WNSW PHN
After-Hours Needs Assessment and Service Model Options

July 2026

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WESTERN NSW
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Version Control

Version	Date	Description / Details
1	22/06/2026	Draft – Issued to Steering Group for review.
1	29/06/2026	Final – Issued to Steering Group.

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Executive Summary

Western NSW Primary Health Network (WNSW PHN) commissioned this After-Hours Needs Assessment and Service Model Options Project to understand the after-hours primary healthcare needs of communities across Western NSW and identify opportunities to strengthen access to care outside standard business hours.

The assessment was informed by a review of relevant literature and policy, service mapping, analysis of Healthdirect, emergency department and primary care utilisation data, surveys with community members and service providers and consultation with community, healthcare providers, residential aged care representatives, health system stakeholders and WNSW PHN staff. A total of 128 stakeholders participated in the consultation process.

The findings demonstrate that after-hours primary healthcare remains challenging to access across many parts of Western NSW. While a range of after-hours services currently operate throughout the region, service availability is uneven and many communities do not have access to services or continue to experience barriers relating to workforce shortages, geographic isolation, transport, service awareness and limited access to supporting services such as pharmacy and diagnostics.

Emergency departments continue to function as the default after-hours service for many communities. Consultations indicated that emergency departments are the most commonly used after-hours healthcare option, while emergency department data demonstrated substantial volumes of lower-urgency presentations occurring outside standard business hours. Demand was particularly concentrated in the early evening period between 6pm and 10pm, immediately following the closure of most general practices.

Workforce availability emerged as the most significant constraint to improving after-hours access. Stakeholders consistently identified difficulties recruiting and retaining clinicians, an ageing workforce, clinician fatigue and reliance on a small number of providers to maintain existing services. These findings suggest that workforce sustainability will be a critical consideration for any future after-hours service investment.

The assessment also highlighted that after-hours care cannot be considered in isolation from the broader health system. Difficulties accessing routine primary care appointments, limited-service navigation, low awareness of available services, pharmacy and diagnostic access, transport availability and care coordination all influence how and when people seek care after hours. Telehealth and virtual care were identified as important enablers of access, particularly across geographically dispersed communities, however stakeholders consistently reported that virtual care is most effective when integrated within broader service pathways rather than operating as a standalone solution.

Several population groups may experience additional barriers to accessing care, including Aboriginal communities, older people, residential aged care residents, people experiencing socioeconomic disadvantage and residents of rural and remote communities. These findings reinforce the importance of culturally safe, locally responsive and community-informed approaches to service planning and delivery.

The diversity of communities across Western NSW means that no single after-hours service model is likely to meet the needs of the entire region. Instead, the evidence supports a flexible, place-based approach that aligns service delivery with local population needs, workforce capacity, geography and existing infrastructure.

To support future planning and commissioning, this report outlines service design principles, system enablers and potential service model options that strengthen coordination across the health system. These include:

- Extended-hours general practice models.
- Hospital-linked primary care models.
- Integrated Multipurpose Service approaches.
- Nurse practitioner-led models.
- Collaborative commissioning approaches.

Importantly, the assessment found that improving after-hours care will require more than the commissioning of additional services. Future success will depend on broader enabling activities including workforce sustainability initiatives, service navigation and community awareness, digital capability, integrated care pathways, funding stability and strong local partnerships.

The report proposes a layered and coordinated regional approach to after-hours care, recognising that different communities will require different combinations of service responses. Under this approach, service models operate as part of a broader after-hours system that is supported by consistent enabling activities and aligned with emerging Commonwealth and State policy directions. This provides an opportunity to balance local flexibility with strategic consistency, supporting equitable access to after-hours care while recognising the unique needs and circumstances of communities across Western NSW.

Introduction

Purpose

Western NSW Primary Health Network (WNSW PHN) has commissioned this Needs Assessment and Service Model Options Report to provide an understanding of the after-hours primary healthcare needs across the Western NSW region and identify potential service models that may address those needs.

The project aims to gather and synthesise qualitative and quantitative evidence relating to current service availability, service utilisation, service provider and consumer perspectives and barriers to accessing primary care outside standard business hours. Through engagement with health professionals, service providers, consumers and key stakeholders, this process will contribute to a more comprehensive understanding of existing service arrangements, unmet need and opportunities to strengthen after-hours care across the region.

In addition to assessing current and future service needs, the project will identify and explore potential service model options that align with the unique geographic, demographic and workforce characteristics of Western NSW. This includes consideration of evidence-informed approaches to after-hours service delivery, opportunities for service integration and coordination and models that support sustainable access to care across rural and remote communities.

The project will also identify priorities for future planning, investment and commissioning, recognising the need to balance community need, workforce capacity, service sustainability and local context across a geographically diverse region.

The findings may inform future commissioning decisions and support WNSW PHN in planning after-hours services that improve accessibility, equity, service sustainability and health outcomes for communities across Western NSW.

Background

After-hours primary healthcare refers to healthcare services delivered outside standard general practice operating hours, including evenings, weekends and public holidays (Australian Government Department of Health, Disability and Ageing [DoHDA], 2025a). Timely access to appropriate after-hours care is an important component of the health system, ensuring that consumers can access the right care when routine primary care services are unavailable. Effective after-hours services can improve access to care, support continuity of care, reduce avoidable emergency department presentations and assist in the management of acute and chronic health conditions (Australian Government Department of Health and Aged Care [DoHAC], 2022).

Across Australia, after-hours primary care is delivered through a range of service models and funding arrangements. These include general practice after-hours services, urgent care services, telehealth and virtual care models, Healthdirect, Aboriginal Community Controlled Health Services (ACCHS), residential aged care support programs and PHN-commissioned services (DoHDA, 2025a). The Australian Government's Review of After-Hours Primary Care Programs and Policy found that the after-hours system comprises multiple service types and funding arrangements, creating challenges for consumers in navigating available services. The review also identified workforce shortages,

particularly in rural and remote areas, as a significant barrier to accessing after-hours care and highlighted the importance of locally tailored service responses (DoHAC, 2024).

Primary Health Networks play an important role in identifying service gaps, assessing community need and commissioning services to address areas of unmet demand (DoHDA, 2025b). WNSW PHN currently commissions a range of after-hours primary healthcare services across the region, including GP-led after-hours clinics, urgent care initiatives and telehealth-supported service models. These services aim to improve access to timely care, reduce unnecessary hospital presentations and support continuity of care for local communities.

The WNSW PHN region covers approximately 440,000 square kilometres and includes some of the most geographically dispersed communities in New South Wales. The region encompasses a diverse range of communities, from major regional centres through to small rural and remote towns. While these communities experience differing levels of access to healthcare services, many face common challenges including geographic isolation, workforce shortages, transport barriers and limited service availability (WNSW PHN, 2025).

These challenges are occurring alongside broader demographic and health system pressures. Western NSW experiences higher levels of socioeconomic disadvantage, an ageing population in many communities, a significant Aboriginal population and a growing prevalence of chronic disease and complex healthcare needs (WNSW PHN, 2025). These factors can increase demand for healthcare services outside standard business hours and contribute to challenges in accessing timely care.

Recent national and state policy directions have reinforced the importance of strengthening access to primary care and reducing avoidable reliance on hospital services. The Strengthening Medicare Taskforce Report identified improved access to after-hours primary care as an important component of a more accessible, coordinated and person-centred health system (DoHAC, 2022). Similarly, the NSW Regional Health Strategic Plan 2022–2032 highlights the need to improve access to healthcare services across regional and rural communities, including strengthening workforce capacity and reducing barriers to care (NSW Ministry of Health, 2023).

Recognising the need to better understand these challenges, WNSW PHN has undertaken this Needs Assessment and Service Model Options Project to examine the current state of after-hours primary healthcare across the region. The project seeks to identify how existing service arrangements align with community need, where service gaps may exist and what opportunities are available to strengthen access to after-hours care.

The findings may inform future commissioning priorities, support the development of service model options and contribute to a more accessible, coordinated and sustainable after-hours primary healthcare system across Western NSW.

Methodology

The methodology for developing the Western NSW After-Hours Needs Assessment and Service Model Options Report employed a mixed-methods design, integrating both qualitative and quantitative approaches. Data sources include service utilisation statistics, service mapping, review of strategic contexts, literature review and thematic analysis of consultation data gathered through surveys and engagement with community members and service providers. Further details on the methodology are provided in Appendix A.

Policy and Strategic Planning Context

After-hours primary healthcare operates within a complex policy environment involving Commonwealth, state and local health system stakeholders. A range of strategic plans, policy reviews and frameworks have informed the development of this Needs Assessment and Service Model Options Project. Together, these documents highlight the importance of improving access to timely primary care, reducing avoidable hospital presentations and delivering services that are responsive to local community needs.

Document Name	Description / Relevance
Australia's Primary Health Care 10 Year Plan (Department of Health and Aged Care [DoHAC], 2022a)	▪ The Australia's Primary Health Care 10 Year Plan outlines a long-term vision for a more integrated, accessible and person-centred primary healthcare system. ▪ The plan recognises the importance of improving access to care, strengthening multidisciplinary service delivery, supporting digital health innovation and reducing inequities experienced by rural and remote communities. ▪ The plan identifies the need for primary healthcare services that are responsive to local population needs and capable of supporting people to access the right care at the right time. These priorities are directly relevant to after-hours primary healthcare service delivery in Western NSW, where geographic isolation, workforce shortages and service accessibility remain ongoing challenges.
Strengthening Medicare Taskforce Report (DoHAC, 2023)	▪ The Australian Government's Strengthening Medicare reforms seek to improve access to primary healthcare and reduce pressure on hospital services through greater investment in general practice, multidisciplinary care, workforce initiatives and urgent care pathways. ▪ The reforms acknowledge increasing demand for primary healthcare services and the importance of ensuring consumers can access timely care outside traditional service models. The expansion of Medicare Urgent Care Clinics, increased investment in workforce initiatives and greater emphasis on multidisciplinary care models have implications for future after-hours service planning across Western NSW. ▪ For WNSW PHN, these reforms reinforce the importance of commissioning approaches that complement broader primary healthcare reforms and support improved access to urgent care within community settings.
Review of After-Hours Primary Care Programs and Policy (DoHAC, 2024)	▪ In 2024, the Australian Government released the Review of After-Hours Primary Care Programs and Policy. The review identified significant variation in after-hours service delivery across Australia and highlighted ongoing challenges relating to workforce availability, service navigation, consumer awareness and service sustainability. ▪ Importantly, the review found that no single after-hours model is appropriate across all communities and emphasised the importance of locally tailored responses that reflect population need, workforce capacity and existing service availability. The review also highlighted the growing role of virtual care, care coordination and service integration in improving access to after-hours healthcare.

Document Name	Description / Relevance
	▪ These findings have relevance to Western NSW, where substantial variation exists between larger regional centres and smaller rural and remote communities and awareness of available services across community and service providers.
First Nations Yarning Circle Consultation for After Hours Review (First Peoples Health Consulting, 2024)	▪ The First Nations Yarning Circle Consultation undertaken as part of the national After Hours Review provides important insights into the experiences and priorities of Aboriginal and Torres Strait Islander communities. Participants consistently identified culturally safe care, continuity of care, equitable access and greater involvement of AACCHSs as key priorities for after-hours healthcare. ▪ Community members reported barriers including long wait times, limited service availability, difficulties accessing care in rural and remote locations, lack of culturally responsive services and challenges navigating the health system after hours. Participants expressed strong preferences for locally delivered services, increased availability of First Nations clinicians, culturally safe virtual care options and expanded after-hours services through ACCHSs. ▪ These findings are particularly relevant to Western NSW, where Aboriginal people represent a significant proportion of the population and where culturally safe, community-led healthcare models are critical to improving health outcomes and service utilisation.
NSW Regional Health Strategic Plan 2022–2032 (NSW Ministry of Health, 2023)	▪ The NSW Regional Health Strategic Plan 2022–2032 provides a framework for improving health outcomes and healthcare access across regional, rural and remote New South Wales. ▪ Key priorities include strengthening the rural health workforce, improving service accessibility, increasing care closer to home and supporting innovative models of healthcare delivery. ▪ The plan acknowledges the unique challenges faced by regional communities, including workforce shortages, geographic isolation and increasing demand for healthcare services. These issues are highly relevant to Western NSW and support consideration of flexible and locally responsive after-hours service models.
WNSW PHN Strategic Plan 2026-2030 (WNSW PHN, 2026)	▪ The WNSW PHN Strategic Plan 2026–2030 provides the overarching framework for the organisation's vision, purpose, values and strategic priorities. ▪ This Needs Assessment and Service Model Options Project aligns most directly with Strategic Priority 2: Coordinate primary care access, equity and sustainability and *Strategic Priority 3: Support a strong and sustainable primary health workforce*. These priorities recognise the importance of ensuring communities can access timely and appropriate healthcare services while also strengthening the capacity and sustainability of the primary healthcare workforce across regional, rural and remote communities. ▪ Several strategic initiatives identified within the Strategic Plan are particularly relevant to after-hours primary healthcare planning and service design. These include supporting appropriate models of care to improve access to primary care, commissioning services that are culturally safe, responsive, human-centred and trauma-informed and enabling mobile and telehealth solutions to extend service reach in remote and underserved communities. ▪ The Strategic Plan also highlights the importance of service integration, care navigation and community health literacy, recognising that consumers often require support to identify and access the most appropriate healthcare service. Workforce sustainability is another key focus, including advocacy for rural workforce incentives, professional development opportunities and initiatives that strengthen recruitment and retention. ▪ The Strategic Plan identifies the importance of investing in technology, data capability and digital maturity to support evidence-informed planning, service delivery and continuous improvement. ▪ These priorities align closely with the objectives of this Needs Assessment and Service Model Options Project providing the framework for future commissioning, investment and service development decisions across Western NSW.

Table 1: Policy and Strategic Planning Context

Collectively, these strategic and policy directions reinforce the importance of improving access to timely, appropriate and sustainable after-hours primary healthcare services. Common themes include strengthening primary care access, addressing workforce challenges, improving service integration and navigation, supporting culturally safe care and ensuring services are responsive to the needs of rural, remote and priority populations.

