only aged care provider in town, and the nearest providers are 1hrs drive away.

By changing the model of care and improving infrastructure and amenity we can explore opportunities to provide culturally safe and appropriate aged care to suit the needs of this community. This allows Aboriginal people to live well and age on country. There is a fear amongst this community that they will be 'sent away' and isolated from loved ones. There should be a focus on developing physical infrastructure and models of care that enable cultural activities, welcome ceremony, family visits, ceremonies, yarning and sorry space, outdoor access, art programs in a homelike environment. There is an opportunity to look to collaborate and co-fund this with the Commonwealth via the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. The Aged Care Royal Commission and the Rural Health Enquiry both made recommendations about providing culturally appropriate care, close to home, maintaining connection to country, and offering inclusive care. This is a priority at NSW Health, Dept. Health and Aging and there are supports we can access.

LAKE CARGELLIGO MPS AGED CARE SERVICES - PROPOSED

Planning for residential care should include provision for 30 beds/places with master planning for an additional 4. This proposed increase is in line with the commonwealth benchmark and informed by local feedback. There is strong local demand, the forecast increase in older people, the current beds always used, large wait list and lack of community services. The 30 aged care beds also facilitate a staffing profile enabling pods of 4 residents to align with workforce and skills mix. This expansion will enable additional capacity to cater for respite and transitional care.

A focus on resident amenity is critical. Consideration must be given to how improve the quality of culturally appropriate aged care services for Aboriginal people in this community. Individual rooms with ensuite are essential. As is a focus on a homelike environment. Safe and appealing outdoor spaces are essential and a pleasantly landscaped garden that is secure for residents with a lived experience of dementia so they can mobilise safely in a homelike environment. This aligns with the Living well in MPS and National Aged Care Standards.

The MPS participates in the Living Well in MPS program. This program is run by an assistant lifestyle coordinator. The activities are informed by resident choices and include both one on one and group programs. Facilities need to support this ongoingly with a focus on social spaces, gardens and pleasing home like features.

Facility Residential Aged Care Requirements

The analysis indicate that the total number of Residential Aged Care beds required at Lake Cargelligo

MPS in 2031 is 30 beds. These requirements will be included:

- 30 Single resident room with own ensuite (master planning for an additional 4)
- Centrally located activity space/group room with kitchen for resident activities with Activity Officer.
- Cultural spaces e.g. yarning circle and sorry space. Focus on indoor/outdoor spaces
- Access to comfortable dining and lounge facilities including café/coffee shop space
- Smaller family room/quiet reading area
- Hair and beauty room
- Focus on living well in MPS principles
- Calm social spaces
- The need for mobility scooter parking and recharging areas at aged care facilities
- Access to Geriatrician/Psycho-Geriatrician service need
- Support for residents with lived experience of dementia, especially safe wandering gardens and security; and

- Equipment storage availability.

Location of aged care and inpatient spaces close to social spaces will make for a more seamless experience for consumers using inpatient beds for respite and transitional aged care in future. Good functional relationships between residential, inpatient, and social spaces allow for future flexibility. Dining, kitchen, lounge, and activity areas are required to provide group and quiet social spaces. A comfortable homelike environment should facilitate social activities and interesting recreational activities. Recommendations for additional beds will require additional social spaces to enable smaller gatherings for residents with each other or family members. A fully weatherproof indoor/outdoor room has been suggested by staff and would suit the local climate.

It is paramount that the proposed MPS caters for those with a lived experience of dementia to provide appropriate and safe care.

Services should reflect the living well in MPS principles:

- Be safe and secure
- Be simple and provide good 'visual access
- Reduce unwanted stimulation
- Facilitate meaningful recreational activities
- Highlight helpful stimuli
- Provide for planned wandering, inside and out
- Be familiar
- Provide opportunities for both privacy and community
- Provide links to the community; and
- Be homelike.

The MPS will also need to reflect the trend of higher-level clinical care requirements as people are living longer at home and in low care settings. Residents entering MPSs now have a greater need for mobility aids and nursing assistance.

The need for additional residential care places in the future will be negotiated between NSW Health and the Commonwealth Department of Health as part of a regular review process. Additional aged care licences can be applied for in annual funding rounds. Utilisation of current high care places will be monitored into the future. Any future redevelopments need to be responsive to the Royal Commission into Aged Care recommendations as they are approved/implemented.

The MPS should ensure that individual consumer interests, customs, beliefs and cultural backgrounds are valued and nurtured, and the service assists consumers to stay connected with their family and community. The delivery of culturally appropriate aged care is dependent on a variety of elements such as:

- The ability for Elders to age on country and maintain close family and community ties
- Providing culturally safety and trauma-aware healing-informed aged care
- Having appropriate buildings to allow for cultural activities, family visits, ceremonies and take into account Aboriginal and Torres Strait Islander customs
- Ensuring comfortable environment and surroundings (e.g., Access to the natural environment or outdoor access and bushland gardens, Aboriginal and Torres Strait Islander artefacts, yarning space)
- Employment or engagement of Aboriginal or Torres Strait Islander people
- Participation by the local community in planning and providing aged care
- Encouraging and assisting consumers to remain engaged with their community (e.g., By participating in traditional events)
- Respecting cultural traditions (e.g., men's and women's business); and
- Providing the services in a culturally safe way.

There is support for this model from the local AMS, the local Lands Council, local University, and Health District. Aboriginal people note aging issues as high priority needs in both survey responses and community consultations.

Ideally specific consideration should be given to the care of individuals with lived experience of dementia and other cognitive impairment. This might include a memory pod. Currently in Australia it is the second largest cause of disability burden after depression. The Australian Government Department of Health and Aging calculate that approximately 1 in 20 people over 65 and 1 in 5 over 80 have some form of dementia.

9.2 HOME CARE PACKAGES

Access to high care packages is difficult across the country but has been noted that it is very challenging to access them in the local area. My aged care website notes that there are 12-month minimum waiting times for level 2, 3 and 4 home care packages. This is placing increasing pressure on both acute beds and residential aged care places at the MPS. Ideally increased numbers of Home Care Packages at different levels would offset residential care demand pressure at Lake Cargelligo. This would allow the elderly to be managed safely in their own homes for a longer period. However, this is a national issue and not something that can be influenced locally, or by the state currently. There are recommendations from the National Royal Commission into Aged Care looking to address this problem.

10. CLINICAL SUPPORT SERVICES - CURRENT AND PROPOSED

10.1 VIRTUAL CARE

Virtual care is guided by eHealth NSW (eHealth Strategy for NSW Health 2016-2026), which guides LHD's with planning and strategies for virtual care and other electronic support mechanisms/tools such as eReferral, Single Digital Patient Record etc.

Lake Cargelligo MPS has Telehealth outreach services the ED has a critical care Telehealth system linked with the Critical Care Advisory Service, Virtual Nurse and rural medical consultation service (RMCS) through MLHD Patient Flow Unit. An additional Telehealth unit is available; however Mental Health has priority for this equipment. It can be used at other times for education and other Telehealth consultations.

The inpatient and residential aged care unit has in reach Telehealth services available on the computers on wheels from pharmacy, social work, dietician, mental health, allied health, and other speciality services as requested. This reduces travel and generally results in quicker access to consults. However, it can be a challenge as the consults require nursing staff in attendance to assist. The residents in the aged care wing also use an iPad or Laptop for communication with family. This can be challenging if the resident is confused or not technically proficient. Staff and residents have become more skilled in using the technology.

The vision for NSW Health is A sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness, and is digitally enabled. The NSW Virtual Care Strategy outlines the steps that will be taken to further integrate virtual care as a safe, effective, accessible option for healthcare delivery in NSW.[20]

Virtual Care has been defined 'as any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies. As technology has evolved so too has our terminology, and 'Telehealth' services are increasingly being referred to as 'Virtual Care' to better reflect the broader range of technologies'[21].

Virtual Care can include remote monitoring, videoconferencing, virtual examination, 24/7 senior clinical consultation, patient communication, family meetings, Virtual Care to peripheral sites, meetings as well as education and just-in time instructions.

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[20] NSW Health: The Virtual Care Strategy 2021-2026 – Connecting patients to care. https://www.health.nsw.gov.au/virtualcare/Publications/nsw-health-virtual-care-strategy-feb-2022.pdf

[21] Et al

Virtual Care will continue to be rolled out across MLHD to provide support to critical clinical and corporate functions. The technology will support a range of clinical and clinical support services such as telepathology, telepsychiatry, telepharmacy to name but a few.

Virtual Care services will also expand to meet the needs of increased outpatient, outreach and community-based services. Virtual Care modalities will be required to provide links to specialist services within and outside MLHD.

A range of different technologies will be introduced to facilitate this rollout. These include but are not limited to:

- Cameras for wound care, photos etc
- Teams – photo - linked to patient number in eMR
- My Virtual Care with adequate WiFi – high definition, iPads
- Remote care to inpatients - piggy backed
- Specialist consultation- requires high-definition camera – 3-4 per site – mobile could be integrated into mobile computer trolleys; and
- Apps and self-monitoring capacity for remote patients.

The rollout of Virtual Care has many advantages. An example is if allied health resources supporting rehabilitation services are not on site, staff including Allied Health (AH) Assistants can have off site supervision and assistance with links to AH professionals.

There are issues impacting on the rollout of Virtual Care across MLHD. These include but are not limited to:

- Access and equity require readiness with suitable equipment and support for both patients/clients/consumers and staff
- Digital literacy with an adversity to change for patients and staff
- Problems with IT connectivity across the regions
- Good accountability to make the shift as well as incentives
- Efficiency and cost effectiveness need to be determined
- Resourcing of both the virtual hubs and local spokes – currently there are 30 virtual hubs across sites in both hospitals and outpatient services; and
- Gap in rollout due to Covid.

