phn SOUTH WESTERN SYDNEY
An Australian Government Initiative

10 years BUILDING HEALTHIER COMMUNITIES



South Western Sydney PHN

Annual Report

2025-2026

Certified System

ISO 9001
ISO 27001

COVER PHOTO: SWSPHN staff celebrated the 10-year milestone at our annual staff development day in September 2025. See page 52 for full story.

Contents

Our purpose 3
Our region 4
Snapshot of our achievements 6
Our board 8
Chair's report 9
CEO's report 10
Strategic Plan 2026-2031 11
CEO's lasting contribution 12
A healthier & more enabled community 13
- Diabetes 14
- Mental Health First Aid training 14
- Campbelltown Medicare Mental Health Centre 15
- Advance care planning workshops 16
- Digital health 17
- AIDA cultural safety training 17
- Dying to Know Day Expo 18
- Clean Slate 18
- Targeted Regional Initiatives for Suicide Prevention 19
- Culturally responsive low intensity mental health services 20
- Service Navigator 20
- Cervical screening 21

A better health system experienced by General Practitioners & Primary Care Providers 22
- GWS Primary Care Workforce Strategy 23
- GP Roundtable 24
- GPs in Hospitals 25
- Practice sustainability 25
- Engaging with our registrars 26
- Nurse focus group 27
- Connected Care Conference 28
- Breast cancer shared care 29
- HealthPathways and Health Resource Directory 29
- Nurse immuniser training 30
- Practice Noticeboard 30
- Allied health engagement 31
- MyMedicare 32
- Quality Improvement in Primary Care 33

An integrated health system that is fit for purpose 34
- Integration 35
- Joint Regional Mental Health and Suicide Prevention Plan 36
- Urgent Care 37
- Universal Aftercare 38
- Virtual Aftercare Hub 38
- Mental Health and AOD roundtable 39
- Centralised after-hours radiology service 39
- Committees and working groups 40
- Health alliances 41
- My Care Partners 42
- Suicide Prevention Lived Experience Advisory Group 42

Primary healthcare that demonstrates value 43
- Continuing Professional Development 44
- Residential aged care homes 46
- Local Health Forums 47
- Care finder 47
- No Wrong Door 48
- Immunisation Hero 49
- Winter Readiness Education Program 50

A trusted & socially responsible organisation 51
- SWSPHN Board 52
- 10 years of PHNs 52
- Integrated Management System 53
- Reconciliation Action Plan 54
- Memorandum of Understanding 54
- PHN Commissioning Innovation Showcase 55
- Customer relationship management system 55
- Leadership development program 56
- Showcasing primary care 57
- Corporate Charity 58

