New South Wales Pre-Budget Submission

2026 - 2027

RACGP

A message from the RACGP NSW & ACT Faculty Chair

There has never been a more important time for New South Wales to invest in primary care. The State's health system spending is exploding, as it grapples with a number of issues, including an ageing population and an epidemic of chronic disease increase in mental health concerns/diagnosis, which is resulting in more people in New South Wales requiring more complex and expensive care.

In the period from 2013-14 to 2022-23 the expenditure on New South Wales public hospital system climbed from $17.35. billion to $28.2 billion, an increase of 63%. In the same period the recurrent per-person expenditure also increased 47% from $2,318 per person to $3,424 per person.

The best way to reduce these spiralling costs is by investing in general practice and preventive care. Well-resourced and supported GPs keep people healthy and out of hospital. General practice is the most cost-effective investment a government can make in healthcare with research showing every $1 invested in primary care returns $1.60 in healthcare system benefits including reduced preventable hospitalisations and emergency department presentations and improved workforce productivity.

There is simply no substitute for high-quality general practice care delivered by a GP who knows you and your history.

The Budget proposals contained herein seek to ensure that people in New South Wales can continue to access the high-quality health care required to keep people healthy and release pressure on the hospital system, by preventing them from needing to be there, and supporting those that do to access care quicker and return to community-based care as soon as possible.

Dr Rebekah Hoffman, FRACGP
RACGP NSW Faculty Chair

About the RACGP

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing more than 50,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country. Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

Summary of Funding Requests

The policy initiatives outlined in this Pre-Budget submission will improve the health of people in New South Wales (NSW) and reduce pressure on the State's health system. They closely align with the NSW Government's own vision for the state's health system as outlined in the ***Future Health: Guiding the next decade of care in NSW 2022-2032 Strategy***. The RACGP also acknowledges the extensive, detailed work undertaken throughout the comprehensive Special Commission of Inquiry into Healthcare Funding and its Response.

Initiative	Rationale	Cost per annum	Alignment with NSW Government Priorities
Reduce NSW hospital outpatient demand by **investing in GPs with Special Interests (GPwSIs) and GP Liaison Officers (GPLOs)**.	Investment in these positions will strengthen primary care capacity, improve access to specialist expertise in the community, and reduce pressure on hospitals.	GPwSIs: **$6-8 million** GPLOs: **$4.5-5.5 million** Integration: **$1 million** **Total: $11.5-14.5 million**	Future Health - Key Objective 2.3 - Connect with partners to deliver integrated care services Future Health – Key objective 2.2 – Deliver more services in the home, community and virtual settings
Provide early mental health support, preventative care, and improved pathways into ongoing GP care for young people by **establishing a GPs in Schools Program** across NSW.	Rising youth mental health presentations place pressure on emergency departments and specialist services; early access in schools is an evidence-based solution.	Pilot: **$12.0 million** Expansion: **$18.5 million** **Total: $30.5 million**	Future Health – Key objective 2.4 – Improve mental health and wellbeing for children and young people
Protect the NSW community by **expanding access to vaccination against Influenza, Meningococcal B and RSV**.	Reduce preventable illness, protect vulnerable communities, and ease pressure on hospitals, creating a healthier and more resilient population.	Intranasal flu vaccination: **$10 million** Meningococcal B vaccination: **$37.5 million** RSV vaccination: **$100-119 million** **Total: $147.5-166.5 million**	Future Health - Key Objective 3.1 - Prevent, prepare for, respond to and recover from pandemic and other threats to population health Future Health – Key objective 3.8 – Invest in wellness, prevention and early detection
Alleviate pressure on NSW hospitals by **supporting general practice after-hours care.**	To give more people in New South Wales opportunities to access routine and preventive GP care outside of traditional business hours.	Grants: **$150,000.00** Urgent care sessions: **$30 million** Integration: **$500,000.00** **Total: $30,650,000.00**	Future Health – Key objective 2.2 – Deliver more services in the home, community and virtual settings
Improve clinician collaboration by investing in **multidisciplinary team (MDT) models** within general practice.	Improve patient outcomes and reduce system pressure by enabling coordinated, comprehensive care delivered by the right health professional at the right time.	Funding Pool: **$45.0 million** Integration: **$6.8 million** **Total: $51.8 million**	Future Health - Key Objective 2.3 - Connect with partners to deliver integrated care services