As noted above there are barriers to usage of virtual care. A wide scale Australian literature review "identified widespread differences in accessing and using virtual care interventions among cultural and ethnic minorities, older people, socioeconomically disadvantaged groups, people with limited digital and/or health literacy, and those with limited access to digital devices and good connectivity. Potential solutions addressing these barriers identified in the review included having digitally literate caregivers present during virtual care appointments, conducting virtual care appointments in culturally sensitive manner, and having a focus on enhancing patients' digital literacy. We identified evidence-based practices for virtual care interventions to ensure equity in access and delivery for their virtual care patients".[22] It is critical to be conscious of the enablers of virtual care to avoid creating additional access barriers in Lake Cargelligo.

It is proposed that Virtual Care consult facilities should be close to the main access of the facility to allow outpatients easy access when needing to attend virtual specialist appointments or other Virtual Care initiatives. The space should be large enough to accommodate carers or support staff for consults.

1. 22 https://www.mdpi.com/1660-4601/19/15/9411/html Inequity in Access and Delivery of Virtual Care Interventions: A Scoping Review

10.2 MEDICAL IMAGING

There is no medical imaging available in Lake Cargelligo currently. Generally, residents travel to Griffith or West Wyalong, which are located 1 hour 34 minutes and 1 hour 21 minutes distance respectively. There is increasing need for medical imaging services from the residents of the Lake Cargelligo catchment, including Lake Cargelligo, Murrin Bridge, Tullibigeal, Naradhan, Euabalong and Euabalong West postcodes, shown in the following tables.

CT Scans are currently available in Griffith privately and publicly.

Magnetic Resonance Imaging (MRI) is available in Griffith privately and at WWBH.

Table 42: X-Ray use by Lake Cargelligo catchment communities by facility of service

Hospital	2018	2019	2020	2021	2022
Cootamundra	2		1	4	1
Deniliquin	1				1
Finley	4				
Griffith	143	332	364	389	313
Junee		2			
Leeton	3	2	1	1	2
Narrandera		2	1		
Temora	6	15	2		6
Wagga Wagga	35	69	41	91	70
West Wyalong	136	250	239	302	253
Young	3	2	7		1
Total	**333**	**674**	**656**	**787**	**647**

Source: Medical Imaging MLHD

Table 43: Ultrasound use by Lake Cargelligo catchment communities by facility of service

Hospital	2018	2019	2020	2021	2022
Cootamundra				1	2
Deniliquin	1	1			1
Griffith	128	274	320	290	275
Wagga Wagga	1	3	6	5	2
Young	3	2	2	3	1
Total	**133**	**280**	**328**	**299**	**281**

Source: Medical Imaging MLHD

Community survey responses and consultation had strong themes about access to medical imaging particularly Xray being required locally and challenges of having to travel for imaging. Community feedback and advice from local staff noted many consumers are not following up on getting medical images in a timely manner, partly due to cost and lengthy travel times.

It is proposed both Xray and ultrasound outreach services are included at Lake Cargelligo MPS. The level of service based on the historical data above supports a one day per week outpatient service, which is likely to increase. A level 2 role delineated service will best meet the need of the facility and is consistent with the imaging profile for more remote small sites across the district. The service would have the capacity to cater to outpatient referrals. Injury presentations are the most common ED presentation and are increasing. Anecdotally people are not always attend imaging services when referred due to travel and cost. A local imaging service should help manage these issues.

A designated x-ray room with a fixed x-ray unit (overhead x-ray tube) and Bucky table, and a floating top table are preferred by MLHD clinicians and Medical Imaging manager due to broader ability to undertake more complex exams, less interference from external factors, and a more consistent and stable environment.

There are opportunities for flexible use of the ultrasound room space with the ability to lock equipment (including Trophon cleaner) away when the room is used for other purposes. The functionality of the

ultrasound equipment should not limit the range of imaging able to be undertaken, which can impact on requirement for residents to still travel, and also on staff recruitment.

10.3 PHARMACY

Lake Cargelligo operates a level 2 role delineated pharmacy service. Pharmacy supplies for inpatients are provided from the MLHD Pharmacy Unit on a weekly basis using an imprest system. Medications are ordered by nursing staff through a Pharmacy portal. An outreach pharmacist from Wagga provides services once day per month and can complete medication reconciliation remotely. The pharmacist from Griffith used to come to site but this staff arrangement has changed. TelePharmacy is available to clinicians for any issues relating to the ordering and administration of medications.

Pharmacists play an important role as part of the multidisciplinary healthcare team. Increasingly medication management is being enhanced through the use of technology including medication systems, bar coding and TelePharmacy. Existing pharmacy services will be maintained and aligned with ePharmacy changes over time. An increase in pharmacy support is required to provide imprest review and medication reconciliation enhancement, and to provide antimicrobial stewardship.

There is on private Pharmacy in Lake Cargelligo it provides services for aged care residents at the MPS only. These medications are dispensed by MPS staff. They do not provide opioid treatment program services.

10.4 PATHOLOGY

Public Pathology services at Lake Cargelligo MPS are provided by NSW Health Pathology (NSWHP). NSWHP is a state-wide government pathology service is part of the NSWHP Regional and Rural network, which is responsible for operational management. NSWHP Regional and Rural network provides services to a large geographical area including the Western NSW, Far West, Murrumbidgee and Southern NSW Local Health Districts.

Lake Cargelligo operates a level 2 role delineated pathology service. Pathology services will continue to be provided through contractual arrangements as part of a District wide contract. Lake Cargelligo MPS staff will continue to collect the pathology. Courier pickups will improve to enable timely diagnostics. The service is currently 4 days per week, as the courier picks up at 4am Friday and this means samples cannot be stored and sent over the weekend. Bed side testing is heavily relied on because pathology samples, sent via courier once per day, can mean the samples quality has decreased by the time they are tested. This can increase turnaround time for results and diagnosis.

Awareness about current outpatient pathology collection was lacking as noted as a concern in consultations and community education should occur.

Lake Cargelligo MPS is supported on site with Point of Care technology (PoCT) for rapid diagnostic testing, as well as a sample collection service. Point of care testing will continue to be available 24 hours, seven days per week.

Pathology specimens that require more complex testing are referred to other NSWHP laboratories at either WWBH or Westmead Hospital.

Urgent items can be sent to Wagga Wagga or Griffith more frequently if needed.

There is a Laverty collection centre in Lake Cargelligo that operates 3 days per week, Monday-Wednesday.

10.5 STERILISATION SERVICES – CURRENT AND PROPOSED

Sterilisation services are provided through Wagga Wagga Base Hospital if required. Service exclusively uses single use items.

10.6 Stores Management – Current and Proposed

Stores are ordered through a centralised stores ordering system in Sydney. Stock levels are maintained at a level where shortages and expiry are avoided. Stores management systems will continue through MLHD centralised management systems.

Items are generally ordered fortnightly. However, the facility can often borrow items from facilities within the cluster or Griffith if items fall short and are urgent. Storage space is an issue throughout the facility.

Adequate storage capacity needs to be prioritised given long distances and access to couriers.

11. Non-Clinical Support – Current and Proposed

11.1 Body Holding Services

Lake Cargelligo is well serviced by several funeral directors in the region including Lake Cargelligo, Griffith, West Wyalong and Condobolin. Funeral directors generally collect the deceased directly from the morgue. Family viewings can be facilitated in the inpatient or aged care room for a limited amount of time. Some families have requested to see loved ones in the morgue however the space is not set up for this purpose, it is located in the back of house near stores, rubbish removal and maintenance. There is limited capacity for viewings at the funeral director in the community.

From a cultural perspective the association of death within inpatient or emergency department settings has negative impacts for many Aboriginal people. The absence of a viewing room for the deceased can be an issue.

Sorry spaces for family groups are being introduced at several MLHD sites and should be included at Lake Cargelligo. A viewing room able to be accessed externally with a small adjoining garden area is ideal to meet the cultural requirements of the local community. This needs additional detailed discussion with the local community. Special consideration should be given to allow smoking ceremonies both indoors and outdoors, further investigations into how fire alarms can be temporarily disabled to facilitate are required.

11.2 Maintenance Services

The endorsed operational model for the MLHD Asset Management Unit is focussed on a local service supported by a centralised business unit with common management strategies, tools and systems. Asset management using the NSW Health Total Asset Management strategy, essentially operates across five (5) streams, these are summarised as:

- Operations (Engineering)
- Biomedical Engineering
- Governance (Asset Performance and Compliance)
- Property; and
- Capital Works (including Energy Management).

On-site maintenance services will continue to be provided both locally and more globally via the district-Wide support network dispersed across the Asset Management Unit.
There is also reliance for other trade and specialist resources, and these are provided via Local Health District Contracts, internal and external resources, and service providers. MLHD is currently implementing a new State-wide Asset Management System (AFM Online) which is used for reporting and forecasting the most effective and efficient service delivery models.

Two full time maintenance support people is based at Lake Cargelligo and provides grounds and building maintenance. On-site gardening services will continue to be provided with additional trade services provided as needed.

11.3 Waste Management

Waste is separated on site. General waste and recycling is collected once weekly by a Richards from Condobolin, and Daniels collect clinical waste once a month. Waste will continue to be separated on site with contracted services for general and clinical waste. Appropriate storage will be essential, given removal has reduced to once weekly.

Increased focus on sustainability means increased capacity for recycling, sorting and separate waste streams will need to be factored into design and processes ongoing.

