



Region-wide Residential Aged Care Home After Hours Needs Assessment

CONSULTATION OUTCOMES REPORT
VERSION 2 - 9 October 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) *Region-wide Residential Aged Care Home (RACH) 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 Blue Mountains, Hawkesbury, Lithgow and Penrith local government areas (LGAs), including:

- Current service arrangements.
- Challenges and barriers to after-hours care.
- Potential opportunities and solutions.

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

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 service providers within the RACHs across the four LGAs, NBMPHN staff, Nepean Blue Mountains Local Health District (NBMLHD) managers and Healthdirect.

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 for RACHs across the NBMPHN region. We acknowledge and thank each individual for their valued contributions to the consultation process.

CONSULTATION OVERVIEW

Stakeholder consultations were undertaken with service providers from RACHs across the four LGAs of the NBMPHN region. The stakeholder consultation approach undertaken to inform the Needs Assessment included an invitation to each of the twenty-nine RACH service providers to participate in a virtual diagnostic and solutions-focused workshop.

Of the twenty-eight RACH service providers, fifteen RACH service providers agreed to participate, which informed the findings of the Project.

OUTCOMES

The following section provides an overview of insights gathered through the consultation process regarding after-hours care arrangements across RACHs within the NBMPHN region, with a focus on identifying service challenges and solutions to improving arrangements.

CURRENT STATE: CHALLENGES AND BARRIERS

Consultations highlighted that RACHs face significant systemic and operational barriers in accessing timely, consistent and effective after-hours medical support. While some RACHs report partial successes with ad hoc General Practitioner (GP) support, the overall picture is one of fragmented, inconsistent and reactive care.

Limited GP Availability

Many RACHs rely on residents' usual GPs to provide after-hours support. However, this is highly variable. Some GPs are responsive via phone, text, or email, while others provide no support outside business hours. It was noted that this has created inequity and over-reliance on a small workforce. In several cases, RACH staff reported delays of many hours in accessing after-hours GP support, sometimes into the next day.

Over-Reliance on Emergency Pathways

In the absence of GP availability, escalation often defaults to calling triple zero and involving paramedics.

Consultation noted that NSW Ambulance has introduced My Emergency Doctor, which has reduced transfers in certain cases. However, access is inconsistent across RACHs and often depends on ambulance triage.

RACH stakeholders reported frequent friction with paramedics, who sometimes question transfer decisions even when directed by GPs or policies.

Inconsistent Alternative Services

Services such as 13SICK, Healthdirect, or My Emergency Doctor are variably accessed. Delayed response times, limited prescribing authority and variability of virtual services, and the associated supports were commonly noted themes.

Lack of Integration and Continuity

RACH stakeholders indicated that virtual doctor services often lack knowledge of residents, medical histories, or preferences, leading to fragmented care and avoidable transfers.

It was also outlined that absence of shared access to resident records creates risk of incomplete assessments and missed details, especially when agency or new staff are on shift.

RACH stakeholders with access to nurse practitioners indicated they are valued but often work privately, covering only selected GPs, and have not been able to provide systemic coverage for after-hours care.

Workforce and Compliance Pressures

Consultation revealed that skilled nursing staff often anticipate and manage deterioration, however noting agency staff and junior nurses struggle without structured and consistent pathways. It was highlighted that company policies, such as mandatory hospital transfers after unwitnessed falls for residents on anticoagulants, add pressure when GP review is unavailable.

RACHs with high clinical skill mix and strong GP collaboration mitigate gaps internally and escalate to other services in the after-hours less frequently. Though, it was acknowledged this may not occur across all RACHs within the region.

FUTURE STATE: POTENTIAL SOLUTIONS AND RECOMMENDATIONS

Despite challenges, RACH stakeholders expressed solutions and opportunities for after-hours care within their respective facilities. Key themes emerged regarding consistency, accessibility, integration, and equity.

Service Models for Consideration

Region-wide After-Hours GP Pool

A structured, roster of GPs available for RACHs, ensuring consistent coverage regardless of the resident's usual GP. This model would aim to standardise escalation protocols and reduce variation between RACHs in the NBMPHN region.