Financial Statements 30 June 2026 59
- Our members 93

Our values

Trust
We uphold mutual respect and act in good faith

Empathy
We support people to feel seen, heard and valued

Courage
We embrace challenges, inspire innovation and drive positive change

Fairness
We recognise different needs to achieve equitable outcomes

Integrity
We are honest, genuine in our intent and take accountability

Collaboration
We foster strong relationships and work with shared purpose

Our goals

A healthier, more empowered community

A resilient future-ready primary care workforce delivering high-quality care

A connected healthcare system

A driver of robust planning, investment and evaluation to maximise impact

A trusted, influential and effective organisation

Our purpose

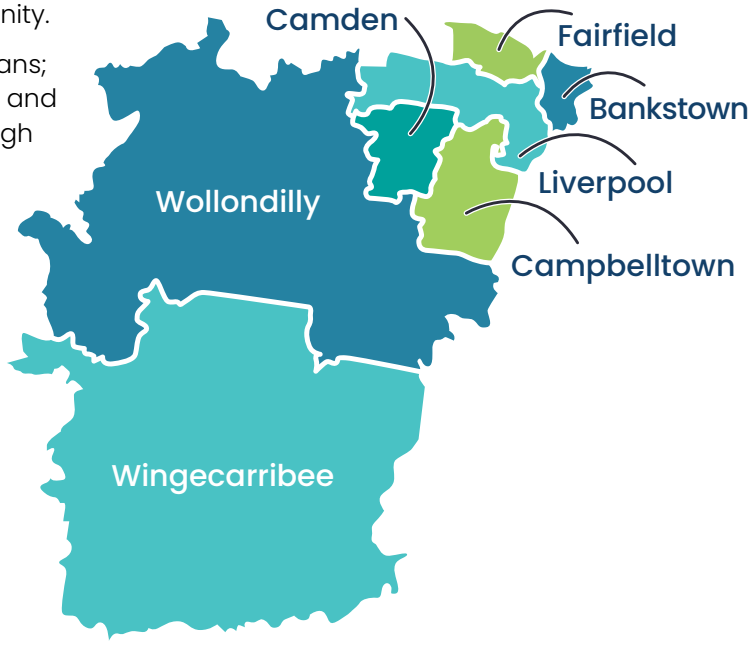
South Western Sydney PHN (SWSPHN) is one of 31 Primary Health Networks the Australian Government established to increase the efficiency and effectiveness of health and medical services in the local community.

We do this by supporting local clinicians; understanding the healthcare needs and service gaps in our community through planning and consultation; and by focusing on improving access to primary care services for patients, particularly those in our community at risk of poor health outcomes.

We are dedicated to supporting GPs, allied health, practice nurses and other primary health providers to deliver the best possible care for their patients and improve access to quality local healthcare for the whole community.

We are also dedicated to improving the coordination of care to ensure patients receive the right care, in the right place, at the right time.

SWSPHN covers the local government areas of Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wollondilly and Wingecarribee.



Vision

Better health for South Western Sydney

Mission

Enhancing and connecting care to meet our local health needs

Our region

South Western Sydney at a glance



1,271,345
2026 population (projected)



42%
Born outside Australia



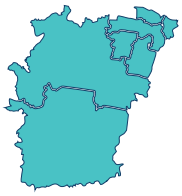
51%
Speaks a language other than English at home



3%
First Nations people



3 nations
Our region encompasses the Dharawal, Gundungurra and Dharug nations



6,234km²
7 local government areas



90%
of people attended GP in the past 12 months



383
General practices



1,317
GPs and registrars (GPs alone = 1,171)



426
Practice nurses (in 217 practices)

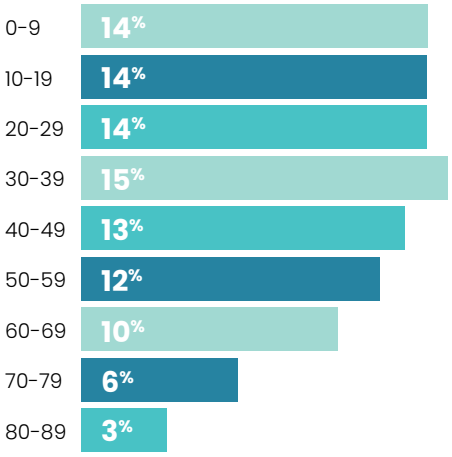


4,543
Allied health professionals (AHPRA regulated)

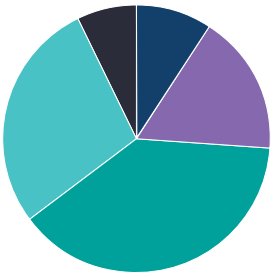


70
Residential aged care homes

Age across our region years



Health concerns



Smoke daily	8%
Drink alcohol at harmful levels	20%
Overweight (BMI 25 to 30)	32%
Obese (BMI =>30)	33%
Diabetes or high blood sugar	7%

Deaths

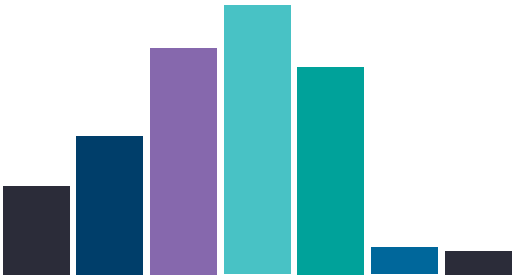
per 100,000



Cancer	170
Cardiovascular	128
Potentially avoidable <75 years	87
Diabetes related	71
Respiratory disease	42