11.4 Catering, Cleaning and Laundry Services

Catering, Cleaning and Laundry services are currently provided through an MLHD contract with HealthShare. HealthShare have an onsite manager who manages associated staff and services. HealthShare have one office space within the facility near the kitchen.

HealthShare have advised that the future delivery and management of these services will be changed over time with the introduction of new technology. All of these measures are aimed at increasing sustainability and reducing costs.

Catering, Cleaning and Laundry services are provided through an MLHD contract with HealthShare. Linen delivery is weekly from Wagga Wagga. The kitchen provides cook/chill meals and can provide light meals for inpatients as required. Catering, Cleaning and Laundry services will continue in line with MLHD contracts.

Catering:

Currently HealthShare provide fresh cook meals can provide light meals for patients as required. Menus every day. The introduction of the order/appetite model will enhance the patient experience and reduce food wastage. This is a flexible system with the ordering of foods to align with patient or residents needs. Residents have a diverse menu and can order snacks outside of meal times there are many nice treats on offer for a range of occasions and events. There is a kitchenette in the aged care area has an oven, stove, fridge with snacks, coffee machine station, air fryer, thermomix/blender, bread machine. These items are used by the activities officer and for snacks in-between meals if desired.

Currently nursing staff provide a supper service after the evening meal because the HealthShare roster is not covered in the evening.

A health app will be available within 2 years to facilitate this process. The model is currently being piloted at Bowral Hospital and is expected to be rolled out across the state.

It is advised that any kitchen facility upgrade allow for a flexible design with reduced fixtures and walls. This will minimise the need to do major refurbishments when new technology and models of service delivery are introduced.

It is proposed that an integrated IT system be included in either the phone or TV system for each bed to allow patients to access the ordering systems.

Cleaning:

Technological advancements will lead to new ways of cleaning both clinical and nonclinical areas within hospitals. Ultraviolet light cleaning machines and smoking/mist machines will be used to decontaminate and clean areas including patient's rooms, kitchens etc. This technology will reduce the transportation, use and storage of chemicals which will lead to improved patient and staff safety. It will increase the life of the building particularly floors and walls by reducing the use of harsh chemicals.

Adequate storage for these machines in the cleaner's rooms will be essential. Currently they are about half desk size.

There will be a shift to electronic ordering which will enhance inventory control, reduce wastage and reduce costs.

Linen Services:

These will continue to be delivered weekly so adequate storage for both clean and dirty linen is essential. Dirty linen is transported to Albury once per week.

These arrangements may need to be reviewed in the future to increase storage capacity and reduce frequency to address increasing transport costs.

Resident laundry is done by HealthShare. A resident laundry will be required.

Loading Dock:

The loading dock facilities are poor and work arounds have been put in place. There is periodic hire of forklift required. A suitable loading dock will need to be provided to allow for the delivery and storage of goods and consumables passing through the dock area.

Extended space for sorted waste will need to be accommodated.

11.5 Accommodation

Staff accommodation:

There is currently 10 rooms of staff accommodation used by Lake Cargelligo MPS. The accommodation is well used and has high levels of occupancy.

The MPS and currently provides:

- 1 x one bedroom flat attached to the Community Health building
- 1 x two bedroom demountable cottage on Hospital grounds (quite small)
- 1 x three bedroom house on Yelkin Street (on Crown land)
- 1 x Four Bedroom house Rented
- Looking for an additional property and utilise holiday style rentals at times for new and agency staff as required.

The accommodation on the grounds of the MPS is dated despite some recent minor improvements. The accommodation is used to capacity and additional accommodation has been sought privately in town. Lack of accommodation has been noted on the district risk register as an issue. More accommodation is required due to high reliance of agency nursing staff. The rooms near the hospital are prioritised to agency staff that do not have a vehicle.

The MPS have partnered with 3 Rivers University which will see further accommodation being built for students and staff to access, this will be available during 2023. The local team also work with LHAC to connect new staff to rentals that are not advertised on public platforms. The community are engaged and willing to offer accommodation to health staff. There is limited motel accommodation in the town and it is well used.

Family accommodation:

Consultations highlighted demand for relative or next of kin accommodation. Managers and stakeholders noted that there are often family and carers who are travelling long distances to support loved ones at the MPS. This could also be used as emergency respite accommodation as required during recent flooding events.

This model is in use at Cootamundra and Griffith. The rooms are basic motel style and are well used. This model is employed in other LHDs in remote facilities e.g., Bourke and Walgett.

Proposed:

- 10 x 1 bedroom staff accommodation self contained units

- 1 x 1 bedroom family accommodation unit.

12. Health Related Transport – Current and Proposed

12.1 Emergency Transport

There is an Ambulance station in Lake Cargelligo, which services the Lachlan Shire Council region.

Ambulance Service NSW has a station at Lake Cargelligo with six locally based officers. They provide a 24 hours service with on-call coverage outside of business hours. This station is part of the Western Sector. Trauma patients are transported directly to nearest major hospital. NSW Ambulance will continue to provide emergency transport to Lake Cargelligo Region and provide inter-hospital transfers where appropriate. Most calls taken by the Lake Cargelligo Ambulance are transferred to the MPS (236) in 2020/21 and 48 were diverted to other facilities. There were 111 transfers from Lake Cargelligo to Griffith for less urgent transports.

NSW Ambulance will continue to bypass Lake Cargelligo to higher level services as required, based on a set protocol. Lake Cargelligo MPS is not a declared mental health facility. All scheduled patients will only get transferred to a declared facility. Despite not being a declared facility, walk in emergency department presentations for mental health related issues do occur. Ambulance transfer of these patients is informed by a Memorandum of Understanding between NSW Ambulance and MLHD. People with mental health conditions requiring further assessment or admission will in the first instance be transferred to WWBH.

Aerial health related retrievals/transfers are generally via helicopter, either picked up from Griffith or on the nearby Show Grounds. There are fixed wing transport options available from Lake Cargelligo Airstrip, however this service depends on certain weather variables, and is replaced with helicopter retrieval. Aerial transfers will be organised through the Patient Flow Unit.

Table 44: Lake Cargelligo Ambulance Transfers 2021/22

Staff Station	To Hospital	Transport Count (P1 and P2) 2021/22
Lake Cargelligo	Lake Cargelligo Hospital	236
Lake Cargelligo	Griffith Hospital	22
Lake Cargelligo	Condobolin Hospital	12
Lake Cargelligo	-	8
Lake Cargelligo	West Wyalong Hospital	6

Source: NSWA Service planning unit

12.2 Other Health Related Transport

Patient transport vehicles are based in the transport pool which can be accessed for non-urgent medical transfers, vehicles come from Griffith, West Wyalong, Temora or Narrandera. The MLHD Patient Flow Unit assists sites to organise transfer of patients to and from MLHD sites and to higher level services in NSW or ACT. This includes organising the most suitable transport and checking bed availability.

MLHD transport vehicles will continue to provide non urgent patient transfers, including transfers to and from WWBH to Lake Cargelligo for speciality services.

Periodically fleet cars can be used to transport low risk patients if required.

There is community-based transport provided locally and can be booked based on certain criteria. The Neighbourhood Central (HACC) provides transport via agreement with MLHD. There are two busses and 2 cars that offer community transport. There are volunteers that do longer trips while paid staff offer shorter journeys.

The AMS and Lands Council also have vehicles that offer transport to and from medical appointments.

13. PRIMARY CARE

There are multiple private health services operating in Lake Cargelligo as follows:

- General Practice with 2 GP; with visiting specialists
- Private Physiotherapist
- Day Care Services
- Aged Care Home Care Services
- Pharmacy
- Pathology
- Podiatrist; and
- Community Transport.

13.1 GENERAL PRACTICE SERVICES

There is one GP practice in Lake Cargelligo: Lake Cargelligo Family Practice. Services are provided through two GPs into the community Dr Bardawil and Dr Elisabeth Campbell. The practice is open Monday to Friday 8:30-5pm. The practice offers a bulk billing service. Both doctors from the practice currently accredited to work at the hospital as a visiting medical officer and take turns in an on-call roster.

Consultations reported that the practice is well regarded and respected in the community. The practice founder Doctor Khaled Bardawil has been named the winner of the Outstanding Contribution to Leadership in Primary Healthcare category in the 2022 Murrumbidgee Primary Health Network Awards. Dr Bardawil's outstanding achievements in community wellbeing advocacy, health initiatives for Aboriginal and Torres Strait Islander people and leadership in general practice were recognised

Advice at the consultations and direct from surgeries indicated same day appointments were generally available, particularly for urgent issues. Waiting times are longer for non-urgent conditions. The practice encourages patients to be seen by either doctor to avoid long waiting times if the doctor is called to the hospital. This allows the practice to operate more flexibly.

The practice actively refers to the local health district for a range of services as well as local private providers. Telehealth is offered by the practice. It is used for remote consultations. There is capacity for this to grow.

The surgery in Lake Cargelligo provides access to additional services including:

- Access to a visiting female GP every 6 weeks
- Pathology collection
- Psychologist
- Private Podiatry, monthly visit
- Exercise physiologist
- Dietitian
- Diabetes Educator; and
- Asthma Educator.

The MPS have a weekly informal meeting with the GP to discuss individual residents and update their care plans, and medication charts monthly. Meeting invites are sent to families along with adhoc meetings as required to ensure good communication and plans are in place. During COVID-19 newsletters and other media platforms were utilised to keep family members and residents informed of changes, particularly in relation to Visiting hours and screening of all visitors. Families are encouraged to be here when the GP is reviewing consumers. If families are not available, they are encouraged to attend a GP appointment or meet with the hospital management to discuss any concerns they may have. This enables private engagement and collaboration to ensure everyone is continually up to date and care is consumer focused at all times.