Scoping Literature Review

This scoping literature review synthesises national and international evidence relating to after-hours primary care delivery. The review aimed to identify key barriers and enablers to improving access to after-hours care, examine the impact of service access on health outcomes and health service utilisation and explore models of care relevant to rural, regional and remote communities. Although not intended as a comprehensive or exhaustive review, the table below provides a targeted summary of relevant evidence identified. Overall, the literature highlights the importance of workforce sustainability, service integration, telehealth and alternative models of care in improving access to timely after-hours care.

Article	Key Findings
An after-hours GP clinic in regional Australia: Appropriateness of presentations and impact on local emergency department presentations (Payne et al., 2017)	▪ A regional Australian study evaluating an after-hours GP service found that most presentations were clinically appropriate, with GPs assessing 85% of attendances as medically justified. ▪ Patient satisfaction with the service was high, with most respondents reporting positive experiences and indicating they would be willing to pay a fee similar to a standard GP consultation to access after-hours care. ▪ If the service had not been available, 60% of patients reported they would have sought care at the local emergency department, highlighting the role of after-hours primary care in providing an alternative to hospital-based care. ▪ The most common presentations to the after-hours service were ear, nose and throat, dermatological and respiratory conditions. ▪ Comparison of emergency department activity before and after implementation of the after-hours GP service demonstrated a significant reduction in non-urgent emergency department presentations, suggesting that after-hours primary care services can help reduce demand on hospital emergency departments. ▪ Patients identified opportunities to further improve the service, including extending operating hours, increasing community awareness, improving links with after-hours pharmacy services and reducing waiting times through additional staffing.
Contacting out-of-hours primary care or emergency medical services for time-critical conditions - impact on patient outcomes (Søvsø et al., 2019)	▪ A Danish population-based cohort study examined how patients with acute myocardial infarction (AMI), stroke and sepsis accessed out-of-hours care prior to hospital admission, comparing contacts with Out-of-Hours Primary Care (OOH-PC) services and Emergency Medical Services (EMS). ▪ Nearly half of all patients accessed OOH-PC services prior to hospital admission, including more than two-thirds of patients with sepsis, demonstrating the important role of primary care in managing urgent presentations outside normal business hours. ▪ Approximately 40% of patients experiencing AMI or stroke initially contacted OOH-PC rather than EMS, indicating that patients do not always perceive serious symptoms as requiring emergency care. ▪ Patients who contacted EMS generally experienced poorer clinical outcomes, including higher mortality and increased likelihood of intensive care admission.

Article	Key Findings
	However, the study concluded this likely reflected greater illness severity at the time of presentation rather than differences in care quality. ▪ The study highlighted the importance of clear public information about when and how to access different after-hours services, as well as strong integration and communication between primary care and emergency services to support timely and appropriate care pathways. ▪ Patients who contacted both OOH-PC and EMS were identified as a potentially higher-risk group, suggesting the need for improved coordination and transitions between after-hours services.
What do we know about demand, use and outcomes in primary care out-of-hours services? A systematic scoping review of international literature (Foster et al., 2020)	▪ A systematic scoping review commissioned by the Scottish Government examined patterns of out-of-hours service (OOHS) use across Europe, North America and Australia to inform future service planning. ▪ Utilisation of OOHS was highest among children aged under five years, older adults aged over 65 years, women, people living with chronic conditions and those experiencing socioeconomic disadvantage. ▪ Patients from more disadvantaged communities were more likely to use emergency departments than OOHS, highlighting the importance of equitable access to appropriate after-hours care. ▪ The most common reasons for accessing OOHS were respiratory, musculoskeletal, dermatological and gastrointestinal conditions, with patients typically seeking care for concerns perceived to be urgent and of recent onset. ▪ Difficulty accessing daytime primary care services was identified as a common reason for OOHS utilisation, reinforcing the relationship between daytime service availability and after-hours demand. ▪ Service demand was greatest during weekends and evening periods, particularly between 6:00 pm and 11:00 pm on weekdays. ▪ Proximity to an OOHS influenced utilisation, with higher use observed among populations located closer to services and in urban areas compared with rural communities. ▪ The review highlighted the importance of flexible service models, including telephone triage, out-of-hours primary care centres, walk-in services and multidisciplinary approaches, to support timely access to care outside standard business hours. ▪ Findings suggest that patient perceptions of urgency are a key driver of after-hours service use and that service design should consider accessibility, convenience and integration with daytime primary care services.
The impact of improved access to after-hours primary care on emergency department and primary care utilisation (Hong et al., 2020)	▪ A systematic review examined the impact of initiatives designed to improve access to after-hours primary care across several developed countries, including Australia, United Kingdom, Netherlands, Belgium, Canada and Italy. ▪ Overall, the evidence suggested that improved access to after-hours primary care can reduce emergency department utilisation, although results varied across settings and service models. ▪ Most studies identified reductions in non-urgent and semi-urgent emergency department presentations following the introduction or expansion of after-hours primary care services, with reported reductions ranging from 2% to 54%. ▪ Australian studies found that the introduction of after-hours GP clinics was associated with reductions in non-urgent emergency department presentations, supporting the role of primary care services in managing low-acuity conditions outside standard business hours. ▪ Extension of operating hours within existing primary care practices was generally found to be more effective in reducing emergency department utilisation than

Article	Key Findings
	standalone after-hours clinics, suggesting patients may prefer accessing care through their usual primary care provider. ▪ Improved access to after-hours primary care was commonly associated with increased utilisation of primary care services, indicating a shift in care from hospital settings to community-based care. ▪ Several studies reported reductions in emergency department-related costs, primarily resulting from the diversion of patients from emergency department to primary care settings. ▪ The review highlighted that lack of awareness of available after-hours primary care services can contribute to ED utilisation, reinforcing the importance of community awareness and clear navigation pathways. ▪ Findings demonstrated that a range of after-hours models, including extended-hours general practice, GP cooperatives, walk-in clinics and financial incentives for after-hours care, can contribute to improved access and reduced pressure on hospital emergency department when appropriately implemented.
Telephone triage in urgent unscheduled primary care in 16 European countries: a cross-national questionnaire-based expert study (Bergholdt Jul Christiansen et al., 2026)	▪ A cross-national study across 16 European countries examined the role and organisation of telephone triage within out-of-hours (OOH) primary care services for patients requiring urgent, unscheduled care. ▪ Telephone triage was used in most countries as a mechanism to manage patient flow, assess urgency and direct patients to the most appropriate service, highlighting its role in supporting efficient utilisation of health system resources. ▪ Three broad models of telephone triage were identified: integrated triage services linked directly to OOH primary care, standalone advice and referral services and advice-only helplines. ▪ Telephone triage systems were commonly used to support access to urgent care services including general practice, ambulance services and emergency departments, helping patients navigate complex healthcare systems outside normal business hours. ▪ The study found considerable variation in staffing models, with triage delivered by general practitioners, nurses, other healthcare professionals and in some cases, non-clinical staff supported by decision-support tools. ▪ Decision-support tools were generally considered safe and effective for supporting triage decisions, although some evidence suggested a tendency towards over-triage in complex presentations. ▪ The authors highlighted the importance of well-integrated telephone triage systems in improving access to urgent care, coordinating patient pathways and ensuring patients receive care at the most appropriate level of the health system. ▪ Findings suggest that telephone triage may be an important component of after-hours service models, particularly in supporting service navigation, demand management and appropriate referral pathways between primary care, ambulance services and emergency departments.
Exploring the role of nurses in after-hours telephone services in regional areas: A scoping review (Baldwin et al., 2020)	▪ An Australian scoping review examined the evidence for nurse-led after-hours telephone services, particularly for people with chronic and complex conditions living in rural and remote areas. ▪ The review found that experienced registered nurses are critical to the safe and effective delivery of telephone triage services, with clinical judgement playing an important role alongside decision-support tools and protocols. ▪ Up to half of all consultations could be managed through telephone advice alone, without an increase in adverse events, demonstrating the potential for telephone triage services to resolve health concerns without requiring face-to-face care. ▪ Consumer satisfaction was strongly influenced by timely responses, effective communication and perceived empathy from the nurse providing the service.

Article	Key Findings
	▪ Rural and remote populations were less likely to use formal telephone triage services as distance from major centres increased, with many preferring to contact a known local healthcare provider directly. ▪ Some population groups, including older people, people experiencing socioeconomic disadvantage and culturally and linguistically diverse communities, demonstrated lower utilisation of telephone triage services, highlighting the need to consider accessibility and acceptability when designing services. ▪ The review identified telephone-based services as a flexible and relatively low-cost approach to supporting access to care in geographically dispersed and resource-constrained settings. ▪ No single model of care was found to be universally applicable, with the authors concluding that after-hours telephone services should be tailored to the needs, geography and available resources of the communities they serve.
Nurse practitioner led model of after-hours emergency care in an Australian rural urgent care Centre: health service stakeholder perceptions (Wilson et al., 2021)	▪ A qualitative study undertaken in rural Victoria examined stakeholder perceptions of an after-hours nurse practitioner (NP)-led model introduced to address medical workforce shortages within a rural urgent care centre. ▪ The model was broadly viewed as a successful and acceptable alternative to traditional GP-led after-hours care, with stakeholders reporting high levels of confidence in NP clinical capability and no formal complaints despite substantial service utilisation. ▪ Participants highlighted the contribution of NPs to providing holistic, evidence-based care, while also supporting the development and education of other nursing staff. ▪ The model was perceived to improve workforce sustainability by reducing the after-hours burden on rural GPs, supporting GP recruitment and retention and providing an alternative workforce solution in areas experiencing medical workforce shortages. ▪ Workforce sustainability remained an ongoing consideration, with participants noting the potential for workload pressures and burnout to shift from GPs to NPs if workforce capacity and rostering arrangements were not adequately addressed. ▪ The study identified funding arrangements, particularly limited access to Medicare funding for NP services, as a significant barrier to broader implementation and sustainability. ▪ Findings highlighted the importance of rural-specific preparation and support for clinicians working in isolated settings, where access to specialist services and diagnostic resources may be limited. ▪ The authors concluded that NP-led models represent a viable option for delivering after-hours urgent care in rural communities and may play an increasingly important role in addressing ongoing workforce challenges in regional and remote areas.
Commissioning for healthcare: A case study of the general practitioners after hours program (Carlisle et al., 2016)	▪ An Australian case study examined the implementation of the General Practitioners After Hours Program, which introduced a commissioning approach to funding after-hours primary care services through Medicare Locals. ▪ The program aimed to improve access to after-hours primary care, increase service availability and reduce pressure on hospital emergency departments by shifting from a fixed incentive payment model to a needs-based commissioning approach. ▪ A comprehensive needs assessment informed service planning and included analysis of population health data, emergency department presentations, after-hours service utilisation and extensive consultation with healthcare providers, hospitals, residential aged care facilities and community stakeholders.

Article	Key Findings
	▪ Findings highlighted substantial variation in after-hours service availability across regional, rural and remote communities, reinforcing the need for locally tailored service models rather than a single standardised approach. ▪ The commissioning process supported the development of new service arrangements, additional incentives for rural providers and collaborative partnerships between primary care services and local hospitals to improve after-hours coverage. ▪ Evaluation of the program found improvements in the geographical distribution and accessibility of after-hours services, including increased availability of bulk-billing services in rural and regional communities. ▪ Despite improvements in service availability, emergency department presentations for lower-acuity conditions did not significantly change, highlighting that factors such as patient preferences, awareness of available services and perceptions of urgency influence healthcare-seeking behaviour. ▪ The study identified stakeholder engagement, strong relationships with local providers, ongoing consultation and a detailed understanding of local context as critical success factors for commissioning after-hours services. ▪ The authors concluded that effective commissioning requires flexible, locally responsive approaches that recognise differences in community needs, workforce availability and existing service infrastructure, rather than relying on a single model of care.
Afterhours telehealth in Australian residential aged care facilities: a mixed method evaluation (Trankle and Reath, 2023)	▪ An evaluation of an after-hours telehealth pilot delivered across six residential aged care homes (RACHs) in regional NSW explored the effectiveness of specialist telehealth support for managing residents outside normal business hours. ▪ The pilot was implemented in response to limited after-hours primary care availability and challenges accessing timely GP support within residential aged care settings. ▪ Over a 12-month period, 209 telehealth consultations were conducted, with most residents managed within the aged care facility rather than being transferred to hospital. ▪ Stakeholders reported that rapid access to clinical advice improved confidence in managing residents on-site and may have reduced unnecessary ambulance callouts and emergency department presentations. ▪ Residential aged care staff valued the timely specialist support, clinical guidance and collaborative approach to care, while participating GPs reported a reduced after-hours workload. ▪ Video consultation capability was identified as a key enabler of effective assessment and decision-making, particularly when supported by ongoing staff training and reliable technology. ▪ Challenges included variability in GP participation, concerns regarding the inability to undertake physical examination and the additional time required for nursing staff to support consultations. ▪ The evaluation identified funding arrangements, workforce capacity, digital connectivity and integration with existing primary care services as key factors influencing the sustainability of after-hours telehealth models. ▪ Findings suggest that telehealth-supported after-hours care may offer a viable approach for improving access to timely clinical advice in residential aged care settings, particularly in areas experiencing primary care workforce shortages.
Developing a nurse practitioner to work in residential aged care: A	▪ An Australian qualitative evaluation examined the introduction of Nurse Practitioner Candidates (NPCs) within residential aged care homes (RACHs) as a strategy to improve primary care access, care coordination and reduce avoidable hospital transfers.