Languages

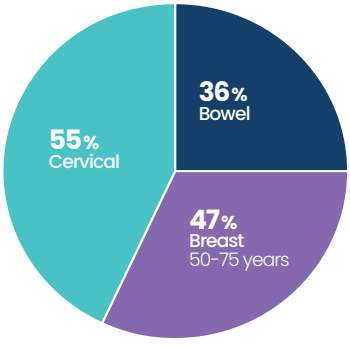
per LGA, speaks a language other than English at home



Camden	23%
Campbelltown	36%
Canterbury/Bankstown	59%
Fairfield	70%
Liverpool	54%
Wingecarribee	7%
Wollondilly	6%

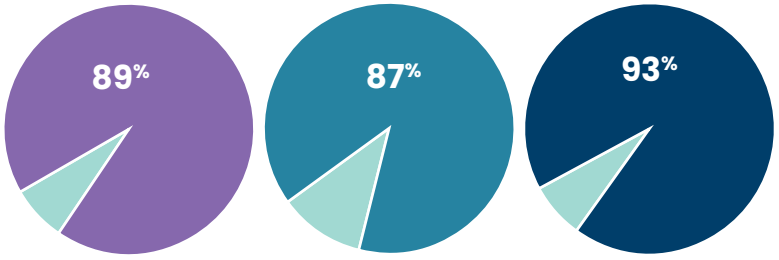
Preventative health

Cancer screening rates



Childhood immunisation

1 October 2024 - 30 September 2025



1 year olds | 2 year olds | 5 year olds

Snapshot of our achievements

$63 million
paid to commissioned providers for services to address health needs of our region

Commissioning

Active contracts this year 116

Total tenders 12
- Requests for proposal 3
- Expressions of interest 3
- Grants approach 2
- Direct engagements 4

Urgent Care

Urgent Care sites 6
Patients accessed care 54,196

Medicare Mental Health Centres

Two sites - Liverpool and Campbelltown
Individuals supported 20,159
Hours of support provided 18,194

Allied health engagement

Newsletter readership
Recipients in February 980
Recipients in May 1,352

HEAL
Participants 500
Organisation grants awarded $663,000

Residential aged care homes

Total interactions 2,877
RACHs in South Western Sydney 70
Imprest grant recipients ($4,000 each) 14
Registered nurses received nurse immuniser training scholarships 26
Aged Care On-site Pharmacist (ACOP) Measure participating RACHs 11

Registrar engagement

Registrars working in South Western Sydney each year 150-200

GP registrar and supervisor online workshop attendees 17
- GPs 10
- Registrars 7

Mental health online training attendees 12
Digital health support 15
Registrar Hub webpage visits 371

Service Support engagement

Clinical and Quality Improvement QIPC engagement

Total interactions 1,408
- Remote/online sessions 38
- Email/phone interactions 1,035
- Visits individually/with other team members 335

POLAR walkthroughs created 37

Clinical support engagement
Interactions with nurses 267
Remote support sessions with nurses 8
Face-to-face sessions with nurses 44

Practice support/practice advancement engagement
Total interactions 4,933
GP interactions 1,605
Practice manager/staff interactions 2,997
Nurse interactions 919
Remote support sessions 477
Face-to-face sessions 1,153
Total GP registrar interactions 96
Unique GP registrar interactions 60

Digital health support

Digital health webinar average number of attendees 24

New Health provider organisations registered for My Health Record 91

RACH training

Residents attended My Health Record sessions at four RACHs 50

Staff received telehealth training at six RACHs 60

Engagement with general practice

Emails sent 445

Telephone conversations 34

Face-to-face visits 83

Remote support activities 166

Collaboration

Connected Care Conference

General practices and aged care home attendees 65

Mental Health and AOD Roundtable

Senior representatives 26

Local Health Forums

August-September attendees 46

March-April attendees 56

Type 2 diabetes case conferencing and education

Telehealth consultations 113

Case conferencing clinic days 20

Patients attended diabetes education sessions (at two GP practices and a women's health centre) 21

HealthPathways

Unique pathways 777

Unique individual accounts 1,181

Health provider sessions 58,970

Top viewed pathways Antenatal initial consult, Hypertension, Polycystic Ovarian Syndrome