A community pharmacy is located in Lake Cargelligo. The closest dental practice is located in Condobolin (95 km), Optometrist in Griffith (133 km), and West Wyalong (117 km) and a radiography practice is available in Griffith.

13.2 MURRIN BRIDGE ABORIGINAL MEDICAL SERVICE

The Murrin Bridge Aboriginal Health Service (MBAHS) is an Aboriginal Community Controlled Health Service which provides services to both Aboriginal and Non Aboriginal clientele. It is a primary health care service initiated by the local Aboriginal community in partnership with the Griffith Aboriginal Medical Service to deliver holistic, comprehensive, and culturally appropriate health care to the community.
The service is in the main street of Lake Cargelligo and is run by the Griffith Aboriginal Medical Service. It operates Monday to Friday from 8-30am to 4-00pm and offers a range of services both in the clinic and in the home for their clients. Appointments can be booked directly with the service.

Services include medical, nursing, allied health and Aboriginal Health programs and is staffed daily by practice nurses, Aboriginal health workers, transport officer and administration. The service links with MLHD Aboriginal Health Workers to ensure smooth service provision to communities. They offer community transportation to services in town as well as Griffith and Wagga Wagga.

- General Practitioner weekly
- Physiotherapist weekly
- Podiatrist Monthly
- Drug and Alcohol Workers weekly (From GAMS)
- Psychologist (From GAMS) Fortnightly
- Child and Maternal Health Team (From GAMS) Fortnightly
- Dietitian (From GAMS) Monthly
- Optometrist Monthly
- Audiologist every second month
- Dental Services are located at the Griffith Aboriginal Medical Service.
- Speech Pathologist as needed (From GAMS)
- Care coordination; and
- Community Transport.

Other Services can be arranged via the Griffith Aboriginal Medical Service. The MBAMS is looking to expand the GP service, adding a female GP one day a week. The service acknowledges that the community is well supported by the local GP Dr Bardawel.

The MBAMS is open to collaboration with MLHD to best serve the local community. Discussions between MLHD and MBAMS have noted opportunities:

- Co-locate on one site, either as one large health facility or on the same land with separate access. This can be achieved in a Health One format. This gives the community one place to go. It also offers opportunities for easy collaboration, case conferencing, shared training, increased security, and support.
- Work together to support people using home dialysis. Aboriginal health worker could be trained to support this.
- Work together on group programs, involving staff from MLHD and AMS to offer resources together rather than competing for local people's time. For example, the Ironbark program offering gentle exercise and wellbeing collaborating with the Aunty Jeans food prep program.

The AMS works closely with the Lake Cargelligo Lands Councils supporting local Aboriginal people both in the township and in the Aboriginal community Murrin Bridge (locally called the mission or mish). The Lands Councils are community organisations that operate to protect the interests and further the aspirations of Aboriginal communities. They manage:

- 35 houses in Murrin Bridge and 10 in Lake Cargelligo that are offered to local Aboriginal people to rent
- A small preschool for Aboriginal and non Aboriginal children at Murrin Bridge that currently teaches 35 children and is expanding to 45 students
- There is a community hall that is used for information days and health clinics with wifi
- Community transport for sorry business, including overnight visits; and
- Community arts and wellness projects, recently collaborating with the AMS on projects including a recent mental health youth project performance for 50 people.

Work with non-government organisations to help access space to help provide services. Links exist with The Aboriginal Lands Council for Aboriginal Housing, and other services providing support to the Aboriginal Community. The Lands Council is located close to the AMS, which is convenient for residents. There are opportunities to apply for funds through Transport NSW to attend funerals, however certain criteria need to be met.

13.3 MURRUMBIDGEE PRIMARY HEALTH NETWORK

The Murrumbidgee Primary Health Network (MPHN) is one of 31 primary health care organisations established on 1 July 2015 with the key objectives of:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

Primary Health Networks have been set six key priorities for targeted work: mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health and aged care. The MPHN is working with health service providers, consumers and communities to improve coordination of care, ensuring patients receive the right care in the right place at the right time.

The MPHN is informed by local health professionals and communities through four regionally based Clinical Councils, and 33 LHACs informing a single Community Advisory Council. The LHACs are run conjointly with MLHD.

The MPHN works with partner service providers including the MLHD, Aboriginal Medical Services, Aged Care Services and other local providers to implement integrated/coordinated models of care, including the development of Healthcare Pathways. MPHN and MLHD have a memorandum of understanding for conjoint planning and have undertaken a detailed primary care needs assessment across the district.

Detail of services provided through the MPHN can be seen below:

- Aboriginal Health – integrated care team
- Wagga Wagga GP After Hours Service – After hours GP care
- There are numerous mental health services contracted across the Murrumbidgee, provided in the community setting.
- Vitality Passport (Back-on-Track Physiotherapy) – this program is designed to halt or reverse the progression of frailty in the elderly. Referral to the program is via general practice. The program funds the following additional services for GPs to refer in to:
    - Exercise coaching
    - Nutritional advice
    - Cognitive training and health coaching

- Aged Care – Advanced care planning, aged care consortium
- Palliative care project – improving access to end of life care systems via telehealth, compassionate communities' framework and care coordination
- Alcohol and other Drugs services- Youth AOD workers at headspace, services for Aboriginal and Torres Strait Islander people, services for pregnant women and new mothers
- Cancer screening funding to increase participation in breast, bowel, and cervical screening programs
- Integrated Care Coordination and Aboriginal Health Integrated Team Care (Marathon Health) - The aim of the Integrated Care Coordination service is to achieve improved management of chronic disease and complex health care needs, along with a reduction in unplanned admissions to hospital

- Rural Health Outreach Fund – Program aims to improve limited access to health services in rural and remote areas, focusing on allied health, and medical specialists
- The Murrumbidgee Lifestyle and Weight Management Program is based on current clinical practice guidelines for management of overweight and obesity in adults, adolescents, and children in Australia
- Parkinson's Support, delivered by MLHD under direct contract from MPHN https://www.mphn.org.au/programs/parkinsons-support-nurse; and
- Allied Health service providers are contracted

Development of the existing primary health service provider workforce continues to be a focus for the MPHN.

14. Community Support and Social Services

14.1 Local Health Advisory Committee (LHAC)

Lake Cargelligo LHAC provides a conduit between the LHD and the community. This group supports and advocates for the towns within the Lake Cargelligo MPS catchment. The committee has recently been refreshed and now has nine members. Members of LHACs are local residents who have connections within their community. People from a range of backgrounds and ages are preferred to ensure the community is appropriately represented. The group has a new Facebook page to share information and improve health awareness.

14.2 Hospital Auxiliary

The Lake Cargelligo Hospital Auxiliary (Curlew Hospital Auxiliary). This group has around 15 active members, who generally meet once a month. The Auxiliary raise money for much needed equipment for the hospital and has been recognised in the past for their fundraising efforts. They are a valuable support for the Health Service.

14.3 Mental Health and Drug and Alcohol Non-Government Organisations

MLHD MHDA team works with a range of community based mental health and drug and alcohol services via a stepped care model, provided through other agencies including:

- **Murrumbidgee Primary Health Network**
  - My Step Mental Wellbeing – Delivers services in a stepped care model, offering different types of interventions at different levels of intensity to meet the needs of the client. This program offers in reach services into residential aged care also.
  - **Psychological services for people accessing Aboriginal Medical Services** in Griffith or Wagga Wagga
- **Riverina Headspace**
  - Counselling and programs for children and adolescents aged 12 – 25yrs
- **Anglicare**
  - FACS out of home care support
- **Towards Recovery (formerly PHAMS)**
  - People Helpers and Mentors Services for people with a mental illness
- **Flourish Australia**
- Psychosocial support in the home for people with severe or enduring mental illness Carer **Assist**
  - Carer Assist provide a family and carer support and advocacy service
- **Wellways - The way back service**
  - Psychosocial support in the home for people with severe or enduring mental illness
- **Mission Australia**
  - Counselling and family support
- **Relationships Australia**

- Couples and family counselling therapy
- **Family Referral Service**
  - Co-ordinate referrals for vulnerable younger people
- **Brighter Futures (FACS)**
  - Counselling for families, parents and young people – early intervention via FACS
- **Pathways**
  - Treatment and support services for people impacted by methamphetamine (Ice) and other drug use.

14.4 Disability Services

Aged and disability care and assistance including Home and Community Care services (and Aboriginal Home Care Services are provided through a range of suppliers and brokered services.

There are numerous organisations with a presence in Lake Cargelligo, who provide services for people with disabilities including but not limited to:

- Catholic Care
- Lower Lachlan community services
- Down the Track Youth Enterprise
- Kurrajong Cafe
- Right at Home Southern NSW
- Home Care Service NSW
- Aruma
- Lifestyle Solutions
- RSL Life Care; and
- Intereach Ability Links provides assistance for people with a disability aged nine to 64 years, their families and carers to live the life they want to live.

15. Workforce

The current staff mix meets emergency, inpatient and residential care needs. Recruiting staff for the MPS is increasingly challenging, with increasing numbers of agency staff required. Clinical staff shortages are a national issue, especially in rural and regional areas. Lake Cargelligo's remote location exacerbates this issue significantly.

Community health demand, particularly for allied health services is exceeding workforce capacity, with some programs having to develop strict criteria to focus on priority areas to manage waiting lists. Allied health and community drug and alcohol programs have seen increasing demands. Vacancies exist for some services, and recruitment can take time, which impacts waiting lists. Vacancies exist for some services and recruitment can take time.

There is not adequate staff accommodation which impacts on recruitment.