Invest in GPs with Special Interests (GPwSIs) and GP Liaison Officers (GPLOs)

Budget initiative

Measure	Estimated investment required, annually ($)
Establish consistent GPwSI positions across key specialties in all Local Health Districts (LHDs).	**$6-8 million (p/a)**
Fund GPLO roles in every Local Health District.	**$4.5-5.5 million (p/a)**
Support integration, pathway development and evaluation.	**$1 million (p/a)**

Issue

Hospital outpatient departments continue to experience long wait times, high volumes of referrals, and rising demand for specialist care. Without adequate integration structures, communication between GPs and hospitals is fragmented, leading to inefficiencies, delayed diagnoses, unnecessary outpatient referrals, and repeated investigations.

Current GPWSI and GPLO roles exist inconsistently across NSW, with varied funding, scope, and integration capability. This inconsistency prevents statewide standardisation and reduces the ability to scale successful models.

Solution

GPWSIs and GPLOs are critical in strengthening system integration between primary care and NSW hospitals. These roles ensure that patients transition effectively between community care and specialist services, reduce duplication, and support streamlined pathways. GPWSI roles leverage GP expertise in targeted specialties, while GPLOs improve and streamline communication, referrals, discharge processes and collaborative planning.

The NSW Government should establish a statewide GPWSI/GPLO Framework that funds consistent roles across all Local Health Districts. These roles should focus on strengthening hospital-GP collaboration, developing shared-care pathways, improving referral quality, reducing outpatient demand, and supporting safe and timely hospital discharge.

Embedding GP clinical leadership strengthens continuity of care and aligns with NSW's *Future Health* priorities for integrated, community-based care.

Impact

- **Better coordinated, safer patient care**: Smoother transitions between hospital and general practice, fewer gaps in communication, and more consistent follow-up.
- **Reduced pressure on hospitals and specialists:** Fewer unnecessary referrals, improved discharge processes, and more care delivered in the community.

Cost

- Establish consistent GPwSI positions across key specialities in every LHD: **$6-8 million (p/a)**
- Fund GPLO roles in every LHD: **$4.5-5.5 million (p/a)**
- Support integration, pathway development and evaluation: **$1 million (p/a)**
- **Total investment required: $11.5-14.5 million (p/a)**

Introduce a GPs in Schools Program

Budget initiative

Measure	Estimated investment required, annually ($)
Establish a GP in Schools pilot across 20 NSW high schools with funded GP sessions, mental health triage, and preventative care.	**$12.0 million (p/a)**
Expand to 50 schools in high-need LGAs from 2027 following evaluation and demonstrated outcomes.	**$18.5 million (p/a)**

Issue

Youth mental health needs in NSW are rising, with increasing numbers of young people presenting to emergency departments for issues that could easily be managed earlier in community care. Many school students experience long delays accessing psychological services or lack a clear entry point into the health system.

A *GP in Schools* model brings GPs into school settings to provide accessible, early-intervention healthcare for children and young people. Evidence from international school-based medical models shows improved mental health outcomes, reduced crisis presentations, faster access to care, improved attendance, whilst providing greater support for wellbeing teams.

NSW currently lacks a coordinated, funded model to embed primary care into schools. Investing in GP-led school care aligns directly with the Government's Youth Health Framework and provides a cost-effective, preventative health solution.

Solution

To improve early intervention and youth mental health outcomes, the RACGP proposes **the introduction of a GP in Schools Program across New South Wales**. This initiative would provide funded GP sessions within selected high schools, enabling students to access timely mental health support, preventative care, sexual and reproductive health advice, and assistance navigating the broader health system.

The program would **commence with a pilot across 20 high-need high schools**, delivered in partnership with school wellbeing teams, NSW Health, and local PHNs. Following evaluation and demonstrated improvements in mental health, attendance and wellbeing outcomes, the program would **expand to at least 50 schools in vulnerable and underserved regions**. The initiative would ensure young people receive the right care early, reducing reliance on emergency departments and specialist services.

Impact

- **Improved early intervention and mental-health support for students.**
- **Reduced pressure on local clinics and emergency departments.**
- **Enhanced student engagement, attendance, and learning outcomes.**

Cost

- Establish a GP in Schools pilot: **$12.0 million (p/a)**
- Expand to 50 schools in high-need LGAs from 2027: **$18.5 million (p/a)**
- **Total investment required: $30.5 million (p/a)**

Expand access to vaccination against Influenza, Meningococcal B, and RSV.