Health Resource Directory

Users 28,804

Page views 90,644

Views per unique user 3.15

1,283 individuals attended training with us this year

CPD events

Total events 64

- Webinars 41
- In-person 23

Unique topics 58

Total attendees 2,206

Unique attendees 725

CPD events for nurses

Unique events 5

Attendees 511

Unique attendance 167

NewGen practice nurse course

NewGen enrolled nurses 26

Email/phone contacts 428

Modules completed 95

Graduated 6

Training

Mental health skills training for GPs and GP registrars 35

Nurse immunisers scholarships awarded 40

Nurses completed cervical screening comprehensive skills 71

Cultural safety training for commissioned services 15

Mental Health First Aid 232

Total trained in opioid dependence treatment: 38

- GP attendees 10
- Frontline staff AOD First Aid attendees .. 14
- Nurse (from 5 practices) attendees 14

Our board



Karen Edwards
Chair
BA Hons, M Clin Psych, Grad Cert Adult Ed, GAICD, M Health Management, Cert Gov Prac



Dr Michael Tam
Deputy Chair
BSc (Med), MBBS, MMH (GP), FRACGP



Prof Jennifer Reath
MBBS (UQ), MMed (U Syd), PhD (WSU), FRACGP GAICD



A/Prof Kenneth McCroary
BSc (Med), MBBS, FRACGP



John Adam
B.Comm/LLB



Sonia Marshall
MBA, Grad Dip PA, Bsc (Nursing)



Michelle Cutler
GAICD, BEc LLB



Christine Carriage
M Indg Hlth Studies
B Comm Mgt, Prof Cert Indg Res.
Cert in Governance



Dr Hamshi Singh
BPharm (Hons), MBBS (Hons) (U Syd)



Dr Matthew Gray OAM
Outgoing Chair (retired October 2025)
B.Med (Newcastle), B.Ec,
FRACGP, FAICD, Grad Cert Clin Ed

Chair's report

In my first year as Chair, on behalf of the Board and staff of SWSPHN, I am pleased to present our Annual Report for the year ending 30 June 2026.

This has been a year of significant achievement and transition for our organisation.

As the health needs of our rapidly growing and culturally diverse communities continue to evolve, SWSPHN remains committed to improving health outcomes through strong partnerships, evidence-informed decision-making and an enduring focus on local needs.

Building on the strong foundations established over the past decade, we have continued to deliver on our role as a leader in primary healthcare planning, commissioning, capacity building and system integration across the region.

A major milestone this year was the development and endorsement of our new Strategic Plan 2026-2031.

The plan sets a clear and ambitious direction for the next five years and reflects our ongoing engagement with our communities, health providers, partners and stakeholders.

Guided by our vision of "Better health for South Western Sydney", the plan focuses on five strategic goals: empowering healthier communities, strengthening the primary care workforce, creating a more connected healthcare system, maximising the impact of planning and investment, and ensuring SWSPHN remains a trusted, influential and effective organisation.

The year has also been a significant period of transition for SWSPHN.

We are deeply saddened by the passing of our long serving Chief Executive Officer, Dr Keith McDonald PhD, after a long illness. Keith led SWSPHN for nine years and made an immense contribution to our organisation and to primary healthcare across South Western Sydney.

Under Keith's stewardship, SWSPHN grew its capability, strengthened its reputation and



played an increasingly influential role in shaping primary healthcare across the region.

Keith's vision, dedication and commitment to the communities of South Western Sydney have left an enduring legacy. On behalf of the Board, I extend our deepest sympathies to Keith's family and loved ones, and our sincere gratitude for his many years of leadership and service.

I would like to thank Acting CEO Amy Prince, for her capable leadership over the past year. Amy has supported operational continuity, while maintaining a clear focus on delivering high-quality outcomes for our communities, stakeholders and funding partners

I would also like to thank my fellow Board Directors, our Executive team, staff, committee members, member organisations and partners for their commitment throughout the year.

Finally, I acknowledge the Australian Government and the Department of Health, Disability and Ageing for their ongoing support and investment in improving health outcomes for our communities.

I commend this Annual Report to you and look forward to the opportunities ahead as we continue working together to achieve better health for South Western Sydney.