Current Staff Profile

A high-level review of existing workforce in January 2020 indicated that at that time:

- There were 19 Full Time Equivalent (FTE) staff or 34 team members
- 10 agency staff currently, there has been recent significant increases in critical vacancies
- The hospital campus and community health comprised 22 FTE, plus Health Share team
- 14 staff are casual, however there are two of the 10 RNs are agency, this number shifts up and down with demand
- 80% are nursing staff
- There are two positions advertised; and
- 13% of the workforce identified as Aboriginal or Torres Strait Islander.

This does not include contracted workforce such as HealthShare, or medical workforce.

With significant increase in workload in the past 6 month in ED and inpatient capacity this has meant additional stress and pressure on existing staff, additional overtime, the requirement to add agency staff and challenges engaging casual staff. Some staff have left permanent positions to go to lucrative agency positions. When staff are leaving feedback is not forthcoming as to why they are moving on. Organising exit interviews has been a challenge to understand feedback and reasons why.

FUTURE STAFF PROFILE

A reorganisation of existing workforce will be required to meet the increased capacity in the inpatient setting and development of outpatient, community, and ambulatory care services. Enhancements will be required to meet the service changes. Collocation of the outpatient's centre services will provide efficiencies for administrative support.

Staffing levels for the future Lake Cargelligo MPS will need to cover:

- Role Delineation Level 1 Emergency Department
- A 30 bed Residential Aged Care Service
- 6 inpatient beds
- Outpatients, community health and home-based care including nursing, allied health and mental health/ drug and alcohol
- Aboriginal Health program delivery
- After hours GP service
- Level 2 radiology service
- Level 2 pathology service; and
- Level 2 pharmacy service.

The facility has developed a welcome pack that is sent to students, agency staff and new recruits prior to commencing and substantial assistance is offered to facilitate their relocation to the community including accommodation. The remoteness of the community and limited local infrastructure presents challenges attracting staff from larger locations. The Graduate program has been good to introduce staff to the region and international recruitment has had some success.

A strategy to develop local talent and training has also been very successful. A focus on facilities that offer comfortable staff change rooms, break rooms, appropriate office space, training and simulation space and technology/tools, comfortable staff stations with good access to technology will be critical to attracting new staff to develop into future roles. Collaboration with Charles Sturt University and Three Rivers is introducing more students to Lake Cargelligo but having local facility to develop skills will be critical. There is potential to build additional capacity for clinical educators and space for training.

Approval for additional allied health assistant roles identified, additional community health capacity planned. The community is looking to develop a health workforce action group and looking at how they can support new people in town.

The MLHD Workforce Planning Team will work with the Cluster Manager, Facility Manager and Stream Managers to develop a local and district Workforce Plan to meet recommended service delivery requirements. Staffing across all areas of the facility is a challenge, including food and cleaning staff.

The Nursing and Midwifery Directorate will be engaged to establish skill mix requirements based on the relevant current Award determinations, to reflect the Public Health System Nurses' and Midwives' (State) Award requirement.

Other Stream/ Directorate managers requiring input include the Executive Director Medical Services, Director Allied Health, Director Mental Health/ Drug and Alcohol, and Manager Aboriginal Health. Visiting Specialists from WWBH will need to be consulted about models of care and any local workforce implications.

One of the biggest issues affecting health service delivery is staffing. Ability to fill vacancies with permanent or agency staff has become increasingly difficult. A significant factor is lack of appropriate

staff accommodation. This has a major impact on the health service's ability to attract and retain staff. There are very few properties in town either for purchase or rental.

Suitable short term and long-term accommodation is a major draw card for attracting workforce. The provision of accommodation on the hospital campus to accommodate new staff in the short term, visiting staff, staff rotating from other sites and agency staff will be essential. The provision of long-term accommodation needs to be flexible to meet the changing needs of the hospital staff.

The current problem faced by MLHD can be summarised as: MLHD has significant workforce shortages, where we do not have the numbers of staff, with the right skills in the right locations to be able to maintain roster coverage. The difficulties in recruiting skilled medical, nursing and midwifery and allied health professionals and the workforce supply shortfall, heightens the need for MLHD to optimise attraction, recruitment and retention of health workers.

MLHD has four main strategies documented in MLHD's Workforce and Attraction Discussion Paper, March 2022, to mitigate the risks and impacts on service to our communities:

1. Targeted marketing and advertising that attracts highly skilled talent through promoting MLHD as an employer of choice to ensure we attract our share of the limited market of candidates

2. Recruitment approaches that create a great experience for candidates and secures all skilled candidates into roles across the district

3. Developing current workforce into higher skilled roles through targeted programs in the key areas of need

4. Augmenting alternative workforces by encouraging people in our communities into health work, boosting locally trained health care workers to work at MLHD and fostering pathways from overseas and across Australia to work at MLHD.

In addition, building healthy workplaces where staff feel valued, recognised and supported to retain essential skills and stabilise our workforce into the future.

It is recognised that traditional recruitment and retention practices cannot be relied upon alone to retain a skilled, engaged and fit for purpose workforce. We are implementing a number of strategies which will ensure we adopt a proactive approach to building a Workforce at Its Best. We are focusing on strategies specific to attracting and retaining a skilled, engaged, passionate and fit for purpose workforce.

16. SERVICE GAPS AND OPPORTUNITIES

A number of gaps and opportunities were raised at consultations for Lake Cargelligo MPS as follows:

- A facility with good functional relationships which supported patient privacy, and staff and patient safety. The current building does not have the capacity to meet the needs of the community and will not support best practice models of care into the future
- Focus on ensuring services are culturally safe for all at the MPS
- Medical imaging addition
- Increased capacity of the residential aged care unit 16-30
- Home like environment and inviting social spaces in residential aged care with spaces for family to gather with residents, break out space, activities area with kitchen, pleasant outdoor spaces that are safe for residents with a lived experience of dementia
- Staff office and break rooms, meeting and training spaces
- Creation of a wellness model, bring all community health and outpatient staff into the same facility
- Staff accommodation 10 units, staff have rescinded contracts as they cannot find accommodation
- Collaboration between agencies in town, working and planning together
- Appropriate storage for now and into the future
- Improved facility security and access
- Increased pathology services
- Interest in accessing central telehealth facilities
- Health prevention strategies and proactive services aimed at improving wellness e.g. gentle exercise, stepping on, cardiac rehab etc
- Virtual Care to support all services including community health/ outpatient services and the GP on call model
- Community rehabilitation support to allow early return from higher level services including pulmonary and cardiac rehab programs and allied health staff
- Access to more allied health services including Physiotherapy, Speech Pathology, Occupational Therapy and Podiatry services
- Community based outreach, outpatients and hospital avoidance models of care with clear pathways to access
- Weekend and after-hours community palliative care services and inpatient end of life care infrastructure for patients and relatives
- Mental Health and Drug and Alcohol services to meet increasing demand
- Youth, specifically child and adolescent Psychologist and Social Work availability
- Interagency service coordination
- Community exercise and wellness groups
- Sustainable specialist services offered via telehealth to remote communities
- Public transport to access hub services, information about community transport
- Health literacy and service availability knowledge; increasing awareness of community health and allied health services and how to access them
- Community high care Aged Care Packages; and
- Coordinated care with primary health services and NGO's.

Disjointed service delivery across the campus impacts on patient outcomes. Improved connectivity between inpatient, outpatient/ community, GP and specialist services will have a benefit for staff interaction and ultimately for patient experience and health outcome.

Implementation of contemporary models of care is limited by existing poor functional relationships and existing infrastructure. There are however opportunities in the short, medium and longer term to improve functional relationships, patient privacy and staff and patient safety. Minor improvements funded by MLHD have been undertaken internally. Larger capital improvements such as a total facility upgrade will require funds to be sourced elsewhere.

The current Emergency Department has had some minor upgrades. However, the flows remain suboptimal with a lack of line of sight between the resuscitation bay and the other treatment bay. The facility lacks a triage space and flows between the ED, staff station and waiting areas are through the entry/reception space which impacts on privacy of patients with the public transitioning through this area. There is no area that can be acoustically and visually separated for agitated or paediatric presentations.

There is currently no ambulatory care/ outpatient model. Due to the multiple buildings from which individual services are currently being run, there is no cohesive service model or ability to share administration functions or enhance workforce and facility efficiencies. A flexible ambulatory care/ outpatient/ wellness hub could incorporate renal, dental, visiting specialist and GP clinics, rehabilitation, and community health (including Mental Health/ Drug and Alcohol and visiting services). There are opportunities for this hub to be a 12-hour zone to provide extended hours of service and be flexible enough to use some rooms for after-hours GP services. A lack of clinic/consultation space was highlighted for community health and mental health/drug and alcohol services. Visiting services are not able to travel together (efficiency and safety) as there are not enough clinics/ consult rooms to accommodate them. The ability to share clinic/consultation spaces, particularly for specific needs such as play therapy and family consultations across specialties provides a much more efficient model for future service delivery. It also improves safety for staff and clients.

Opportunities exist for improved out of hospital/hospital avoidance models of care. An analysis of the viability of a HITH service is required. Outpatient service delivery requires a review to reduce patient waiting times and impact on ward staff that have responsibilities for inpatients and the ED.

Nursing and medical staff indicated that the need to transport patients for ultrasound and x-ray was not best practice and impacted on patient comfort and experience. Transfers are done via the patient transport unit or NSW ambulance. The transport costs for these transfers are not insignificant. Consumers are often admitted and treated where the scan is completed, generally Griffith, which is a busy service. This often results in treatment delays. Xray and ultrasound services will be imperative to provide contemporary care for definitive diagnosis.