Article	Key Findings
qualitative evaluative study (Craswell et al., 2023)	▪ The study found that NPCs played an important role in assessing acutely unwell residents, supporting clinical decision-making and strengthening monitoring of residents whose health status was deteriorating. ▪ Staff reported that NPC involvement improved communication and coordination between aged care services, general practitioners and other healthcare providers, facilitating more timely care and access to treatment. ▪ General practitioners viewed the model positively, reporting improved efficiency, reduced workload and fewer transfers to emergency departments. ▪ Residents and families valued the continuity of care, accessibility and clinical expertise provided by the NPC role. ▪ Stakeholders reported that the model contributed to earlier intervention, improved advance care planning and reduced hospital transfers by supporting care delivery within the residential aged care setting. ▪ The study highlighted workforce challenges associated with recruiting and retaining nurse practitioners in aged care, including workforce shortages, remuneration issues and perceptions of the aged care sector. ▪ Despite the benefits of enhanced daytime clinical support, participants noted that deterioration occurring overnight remained a challenge due to lower staffing levels and reduced clinical capacity after hours, reinforcing the importance of robust after-hours support and escalation pathways. ▪ Findings suggest that nurse practitioner-led models may strengthen care coordination and reduce avoidable hospital presentations in residential aged care settings, although workforce availability remains a key consideration for implementation and sustainability.
General practice care in residential aged care homes: A systematic review (Marchall, et al., 2025)	▪ A scoping review of Australian general practice models in residential aged care homes (RACHs) examined approaches to improving access to primary care for residents with increasingly complex healthcare needs. ▪ The review identified several models of care, including continuity models involving residents' usual GPs, designated GP arrangements, GP teams servicing multiple facilities, provider-employed GPs, nurse practitioner (NP)-GP collaborative models and multidisciplinary specialist aged care teams. ▪ Several models incorporated after-hours support through on-call GP telephone advice, face-to-face after-hours care and nurse-led triage pathways prior to GP escalation. ▪ While evidence comparing models remains limited, models characterised by consistent GP involvement, strong collaboration between GPs and nursing staff, and integrated team-based care were associated with improved care processes and higher provider satisfaction. ▪ Provider-employed GP models were identified as having potential to reduce unplanned hospital transfers and emergency department presentations, while also improving continuity of care for residents. ▪ Financial incentives and appropriate funding arrangements were highlighted as important enablers of GP engagement in residential aged care settings. ▪ The review found that multidisciplinary and collaborative models of care may be particularly beneficial in addressing the complex health needs of aged care residents, with strong professional relationships identified as a key contributor to effective care delivery. ▪ The authors emphasised the importance of tailoring models to local contexts and undertaking co-design with healthcare providers and aged care facilities to support successful implementation and sustainability.

Article	Key Findings
A Cost Comparison From a Health Service Perspective of Three Allied Health Models of Care for Remote Australia: Student-Assisted Services, Fly-In Fly-Out Services and Services Provided by a Resident Clinician (Campbell et al., 2025)	▪ An Australian costing study compared three service delivery models for providing healthcare services to remote communities: resident clinicians, fly-in fly-out (FIFO) clinicians and student-assisted workforce models. ▪ The study found that resident clinician models were the most cost-effective and offered additional benefits including continuity of care, stronger community relationships and improved service integration. ▪ Despite these advantages, workforce shortages, recruitment challenges and high staff turnover continue to limit the feasibility of resident clinician models in many remote communities. ▪ FIFO models were associated with substantially higher costs due to travel and accommodation requirements but remain a commonly used approach where local workforce availability is limited. ▪ Student-assisted models were the most expensive in direct service costs but provided broader benefits, including workforce development opportunities, cultural learning and the potential to build a future rural and remote workforce. ▪ Across all models, increased service availability was associated with greater utilisation, suggesting that improving workforce presence can enhance access to care in remote communities. ▪ The study concluded that no single workforce model is universally applicable, and that service delivery approaches should be tailored to local workforce capacity, funding arrangements and community needs.

Table 2: Scoping Literature Review

Service Mapping

The service mapping below provides an overview of after-hours primary care services identified across the Western NSW and Far West regions. Information was obtained through consultation with WNSW PHN staff, stakeholder consultations, desktop review and publicly available information, including the Healthdirect service directory.

For the purposes of this assessment, after-hours services were defined as primary care services operating at one or more of the following times:

- Outside 8:00am to 6:00pm on weekdays.
- Outside 8:00am to 12:00pm on Saturdays, or.
- At any time on Sunday.

Service Type	Name	LGA	Availability	Modality	PHN After-Hours Grant funded / supported*
General Practice	Balranald Medical Centre	Balranald	Wednesday 6-9pm Saturday 1-6pm	Face to Face	Yes
	Wecare Health	Bathurst Regional	Monday to Friday 6-8pm Saturday 12-5pm Sunday 8am-5pm	Face to Face	Yes

Service Type	Name	LGA	Availability	Modality	PHN After-Hours Grant funded / supported*
	Bourke GP Clinic	Bourke	After-hours clinic (4 night/week) 6-9pm	Face to Face	Yes
	Broken Hill GP Super Clinic	Broken Hill	Monday to Friday 7-9pm Saturday 1-6pm Sunday 9am-5pm	Face to Face	Yes
	Grillett Family Practice	Broken Hill	Sunday 2-5pm Every second Sunday, 9am-1pm	Face to Face	Yes
	Royal Flying Doctor Service – Clive Bishop Medical Centre	Broken Hill	Thursday 5-8.30pm and one additional evening	Face to Face	Yes
	Thrive Medical	Broken Hill	After-hours clinic (2 night/week) 6-8:30pm	Face to Face	Yes
	Cobar Primary Health Care Centre	Cobar	After-hours clinic (1 night/week) 6-9pm	Face to Face	Yes
	Dubbo After-Hours GP Clinic (Dubbo Base Hospital)	Dubbo Regional	Saturday to Sunday 2-5:45pm	Face to Face	Yes
	Western Plains Medical Centre	Dubbo Regional	Monday to Sunday 6-8pm	Face to Face	Yes
	Dubbo Family Doctors	Dubbo Regional	Thursday 6-9.30pm	Face to Face	Yes
	Yoorana Gunya Family Healing Centre	Forbes	After-hours clinic (1 night/week) 6-8pm	Face to Face	Yes
	Peak Hill Medical Centre	Parkes	After-hours clinic (2 or 3 night/week) 6-8pm Saturday 12-2pm	Face to Face	Yes
	Ochre Anytime Afterhours Doctor	Multiple – Brewarrina, Bourke, Coonamble,	24-hours	Virtual	Yes *promotion/ awareness grant funding only

Service Type	Name	LGA	Availability	Modality	PHN After-Hours Grant funded / supported*
		Lightning Ridge and Walgett			
Urgent Care	Bathurst Medicare Urgent Care Clinic	Bathurst Regional	Monday to Sunday 8am - 10pm	Face to Face	-
	Orange Urgent Care Service	Orange	Monday to Sunday 8am-8pm	Face to Face	-
	Wentworth Urgent Care Centre	Wentworth	Monday to Sunday 8am-8pm	Face to Face	-
National Services	Healthdirect	National	24-hours	Virtual	-
	Medicare 1800	National	24-hours	Virtual	-
	RACH GP Helpline	National	Monday to Friday: 6pm-8am Weekends: Saturday 12pm-Monday 8am Public holidays: all day	Virtual	-

Table 3: Service Mapping

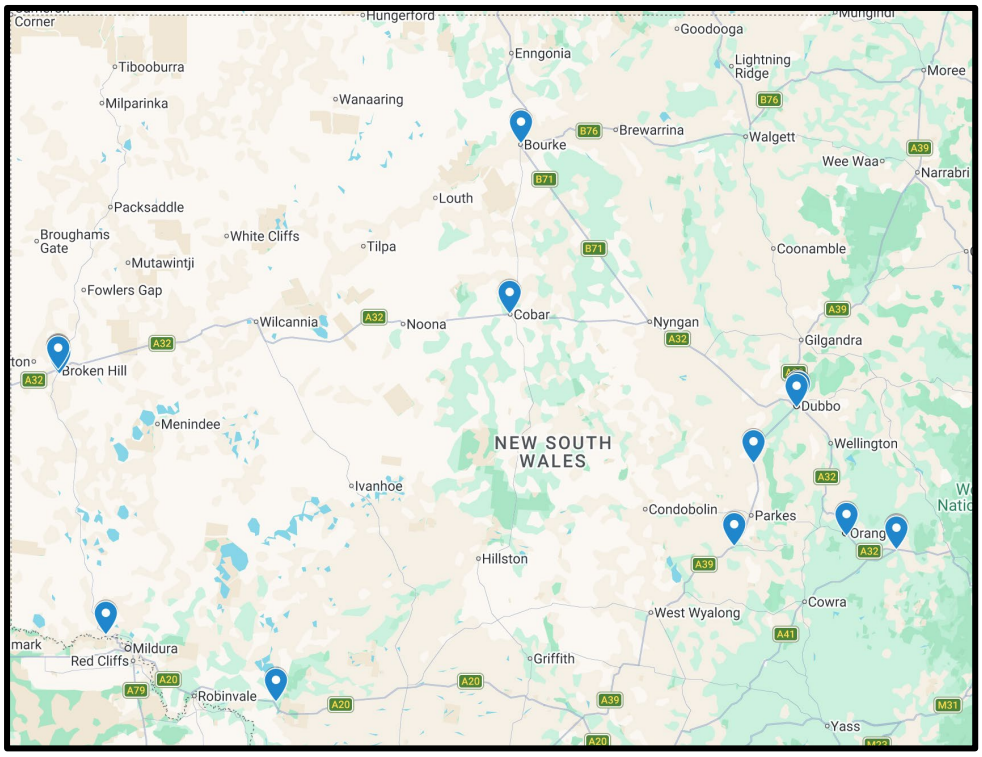

Figure 1: Service Map of current service providers. Source: Google Maps, 2026

Key findings

The service mapping demonstrates that after-hours general practice services are concentrated in a small number of larger population centres. In contrast, several LGAs have no identified locally based after-hours primary care service.

Urgent care services are currently available in Bathurst, Orange and Wentworth through a combination of Commonwealth and NSW Government-funded models. However, their geographic distribution means that they are accessible to only a proportion of communities across Western NSW.

Notably, Blayney, Bogan, Cabonne, Central Darling, Cowra, Gilgandra, Lachlan, Mid-Western Regional, Narromine, Oberon, Warren, Warrumbungle Shire, Weddin and the Unincorporated Far West area do not have a locally based after-hours general practice (face-to-face and virtual) or urgent care service identified through the mapping. Residents in these areas are therefore likely to rely on emergency departments, local health services, virtual care options or travel to neighbouring communities to access after-hours care.

While national virtual services provide an important baseline level of support, consultation findings highlighted that virtual care alone may not adequately address the needs of all populations, particularly where access to diagnostics, pharmacy services, transport, cultural support or physical examination is required. These findings suggest a geographic inequity in after-hours service access across the region and highlight the importance of considering place-based solutions that reflect local workforce availability, population needs and existing service infrastructure.

Service sustainability considerations

It is important to note that a number of the after-hours primary care services identified within this mapping were being supported through WNSW PHN After-Hours Grant Funding as at 11 June 2026. Consequently, the service availability presented reflects a point-in-time view and may not represent the longer-term after-hours service landscape.

Should grant funding cease or not be renewed, some providers may be unable to continue delivering after-hours services due to workforce, operational and financial constraints. Consultation findings indicated that several providers relied on external funding to support the viability of extended-hours and after-hours delivery.

As a result, the current mapping may overstate the level of future after-hours service availability across some communities. Ongoing monitoring of service continuity and sustainability will be important to ensure an accurate understanding of after-hours service access across the region and to inform future commissioning decisions.

Stakeholder Consultation

This section will highlight the key findings from consultations undertaken with community, service providers, key stakeholders and WNSW PHN staff from April to June 2026 through one-on-one interviews, focus groups, workshops and surveys.

Findings from workshops, interviews and focus groups

Navigation and Patient Pathways

Consultations consistently reported difficulty accessing and navigating appropriate after-hours care. Emergency departments frequently become the default option, not because they are always the most appropriate service, but because they are often the most visible, familiar or available option. Participants described uncertainty about what services exist, how to access them and when alternatives such as Healthdirect, urgent care services or telehealth should be used. In some cases, consumers delayed seeking care altogether due to uncertainty about available options or because no suitable service was available locally.

Understanding the System

Participants highlighted that challenges extend beyond awareness of available services. Consumers and service providers reported limited understanding of how after-hours pathways operate, including the role of Healthdirect, clinical triage processes and referral pathways to services such as urgent care. Participants noted that after-hours pathways vary across the region, with differences in referral processes and access arrangements contributing to confusion, inconsistent use of services and frustration when expectations differ from how services are designed to operate.

The complexity of navigating after-hours care varied across the region, with larger centres offering multiple service pathways while many smaller communities relied on a single provider or local emergency department. This highlights the importance of locally tailored navigation strategies rather than a single regional approach.

Geographic Isolation

Geographic isolation further compounds access challenges. Residents in smaller communities often face long travel distances, limited transport options and poor mobile and internet connectivity. Participants described situations where accessing care required travel of up to a number of hours to larger regional centres, with no viable alternatives available locally. Limited digital connectivity also reduces the effectiveness of telephone-based and virtual care services in some communities, restricting access to services such as Healthdirect and telehealth that rely on reliable phone or internet access. For people without private transport, options were often limited to relying on family, neighbours or ambulance services. For some residents, the absence of transport or social supports means that care is delayed or not accessed at all. These compounding barriers may contribute to deterioration in health conditions before presentation and increase reliance on emergency departments once care becomes unavoidable.

Awareness and Health Literacy

Limited awareness of available after-hours services remained a recurring issue, particularly among older people, Aboriginal communities and people with lower health literacy. Participants noted that

services such as virtual care and telephone advice were not consistently understood or utilised. Stakeholders emphasised the importance of clear communication, community education and navigation support to improve understanding of available services and help people access the right care at the right time.

Workforce Sustainability and Service Viability

Workforce availability emerged as the most significant constraint to improving after-hours care. Stakeholders consistently highlighted shortages of GPs, an ageing workforce, difficulties recruiting and retaining clinicians and the limited capacity of existing providers to take on additional work. Participants also identified that workforce challenges are compounded by funding and remuneration arrangements which, in some rural communities, may reduce the financial viability of operating community primary care after-hours services compared with hospital-based after-hours work. Together, these factors constrain the sustainability and expansion of after-hours primary care across the region.

Participants also noted that many smaller communities rely on solo practitioners or a small number of GPs who already balance general practice, hospital and emergency department responsibilities. This limits the feasibility of traditional after-hours models and creates significant burnout risks. Several stakeholders emphasised that funding alone would not address after-hours access unless workforce capacity issues were resolved.

Consultations also raised concerns regarding the long-term sustainability of existing service arrangements. Participants described a reliance on a small number of highly committed clinicians, informal local arrangements and short-term funding support to maintain after-hours services. Stakeholders expressed concern that some existing services may become increasingly difficult to sustain without ongoing workforce support, service coordination and appropriate funding mechanisms.