Chair Karen Edwards

CEO's report

It is with great pleasure I share the 2025-2026 Annual Report.

This report reflects another year of our team's hard work and service to the communities of South Western Sydney.

Reading through the stories of the past year, what stands out to me is not simply the breadth of our work, but the common purpose behind it: making healthcare easier to access, better connected and responsive to the needs of the people who call South Western Sydney home.

Our region is growing rapidly and is one of the most culturally diverse communities in Australia. More than half of our residents speak a language other than English at home, and our population is expected to reach almost 1.6 million by 2041.

This growth brings enormous opportunity, but it also places increasing demands on primary care and reinforces the importance of planning now for the health system our community will need in the future.

Throughout this report you will see examples of how SWSPHN is responding.

Our teams worked alongside general practices, nurses, allied health professionals, GP registrars and residential aged care homes. We've supported practices, invested in continuing professional development, strengthened digital health capability and explored new approaches to workforce recruitment and retention.

We also worked with our neighbouring PHNs towards a Greater Western Sydney Primary Care Workforce Strategy to tackle workforce challenges which no organisation or part of the health system can solve alone.

We expanded access to free, community-based services through the new Campbelltown Medicare Mental Health Centre and Austral Urgent Care Clinic.

Our partnership with South Western Sydney Local Health District continued to mature, including through the 2026 Collaborative Work Plan and the launch of our second Joint Mental Health and Suicide Prevention Plan.



I am equally proud of the people at SWSPHN.

This year our staff supported almost $63 million in payments to commissioned providers, delivered education and support across primary care, strengthened our organisational systems and achieved ISO 27001 information security certification – all while continuing to respond to an increasingly complex health environment.

We are deeply saddened by the passing of our long serving CEO, Dr Keith McDonald. Keith's contribution to SWSPHN and to the health of South Western Sydney was immense. His influence can be seen throughout this report and in so much of what our organisation is today. He cared deeply about this region, its communities and the role of primary care in improving people's lives.

On a personal level, working alongside Keith for many years was one of the great privileges of my career.

Keith was calm, hugely insightful and always willing to share his experience. I know I am a better leader because of his influence, and he will be greatly missed by us all.

I thank everyone who has contributed to our work during 2025-2026 and look forward to what we can achieve together in the year ahead.

Acting CEO Amy Prince

Strategic Plan 2026-2031

Our vision for better health for South Western Sydney continues to underpin all we do at SWSPHN, and our new five-year Strategic Plan 2026-2031 builds on our two previous plans with a 'laser focus' on priority areas to support the realisation of this vision.

Under the leadership of Chair Karen Edwards, the SWSPHN Board developed and endorsed the plan after considering community needs, emerging opportunities and future challenges to identify the priority areas which will guide our work over the next five years.

The new plan sets out five goals:

- a healthier, more empowered community
- a resilient future-ready primary care workforce delivering high-quality care
- a connected healthcare system
- a driver of robust planning, investment and evaluation to maximise impact
- a trusted, influential and effective organisation

Our values have also been reviewed and refreshed by staff to ensure they are still fit for purpose and reflect our organisation's evolution over the past 10 years. Collaboration has replaced optimism, while the values of trust, empathy, courage, fairness and integrity continue to resonate with staff and guide our work.

The new plan is a refinement of previous plans with a greater focus on significant pillars including planning and investment, the quality and sustainability of primary care, equity, strategic leadership and a connected healthcare system.

Ms Edwards said a focus on maximising the impact of our planning, investment and commissioning activities was an important evolution which reflected SWSPHN's commitment to not only delivering services, but to understanding and demonstrating the outcomes those investments achieve.

"The new strategic plan recognises the health needs of our communities will continue to change over time," she said. "Rather than relying on yesterday's solutions, it positions SWSPHN to respond to emerging needs through ongoing engagement with communities, providers and partners, supported by data, evidence and local insights."

Ms Prince said the plan provided greater clarity and focus on the quality of primary care as well as its sustainability.

"We need to ensure the primary care services which exist in the region are supported to deliver the best quality care they can while also thinking about future needs, our population growth and ensuring the workforce is sustainable and ready for the future.