A cardiac rehabilitation program was identified as a current gap. It is a group-based service for people 65 years and over and would fit within an outpatient hub with other outpatient rehabilitation services. Facilities for large group activities such as cardiac rehabilitation, community exercise and stepping on programs was highlighted as an issue. It impacts on the frequency or ability to run these important programs, which impact on hospital admissions.

Demand for allied health services is higher than service capacity. Services are prioritised, however gaps for children with disability/ high needs were highlighted by service providers at consultations (long term requirements). The schools also highlighted the gap for speech pathology and occupational therapy services. Children with issues are being identified in primary school as the issues have not been picked up in preschool. This puts the children behind with learning. Further discussions with other service providers will be required to meet this demand.

Acute Mental Health/ Drug and Alcohol services are busy in Lake Cargelligo; however, the team believe there are adequate services available. There have been some recent vacancies for other providers, which may be influencing perceptions that services are not available. The lack of community awareness about mental health services provided by NGO's adds to this issue. Collaborative efforts between MLHD, MPHN and other key service providers of social support and mental wellbeing services.

Mental Health and Drug and Alcohol services highlighted a gap for appropriate family meeting space and play therapy areas for the child and adolescent services. Larger consultation space will also be required to meet the needs of multidisciplinary consultations with/without the addition of telehealth for remote team members.

A District wide review is underway into palliative care services. After hours and weekend support for carers and patients in the community is an issue for many communities. Any changes for Lake Cargelligo will be in line with District wide recommendations. The infrastructure requirements to improve end of life care in the inpatient setting will be incorporated into infrastructure improvements including development of a quiet room with beverage bay for family.

Sustainable services to meet the needs of children with complex care needs including disability and diabetes will need to be explored with the GP practice, the MPHN, Non-Government providers and MLHD.

Public transport for access to and from health facilities is aligned to accessing services in business hours. There is an opportunity to look at alternative transport to support the hub and spoke network within MLHD through use of patient transport vehicles.

The LHAC have identified a role to develop and maintain a health service directory to improve public awareness of services available. They are also keen to be involved in improving health literacy. In conjunction with community health services, public health services, health promotion, MPHN, and the Interagency meetings, there are opportunities for the LHAC to increase health literacy in the community. It is a focus for the LHD and LHACs to deliver community specific health message through local media.

The LHD will support Aged Care providers with any applications to support elderly people in the community. This will assist to keep people well in their homes and provide a pathway for care from the home for community health and inpatient services through early identification of issues.

Ongoing relationships with regional services continue to improve patient care across the continuum. As improved bandwidth and Telehealth services expand, additional opportunities will be explored, including specialist outreach services via Telehealth and follow up outpatient clinic reviews by MLHD services.

Planning for Lake Cargelligo MPS includes identifying opportunities to improve health literacy, community health and outpatient services, ambulatory care services and working in closer partnership with the Primary Health Network, GP's and Non-Government Organisations (NGO's).

The use of e-Health and other technological developments such as Virtual Care and Telehealth are changing the landscape of how services are being delivered. This aligns with both the NSW Health Future Health NSW 20 Year Health Infrastructure Strategy by enabling e-Health and other technologies to improve information exchange between NSW Ambulance, GP's and local Health facilities, and improve integrated care for patients. Seeing health services further integrate online data sharing is seen as beneficial to consumers.

The use of Virtual Care/Telehealth is providing an opportunity for the physical on call GP model to become a virtual on call service, linking GPs by videoconference to the participating facilities. Virtual Care/Telehealth between the four sites is already in place and the governance is being reviewed by MLHD. This model will reduce the need for patients to travel and will provide care closer to home. It will also free up ambulance services to respond to calls.

There is no staff accommodation. The facility cannot accommodate staff relocating to the community, agency staff, students, new graduates, and staff doing late/ early shift changes. There is no capacity for visiting specialists to overnight or for extended family from distant communities providing palliative care support. is a need for five staff accommodation rooms and family overnight accommodation. There is no temporary/ short term accommodation available in Lake Cargelligo, which impacts on the ability to recruit if no staff accommodation is available locally.

Lake Cargelligo MPS is one of the top five capital project priorities for MLHD. The MLHD Asset Strategic Plan articulates the gaps for Lake Cargelligo MPS that impact on service delivery. Lake Cargelligo Health Service capital project is for a redevelopment of the facility. A redevelopment will enable introduction of new models of care to be introduced, with benefits articulated above. Proposed services include:

- Level 2 ED consisting of 1 resuscitation bay, 1 general bay, 1 quiet room, 1 consultation/interview room and standard components
- 6 Inpatient beds
- 30 Residential aged care beds within a homelike environment including lounge, dining, and activities/entertaining spaces
- Resident laundry
- Shared quiet room for family caring for palliative care patients
- Wellness Centre with education and group therapy services incorporating
    - Enhanced community health services
    - Ambulatory care (Hospital in the Home (HITH) or similar model

    - Outpatient services (allied health, specialist clinics, GP services, wound care, etc.)
    - Space for self-dialysis
- Level 2 Radiology service
- Level 2 Pharmacy service
- Level 2 Pathology service; and
- Staff accommodation (10 required)
- Carer accommodation (1 required)

The recommended configuration is based on an ongoing need to provide services to be delivered closer to home and reduce reliance on travel and extended lengths of stay in GBH and other higher-level facilities.

17. IMPLEMENTATION PLAN

Each facility has a local operational plan. It is recommended that the below recommendations are included in the facility operational plan.

Key Priority Area/ Strategy	Action Required	Responsibility for coordination
Within 6 Months		
Investigate Ambulatory Care/ Outpatient/ Hospital in the Home models of care to reduce hospital admissions and length of stay and improve efficiencies	Review data for avoidable hospitalisations Analysis of patient numbers who would be eligible for ambulatory care / outpatient-based services /HiTH service if it were available Review of hospitalisations of patients with ambulatory sensitive conditions Analysis of patient numbers who would be eligible for ambulatory care/ outpatient-based services/ HITH service if it were available (for a 3–6-month period)	Cluster Manager and facility manager working with: • Integrated care team members • Director Nursing and Midwifery • Relevant CNC's • Stream Managers
Review current Medical Imaging arrangements to align with proposed services	Develop strategies aimed at enhancing services	• Cluster Manager, Facility Manager, MLHD Imaging Manager
Review current pathology arrangements to align with proposed services	Develop strategies aimed at enhancing services	• Cluster Manager, Facility Manager, NSW Health Pathology
Look at space with renal self care services installed. Identify staff who may be able to be trained as carers to assist with using equipment	Identify staff and training timeframes within MPS and AMS staff.	Cluster Manager, Facility Manager working with: • AMS • Local families
Continue interagency meetings	Review how this group can best support the community and in particular older people. There is funding for these meetings from the PHN	Cluster Manager, Facility Manager • MPHN • NGO • Aged care providers • GP
Recruitment of critical positions	Look at developing a local working group focused on developing positions and skills locally e.g. school based traineeships, and especially for Aboriginal people in positions e.g. AIN, EN, allied health assistant. Look at developing a local working party with LHAC, local high schools, lands council, AMS, Tafe, CSU, managers, P&C.	• Cluster Manager, Facility Manager, people and culture team

Key Priority Area/ Strategy	Action Required	Responsibility for coordination
Work on implementing changes with minor rural works funds in aged care and cultural spaces	Work on design and process improvement	• Local staff, consumers and asset team.
Discussions with AMS continuing. Look at ways to collaborate on colocation, staff training, and care coordination, project collaboration and for possible self-care dialysis.	Additional design consultation for potential co-location and requirements	• Facility managers and AMS
Community to work with facility on health literacy projects	MPHM project to get health literacy info out and about on screens that are around town.	• PHN, Managers, LHAC, Auxiliary
Within 12 – 24 Months		
Discussions about how aged care packages allocated to MLHD could be used at Lake Cargelligo	Discussions to continue with Aged Care leadership and state colleagues as well as local teams	Aged care managers, state colleagues and local facility and brokers
Work on diversity and cultural integration strategies for aged care	Focus on redesigning models of care to embrace cultural diversity, and be more accommodating to local cultural practices and activities. Further investigate Aboriginal Aged Care and funding models with the state and commonwealth.	Local managers, aged care leadership, Aboriginal health team, community engagement. Support offered from Charles Sturt University
Roadshows and tours	Visits with Aboriginal elders and kids to the hospital. Show what the services are like. Visit the preschool at Murrin Bridge to talk with kids about what hospital can be like	Local team and Aboriginal health team, Lands Council and AMS
Ongoing		
Improve health literacy and knowledge of service availability for community and service providers.	Work with Health Promotion team, falls prevention, Community Health, GP's, MPHN to promote good health messages	Facility Manager with: • Health Promotion Officer • Murrumbidgee Primary Health Network • LHAC

Key Priority Area/ Strategy	Action Required	Responsibility for coordination
	Maintain current MLHD service details in the Council interagency service directory Attend Interagency meetings quarterly	• Council
Improve integrated care opportunities and improve awareness of MHDA services across the continuum and appropriate access mechanisms	Increase interagency membership and attend regular meetings to maintain awareness of community services and integrated care opportunities Regular meetings with GP's and MPHN	Facility Manager, MHDA Manager, LHAC Chair
Application for additional community health staff	Apply to expand services in a number of identified areas with additional staff. With a special focus on Aboriginal recruitment and support and mentoring for staff	Workforce planning, local managers and finance.
Collaboration with Charles Sturt University on various student placements and projects.	Charles sturt and Three Rivers collaboration to ensure flows of students, accommodation and growth opportunities. Chance to work with uni to develop students doing interprofessional training also looking at local projects.	CSU, Three Rivers, Local Schools, managers.