Care Coordination and System Integration

Consumers frequently described fragmented care pathways between after-hours services, telehealth providers, hospitals and general practice. A recurring concern was the need to repeatedly tell their story as information did not transfer between services. Participants reported poor integration between virtual care services, emergency departments and primary care providers, creating duplication, delays and frustration.

Providers similarly highlighted gaps in communication and handover processes. General practices stressed the importance of receiving timely clinical information following urgent care, telehealth or after-hours encounters to support continuity of care and minimise clinical risk.

Consultation participants repeatedly emphasised that after-hours care cannot be considered in isolation. Access to pharmacies, diagnostic imaging, pathology and transport significantly influences whether after-hours care can be delivered effectively. The absence of supporting services often undermined otherwise appropriate care. For example, participants described situations where treatment plans could not be completed because no pharmacy was available after hours, forcing unnecessary hospital presentations. Similarly, limited transport options often restricted access to services that were technically available.

Routine Primary Care Access as a Driver of After-Hours Demand

Consultations consistently highlighted that challenges accessing routine primary care are contributing to demand for after-hours services and emergency departments. Consumers and stakeholders reported difficulties obtaining timely GP appointments, limited capacity within practices and barriers for people who do not have an established relationship with a local GP.

Participants suggested that delayed access to routine care can result in worsening health conditions and increased reliance on emergency departments for issues that may otherwise have been managed within primary care. Stakeholders emphasised that after-hours access issues cannot be considered in isolation from broader primary care access challenges. Improving access to routine primary care was viewed as an important strategy for reducing avoidable after-hours presentations and supporting more appropriate use of healthcare services.

Telehealth as an Enabler, not a Standalone Solution

Telehealth was widely viewed as an important enabler of after-hours care, particularly given the size and geographic spread of the Western NSW region. Participants recognised its value in providing clinical advice, triage and specialist input where local services were unavailable.

However, consultations consistently indicated that telehealth works best as part of a broader, blended model of care. Consumers and providers identified limitations where physical assessment, medications, diagnostics or follow-up care were required. Telehealth was seen as one component of the solution rather than a complete substitute for local service availability

Equity, Affordability and Cultural Safety

Participants stressed that after-hours models must be responsive to the needs of Aboriginal communities, older residents, people experiencing disadvantage, residential aged care residents and geographically isolated populations.

Stakeholders highlighted that low health literacy, limited awareness of available services, financial barriers, lack of phone credit, poor connectivity and previous negative healthcare experiences all influence whether people seek care. Consultation fees, medication costs, travel expenses and limited access to bulk billing were identified as additional barriers, particularly for people experiencing financial hardship. Participants noted that these factors can contribute to delayed care and increased use of emergency departments, particularly where hospital services are perceived as the most accessible or affordable option.

Discussions relating to Aboriginal communities emphasised the importance of trust, relationships and culturally safe care. Participants reported that previous experiences with the health system can influence whether people seek care and which services they choose to access. Stakeholders highlighted the importance of community-led approaches, culturally responsive service delivery and greater involvement of Aboriginal health services in improving access and health outcomes. Participants noted that improving access requires not only service availability, but also confidence that services are safe, welcoming and responsive to community needs.

Older people and those living in remote communities were also identified as experiencing additional barriers. Participants described challenges associated with transport, social isolation, financial pressures and reduced capacity to travel long distances for care. These factors can contribute to

delayed presentation, worsening health conditions and increased reliance on emergency departments.

General Practice and Primary Care

Primary Care Staff highlighted the growing distinction between caring for an established patient population and providing population-wide after-hours access. Practices reported that many are increasingly focused on meeting the needs of their existing patients, particularly in the context of rising demand and constrained capacity.

A notable finding from the consultations was the emphasis placed on local innovation and practice-led solutions. Providers described examples of flexible after-hours arrangements, including shared rosters, integrated nursing support and enhanced virtual examination technologies that allow clinicians to remotely assess patients when appropriate. Participants generally viewed these approaches as most effective when embedded within existing practice systems and local models of care.

The consultations also highlighted a strong preference for models that strengthen existing primary care infrastructure rather than establishing parallel services. Providers frequently noted that future investment should build on local practice strengths and established patient relationships, recognising the central role that general practice plays in coordinating care within rural and regional communities.

After-hours support in Residential Aged Care Homes

Residential aged care facilities experience a range of challenges accessing timely after-hours clinical support. Access to after-hours care was reported to vary considerably between communities, with availability often dependent on local GP arrangements, workforce capacity and relationships between providers.

A key issue identified was the variability in GP engagement. While some residents have access to GPs who provide ongoing support and after-hours contact arrangements, others experience limited access outside standard business hours. Facilities are generally reliant on residents' existing GPs, and where after-hours support is unavailable, residents are often referred to emergency departments or ambulance services.

Participants reported that residential aged care staff frequently manage complex clinical situations with limited access to immediate clinical advice. While registered nurses are responsible for assessing deteriorating residents and coordinating care, access to additional clinical support after hours can be inconsistent. This was identified as particularly challenging in communities where alternative after-hours services are limited or unavailable.

Participants highlighted the value of services that provide real-time clinical advice and decision support to residential aged care staff. The ability to discuss a resident's condition with an experienced clinician, receive guidance on management options and access follow-up support was considered beneficial in supporting clinical decision-making and reducing uncertainty for staff managing deteriorating residents after hours.

Stakeholders also noted that organisational policies, aged care standards and risk management requirements can influence after-hours decision-making. In some circumstances, facilities have limited flexibility when responding to deteriorating residents and may be required to escalate care

through ambulance services or emergency departments where alternative clinical support is unavailable.

Medication access was identified as an ongoing challenge, particularly for urgent prescriptions and palliative care medications required outside standard business hours. Participants reported that timely access to medications can influence whether residents are able to remain within the facility or require transfer to hospital.

Awareness and utilisation of existing after-hours support pathways was also reported to vary. While services such as telehealth, virtual clinical support and Healthdirect are available, participants indicated that these services are not always well understood or consistently used. Some participants reported that existing telephone-based services were often perceived as providing triage and referral to hospital rather than the clinical advice and decision support sought by residential aged care staff. Some other existing supports include dedicated dementia-specific telephone advice services and specialist palliative care support, including the Western NSW Palliative Care After-Hours Helpline.

The consultation also highlighted variation in after-hours support models across communities, ranging from dedicated hospital-supported programs in some locations to limited or no after-hours clinical support in others. This variation was reported to create inconsistencies in access and contribute to different experiences for residents and providers across the region.

Overall, the findings suggest that improving after-hours care in residential aged care requires a combination of timely clinical support, workforce sustainability, improved medication access, stronger service awareness, clear escalation pathways and greater coordination between aged care providers, general practice, hospitals and other health services.

Findings from Primary Care and Community Surveys

Service provider survey findings

A GP and service provider survey was undertaken to understand:

- How after-hours primary care is currently delivered across Western NSW.
- The extent to which existing services meet community need.
- The practical barriers affecting service participation and sustainability.

The survey received 27 responses, although the number of responses varied by question. Respondents represented a mix of general practice, hospital and emergency department staff, practice management, nursing, allied health, pharmacy, residential aged care, digital health and other service provider roles. Locations represented included Dubbo, Broken Hill, Walgett, Parkes, Brewarrina, Mid-Western Regional, Bourke, Cobar, Forbes, Cabonne, Warrumbungle and Central Darling, as well as other locations including Tottenham, Tullamore, Coonamble, Lightning Ridge, Boggabri and Collarenebri.

CURRENT SERVICE ADEQUACY

Survey respondents were asked whether current after-hours services meet community needs. Of the 21 respondents who answered this question, 28.6% reported that current after-hours services meet

community need, while 33.3% indicated they do not. A further 23.8% were unsure and 14.3% provided a qualified response (Figure 2).

Open-text comments suggest that perceived adequacy varies significantly by location, service model and patient group. Some respondents described existing after-hours GP clinic arrangements as valuable, particularly where they provide an alternative to emergency department presentation. However, others noted that current arrangements are insufficient to meet current needs and future demand, particularly during weeknights, weekends and for people who cannot access care during standard business hours.

One recurring issue was that available services are not evenly distributed or consistently accessible. Respondents referred to limited after-hours clinic availability, reliance on a small number of practices or clinics and a lack of alternatives when face-to-face care is needed outside business hours.

Among respondents providing after-hours care, the most common service models were extended opening hours, support to residential aged care facilities, telehealth and telephone advice, while no respondents reported providing home visiting or outreach services.

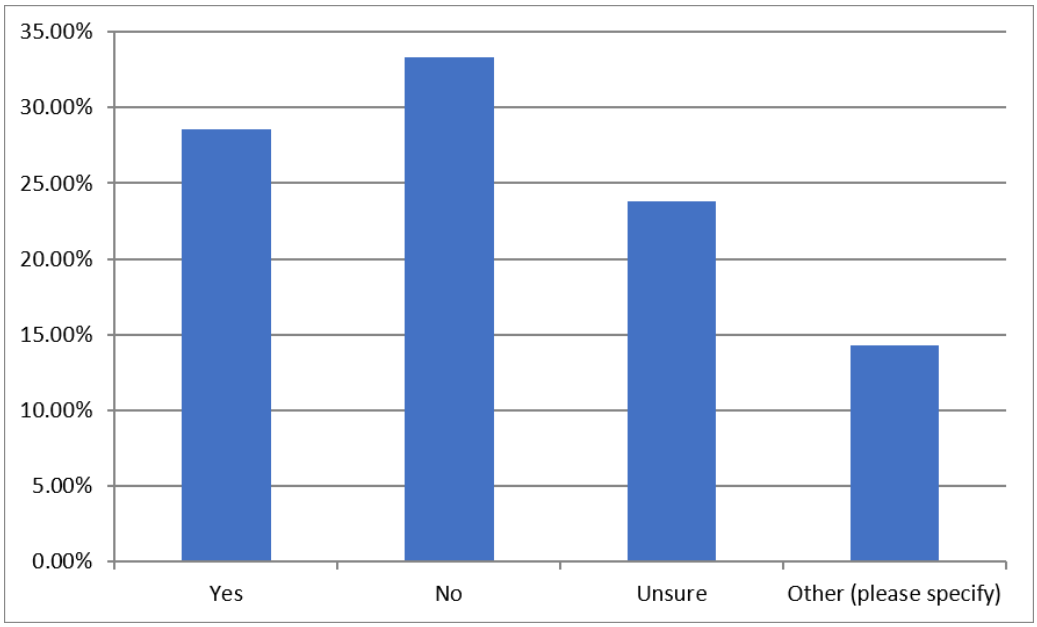

Figure 2: Service Provider Survey Results – Question 7

SERVICE GAPS AND UNMET NEED

Survey respondents were asked about the main gaps in after-hours care for the region and several recurring gaps were identified. Limited availability of after-hours primary care was a key theme, particularly outside larger centres or outside specific clinic operating times. Emergency departments were consistently identified as the default pathway for after-hours care where alternative services were unavailable, poorly understood or not suitable for the consumer's needs.

Respondents also identified an ongoing need for face-to-face and local care options. While telehealth and telephone advice were used in some settings, providers noted that these models are not always sufficient where physical assessment, diagnostics, medications or follow-up care are

required. Also, as previously noted, virtual care options are not always practically available in regions with connectivity issues.

Residential aged care emerged as an important area of need. Of the 21 respondents who answered the question, 13 respondents (61.9%) reported that their service provides care to residential aged care homes. Respondents described models including phone advice, telehealth, on-call GP arrangements, local VMO support, VRGS or local VMO support, call-outs, urgent scripts and practice-based on-call rosters. However, several comments highlighted concerns regarding the sustainability of these arrangements, which often rely on local GP availability and informal on-call arrangements.

Limited home visiting and outreach was also identified as a gap. No respondents selected home visits or outreach services as a type of after-hours care currently provided. However, open-text comments identified home visits for older people living at home and GP or practice nurse visits to patients' homes as opportunities for improvement.

Several respondents also identified challenges for people experiencing acute mental health issues after hours. One provider noted delays in transporting patients with acute mental health challenges due to perceived low urgency, alongside insufficient infrastructure to keep patients and staff safe while waiting.

BARRIERS TO SERVICE DELIVERY

Providers identified several barriers affecting their ability to provide or participate in after-hours care. Funding and financial viability was the most frequently reported barrier, identified by 61.1% of respondents, followed by staff availability and fatigue (50.0%) and workforce shortages (44.4%) (Figure 3). These issues were also strongly reflected in open-text responses.

Providers described after-hours care as difficult to sustain without additional funding, particularly because Medicare rebates alone were seen as insufficient to cover the cost of operating after hours without passing high out-of-pocket costs on to patients. Several respondents identified the need for ongoing supplemental funding, top-up funding, incentives or financial assistance to pay nurses, reception staff and GPs.

Workforce issues were also prominent. Respondents described fatigue, difficulty securing GP participation, reliance on voluntary participation, and the need for additional clinical and non-clinical staff. Some comments suggested that distributing responsibility across more practices or providers could reduce the burden on individual GPs and make after-hours participation more sustainable.