"We've incorporated equity considerations across the plan, acknowledging the profile of our community and how it changes, and the need for more targeted investment in certain population groups to generate a similar health outcome."

Ms Edwards said the plan also reflected "considerable opportunity" to strengthen connections between primary care, hospitals, community services and other parts of the health system to deliver more coordinated and seamless care for patients. "Many of the complex health challenges facing our region cannot be addressed by any one organisation acting alone," she said.

"Our continued success will depend on working collaboratively with communities, healthcare providers, the Local Health District, government and other key stakeholders to improve health outcomes across the region."

Ms Prince said the importance of being positioned as a lead PHN which could provide strategic leadership, influence reform and drive innovation was identified in the plan, while Ms Edwards stressed the necessity of being "a trusted, influential and effective organisation" to delivering lasting impact.

The Strategic Plan 2026-2031 is available to read at swsphn.com.au

CEO's lasting contribution

SWSPHN sadly lost our former CEO and dear friend, Dr Keith McDonald PhD, who passed away on 29 September 2026 after a long illness.

Keith retired in August this year after almost 10 years of steady and thoughtful leadership.

In an interview to mark his retirement, Keith reflected on his time at SWSPHN, the experiences which shaped his leadership and the lessons he learnt during almost a decade at the helm.

We share that interview in memory of Keith and in recognition of the significant contribution he made to SWSPHN and to improved health access, equity and outcomes in South Western Sydney.



Our 'steady, intelligent and fearless leader', Dr Keith McDonald PhD.

A former teacher and physiotherapist, Dr Keith McDonald began work with SWSPHN's predecessor South Western Sydney Medicare Local (SWSML) in 2013 as Director of Clinical Services, then Clinical Director in 2015, rising to the position of CEO in August 2017.

He was part of the SWSML Executive team which secured a Department of Health grant in 2014 to operate as a PHN in South Western Sydney with the two key goals of: improving the efficiency and effectiveness of health services and improving the coordination of health services.

> **'We work best when we can demonstrate genuine teamwork and commitment to partnerships.'**

Under Dr McDonald's leadership, SWSPHN has strengthened its role of commissioning local services to address identified gaps, building the capacity and capability of general practices and other health providers to enhance care, and supporting greater coordination and integration across the health system.

He said constantly driving a systems approach, built around clinical quality improvement, with the support of SWSPHN's Executive team, had been one of his most significant contributions during his tenure.

"This has enabled us the capacity to mature and grow as our scope of works continues to expand in both complexity and diversity.

"An example of this is the early decision to pursue ISO 9001 certification for quality systems, which helped us when the Department of Health, Disability and Ageing later mandated the adoption of ISO 27001 certification for cybersecurity."

Dr McDonald said the one big lesson he'd learnt from his time as CEO was "building strong teams and allegiances early with those who share the same culture and vision, gives your organisation the capacity to tackle new challenges. You cannot deliver on your vision alone."

He said it was the genuine camaraderie amongst these strong teams which he'd miss most about his role. "We have not only accepted but embraced diversity wholeheartedly. That is a true strength which demonstrates our team culture."

Dr McDonald said he was most proud of SWSPHN's "commitment to innovate and test evidence-based models, often against the odds", citing examples including the localisation of HealthPathways, iRAD, My Care Partners, ISO certifications and the Greater Western Sydney Workforce Strategy.

"We clearly haven't shied away from doing the tough stuff," he said. "Although not all have yet won the accolades I know they deserve."

When asked for his advice for his successor he said: "Be prepared for ambiguity. Unfortunately, decisions will often need to be made with incomplete information at hand".

Goal 1: Strategic Plan 2021-2026:

A healthier & more enabled community



Diabetes

Resources, education and clinics support efforts to slow down rapid rise of growing problem

SWSPHN has continued to play its part in slowing down the escalating rate of type 2 diabetes in South Western Sydney in 2025-2026.

Working with the South Western Sydney LHD (SWSLHD), SWSPHN supported 20 practices to hold type 2 diabetes case conference clinics, with in-person attendance by an endocrinologist and diabetes educator.