18. EVALUATION AND REPORTING

Evaluation and monitoring of services will be ongoing. This will include:

- The Cluster Manager and Deputy Manager, in consultation with MLHD, the LHAC and staff, will prepare an Annual Operational Plan to indicate the relevant service priorities for the coming year. The plan will be reviewed on a regular basis to ensure services are provided in accordance with current demand;
- Integrated care meetings between multiple health service providers will monitor on-going demand against service availability. This will include access to primary health and prevention services, services provided in the home, in acute and in residential care settings;
- Health services will be provided in accordance with latest evidence-based guidelines;
- Appropriate benchmarking of services will occur to ensure they are cost effective and efficient;
- Performance indicators, as required by MLHD will be monitored and routinely reported;
- Relevant questionnaires, surveys, interviews, etc., may be conducted to monitor and review service provision;
- External surveys may be conducted to objectively evaluate service delivery and accompanying standards; and
- Timely reviews with community input will be conducted to assess if service levels are meeting demand.

19. APPENDICES

APPENDIX 1: LAKE CARGELLIGO ROLE DELINEATION – CURRENT AND PROPOSED

Hospital Name	Lake Cargelligo Current	Lake Cargelligo Future
Facility Type	MPS – Multipurpose Service	MPS – Multipurpose Service
Anaesthesia & Recovery	1	1
Operating Suites	1	1
Close Observation Unit	NPS	NPS
ICU	NPS	NPS
Nuclear Medicine	NPS	NPS
Radiology & Interventional Radiology	NPS	2
Pathology	2	2
Pharmacy	2	2
Emergency Medicine	1	1
Acute stroke service	NPS	NPS
Cardiology & Interventional Cardiology	1	1
Chronic Pain Management Services		
Clinical Genetics	NPS	NPS
Dermatology	NPS	NPS
Endocrinology	2	2
Gastroenterology	NPS	NPS
General and Acute Medicine	2	2
Geriatric Medicine	2	2
Haematology	NPS	NPS
Immunology	2	2
Infectious Diseases	2	2
Neurology	2	2
Oncology -Medical	1	1
Oncology - Radiation	NPS	NPS
Palliative Care	2	2
Rehabilitation	NPS	NPS
Renal Medicine	NPS	NPS
Respiratory & Sleep Medicine	NPS	NPS
Rheumatology	2	2
Sexual Assault Services	1	1
Sexual Health and HIV Medicine	1	1
Burns	2	2
Cardiothoracic Surgery	NPS	NPS
ENT	NPS	NPS
General Surgery	NPS	NPS
Gynaecology	NPS	NPS
Neurosurgery	NPS	NPS
Ophthalmology	NPS	NPS
Oral Health	NPS	NPS
Orthopaedic Surgery	NPS	NPS
Plastic Surgery	NPS	NPS
Urology	NPS	NPS
Vascular Surgery	NPS	NPS
Child and Family Health	2	2
Child Protection Services	1	1
Maternity	NPS	NPS
Neonatal	NPS	NPS
Paediatric Medicine	NPS	NPS
Surgery for Children	NPS	NPS
Youth Health	2	2
Adult Mental Health	2	2

Hospital Name	Lake Cargelligo Current	Lake Cargelligo Future
Facility Type	MPS – Multipurpose Service	MPS – Multipurpose Service
Child and Adolescent Mental Health	2	2
Older Person Mental Health	1	1
Drug & Alcohol Services	2	2
Aboriginal Health	2	2
Community Health	2	2

Based on 2021 Role Delineation Guidelines

APPENDIX 2: CONSULTATION PLAN

Engagement with stakeholders is a key component of effective planning. A formal Stakeholder Engagement Plan was developed to ensure that a strong collaborative approach was undertaken to work with the community and organisations within the community to explore opportunities for health, maintaining health, and providing interventions when ill-health arises is expected.

A key objective was to ensure responsibility for services/ improvements is clearly articulated to ensure that stakeholders and service partners understand the purpose for the work as well as the expectations and responsibilities for their involvement in the process.

It should be noted that extensive consultations were undertaken as part of the planning for the draft Lake Cargelligo MPSs Plan. Engagement undertaken during this planning process was used to build on the existing information obtained during previous planning exercises.

Several different methodologies will be enacted to optimise the information obtained to ensure the Plans meet the key objectives of the planning process.

These included but were not limited to:

1. Engagement with key stakeholders - one on one consultations
2. Group sessions
3. Virtual meetings
4. On-line Survey
5. Inviting comment on the draft CSPs
6. Endorsement of the draft CSPs

Representatives who attended the consultation sessions included local health service staff and management, district specialty staff, LHAC members, VMOs/GPs, aged care stakeholders, representatives from local religious groups, Local Council, hospital auxiliary, Aboriginal Lands Council, Aboriginal Medical Service, Ambulance, Patient Transport, Charles Sturt University, Three Rivers and Lachlan Shire Council. In addition, invitations were also sent to Murrumbidgee Primary Health Network and NGO's providing health and social services. For those unable to attend, additional information was gathered via phone calls and an online survey (130 responses). Virtual or phone contact was made with MLHD Executive and staff members, NSW Health Pathology, and HealthShare NSW.

The Draft Plan will be reviewed by the MLHD executive prior to key stakeholder review (four week turn around). The final draft plan will be endorsed by the MLHD Executive prior to being submitted for final endorsement to the MLHD Board.

APPENDIX 3: ABORIGINAL HEALTH IMPACT STATEMENT

This statement is a summary of the requirements within the Aboriginal Health Impact Statement Policy PD2017_004.

Murrumbidgee LHD has a higher proportion of Aboriginal people than the state with 4.1% compared to 2.5% Aboriginal population and therefore service impacts are even more pertinent. Within the District, LGAs with the highest proportions of Aboriginal people are Lake Cargelligo area 22%, Murrumbidgee Shire (10%) and Narrandera (10%) and the highest disadvantaged Aboriginal communities in MLHD were around Young, Deniliquin, Gundagai and Griffith.

It is noted that Aboriginal people represent 5% of the hospitalisations for MLHD residents and 6% of preventable hospitalisations. Particular categories where Aboriginal people are "over-represented" proportionally are dialysis and mental disorders and the acute preventable hospitalisations.

The Lake Cargelligo MPS Plan will build upon the existing initiatives and propose infrastructure redevelopment to provide an updated facility to support the existing Aboriginal health programs in the District.

It is acknowledged that barriers to service access potentiate health problems for the Aboriginal population. At Murrumbidgee LHD, Aboriginal Health staff are at hub sites, including Lake Cargelligo, with outreach sites in surrounding communities. The staff provide support by personally visiting patients in hospital and community settings and facilitate and implement health programs within their region to act as the connection between the hospital and patients. These staff are both Aboriginal and non-Aboriginal and increase the availability and access of services at all levels, not just in the hospital setting, respecting and incorporating traditional preferences.

It has also been noted that 4% of the Aboriginal population are aged 65 years and over which will continue to be addressed as the non-Aboriginal ageing population increases and services shift to focus on appropriate delivery of aged care programs and services.

Consultation occurred with the Aboriginal Health unit, local Aboriginal Health staff, Aboriginal Medical Service, Aboriginal Lands Council and local Aboriginal community representatives as part of the consultation process in the development of this plan.

The requirements of Aboriginal clients will be informed by consultation with Aboriginal Health Unit staff and Aboriginal community members through the facility planning phase.

APPENDIX 3: ABBREVIATIONS

ACAT	Aged Care Assessment Team
AHW	Aboriginal Health Worker
ASP	Asset Strategic Plan
ATSI	Aboriginal and Torres Strait Island
CALD	Culturally and Linguistic Diversity
CHOC	Community Health Outpatient Clinics
CNC	Clinical Nurse Consultant
DOHRS	Department of Health Reporting System
ED	Emergency Department
EMR	Electronic Medical Record
ESRG	Enhanced Service Related Group
FTE	Full time equivalent
GSAHS	Greater Southern Area Health Service
GP	General Practitioner
HACC	Home and Community Care
HITH	Hospital in the Home
ISC	Inpatient Statistics Collection
LGA	Local Government Area
LHAC	Local Health Advisory Committee
LHD	Local Health District
MAP	Murrumbidgee Action Plan
MHECS	Mental Health Emergency Consultation Service
MLHD	Murrumbidgee Local Health District
MPHN	Murrumbidgee Primary Health Network
MPS	Multipurpose Service
NAPOOS	Non-Admitted Patient occasions of service
NGO	Non-Government Organisations
OT	Occupational Therapist
PACS/RIS	Picture Archiving and Communication and Radiology Information System
PPH	Potentially Preventable Hospitalisations
RN	Registered Nurse
SRG	Service Related Group
VMO	Visiting Medical Officer