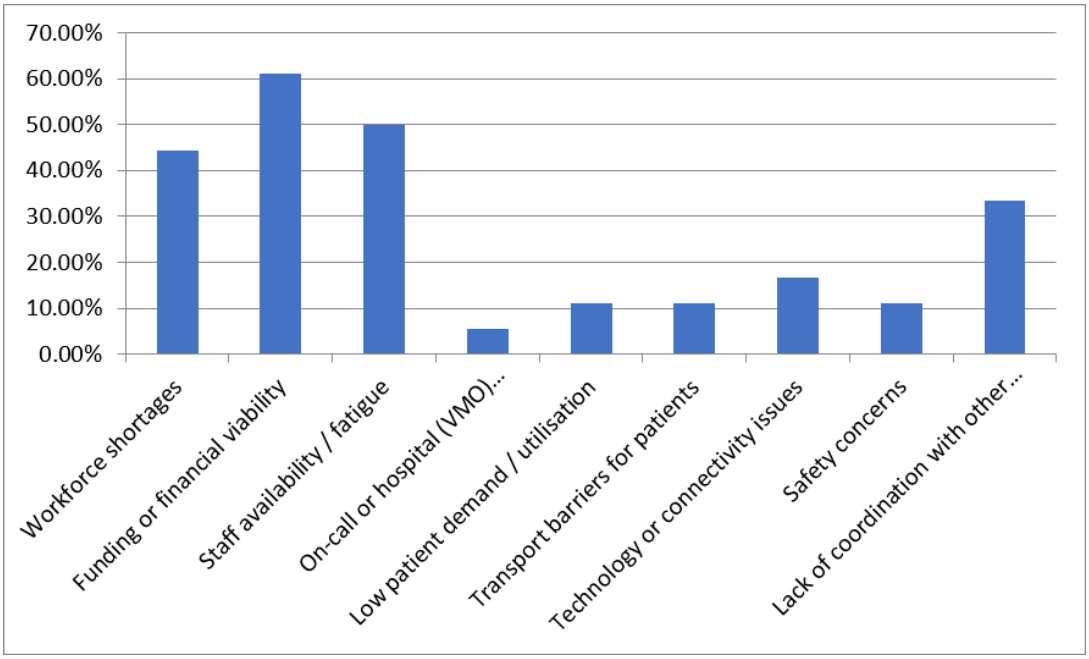

Figure 3: Service Provider Survey Results – Question 6

OPPORTUNITIES FOR IMPROVEMENT

Respondents identified a range of opportunities to improve after-hours care across the region. These can be grouped into four broad areas:

- **Expand extended-hours primary care services**, including evening and weekend GP availability, to improve access and reduce avoidable emergency department presentations.
- **Strengthen telehealth and telephone advice models**, particularly for triage, aged care support and patients who may not require face-to-face review, while ensuring clear escalation pathways to in-person care where required.
- **Improve support for residential aged care**, including shared after-hours GP arrangements, expanded support to residential aged care facilities and measures to reduce avoidable hospital transfers.
- **Improve sustainability through dedicated funding, workforce support and stronger service coordination,** including incentives for GPs and practices, support for nursing and administrative staff, and improved connectivity between emergency departments, urgent care clinics, general practice, Healthdirect and residential aged care facilities**.**

Community Survey Findings

A community survey was undertaken to understand community experiences of accessing after-hours health care across Western NSW, including where people seek care, barriers to access, awareness of available services and preferred service improvements.

The survey received 71 responses, although the number of responses varied by question. Most respondents identified as community members, with carers, health workers, aged care workers and other stakeholders also represented. Respondents were geographically spread across Western NSW, including Dubbo, Warrumbungle, Forbes, Cowra, Cobar, Mid-Western Regional, Cabonne, Broken

Hill, Bourke, Lachlan, Parkes and Wentworth, with other responses from locations including Bathurst, Coonabarabran, Coonamble, Nyngan, Gilgandra and Mendooran.

USE OF AFTER-HOURS CARE

Most respondents had needed after-hours health care. Of the 70 respondents who answered this question, 91.4% reported needing after-hours care at some point, including 55.7% who had needed care within the previous six months and 81.4% within the previous year.

When respondents sought after-hours care, the hospital emergency department was the dominant access point. Of the 62 respondents who answered this question (figure 4), 75.8% reported going to a hospital emergency department. By comparison, 16.1% used a phone or online service such as Healthdirect, 12.9% attended a GP clinic open after hours, 12.9% went to a pharmacy, 9.7% accessed their usual GP where available and 4.8% used an urgent care service. A further 14.5% reported that they did not go anywhere, and no respondents reported receiving a home visit.

These findings suggest that emergency departments remain the main practical access point for after-hours care for many community members, with comparatively limited use of after-hours GP, urgent care, pharmacy, phone or online pathways.

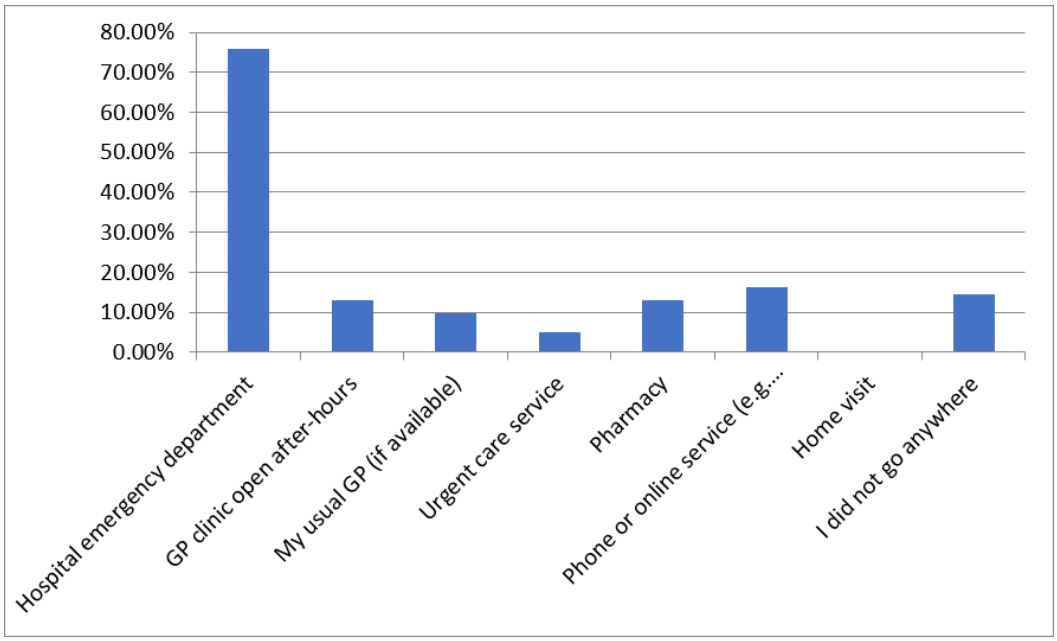

Figure 4: Community Survey Results – Question 4

ACCESS AND EXPERIENCE OF AFTER-HOURS CARE

Community responses indicate that after-hours care is difficult to access for many respondents. Of the 65 respondents who answered this question, 78.5% reported that it is either hard or very hard to get after-hours care where they live. Only 13.8% reported that access is easy or very easy, while 7.7% were unsure.

Overall experiences of after-hours care were mixed. Of the 60 respondents who rated their experience, 40.0% described it as excellent or good, 28.3% described it as okay and 31.7% described it as poor or very poor.

Open-text comments reinforced these findings. Respondents commonly described limited or no local after-hours options, reliance on emergency departments, long waiting times, limited GP availability, workforce shortages, lack of face-to-face services and long travel distances. Several comments also highlighted challenges for families with children, older people, people with dementia, Aboriginal people, and people without reliable transport.

BARRIERS TO ACCESSING CARE

Among respondents who did not get care when they needed it, the most frequently reported barrier was that no services were available, identified by 52.6% of respondents. This was followed by long wait times, identified by 44.7%. Other barriers included being too far to travel (18.4%), not knowing where to go (10.5%), no transport (10.5%) and cost (7.9%). These results suggest that barriers to after-hours care are driven primarily by service availability and wait times rather than by a single issue such as cost or awareness alone.

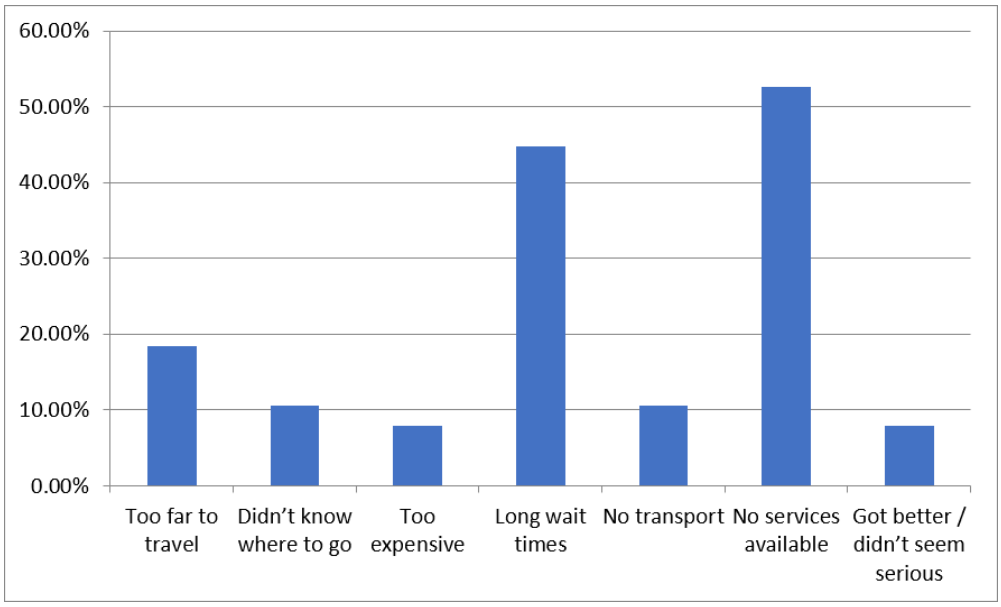

Figure 5: Community Survey Results – Question 5

WHAT MATTERS MOST WHEN ACCESSING AFTER-HOURS CARE

Respondents placed strongest importance on practical access factors. When asked what matters when choosing where to go after hours, the highest-rated factors were:

- Whether a service is open, with 98.4% rating this as important or very important.
- Knowing where to go, rated important or very important by 90.6% of respondents.
- Getting care quickly, rated important or very important by 89.1%;
- Proximity to the service, rated important or very important by 82.8%.
- Waiting time, rated important or very important by 76.6%.

Cost, transport options and seeing a familiar GP were also important for some respondents, but were less consistently rated as important or very important across the full respondent group.

These findings indicate that community members prioritise services that are open, visible, timely and locally accessible. The results also suggest that service navigation is an important issue, as knowing where to go was one of the most highly rated factors.

AWARENESS AND NAVIGATION

Awareness of available after-hours services appears variable. Of the 62 respondents who answered this question, 48.4% reported that they know what after-hours services are available near them. However, 38.7% reported knowing only a little and 12.9% reported that they do not know.

When asked where they would look for help or information, respondents most commonly selected Internet/Google (71.0%). Other common sources were GP clinics (43.5%), family or friends (43.5%), Healthdirect (38.7%) and pharmacy (35.5%).

These findings suggest that improving after-hours access should include clear, consistent and accessible information across multiple channels, including online information, general practice, Healthdirect and pharmacies.

OPPORTUNITIES FOR IMPROVEMENT

Respondents identified several opportunities to improve after-hours care across the region. The most commonly selected improvement was more GP clinics open after hours, identified by 79.3% of respondents. This was followed by longer GP opening hours (51.7%), more urgent care services (46.6%), better information about where to go (41.4%) and more telehealth by phone or video (39.7%). Home visit services and better transport options were each selected by 24.1% of respondents.

Open-text responses reinforced the importance of local and timely access to care. Respondents suggested more after-hours GP appointments, weekend services, urgent care options, local on-call providers, hospital-based doctors or nurse practitioners, improved telehealth and telephone advice, pharmacy-linked services, shorter emergency department wait times and better public information about available services. Some respondents also identified the need for culturally safe care, paediatric after-hours options, mental health-trained staff and more respectful and responsive care for older people and people with dementia.

Quantitative Data Analysis

Key assumptions applied

Key assumptions applied to the analysis include:

- Business hours defined as 08:00 to 17:59.
- After-hours defined as 18:00 to 07:59, unless stated otherwise throughout the analysis.
- For Local Health District-specific data:
    - After-hours was defined as presentations occurring on weekdays and weekends between 18:00 and 07:59.
    - Small counts have been masked to maintain privacy and confidentiality and were represented as less than 5. For the purpose of analysis, a modified value of 5 across those variables has been applied.
    - 2025/2026 is Fin year to Date therefore does not include Jun 2026 data.

WNSW PHN General Practice Attendance Data

Across WNSWPHN, between 2023 to 2026, patient activity trends based selected after-hours MBS items[1] has increased substantially by 132%[2] and show that activity is concentrated in a small number of LGAs such as Dubbo, Bathurst, Orange and Broken Hill. The figure below shows that supply and access are not evenly distributed across the region.

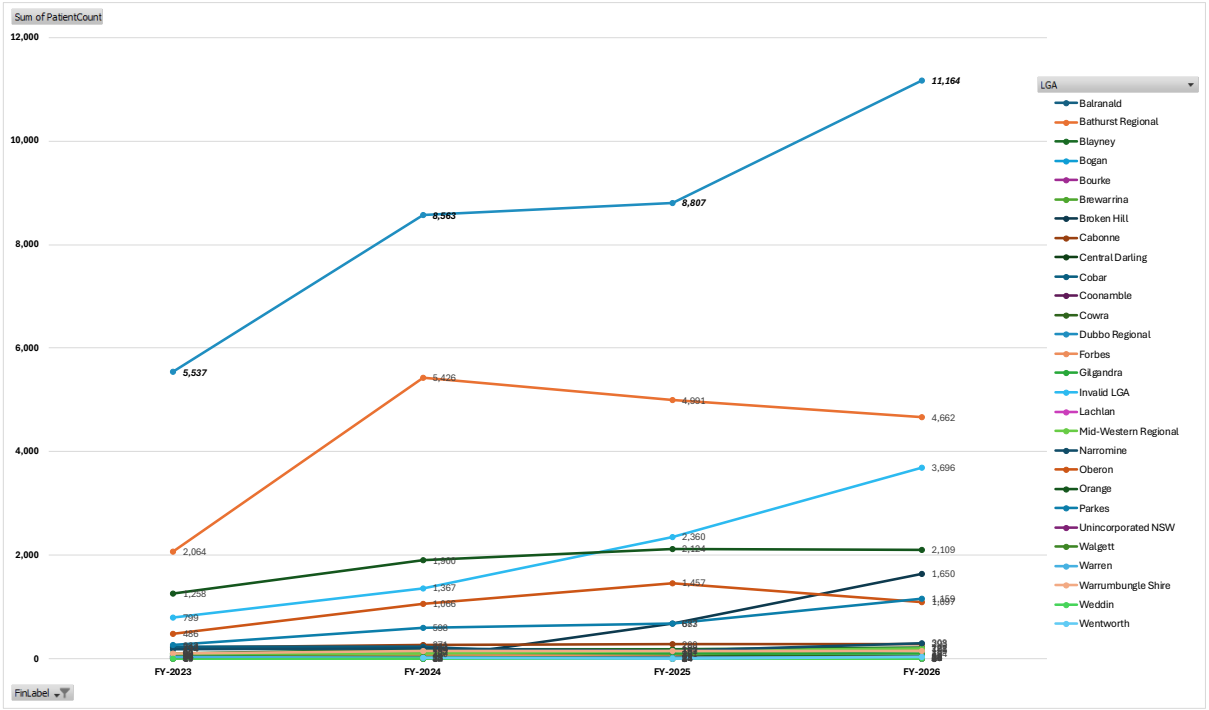

Figure 6: WNSWPHN General Practice Patient Count Historical Trend, FY23 – TYD FY26 (May). Source: HealthData Lens, 2026.