The aim of the clinics was to upskill GPs in complex diabetes management, lessening the need for referrals to hospital outpatient clinics. Practice staff also attended four education sessions facilitated by the LHD's endocrinologist and diabetes educator, held during case conferencing clinics.

The partnership also delivered rapid access to endocrinology advice through telehealth case conferencing.

A new rapid clinic model was introduced in August 2025, alongside the standard full-day offering, to better meet the needs of general practice and respect their time constraints. The rapid clinic is a half-day option which can be scheduled on an ad hoc basis.

In October 2025, SWSPHN staff showcased our mental health-type 2 diabetes case conferencing pilot to about 60 GPs, diabetes specialists and academics at SWSLHD's Diabetes Tech n Talk Conference. The pilot project was a SWSPHN and SWSLHD partnership.



SWSPHN's Alyssa Horgan gives a talk about our program to tackle diabetes in the community.

Patient education was also a focus in 2025-2026, with two GP practices in the Wingecarribee LGA and a women's health centre in Liverpool holding diabetes education sessions for a total of 21 patients.

Our website features an updated directory of exercise physiologists across South Western Sydney who offer classes for patients diagnosed with type 2 diabetes. Many of these classes are bulk billed.

Mental Health First Aid training

Course builds capacity to respond to those in distress

In 2025-2026, Mental Health First Aid (MHFA) training strengthened our community's capacity to recognise and respond to mental health challenges.

Through SWSPHN's funded partnership, Lifeline delivered six MHFA courses and 14 MHFA for a suicidal person, reaching 157 people who speak a language other than English at home and 24 Aboriginal and Torres Strait Islander people.

The courses aim to help more people gain the confidence to support others experiencing mental health challenges.

Lifeline Macarthur and Western Sydney also offered a two-day course to No Wrong Door members and the broader community in May 2026, attracting 17 participants.

In August 2025, the first round of the SWSPHN-funded MHFA course delivered in-language for Vietnamese communities concluded in Cabramatta, with the 12-hour training delivered across four sessions in partnership with the Vietnamese Australian Welfare Association and South Western Sydney Local Health District's Towards Zero Suicide program, attracting 34 participants.

Campbelltown Medicare Mental Health Centre
New service expands access to free and timely care

Improving access to timely, free and community-based mental health support remained a key priority for SWSPHN in 2025-2026, with the opening of the Campbelltown Medicare Mental Health Centre.

Officially opened in October 2025, the Campbelltown centre was Australia's 50th Medicare Mental Health Centre.

Commissioned by SWSPHN and delivered by Grand Pacific Health in partnership with Odyssey House NSW, Relationships Australia NSW and Tharawal Aboriginal Corporation, the centre provides free, walk-in support for people experiencing mental health concerns, psychological distress, or seeking guidance for themselves or someone they care about.

The Campbelltown centre complements the Liverpool Medicare Mental Health Centre, creating a stronger network of free, community-based mental health services across South Western Sydney.

Both the Campbelltown and Liverpool centres have also established direct referral pathways to the Universal Aftercare service, strengthening access to timely follow-up support for people following a suicide attempt or suicidal crisis.

In the 2025–2026 financial year, the Campbelltown centre supported 1,432 consumers and delivered 1,877 support sessions across a broad range of services.

These included 502 mental health sessions, 432 peer work sessions, 270 family support sessions, 227 alcohol and other drugs support sessions, 312 community engagement and care navigation sessions, and 134 Aboriginal and Torres Strait Islander-specific sessions.



SWSPHN staff Amy Prince (middle), Ben Neville (left) and Sophie Mara (right), at the official opening.

During the 2025-2026 financial year, the Liverpool centre delivered 18,727 service contacts, providing more than 18,194 hours of support to the community.

The centre brings together a multidisciplinary team to provide immediate support, ongoing therapeutic care, peer support, family assistance and connections to health, social and community services. Care is tailored to each person's needs, helping them navigate their mental health journey and connect with longer-term support where required.



Amy Prince (right) joins local dignitaries and government Ministers for the official ribbon cutting to open the new Campbelltown Medical Mental Health Centre

Advance care planning workshops

Importance of why, how to plan for future health needs highlighted to community at sites across region

In January 2026, SWSPHN commissioned experienced provider, Palliative Aged Care Consultancy Service, to deliver workshops focusing on the importance of people planning for their future healthcare needs across South Western Sydney.