Budget initiative

Measure	Estimated investment required, annually ($)
Provide the **intranasal influenza vaccine** to school-aged children to increase uptake and reduce flu transmission.	**5-17 years: $10 million (p/a)**
Fund a **Meningococcal B** vaccine program for infants, children and young adults in high-risk areas, including regional NSW and university hubs.	**$37.5 million per annum for the first two years** **$20 million per annum ongoing**
Fund **Respiratory Syncytial Virus (RSV)** vaccination for residents in aged care facilities and adults aged 75 years and over.	**$8-9 million per annum to protect those living in residential aged care facilities** **$100-110 million per annum to protect all those aged 75 years and older**

Issue

Influenza: Influenza spreads rapidly among school-aged children, who are the main drivers of yearly community transmission. FluMist offers a needle-free alternative that significantly increases uptake and reduces viral load and spread lowering statewide hospital pressure.

Meningococcal B: Men B remains a serious threat in certain NSW regions and among adolescents and young adults. Outbreaks require urgent public health responses, and the cost of private vaccination creates inequity. Jurisdictions such as South Australia and Western Australia have already introduced state programs with strong outcomes. 75 case notifications across Australia in 2025, 19 of which were in NSW.

RSV: RSV is a leading cause of hospitalisation in infants and older adults, creating annual winter surges that heavily impact emergency departments and paediatric services. Although safe and effective vaccines and monoclonal preventatives exist, NSW has not yet introduced a funded RSV program, resulting in continued preventable admissions.

Without a targeted investment in vaccination, NSW is likely to continue experiencing preventable outbreaks, avoidable hospitalisations, and significant pressure on emergency services, especially in rural and regional communities.

Solution

The RACGP recommends a comprehensive, state-funded vaccination package to strengthen prevention across NSW. Funding should prioritise at-risk populations, high-need regional communities, school-aged children, agricultural workers, and families of newborns.

The initiative should include:

- **Expansion of the intranasal influenza vaccination** to increase childhood influenza vaccination rates, reduce transmission in schools, and prevent winter system overload.
- **Meningococcal B immunisation** to provide equitable access and protect communities with higher outbreak risk.
- **RSV vaccination** to protect aged care residents and people aged 75 and over, preventing winter system overload.

Impact

- **Reduced disease burden and improved public health**.
- **Enhanced protection for vulnerable groups**.
- **Economic, productivity and societal gains from lower healthcare costs, reduced absenteeism, and less strain on health services.**

Cost

- Provide the intranasal flu vaccine to school-aged children**: $10 million (p/a)**
- Fund a Men B vaccine program: **$37.5 million p/a for the first two years**
- RSV vaccination for residents in RACFs and adults aged ≥75 years: **$100-119 million (p/a)**
- **Total investment required (2026/27): $147.5-166.5 million (p/a)**

Support general practice after-hours care

Budget initiative

Measure	Estimated investment required, annually ($)
After-hours GP Expansion Grants, supporting practices to open evenings, weekends, and public holidays. Proposed operational hours are as follows: • **Monday to Friday: up until 8pm** • **Sundays: 9am-1pm** In line with South Australia's *GP After-hours Increased Access Trial.*	**$150,000.00 per practice per annum for a two-year trial period**
Fund GP-based "urgent care sessions" with same-day/next-day capacity held for after-hours demand.	**$30 million (p/a)**
Integration of GP after-hours triage with HealthDirect/ADIS to direct patients to local practices instead of EDs.	**$500,000.00 (p/a)**

Issue

NSW emergency departments (ED) are experiencing sustained pressure, with a significant proportion of presentations classified as low-acuity and better managed in general practice. Some of these challenges include:

- Lack of accessible after-hours GP appointments after 5pm.
- Fragmented after-hours arrangements across metropolitan, regional and rural areas.
- Closure of extended-hours clinics due to workforce shortages and financial viability constraints.
- HealthDirect frequently redirecting patients to ED due to limited GP alternatives.

As a result, EDs remain overwhelmed at night and on weekends, and patients experience long waits for conditions that could be safely and efficiently managed in primary care.