[1] MBS items for this analysis included 585, 588, 591, 594, 599, 600, 5000, 5020, 5040, 5060, 5071, 5003, 5023, 5043, 5063, 5076, 5010, 5028, 5049, 5067, and 5077

[2] Note that the analysis is based on general practice data from the last extraction date for each practice with some practices having not provided updated data since 2023. Of 143 practices included in this extraction, 88 practices across the region had supplied data as of 1 June 2026.

Planning for new services particularly for after-hours needs to be place-based with a need to focus capacity planning, workforce availability, access pathways and service models around Dubbo Regional, Bathurst Regional, Forbes, Central Darling and Bourke, while maintaining proportionate coverage for smaller LGAs with persistent but lower-level activity.

The distribution of non-urgent and urgent after-hours care has also increased over the same time period, with more people accessing general practice or requiring after-hours care. The table below outlines that between 2023 and 2026, the distribution of activity by MBS items category. Activity associated with non-urgent after hours in consulting rooms increased by 123% from 11,032 occasions in 2023 to 24,569 occasions in 2026, while activity for urgent attendance-after hours declining by 14% over the same period. Increases were observed across all other categories including activity reported as non-urgent after hours in a Residential Aged Care Facility (RACF).

This is important for future after-hours service planning because it indicates that demand is increasingly concentrated in non-urgent care delivered in consulting rooms, rather than urgent after-hours attendances. This suggests that many after-hours presentations may be manageable through accessible, community-based general practice models, provided there is sufficient workforce capacity, appointment availability and clear referral pathways. The growth in RACF-related activity highlights the need to plan for targeted outreach and aged care support, particularly to reduce avoidable escalation to hospital-based services. Future planning should be focused on strengthening scalable, non-urgent after-hours care options while maintaining capacity for urgent presentations.

MBS Item Category	FY-2023	FY-2024	FY-2025	FY-2026	% Change (2023-2026)
1.Urgent Attendance-After Hours	66	65	52	57	-14%
2.Urgent Attendance-Unsociable Hours	10	19	33	29	190%
3.Non-Urgent After Hours in Consulting Rooms	11,032	19,045	19,953	24,569	123%
4.Non-urgent after hours Out of consulting rooms (other	87	217	237	249	186%

MBS Item Category	FY-2023	FY-2024	FY-2025	FY-2026	% Change (2023-2026)
than Hospital or RACF)					
5.Non-urgent After Hours in a RACF	632	1,276	2,270	2,564	306%

Table 4: Historical after-hours activity trend by MBS Item Category, FY23-YTD FY26 (May). Source: HealthData Lens 2026, provided to WNSW PHN (2026).

Healthdirect Activity in Western NSW

Healthdirect Australia (2026) data was obtained to provide additional insight into patterns of healthcare demand and service navigation across Western NSW. Between May 2025 and April 2026, Healthdirect managed 23,929 calls, averaging approximately 2,000 calls per month. Call volumes fluctuated throughout the year, peaking in October 2025 (2,605 calls) and July 2025 (2,498 calls), suggesting variation in demand over the year and potential periods of increased pressure on health services.

The data indicates that Healthdirect is frequently used by people seeking advice for urgent or time-sensitive health concerns. More than two-thirds of callers were advised to attend an emergency department, contact Triple Zero, see a GP within two hours or see a GP within 24 hours. The two largest disposition categories were attendance at an emergency department (25.7%) and review by a GP within 24 hours (25.6%). This suggests a significant proportion of callers require timely clinical assessment rather than low-acuity self-management advice.

Approximately 45% of all callers were advised to see a GP (routine) or within either two or 24 hours, highlighting the importance of accessible primary care services. Difficulties accessing timely appointments, particularly outside normal business hours, may contribute to increased reliance on telephone triage services and escalation to emergency care pathways.

Healthdirect may also play an important role in supporting appropriate use of emergency services. Of the 7,055 callers who reported intending to attend an emergency department or contact Triple Zero before calling Healthdirect, 4,267 (60.5%) were diverted to alternative care pathways. This suggests telephone triage services can assist in redirecting some demand away from emergency services when appropriate alternatives are available. However, the effectiveness of diversion strategies is dependent on the availability and accessibility of suitable primary care, urgent care and virtual care options within local communities.

The timing of call activity further reinforces the importance of after-hours service access. More than half of all calls occurred during evenings, overnight periods or weekends, with Sundays recording the highest call volumes of any day of the week (Table 5). This pattern suggests that many consumers seek health advice and support at times when access to their usual general practice may be limited. The findings align with broader consultation feedback highlighting challenges accessing timely care

outside standard business hours and indicate an ongoing need for accessible after-hours pathways across Western NSW.

Compared with the national pattern, Western NSW had a higher proportion of calls during weekday daytime hours and a lower proportion during weekday and weekend after-hours periods. This suggests that while after-hours demand remains substantial, Healthdirect use in Western NSW is somewhat more concentrated during daytime and morning periods than the national trend. Western NSW also demonstrated a stronger morning peak (approximately 8–9am), an earlier evening peak (approximately 4–6pm), and less pronounced weekend activity compared with national patterns. These differences may reflect local service access patterns, population characteristics, or consumer preferences when seeking health advice.

Service access period	Calls (n)	Proportion of calls WNSW	Proportion of calls - National
Weekday business hours	10,172	42.5%	34.2%
Weekday after-hours	6,452	27.0%	35.0%
Weekend	7,305	30.5%	30.8%
Total after-hours and weekend activity	**13,757**	**57.5%**	**65.8%**

Table 5: Healthdrect Call Activity: Source: Healthdirect Australia, unpublished service utilisation data provided to WNSW PHN (2026).

Healthdirect outcome data also demonstrates the breadth of services required to respond to community need. In addition to emergency department referrals, callers were directed to urgent care services, GP helplines, virtual care pathways, routine general practice and self-care options. This highlights the importance of a connected system in which consumers can access the most appropriate level of care based on clinical need. Strengthening awareness of available services and ensuring clear referral pathways between Healthdirect, primary care, urgent care and emergency services may help improve patient experience and reduce avoidable pressure on hospitals.

Overall, the Healthdirect data suggests potential demand for urgent and after-hours healthcare advice across Western NSW. The findings reinforce the importance of timely access to primary care, particularly outside standard business hours, and highlight opportunities to strengthen alternative pathways that can safely manage patients who may otherwise present to emergency departments.

Western NSW Emergency Department Data

Lower-Urgency Emergency Department Presentations After Hours

Western NSW Local Health District emergency department data provides insight into patterns of lower-urgency presentations occurring outside standard business hours. The data includes Emergency Triage Scale (ETS) category 4 and 5 presentations arriving by non-ambulance transport over the FY2023 and YTD FY2026 (May). It is intended to provide an indication of presentations that may be potentially managed through alternative primary care pathways where clinically appropriate.

Across the study period, there were an estimated 102,136 after-hours lower-urgency emergency department presentations[3] across Western NSW. The timing of presentations was heavily concentrated in the evening period, with nearly two in three (63.5%) after-hours presentations occurring between 6pm and 10pm. This period accounted for the largest share of after-hours presentations, with an estimated 64,825 presentations.

Presentation volumes declined later in the evening, with 12,277 presentations (12.0%) occurring between 10pm and midnight. Overnight activity remained significant, with an estimated 12,377 presentations (12.1%) recorded between midnight and 6am, while a further 12,657 presentations (12.4%) occurred between 6am and 8am.

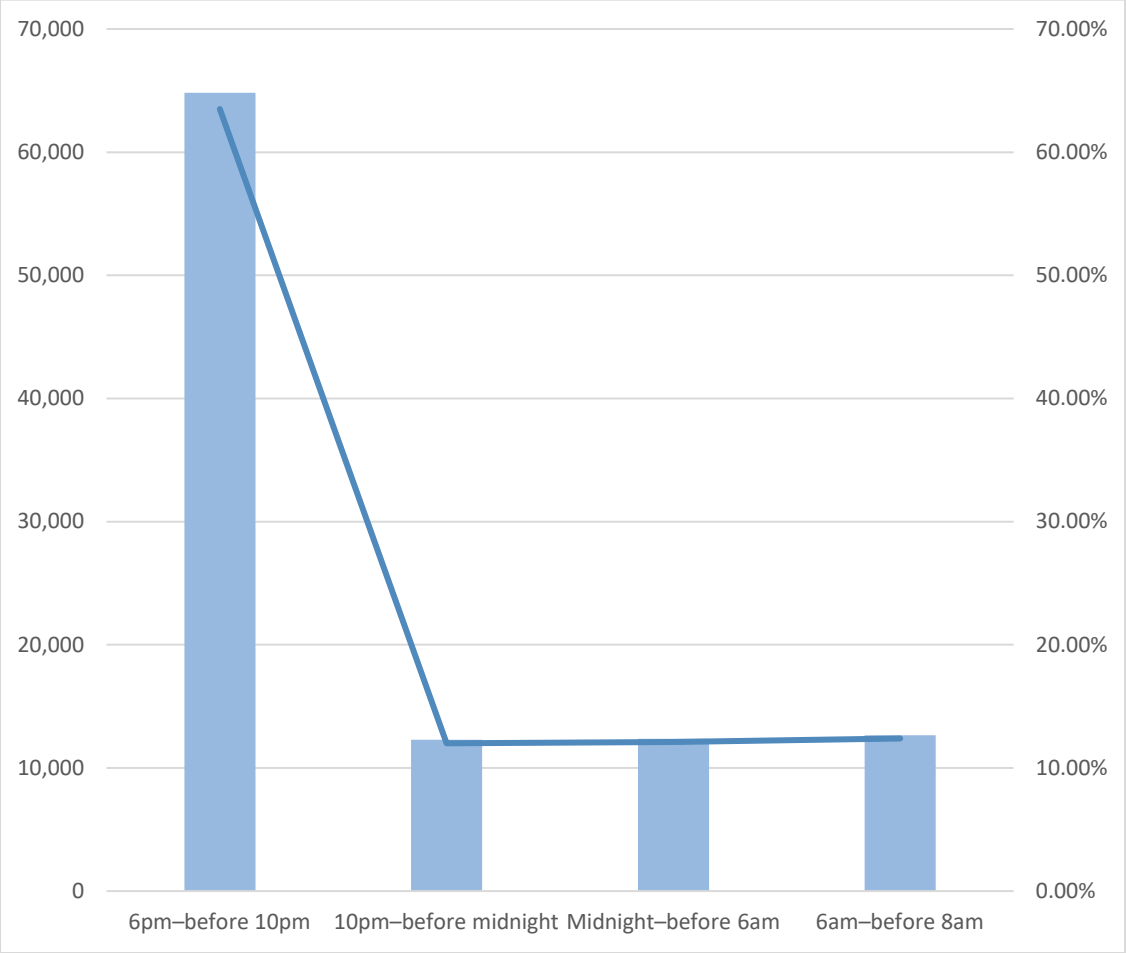

Figure 7: Category 4 and 5 Presentation in Western NSW Local Health District. Source: Western NSW Local Health District ED Data ETS 4 and 5 presentations, provided to WNSW PHN (2026).

These findings suggest that after-hours demand is not evenly distributed across the evening and overnight period. Rather, presentations are concentrated in the hours immediately following the closure of most general practices and community-based primary care services. This pattern may indicate demand for timely assessment and treatment during the early evening period, when access to usual primary care providers is often more limited, while not all consumers necessarily require emergency care.

[3] This estimate was calculated using the midpoint with after-hours presentations (between 6pm to 7am) ranging from 110,963 and 137,444.

Geographic Distribution of After-Hours Presentations

After-hours lower-urgency emergency department presentations were concentrated in the larger regional centres, although significant demand was also observed across procedural and rural facilities.

The highest volume of after-hours presentations occurred at Dubbo, which accounted for approximately 24,202 presentations (23.7%) across the study period. This was followed by Orange with 21,076 presentations (20.6%) and Bathurst with 12,377 presentations (12.1%). Together, these three base hospitals accounted for more than half of all after-hours lower-urgency presentations across Western NSW.

Among procedural hospitals, Mudgee recorded the highest volume of after-hours presentations, with an estimated 11,040 presentations (10.8%), followed by Parkes (5.3%), Forbes (5.0%) and Cowra (4.3%). Wellington, classified as a rural facility, accounted for approximately 3,848 presentations (3.8%).

Facility	Facility Group	Estimated after-hours presentations	Proportion of all after-hours presentations
Dubbo	Base	24,202	23.7%
Orange	Base	21,076	20.6%
Bathurst	Base	12,377	12.1%
Mudgee	Procedural	11,040	10.8%
Parkes	Procedural	5,383	5.3%
Forbes	Procedural	5,080	5.0%
Cowra	Procedural	4,343	4.3%
Wellington	Rural	3,848	3.8%

Table 6. Facilities with the highest volume of after-hours lower-urgency emergency department presentations, greater than 3,500 presentations, 2023-26 YTD. Source: Western NSW Local Health District ED Data ETS 4 and 5 presentations, provided to WNSW PHN (2026).

While presentation volumes were highest in larger centres, the data highlights that after-hours demand is distributed across a broad geographic area. The geographic distribution of presentations suggests that a single service model is unlikely to meet the needs of all communities across Western NSW. Larger population centres may be well suited to extended-hours primary care or urgent care models, while smaller communities may require alternative approaches, including virtual care, outreach services, nurse-led models or strengthened referral pathways between existing services.