APPENDIX 5: FEEDBACK RECEIVED

Issue	Description	Options/Recommendations for Action
Rehabilitation Hydrotherapy Services	"A heated pool for aged care, rehab, physio would be a great addition to the hospital. There are many Community members having hip and knee surgeries. It is a long drive to Griffith and Wagga. Gentle exercise and aqua aerobics all year round. Swimming lessons in a timely manner. The pool would be indoors and would only be a medium size pool. Not a lap pool.	Incorporated. Was reviewed as part of options analysis from community consultations. This is not within the scope of this CSP. There is no inpatient rehabilitation service proposed and insufficient demand and clinical need to require a heated rehabilitation pool. Highly specialised skills are required to run these facilities safely and in line with appropriate health standards. Better suited to facilities in the community as access, infection control and security can be an issue. Direct response via email to the writer.
Scepticism/ Uncertainty	"What's the point? Been here before, it won't happen. Is this a new hospital? Currently the hospital supply challenges– growth would further hinder this?"	Noted. Senior Planner to attend the conversations on the couch to discuss the endorsed plan. This will allow people to come and ask questions.
Staffing	There's nowhere for staff to live anyway. They've got to staff it now – let alone with inclusions Nurse Accommodation is truly a critical need to be resolved. There is mention of Future staff needs = but no clear delineation of what that means. I assume there will be a significantly increased budget for Nursing staff in the new Model – it will be impossible to operate an expanded facility without increased staffing.	Incorporated. Significant allocation of staff accommodation in plan. A detailed workforce plan will be developed once the plan is funded. Plan to work with LHAC and community on staff attraction.
Proposed bed numbers	There's not enough beds included Planned suggestions restrictive but understandable in the consideration of the size of town, numbers, etc.	Noted. Discussed with stakeholder. Bed planning is in line with standard practice for forecasting. Increased outpatient models.
Aged Care	The inclusion of 30 additional aged care beds is exciting and certainly a great response to the needs of community moving forward. I personally look forward to knowing there will likely be a bed for me when needed. Will there be any dementia specific – or does the planning and upgrades factor in the responses of – build as if everyone has	Noted. Incorporated in the plan potential for dementia friendly section with focused care.

	dementia and then there's no reason for dementia specific any longer. Concerned that it seems that the current direction is to only add 10 more high care residential beds instead of the originally proposed 14 extra beds.	Incorporated. Discussed with stakeholder. Was an error in the document. Document updated.
Aboriginal health and cultural inclusion	Inclusions of family spaces – be they culturally specific or general would allow families to be more active in the hospital but also to normalise the ability to just "be" with a loved one when they need it. Very supportive of programs to close the gap.	Noted.
Medical Imaging	Access to x-ray and ultrasound locally would be a game changer in terms of accessibility, travel and costings. Ultrasound and X-ray facilities are definitely needed locally (more than 1 day a week)	Incorporated. Potential to expand services once commenced if additional capacity is needed in future.
Dialysis	The inclusion in spaces that mean people can potentially do dialysis in a space locally – even though self-managed is exciting and would be a great shift on resources like travel for community and individual families. A self-administered Dialysis facility MUST be made operational. It would be ideal to have assisted Dialysis at least 2 or 3 days a week as well.	Noted. Included in plan. Discussed with stakeholder why inpatient dialysis is not feasible.
Pathology	Pathology is a win – would this include general referrals from a GP or just hospital related pathology requests?	Incorporated. Pathology from GP can be done at the hospital.
Palliative care	Palliative care – wonderful addition to our local services – removes travel, costs and ability to be with a loved one when most needed.	Noted.
Mental health	Mental health inclusion is valuable – not just seen as an ER issue but in direct response to how these can be better managed by team and community.	Noted.
Community consultation and involvement	The fact that there is a plan that has addressed the issues brought up and spoken about in community – certainly feels like we have been heard.	Noted.
Midwifery Services		Not noted, unclear feedback.

Specialists	Interview with specialists by zoom or similar to reduce or eliminate the travel aspect, and/or More visiting specialists with either doctor advice on expected presence or other advertising forms to cases where specific attention is needed.	Incorporated. Discussed with stakeholder. Specialists working with MLHD can visit. Significant increased in telehealth/virtual care are planned to facilitate meetings with public and private specialists.
Wellness Centre	The idea of a Wellness Centre and hospital avoidance strategies are well worth pursuing. It is always better to have a safety rail (prevention) at the top of a cliff instead of an ambulance at the bottom I do wonder about the idea of having all shared facilities for Allied Health – I believe there needs to be permanent rooms available for the current and future expansion of Community Care and Midwifery.	Incorporated. Discussed with stakeholder. Shared consult rooms will be designed during schematic and detailed design in consultation with staff. Certain rooms will require specific equipment which will be determined in later phases.
Transport	Given the aged, socially and economically disadvantaged and geographically isolated nature of Lake and surrounds – the more facilities that are made available locally the better – there is truly limited public transport options for people to access out of town medical support (one bus a day to/from Wagga and NOTHING to the nearer hub of Griffith). Our local Community Transport does what they can but in an increasingly difficult funding model...	Noted.

APPENDIX 6: REFERENCE DOCUMENTS

NSW Government Publications

- NSW Making it Happen
- NSW Department of Planning, Innovation and Environment
- Riverina-Murray Regional Plan 2036

Health Publications and Resources

- CaSPA (Clinical Services Planning Analytics Portal)
- NSW Health, Guide to the Role Delineation of Clinical Services, 2019
- NSW Future Health Guiding the next decade of care in NSW 2022-2032
- NSW 20 Year Health Infrastructure Strategy
- NSW Maternity and Neonatal Service Capability Framework
- NSW Health Pathology Clinical Services Plan 2019-2025
- Health Statistics NSW: http://www.healthstats.nsw.gov.au
- MLHD Clinical Services Framework 2021-2026 Draft v1.3
- Healthy Built Environment Checklist
- Australian Bureau of Statistics
- Australasian Health Facility Guidelines
- Murrumbidgee Primary Health Network Strategic Plan 2019-2022

Murrumbidgee Local Health District Publications

- MLHD Strategic Plan Exceptional Rural Healthcare 2021-2026
- MLHD Service Agreement
- Murrumbidgee Local Health District Chief Executive Goals
- MLHD Rehabilitation Clinical Service Plan – currently under review
- MLHD Renal Clinical Services Plan 2 currently under review 013-2017
- MLHD Surgical Services Plan – currently under review
- MLHD Mental Health and Drug and Alcohol Clinical Services Plan - currently under review
- MLHD Aged Care Clinical Services Plan 2 - currently under review
- MLHD Asset Strategic Plan 2021-22
- Wagga Wagga Health Service Aboriginal Health Service Model of Care July 2020 Revision 2

Local Government Publications

- The Lachlan Shire Council 2030 Community Strategic Plan

APPENDIX 7: OPTIONS CONSIDERED

The options listed below were generated through consultation, research and investigation throughout the course of the plan development. This list demonstrate

that planning considers a wide range of potential service developments and applies a rational assessment process to their development. Listed as models of care or service developments, each item was discussed and researched for viability.

The process documents options considered in arriving at a recommended outcome.

Option – New model of care or service development	**Incorporated Y/N**	**Justification**
Maintain inpatient beds at 6 based on health app projections.	Y	Accommodate local people close to home
30 high care residential aged care beds/ places	Y	Accommodate ageing on country for increasing ageing Aboriginal population. Increased cultural safety and exposure to model is impacting on service use. Based on high occupancy of current beds, ageing population, high disease burden within community, and lack of access to community packages due to workforce.
Wellness centre and hospital avoidance model	Y	To be added to focus on prevention, and early intervention
Medical Imaging – X-ray and ultrasound	Y	Reduce travel burden for local residents (1 ½ hours) to access service, and increase uptake of referrals.
Staff Accommodation	Y	Critical infrastructure for the future. Offers have been made to new staff and then declined because housing could not be found.
Inpatient Rehabilitation Service	N	Does not align with the MLHD Rehabilitation strategy. There is capacity in other regional facilities, and volume cannot support workforce requirements.
Urgent Care Centre	N	Remoteness of facility and acuity of presentations supports retention of a 24-hour Emergency Department.
Co-location Aboriginal Medical Service (AMS) (HealthOne)	Y in principle	AMS has indicated desire to collocate dependent on funding outcome for new facility
Helipad	N	Helipad at the aerodrome currently, corner near the hospital is flat and is used for helipad landing and drop offs of emergency landing and equipment. Landed at show grounds and recreation reserve.
Community Delivered Rehabilitation –	Y	Allied health services offered in community. Cardiac and pulmonary rehabilitation, gentle exercise, falls prevention.
Carer accommodation	Y	1 room. Carers are often travelling long distances and there is very limited accommodation in town, particularly at night.
Inpatient Dialysis	N	Small numbers, highly specialised service that requires higher level support services than can operate at Lake Cargelligo.
Self Care Dialysis	Y	There is a current space allocated with proper plumbing. This will be maintained
Expansion of inpatient beds	N	Focus is on implementing models to avoid hospitalisation. There was no decrease in beds because there are high levels of chronic and complex health issues.

Rehabilitation hydrotherapy pool	N	There is no proposed inpatient rehabilitation service proposed and insufficient demand and clinical need to require a heated rehabilitation pool. Highly specialised skills are required to run these facilities safely and in line with appropriate health standards.

APPENDIX 8: KEY SURVEY DATA

Survey closed on 31/1/2023 – 130 responses

1. Rating health and wellbeing: 30% rated health very poor, poor or fair, 60% rated their health good, very good or excellent. With 43% saying good.
2. 17% of respondents were Aboriginal or Torres Strait Islander and 6% born overseas
3. 40% said they had used the ED and it met their needs and 30% said they had used the ED, but it could have been improved.
4. The most serious health concerns for the whole community were aging, drug and alcohol misuse, mental health and chronic illness
5. Biggest risks to staying healthy were access to specialist care, access to GP services, transport and social isolation.
6. Barriers to care were services not available locally, distance, long waiting lists, and time off required to attend.
7. There was good interest in using telehealth 35% interested, 19% already using telehealth and 20% maybe interested.
8. In the last 12 months 76% felt that they waited longer than acceptable to get a GP appointment. 56% of people felt that they should be seen that day for an urgent appointment and 28% within 1-2 days. For a non-urgent appointment most (42%) felt that 3-5 days was satisfactory.
9. In the last 12 months 60% of respondents said they had gone to an ED because they couldn't access a GP appointment.
10. Comments section noted urgency of more aged care beds, interest in understanding services available and when they are onsite, interest in medical imaging, ED wait times, constant travel for many services, an interest in more staff noting exhaustion of nurses and doctors.