Evidence

International and Australian models show significant reduction in ED presentations when after-hours GP services are properly funded:

- **New Zealand**: after-hours GP funding and extended-hours hubs reduced low-acuity ED presentations by **15-18%**.
- **ACT and regional trials**: GP-based after-hours initiatives showed strong patient satisfaction, reduced hospital burden, and improved continuity of care. The ***Wagga Wagga GP-Based Urgent Care Service*** *is* a bulk-billed weekday urgent care model across seven local practices, accessed via the HealthDirect triage line.

These models demonstrate that modest investment in after-hours GP services generates substantial system-wide savings.

Solution

The RACGP recommends that NSW introduce a dedicated after-hours *GP Funding Program* to strengthen community and virtual care outside normal operating hours. This program would:

- **Provide direct grants to general practices** to support extended weekday hours, weekend sessions, and after-hours telehealth, particularly in areas with high ED demand and limited access
- **Establish GP-led urgent care capacity** by funding practices to hold after-hours same-day or next-day urgent appointments, similar models exist in Wagga and Northern NSW, ensuring patients can receive timely non-hospital care.
- **Integrate GP after-hours availability with HealthDirect/ADIS** so triage nurses can direct patients to local GP clinics rather than ED when clinically appropriate.
- **Support evaluation and reporting** by tracking ED diversion, patient outcomes, utilisation, and cost savings to refine and expand the model.

Impact

- **Expanded access to routine general practice care outside normal hours.**
- **Reduced pressure on hospitals.**
- **Stronger and more sustainable general practices.**

Cost

- After-Hours Grants: **$150,000.00 per practice per annum for a two-year trial period**
- Urgent care sessions: **$30 million (p/a)**
- Integration with ADIS/HealthDirect: **$500,000.00 (p/a)**
- **Total investment required: $30,650,000.00 (p/a)**

Invest in multidisciplinary team models within general practice

Budget initiative

Measure	Estimated investment required, annually ($)
Establish a multidisciplinary team (MDT) Funding Pool to support up to 300 general practices (prioritising high-need and rural regions) with flexible grants of $150,000 per year to employ allied health, nurses and care navigators.	**$45.0 million (p/a)**
Fund a state-wide MDT integration program including training, digital integration support and evaluation.	**$6.8 million (p/a)**

Issue

Chronic disease continues to be the most significant driver of demand on the NSW hospital system. Almost half of the State's adult population live with at least one chronic condition, and many require support from a range of different health professionals. However, most general practices lack the funding to employ allied health professionals, mental health workers, or care coordinators necessary to provide coordinated chronic disease management.

As a result, patients enter the health system later and sicker, leading to avoidable emergency department presentations and hospital admissions. Modelling consistently shows that MDTs in general practice reduce preventable hospitalisations, improve chronic disease control, and reduce long-term healthcare expenditure.

Current NSW programs supporting MDT-style care are fragmented, difficult to access, or limited to small pilot regions. A dedicated NSW MDT funding program would enable practices to build sustainable multidisciplinary teams and deliver integrated care aligned with the NSW *Future Health* Strategy.

Solution

To strengthen community-based care and reduce preventable hospitalisations, the RACGP recommends **the establishment of a dedicated NSW Multidisciplinary Team (MDT) Funding Pool**. This investment would enable general practices to employ allied health professionals, nurses, mental health workers and care coordinators to better support patients with chronic and complex conditions. Flexible funding of up to $150,000 per practice would allow each clinic to build an MDT tailored to local population needs, particularly in rural, regional and socio-economically disadvantaged communities – including domestic violence survivors, LGBTQI+, drug and alcohol-affected individuals and refugees.

In addition to practice-level funding, **a state-wide integration and capability program** is required to support MDTs through digital enablement, training, development, and outcome evaluation. Embedding MDTs in primary care will deliver earlier intervention, improved chronic disease management, and significant reductions in emergency department presentations and avoidable hospital admissions.

Impact

- **More coordinated, continuous, and holistic care.**
- **Reduced hospital admissions, fewer emergency presentations, and improved chronic disease management.**

Cost

- Establish an MDT Funding Pool: **$45.0 million (p/a)**
- Fund a state-wide MDT integration program: **$6.8 million (p/a)**
- **Total investment required: $51.8 million (p/a)**