Nurse Practitioner-Led Models

Expanding nurse practitioner-led services either within RACHs or on an LGA-basis was outlined. RACH stakeholders indicated the value of nurse practitioners in future after-hours arrangements in being able to provide timely assessment, prescribing, and continuity of care, while working collaboratively with GPs for escalation.

Hospital in the Home (HITH) for Aged Care

Building on the NBMLHD Virtual Aged Care (VAC) service, it was proposed that formalising access to more subacute and acute supports within RACH would be an opportunity to minimise transfers in the after-hours. For example, IV antibiotics, diagnostics, and palliative supports provided on-site with hospital partnerships in a HITH model.

Integrated Virtual Care with Local Governance

Where telehealth is used, ensure services are integrated with local health networks, governance, and resident records. This would reduce duplication, improve safety, and ensure accountability.

Strengthened Ambulance Collaboration

Standardised protocols between NSW Ambulance and RACHs were reported during consultation. Recognising an awareness of aged care policies and escalation frameworks with other external service partners could also reduce unnecessary disputes and delays in care.

Enablers for Success

Workforce Development

Consultation outlined that upskilling RACH staff, embedding more clinical nurse educators in RACHs, and maximising scope of practice including pharmacists and other allied health professionals, would be critical to future service models.

Information Sharing

Secure platforms allowing after-hours providers access to resident care plans and advance care directives was noted among RACH stakeholders.

Policy Alignment

It was highlighted that the National Aged Care Reform including the introduction of the new Aged Care Act in November 2025, provides an opportunity to align after-hours service models with updated and contemporary quality and safety standards.

Funding and Commissioning

Funding was observed as a key enabler among RACH stakeholders. It was noted it is required to move beyond ad hoc or goodwill-based services. Commissioned models, such as PHN-supported after-hours GP or nurse practitioner services, were supported by stakeholders.

PRIORITIES FOR FUTURE SERVICE DELIVERY

	Recommendations	Description
1	Regional After-Hours GP Pool	<p>A structured, roster of GPs available for RACHs in the after-hours period. This service model aims to enable structured and predictable access to medical review, including prescribing for RACHs, eliminating reliance on goodwill or ad hoc GP arrangements.</p> <p>A roster ensures region-wide equity, addressing the current fragmentation across the four LGAs of the NBMPHN region. This model could be combined with the existing Healthdirect GP Line, offering a hybrid model with face-to-face or telehealth, depending on the resident's needs.</p>
2	Increased Awareness of Available Services	<p>Healthdirect has a GP Line available to RACHs which can support telehealth access to RACH residents including prescribing and leveraging NBMPHN's remit as a system integrator.</p> <p>Review of and working with RACHs across the to implement/incorporate this service within their after-hours plans aims to address existing fragmentation, and enhance support for RACH staff in the after-hours, particularly where other options may be limited.</p>
3	Expanded After-Hours Clinical Workforce	<p>Expanding access to alternative clinical workforce models that complement GP and telehealth services, specifically through nurse practitioners, to provide urgent clinical review, prescribing, and ongoing care during after-hour periods, offering continuity, advanced assessment skills, and can bridge gaps where GP access is limited.</p> <p>Also, consideration of how Extended Care Paramedics could support coverage across metropolitan and regional LGAs of the NBMPHN region by allowing them to provide rapid on-site intervention and reduce unnecessary ED transfers.</p>
4	Strengthened Hospital Partnerships	<p>Working with NBMLHD to strengthen pathways between RACHs and local hospital services such as expanded HITH services to RACH or expanding VAC capacity for after-hours support could enhance overall system integration, minimise fragmentation, and contribute to standardised access across the region.</p>
5	Further Exploration of the Prescribing Process via Virtual Services	<p>Examining how Healthdirect's RxPad platform can integrate with RACH medication software and workflows, identifying mechanisms to improve after-hours pharmacy access.</p> <p>This can include aligning virtual prescribing with local dispensing capacity and delivery logistics, and building capability among RACH staff to use electronic prescriptions confidently, supported by training and implementation resources through the Aged Care Portal.</p>

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:

Nepean Blue Mountains Primary Health Network (NBMPHN)

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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 care for RACHs across the Nepean Blue Mountains regions.

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