Far West NSW Emergency Department Data

Lower-Urgency Emergency Department Presentations After Hours

Far West NSW Local Health District emergency department data provides insight into patterns of lower-urgency presentations occurring outside standard business hours. The data includes ETS category 4 and 5 presentations arriving by non-ambulance transport over the FY2023 and YTD FY2026 (May). It is intended to provide an indication of presentations that may be potentially managed through alternative primary care pathways where clinically appropriate.

Across the study period, there were 11,618 after-hours lower-urgency emergency department presentations across Far West NSW. Similar to the Western NSW pattern, demand was concentrated in the early evening period, with more than half of all presentations occurring between 6pm and 10pm. This period accounted for 6,163 presentations (53.1%), making it the largest after-hours presentation period.

Presentation volumes reduced later in the evening, with 1,428 presentations (12.3%) occurring between 10pm and midnight. A further 1,767 (15.2%) occurred between midnight and 6am, while 2,260 presentations (19.5%) were recorded between 6am and 8am. Compared to Western NSW, Far West NSW recorded a relatively higher proportion of presentations in the early morning period, suggesting ongoing demand before primary care services commence operating each day.

These findings indicate that lower-urgency after-hours demand in Far West NSW is concentrated in the hours immediately following the closure of most primary care services, while also highlighting a notable volume of presentations during the early morning period. This pattern may indicate demand for healthcare services during periods when access to primary care and other community-based services is more limited. The findings suggest that emergency departments continue to play an important role in providing access to care outside standard business hours, particularly during the early evening and early morning periods.

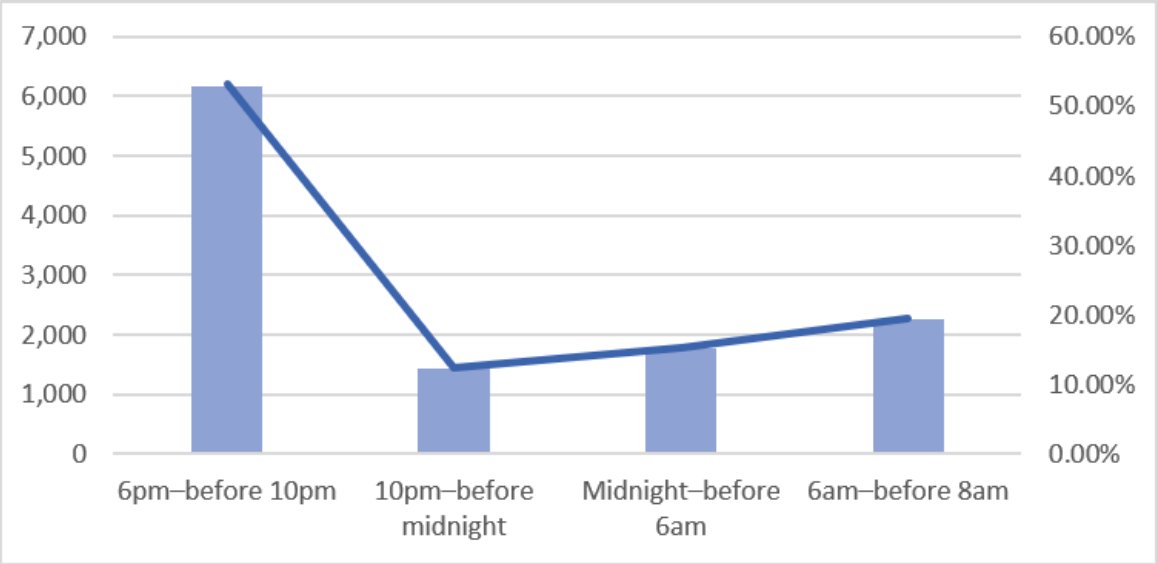

Figure 8: After-hours lower-urgency emergency department presentations by time of arrival, Far West NSW. Source: Far West Local Health District ED Data ETS 4 and 5 presentations, provided to WNSW PHN (2026).

Geographic Distribution of After-Hours Presentations

After-hours lower-urgency emergency department presentations in Far West NSW were heavily concentrated in Broken Hill Base Hospital, which accounted for 11,058 presentations, representing 95.2% of all after-hours lower-urgency presentations across the district.

In comparison, substantially lower volumes were recorded at the district's smaller facilities. Wilcannia Multi-Purpose Service recorded 270 presentations (2.3%), Balranald Multi-Purpose Service recorded 251 presentations (2.2%) and Ivanhoe Health Service recorded 39 presentations (0.3%).

The concentration of presentations in Broken Hill likely reflects the population distribution and service configuration of the Far West region, where Broken Hill functions as the principal referral centre and provides the broadest range of health services. While presentation volumes in smaller communities are comparatively low, the geographic isolation of these communities means that access to timely primary care and after-hours alternatives may remain challenging despite lower absolute demand, given the geographic isolation of these communities.

Facility	Estimated after-hours presentations	Proportion of all after-hours presentations
Broken Hill Base Hospital	11,058	95.2%
Wilcannia Multi-Purpose Service	270	2.3%
Balranald Multi-Purpose Service	251	2.2%
Ivanhoe Health Service	39	0.3%

Table 7: Facilities with after-hours lower-urgency emergency department presentations, Far West NSW. Source: Far West Local Health District ED Data, ETS 4 and 5 presentations, provided to WNSW PHN (2026).

The findings suggest that opportunities to reduce lower-urgency after-hours emergency department presentations are likely to have the greatest impact in Broken Hill, where the overwhelming majority of demand is concentrated. However, service responses for smaller and more remote communities may require different approaches, including virtual care, outreach services, strengthened primary care access and locally tailored models that recognise the challenges associated with distance, workforce availability and service sustainability.

Summary of Findings

This Needs Assessment identified substantial variation in after-hours primary healthcare access across Western NSW. While a range of after-hours services currently operate across the region, service availability is uneven, workforce sustainability remains a significant challenge and many communities continue to experience difficulty accessing timely care outside standard business hours. The findings demonstrate that after-hours care cannot be considered in isolation from broader primary care access issues, workforce shortages and the availability of supporting health services.

Several key findings emerged consistently across the literature review, service mapping, quantitative data and stakeholder consultation.

Access to after-hours care remains challenging for many communities

Consumers consistently reported difficulty accessing after-hours care, with service availability, long wait times, travel requirements and uncertainty about available options identified as key barriers. Service mapping demonstrated that after-hours primary care services are concentrated in a limited number of larger centres, while several rural and remote communities have little or no locally available after-hours primary care access. Community survey findings showed that almost four in five respondents reported that after-hours care was difficult or very difficult to access.

Emergency departments continue to function as the default after-hours service

Emergency departments remain the most commonly used after-hours care pathway across Western NSW. Community survey findings showed that three-quarters of respondents accessed an emergency department when seeking after-hours care. Emergency department data further demonstrated substantial volumes of lower-urgency presentations occurring after hours, particularly during the early evening period immediately following the closure of most general practices. Consultation findings suggest that many consumers access emergency departments because they are the most visible, familiar or available option rather than because emergency care is clinically required.

Workforce constraints are the primary limitation to service expansion

Workforce availability emerged as the most significant challenge affecting after-hours service delivery. General practitioners, health service providers and other stakeholders consistently identified workforce shortages, an ageing workforce, clinician fatigue and recruitment difficulties as major barriers to sustaining or expanding after-hours care. Importantly, stakeholders emphasised that additional funding alone is unlikely to address after-hours access challenges without corresponding strategies to strengthen workforce capacity and sustainability.

Demand is greatest in the early evening period

Both emergency department and Healthdirect data indicate that after-hours demand is concentrated during the hours immediately following the closure of routine primary care services. More than half of lower-urgency emergency department presentations occurred between 6pm and 10pm, while Healthdirect activity demonstrated significant demand during evenings and weekends.

These findings suggest that opportunities may exist to better align service availability with periods of highest community demand.

Telehealth is an important enabler but not a complete solution

Telehealth was consistently identified as an important enabler of access across geographically dispersed communities, particularly for advice, triage and specialist support. However, it is most effective when integrated within broader service pathways that provide access to face-to-face assessment and local follow-up where required.

Service navigation and health literacy influence healthcare-seeking behaviour

Limited awareness of available services and uncertainty regarding where to seek care were identified as important contributors to delayed care and emergency department utilisation. Improving service navigation and access to reliable service information may support more appropriate use of available after-hours pathways.

After-hours care is influenced by broader system factors

The effectiveness of after-hours care is dependent on the availability of supporting services, including pharmacy, diagnostics, transport and routine primary care. Consultation findings demonstrated that after-hours care challenges often arise from broader system limitations rather than the absence of a single service. Difficulties accessing routine GP appointments, limited pharmacy availability and transport barriers were all identified as factors contributing to avoidable emergency department presentations. Future service delivery models will need to consider access to supporting services.

Priority populations experience additional barriers

Aboriginal communities, older people, residential aged care residents, people experiencing socioeconomic disadvantage and residents of remote communities experience additional barriers to accessing timely after-hours care. Stakeholders emphasised the importance of culturally safe, locally responsive and community-informed approaches that recognise the differing needs of priority populations. Consultation findings also highlighted the importance of trust, continuity of care and established relationships in influencing service utilisation.

A single service model is unlikely to meet the needs of Western NSW

The diversity of communities across Western NSW means that no single after-hours model is likely to be appropriate across the entire region. Evidence from the literature review, service mapping and stakeholder consultation consistently supports a flexible, place-based approach that aligns service models with local population needs, workforce capacity, existing infrastructure and geographic context. Future commissioning approaches are therefore likely to require a combination of service models, supported by strong coordination, integration and navigation mechanisms.

Implications for Future Commissioning

Collectively, the findings suggest that future investment should focus on strengthening access to timely care during periods of highest demand, supporting workforce sustainability, improving service integration and navigation, improving health literacy and service awareness and implementing locally tailored solutions that reflect the differing needs of communities across Western NSW. The

evidence supports the need for a coordinated suite of service responses that combine local service delivery, virtual care, workforce innovation and targeted support for priority populations. The following Service Model Options section provides further detail and relevance for future commissioning.

Service Model Exploration

This section builds on the findings of the After-Hours Primary Care Needs Assessment and presents a range of potential service model options and enabling initiatives that could strengthen access to after-hours care across Western NSW.

The Needs Assessment identified that after-hours care challenges vary considerably across the region and are influenced by a range of factors including workforce availability, service sustainability, geographic access, community awareness and existing service infrastructure. As a result, no single model is likely to meet the needs of all communities.

The service model options presented in this section were informed by the findings of the Needs Assessment, stakeholder consultation and a service design workshop. The options are intended to support future planning, commissioning, partnership development and advocacy activities.

Importantly, improving after-hours care is not solely dependent on commissioning additional clinical services. Consultation and workshop participants consistently identified a range of system enablers that influence access and sustainability, including workforce development and retention, service navigation, health literacy, care coordination, digital capability and awareness of available services. Accordingly, this section includes both service delivery models and enabling initiatives that may contribute to improved after-hours care outcomes.

Service Design Principles

Future after-hours approaches should be sufficiently flexible to respond to differences in population needs, workforce availability and geography across the region. Future approaches should therefore be guided by a set of principles that support locally responsive, sustainable and integrated service delivery.

Place-Based and Flexible

Service models should be tailored to local population needs, workforce availability, geography and existing service infrastructure. Approaches that are appropriate in larger regional centres may not be feasible or effective in smaller rural and remote communities.

Sustainable Workforce

Future models should minimise reliance on individual practitioners and support long-term workforce sustainability. Service design should seek to distribute workload appropriately, support multidisciplinary models and avoid increasing after-hours burden on an already constrained workforce.

Integrated and Coordinated

After-hours services should operate as part of a broader health system rather than as standalone programs. Strong referral pathways, information sharing and coordination between primary care, hospitals, virtual care providers, pharmacies, aged care services and ACCHSs are essential.

Easy to Navigate

Consumers should be able to easily understand what services are available, when they are available and how to access them. Models should prioritise simplicity, visibility and clear care navigation pathways.

Culturally Safe and Equitable	Service models should address the needs of Aboriginal communities, older people, residential aged care residents, people experiencing socioeconomic disadvantage and residents of remote communities. Approaches should be culturally safe, community informed and responsive to local priorities.
Technology Enabled	Technology should be used to extend service reach, support clinical decision making and improve access to care. However, technology should complement rather than replace local service delivery where face-to-face care is required.

Service Model Enablers

The Needs Assessment identified a number of enabling initiatives that could strengthen after-hours primary healthcare across Western NSW, regardless of the specific service models implemented. While much of the discussion regarding after-hours care focuses on the availability of clinical services, consultation findings consistently highlighted the importance of broader system factors in influencing access, service sustainability and patient outcomes. The following enablers should therefore be considered alongside any future service delivery investments.

Workforce Sustainability

Future service models should seek to maximise available workforce capacity through innovative and flexible approaches to service delivery. This may include greater utilisation of multidisciplinary teams, nurse practitioners, shared workforce arrangements, virtual clinical support and collaborative service models that reduce reliance on traditional GP-led after-hours care.

Commissioning approaches should support workforce sustainability by enabling clinicians to work at the top of their scope of practice, encouraging workforce sharing across services where appropriate and exploring alternative workforce models suited to rural and remote environments

Care Navigation and Community Awareness

Future models should support consumers to more easily identify and access appropriate after-hours care pathways. This includes improving visibility of available services, strengthening care navigation supports and ensuring information is accessible, consistent and easy to understand.

Consideration should be given to approaches that help consumers access the right care at the right time, including improved service directories, navigation pathways, coordinated communication strategies and integration with existing advice and triage services.

Digital Enablement and Virtual Care Capability

Digital health infrastructure should be leveraged to extend service reach, improve access and support more flexible models of care. Future approaches should seek to integrate telehealth, virtual assessment and digital communication tools within broader service delivery models rather than treating virtual care as a standalone solution. Investment in digital capability may also support workforce efficiency, care coordination and service delivery within geographically dispersed communities.

Integrated Service Pathways

Future models should be designed as part of a connected system of care. Clear referral pathways, escalation processes, clinical handover arrangements and communication mechanisms can support more seamless movement between services and improve continuity of care.

Consideration should be given to strengthening linkages between general practice, urgent care, virtual care providers, hospitals, residential aged care services, Aboriginal health services and other relevant providers to support coordinated care delivery.

