



Upper Blue Mountains and Lithgow After Hours Arrangements Needs Assessment

CONSULTATION OUTCOMES REPORT
VERSION 1 - 11 September 2025

Nepean Blue Mountains
Primary Health Network
(NBMPHN)





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INTRODUCTION

PURPOSE

This document has been prepared to provide feedback to all participants who contributed to the consultation process supporting the Nepean Blue Mountains Primary Health Network (NBMPHN) *Upper Blue Mountains and Lithgow After-Hours Arrangements Needs Assessment (Project)*.

Its purpose is to demonstrate transparency with our stakeholders, acknowledge their valued contributions and outline the consultation outcomes that formed the recommendations for the Project. Importantly, we would like to keep our stakeholders informed by outlining what happens next and further opportunities to be involved as the project progresses into its next phases.

SCOPE OF CONSULTATION

The consultations undertaken formed part of the data collection and analysis of the Project, which aimed to gather insights on after-hours services and arrangements across the Upper Blue Mountains and Lithgow region, including:

- current service availability
- community demand
- access barriers.

By engaging with local health professionals, service providers and residents, this process allowed for a deep understanding of regional healthcare needs. The information gathered may inform the development and commissioning of future services, ultimately improving accessibility and health outcomes for residents.

NOTE OF APPRECIATION

We extend our sincere thanks to everyone who contributed their time, insights, and lived experience to support the consultation. We acknowledge the invaluable contributions of the resident, general practitioners and community members across the Upper Blue Mountains and Lithgow regions, the Nepean Blue Mountains Local Health District and internal NBMPHN staff.

The thoughtful engagement of our stakeholders has been central to the development of meaningful and locally-informed recommendations. We are grateful for your continued collaboration and commitment to improving access to primary care services during the after-hours period across the design and delivery across Upper Blue Mountains and Lithgow regions. We acknowledge and thank each individual for their valued contributions to the consultation process.

CONSULTATION OVERVIEW

Stakeholder consultations were undertaken with community members and service providers including general practitioners from the Upper Blue Mountains and Lithgow regions. The stakeholder consultation approach undertaken to inform the Needs Assessment included:

- Five interviews with General Practitioners (GPs) across both regions.
- Four workshops with community members across both regions.
- Surveys were also distributed to community members and primary care providers throughout the Upper Blue Mountains and Lithgow to facilitate engagement and obtain insights from those unable to attend the workshops.

Stakeholders included:

- Sixty-six (66) residents across the Upper Blue Mountains and Lithgow regions who completed and/or attended the face-to-face consultation sessions
- Five General Practitioners delivering services across the Upper Blue Mountains and Lithgow regions.
- Three operational and clinical executives from Nepean Blue Mountains Local Health District.

OUTCOMES

The following section provides an overview of insights gathered through the consultation process regarding after-hours services across the Upper Blue Mountains and Lithgow regions of the NBMPHN, with a focus on identifying regional needs and service challenges.

General Practice Perspectives

Local GPs agreed that after-hours health care is important, but they face big challenges in providing it. The main issues are not enough doctors, the strain on existing staff, and limited funding to run extended hours.

From a survey of seven GPs:

- Four were based in the Upper Blue Mountains and four in Lithgow.
- Only one practice currently offers extended hours.
- The main barrier is workforce shortage, followed by lack of funding and the difficulty of balancing personal commitments.
- Only a small number provide care to Residential Aged Care Homes (RACHs), leading to gaps in coverage.
- Key problems identified include:

- Limited weekday evening and weekend services.
- Few bulk-billing options, making care costly.
- Patients often being sent to hospital EDs because no other after-hours options are available.
- Lack of access to services like radiology, pathology, and palliative care.

GPs described after-hours care as being driven by individual goodwill rather than any structured or sustainable service. In practice, many patients with non-urgent issues end up at the hospital ED, which puts extra strain on hospitals.

Key Barriers

- Workforce: Not enough GPs, fatigue, and difficulty recruiting younger doctors willing to work after hours.
- Access: Limited bulk-billing and inconsistent weekend/evening services.
- Aged Care: Some GPs support RACHs, but many do not, and those who do report challenges with travel, time, and pay.
- Coordination: Poor communication between after-hours services, hospitals, and GPs. Many patients (and even GPs) don't know what other services exist.

Opportunities

- Urgent care clinics or bulk-billing centres as alternatives to EDs.
- Cooperative or shared rosters between practices.
- Expanded use of telehealth, especially for aged care and rural patients.
- Better financial incentives, flexible rostering, and training to attract staff.
- Improved communication and public awareness campaigns about available services.

Local Health District Perspectives

Hospital executives and staff confirmed that EDs are being used as the main after-hours option because community alternatives are limited. This includes people attending for medication needs when pharmacies are closed.