Supporting Service Ecosystems

After-hours service planning should consider the broader ecosystem required to support effective care delivery. This includes access to pharmacy services, medications, diagnostics, transport and other infrastructure that may influence a person's ability to access and receive care.

Future commissioning approaches may benefit from considering how these supporting elements can be strengthened or better integrated alongside direct clinical service delivery.

Local Partnerships and Co-Design

Future service development should be informed by local context and build on existing community strengths, relationships and service infrastructure. Collaborative planning and co-design approaches can assist in ensuring service models are responsive to local needs, culturally appropriate and aligned with existing service networks.

Partnerships between primary care providers, ACCHSs, hospitals, residential aged care providers, community organisations and consumers will remain important to the successful implementation and sustainability of future service models.

Commissioning Stability

Future service models will benefit from funding arrangements that support long-term planning, workforce recruitment and service sustainability. Establishing and maintaining after-hours services often requires investment in workforce, infrastructure, partnerships and service development that can be difficult to sustain under short funding cycles.

Where possible, future commissioning approaches should provide sufficient certainty to enable providers to plan, invest and build sustainable service models. Greater funding stability may support workforce retention, service continuity and ongoing improvement while reducing the administrative burden associated with frequent procurement and contract renewal processes.

Service Model Options

The findings of this Needs Assessment suggest that no single after-hours service model is likely to meet the needs of all communities across Western NSW. Differences in population size, workforce availability, geography, existing infrastructure and service utilisation patterns require a flexible and place-based approach to service design.

Rather than identifying a preferred standalone model, the evidence supports consideration of complementary service models that may be implemented individually or in combination depending on local circumstances and funding. The following options represent potential approaches that could be considered through future commissioning and service development activities. These options are

not mutually exclusive and may be most effective when delivered as part of an integrated after-hours system

1. Extended Hours General Practice Model

This model expands access to primary care through extended evening and weekend operating hours delivered by existing general practices. Services may be provided by individual practices, practice collaboratives or shared after-hours GP rosters.

The model is designed to improve access to routine and semi-urgent primary care, reduce delays in treatment and provide an alternative pathway for patients who may otherwise present to emergency departments with lower-acuity conditions.

Potential applications include larger regional centres and communities with sufficient workforce capacity to support extended service delivery.

2. Hospital Linked General Practice Model

This model integrates primary care services with local hospitals to provide an alternative pathway for lower-acuity presentations. Services may be co-located with emergency departments or operate through formal referral arrangements between hospital and primary care providers.

The model aims to improve patient flow, reduce avoidable emergency department demand and strengthen coordination between primary care and hospital services.

Potential applications include larger regional centres with existing hospital infrastructure and sufficient patient volumes to support integrated service delivery. The relationship between community and the Hospital is key in this model being effectively delivered.

3. Multipurpose Integrated Model

This model utilises Multipurpose Services (MPSs) as the focal point for after-hours care in smaller rural and remote communities. Primary care, aged care and hospital services operate within an integrated service environment, supported by shared workforce arrangements and coordinated clinical pathways.

The model seeks to maximise existing infrastructure and workforce resources while providing a locally accessible point of care. Recognising the complexity that exists with interconnected federal and state funded services alongside privately-owned and operated services, there is still potential applications of this model especially smaller rural and remote communities where standalone after-hours services are unlikely to be sustainable.

4. Nurse Practitioner and Advanced Practice Model

This model expands the role of nurse practitioners in the delivery of after-hours care, particularly in communities experiencing ongoing GP workforce shortages or difficulties accessing timely primary care services. Nurse practitioners may provide assessment, treatment, prescribing, care planning, chronic disease management and referral within established clinical governance arrangements.

One application of this model involves a nurse practitioner operating across multiple services or facilities within a local area, providing clinical support where workforce gaps exist and reducing reliance on limited GP capacity. This approach may be particularly relevant within residential aged

care settings, where access to general practitioners can be inconsistent and where timely clinical intervention may reduce avoidable hospital transfers.

A variation of this model has been implemented within another rural PHN region, where initial PHN seed funding was used to establish nurse practitioner positions supporting multiple residential aged care facilities. As services matured, Medicare revenue contributed to the ongoing sustainability of the model, allowing commissioning investment to be redirected to new locations. This approach demonstrates the potential for nurse practitioner-led models to support workforce sustainability while improving access to clinical care.

Implementation may be supported through a phased commissioning approach, whereby initial seed funding is used to establish nurse practitioner positions and build service demand before transitioning to a more sustainable funding model over time.

5. Collaborative Commissioning Model

This model focuses on joint planning, funding and service delivery across organisations involved in after-hours care, including PHNs, Local Health Districts, ACCHSs, residential aged care providers, community services and other healthcare providers.

Rather than establishing new standalone services, the model seeks to improve coordination between existing services and align investment towards shared objectives. This may include jointly identifying service gaps, developing integrated referral pathways, sharing workforce resources, coordinating care navigation and implementing locally agreed service responses.

Under this approach, after-hours care is considered a system rather than a collection of individual services. Consumers may access multiple services throughout their care journey, including general practice, virtual care, hospitals, residential aged care services, pharmacies and community support services. Collaborative commissioning seeks to improve the connections between these services to support more coordinated and seamless care.

Potential applications may include:

- Joint PHN and LHD planning for after-hours service delivery.
- Shared investment in workforce initiatives such as nurse practitioner or outreach models.
- Integrated referral and escalation pathways between primary care and hospitals.
- Collaborative responses for residential aged care facilities.
- Joint service planning in communities experiencing workforce shortages.
- Regional approaches to care navigation and community awareness initiatives.

The model aims to reduce service fragmentation, improve continuity of care, maximise existing resources and support more efficient use of available workforce and infrastructure.

Towards a Layered Coordinated System

The findings of the Service Model Options suggest that improving after-hours primary healthcare access across Western NSW will require a combination of service delivery models and broader system-level initiatives. While the service model options outlined above provide potential approaches to addressing local access challenges, their effectiveness will be influenced by the extent to which key enabling activities are implemented alongside service delivery.

Future commissioning should therefore consider after-hours care as a regional system rather than a collection of individual services. This system should incorporate a mix of local, regional and virtual service responses tailored to community context while being supported by activities that strengthen workforce sustainability, service coordination, community awareness and long-term service viability.

Under this approach, service delivery models are viewed as one component of a broader after-hours system. Different communities may require different combinations of service components, however, the enabling activities required to support sustainable, coordinated and accessible care remain consistent across the region.

Future planning should also recognise that after-hours primary healthcare operates within a broader and evolving health system. Commonwealth and State reforms relating to urgent care, primary care, virtual care, aged care and workforce development continue to shape how after-hours services are delivered and accessed. Opportunities for future commissioning should therefore be considered alongside existing and emerging initiatives to ensure services complement, rather than duplicate, current investments and support a more integrated approach to care delivery.

A layered and coordinated regional system provides an opportunity to balance local flexibility with strategic consistency, supporting equitable access to after-hours care while recognising the diversity of communities across Western NSW.

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Appendices

Appendix A: Methodology

The methodology for the development of the Western NSW After-Hours Primary Healthcare Needs Assessment and Service Model Options Project combined qualitative and quantitative approaches. Quantitative data were gathered and analysed through service utilisation data, service mapping, policy and planning reviews and a scoping literature review. Qualitative findings were obtained through consultation with consumers, service providers and key stakeholders across the Western NSW region. Further details on these methods are provided below.

Scoping Literature Review

A scoping literature review was undertaken of relevant Australian and international literature relating to after-hours primary healthcare services. The review aimed to identify current evidence relating to barriers to access, service models and health outcomes associated with after-hours care.

The following key questions were explored through the literature review:

1. What are the key barriers and enablers to accessing after-hours primary healthcare services?
2. How does access to after-hours primary healthcare influence health outcomes and healthcare utilisation?
3. What service delivery models have been implemented nationally and internationally to improve access to after-hours care?
4. What evidence exists regarding the effectiveness of different after-hours service models in rural, regional and remote communities?

While not intended as a comprehensive or systematic review, the literature review provides a high-level summary of the most relevant and contemporary evidence to inform the Needs Assessment and Service Model Options Project.

Data Collection and Analysis

A mixed-methods approach was used to inform this Needs Assessment, drawing on quantitative and qualitative data from a range of sources. National, state and local policies, plans and reports were reviewed alongside demographic and service utilisation data obtained from sources including the Australian Bureau of Statistics, Australian Institute of Health and Welfare, NSW Health, Bureau of Health Information, Healthdirect, Western NSW Primary Health Network (WNSW PHN), Western NSW Local Health District (WNSWLHD) and Far West Local Health District (FWLHD).

The Needs Assessment was also informed by stakeholder consultation activities undertaken between April and June 2026, including interviews, focus groups, workshops and surveys involving WNSW PHN staff, community members, general practitioners, primary care providers, health services, residential aged care providers, Aboriginal health stakeholders and other key partners.

Findings from these data sources were triangulated to identify areas of unmet need, barriers to access, service gaps and opportunities to strengthen after-hours primary healthcare across Western NSW.

Service Mapping

A service mapping exercise was undertaken to identify current after-hours primary healthcare services operating across the Western NSW region. This included PHN-commissioned services, general practice services, urgent care services, virtual care models and other relevant after-hours healthcare providers.

Service information was obtained through the consultations and desktop review of publicly available information sources including Healthdirect and Google searches.

The service mapping reflects service availability as at 11 June 2026 only. It is recognised that changes to after-hours service arrangements commissioned by WNSW PHN are anticipated following completion of this Needs Assessment and Service Model Options Project. As such, service availability may change following publication of this report.

It is also acknowledged that the service mapping may not capture all after-hours primary healthcare activity occurring across the region. In particular, some after-hours coverage may be provided informally by individual general practitioners or small practices through local on-call arrangements that are not publicly advertised or recorded within the data sources used for the mapping exercise. As a result, the service mapping should be considered indicative of currently identifiable after-hours service provision rather than an exhaustive inventory of all after-hours healthcare activity occurring across Western NSW.

Stakeholder Consultation

Stakeholder consultation was undertaken with consumers, healthcare providers and key stakeholders across the Western NSW region to better understand experiences of accessing and delivering after-hours care.

Consultation activities included:

- Online surveys with consumers and primary service providers.
- Workshops, focus groups and individual interviews with healthcare providers and community representatives.
- Consultation with WNSW PHN staff and relevant health system partners.

A total of 128 individuals participated in the consultation process. This included 97 survey respondents and 31 participants involved in workshops, interviews and focus groups.

Survey respondents included:

- 71 community members.
- 26 primary care service providers.

Workshops, interviews and focus groups included:

- 11 WNSW PHN staff members.
- 2 community members who did not identify as primary care service providers.
- 15 primary care service providers.
- 2 representatives from Western NSW Local Health District.

In addition, findings were informed by discussions held through existing Western NSW Local Health District Sub-Regional Committee meetings, which provided valuable local service and contextual information.

The consultation process explored perceptions of current after-hours service arrangements, barriers to access, service gaps, opportunities for improvement and potential future service models.

Themes were documented and reviewed to identify key findings, recurring issues and opportunities for future service delivery. Themes were verified with WNSW PHN staff.

Service Model Options Development

Service model options were developed through a structured service design process involving WNSW PHN staff. The service design workshop represented the final stage of the project and built upon findings from the needs assessment, including data analysis, service mapping, literature review findings and stakeholder consultation outcomes. The workshop was designed to:

- Present preliminary findings from the After-Hours Needs Assessment and consultation process.
- Explore potential service model options for improving after-hours access across Western NSW.
- Discuss key service design considerations for future after-hours service delivery.

Workshop participants reviewed the findings of the needs assessment, including identified service gaps, patterns of after-hours demand, service mapping outcomes and stakeholder feedback. Participants also considered evidence identified through the literature review relating to after-hours service delivery models and their application in rural, regional and remote settings.

A range of potential service models were explored, including extended-hours general practice, after-hours GP clinics, GP cooperatives, virtual care models, residential aged care support models, nurse-led models, culturally safe First Nations approaches and enabling service models. Participants considered the potential application of these models across different geographic and service contexts within Western NSW.

This process informed the identification of priority opportunities for future planning, investment and commissioning by WNSW PHN.

Appendix B: Limitations

Data Limitations

Availability of after-hours primary healthcare data varies across service types and geographic locations. Detailed utilisation data for after-hours services was limited or unavailable, restricting the ability to fully assess patterns of demand and service usage across the region. Where data gaps existed, alternative quantitative and qualitative sources were used to provide insight into community need and service access challenges.

This Needs Assessment also utilised after-hours ED presentations classified as Australasian Triage Scale (ATS) Categories 4 and 5 as an indicator of potential demand for after-hours primary healthcare services. While these data provide valuable insight into patterns of lower-acuity healthcare utilisation, they should not be interpreted as a direct measure of unmet need for primary care or as presentations that could have been appropriately managed outside the hospital setting. Triage category alone does not provide sufficient information regarding clinical complexity, diagnostic requirements or treatment needs. Consequently, ATS Category 4 and 5 presentation data were considered alongside stakeholder consultation findings, service mapping, workforce considerations and other quantitative indicators when assessing after-hours service need across Western NSW.

Service Mapping Limitations

The service mapping presented in this report reflects information available through publicly accessible sources and PHN-held service records at the time of analysis. Information relating to service eligibility requirements, bulk-billing arrangements, home visiting availability and other operational characteristics was not consistently available and therefore could not be reliably included.

As a result, the mapping should be interpreted as an overview of service availability rather than a comprehensive assessment of service accessibility, affordability or service capacity. Future service mapping activities may benefit from direct provider engagement to collect more detailed operational information and improve understanding of after-hours service accessibility across the region.

Consultation Limitations

Stakeholder consultation provided valuable insights into after-hours primary healthcare across Western NSW, however, participation was voluntary and findings may not fully represent the perspectives of all communities, service providers and priority population groups across the region.

Given the geographic size and diversity of Western NSW, it was not possible to achieve comprehensive representation from every community and local government area. While consultation included participants from a range of locations and service settings, some areas had limited or no direct representation through the consultation process. As a result, the experiences and service access challenges identified through consultation may not fully reflect local circumstances across all parts of the region.

To mitigate these limitations, consultation findings were considered alongside quantitative data analysis, service mapping, literature review findings and broader stakeholder feedback when identifying needs, priorities and potential service model options.

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