Key Challenges

- Staff shortages across hospitals and community services, limiting the ability to expand programs.
- Limited after-hours pharmacy, imaging and pathology, meaning the hospital is often the only option.
- RACH transfers: Policies often require residents to be sent to hospital unnecessarily. Transport delays then slow their return.
- Data gaps: Lack of reliable data on aged care-related presentations and after-hours demand.

Opportunities

- Expanding in-reach services to RACHs and Hospital in the Home programs.
- More integrated care and GP liaison roles to improve communication.
- Fast-track outpatient clinics and extended after-hours pharmacy and radiology services.
- Co-funded models between the LHD and PHN to align community and hospital care.

Community Perspectives

A total of 64 community surveys were received (51 from the Upper Blue Mountains, 13 from Lithgow). The message was clear: residents struggle to access affordable, local, after-hours care.

Key Findings for the Upper Blue Mountains area included:

- 65% had used after-hours care in the past six months.
- 78% went to ED; 25% used phone/virtual services; 16% attended another GP.
- Location, ED alternatives, and wait times were the main factors influencing decision to access after-hours care.
- 84% reported difficulties accessing care.

Key Findings for the Lithgow region included:

- 46% had used after-hours care in the past six months.
- 62% went to ED; 15% attended another GP; 15% used phone/virtual services.
- Cost, transport, and waiting times were the biggest barriers.
- 69% reported difficulties accessing care.

Barriers and Challenges

- Few alternatives once GP clinics close; ED is often the only option after 8pm.
- Closed GP books, long waits, and staff turnover disrupting continuity of care.
- Transport barriers, especially for villages, older people, and those with mobility issues.
- Rising out-of-pocket costs due to reduced bulk-billing.
- Limited after-hours pharmacy access, leaving residents unable to fill prescriptions.
- Low awareness of available services like HealthDirect.
- Trust issues, particularly among First Nations residents in Lithgow.

Opportunities

- Urgent care clinics and extended GP hours.
- Mobile/home-visiting doctors for those with transport barriers.
- Expanded pharmacy services (managing minor illnesses, emergency medicines).
- Nurse practitioner-led care to relieve pressure on GPs.

- Telehealth and “virtual EDs,” but only if digital access and affordability issues are addressed.
- Stronger workforce planning, including attracting GP registrars and expanding pharmacist/nurse roles.
- Stronger bulk-billing incentives and funding reforms.
- Transport partnerships for older and disabled residents.
- Clearer, more accessible communication about available after-hours services, using local newspapers, radio, libraries, and community hubs.

SUMMARY OF FINDINGS

Barrier / Challenge	Potential Solution	Description
Limited availability of after-hours pharmacy, pathology, radiology	Expanded ancillary services and pharmacy scope	Extend pharmacy opening hours and enable pharmacists to manage minor conditions, supply emergency medications, and provide certificates. Explore after-hours access to radiology and pathology.
Over-reliance on EDs for low-acuity care	Urgent Care & Extended-Hours Clinics	Establish urgent care centres or extended GP clinics (bulk-billing preferred) on evenings and weekends to provide viable alternatives to EDs.
Workforce shortages and GP reluctance to provide after-hours care	Workforce incentives and planning	Expand regional training pathways, attract GP registrars, provide financial incentives, flexible rostering, and professional development. Expand nurse practitioner and pharmacist roles to relieve GP pressure.
Inconsistent after-hours GP coverage and reliance on goodwill	Shared service and cooperative models	Create GP cooperatives or structured rosters to distribute after-hours responsibility fairly across practices, reducing unsustainable workloads.
Limited after-hours services for RACH residents	Strengthened in-reach and HITH models	Expand RACH in-reach programs, Hospital in the Home, and nurse practitioner-led care to avoid unnecessary ED transfers and improve continuity.
Poor service integration and communication gaps	Integrated care and liaison models	Establish systematic referral pathways, shared care plans, and GP liaison roles. Improve communication between hospitals, PHNs, GPs, and after-hours providers.
High cost of after-hours GP and telehealth services	Affordability reforms	Strengthen bulk-billing incentives and funding models to reduce out-of-pocket costs and ensure equitable access.
Transport and access barriers, especially in rural/remote areas	Community transport partnerships	Collaborate with local transport providers to support older people, carers, and those without private vehicles in reaching after-hours services.
Limited digital literacy and awareness of virtual care options	Supported telehealth and virtual ED	Expand telehealth and virtual ED models, paired with digital literacy support, infrastructure investment, and consumer education campaigns.
Community lack of awareness of after-hours options	Health literacy and awareness campaigns	Deliver clear, consistent messaging about available services through trusted local channels (newspapers, radio, pharmacies, libraries, RSL clubs). Ensure co-design with communities to build trust and cultural safety.

WHAT HAPPENS NEXT

NBMPHN will consider the findings and potential solutions that could be adopted, based on funding, workforce and service delivery enablers.

For more information, updates or to express interest in ongoing collaboration, please contact:

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We thank all stakeholders for their continued support and look forward to working together in shaping equitable, person-centred and sustainable after-hours primary care in the Upper Blue Mountains and Lithgow regions.

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