Conducted by specially trained staff, the workshops discussed with individuals why and how to plan for their future healthcare needs, complete an advance care plan or ensure a more formal advance care directive is completed and signed.

According to a 2025 national Advance Care Planning Australia study, 82 per cent of people agree advance care planning can help others make the right decisions for them.

However, only one in three Australians have taken steps to plan for their future healthcare and only 6 per cent of Australians have completed an advance care directive.

In South Western Sydney, the numbers are even lower with about 3.5 per cent of residents completing an advance care directive, compared with a state average of 14.9 per cent. Only 13.8 per cent have completed an advance care plan, compared with the state average of 25.1 per cent.

From January to June 2026, a total of 36 workshops were held at community sites across the region, with more than 606 people taking part.

Advance care directives were completed by 67 people and 51 of those were successfully uploaded to the individual's electronic health record used by the NSW Health system. There were 16 advance care directives sent to private hospitals in the region. The workshops resulted in a 19 per cent increase in advance care directives being completed.



Nichole Petrie (from left) and Maxine Krebs from PACCS join workshop organiser, Kate Noble from our Integration and Priority Populations team.



Maxine Krebs from PACCS presents to SWSPHN staff during National Advance Care Planning Week in March.

Advance care planning is good for individuals – ensuring they receive the healthcare they want – and to ease the burden for families who are otherwise faced with worry and disagreements about decisions around the care of their loved one.

Digital health

Support encourages practices to embrace new technology and ways of working

SWSPHN's Digital Health team continued to play an important role in helping our general practices, allied health professionals and residential aged care homes (RACHs) embrace and use new technology and digital health practices.

Digital health promotion was part of our team's contract with the Australian Digital Health Agency in the last financial year.

Digital innovations such as My Health Record, 1800MEDICARE and eScripts were promoted through SWSPHN newsletters targeting general practice, allied health, RACHs, mental health and community, on our website and through our social media platforms Facebook, Instagram and LinkedIn.

The Digital Health team also provided educational opportunities, including webinars on artificial intelligence, Provider Connect Australia, share-by-default and My Health Record for GPs, nurses, aged care, allied health practitioners and other health providers in the past financial year, attracting an average of 24 participants to each event.

About 60 staff across six RACHs benefited from refresher training on using the telehealth equipment provided through SWSPHN's RACH Digital Health Project, and almost 50 residents at four RACHs attended information sessions on the use of My Health Record.



Jian Li and Janvier Miranda from our Digital Health team spread the word at Bankstown Hospital.

As a result of our Digital Health team's work, 91 health provider organisations in South Western Sydney registered for My Health Record in 2025-2026.

Engagement with our region's general practices was also strong, with the team making contact via email 445 times, via phone 34 times and conducting 83 face-to-face visits and 166 remote support activities in the last financial year.

AIDA cultural safety training

Partnership fosters safe, respectful and inclusive care

SWSPHN partnered with the Australian Indigenous Doctors' Association (AIDA) in November 2025 to deliver cultural safety training for 15 participants from our commissioned mental health and alcohol and other drug services.

Facilitated by Aboriginal and Torres Strait Islander doctors, the training strengthened understanding of culturally safe care for services including Lifeline, Medicare Mental Health Centres, C2beMe and the Community Restorative Centre. The training explored health equity, systemic racism, ally-ship and advocacy.



Participants in last November's AIDA cultural safety training.

Dying to Know Day Expo
Event brings clarity to questions around death

SWSPHN partnered with organisations including South Western Sydney LHD and Fairfield City Council to host the Dying to Know Day Expo at Fairfield Youth and Community Centre in August 2025.

The 280 attendees praised the event, saying it made them feel more confident about making end-of-life plans and talking about death and dying.

There were 37 stalls set up on the day, including our own, which attracted 73 visitors and provided valuable information and resources on advance care planning and the importance of making your healthcare preferences known.

Other stalls included the NSW Trustee and Guardian, Lifeline, Palliative Care NSW, NSW Multicultural Services and Ashes to Ashes.

Attendees had the opportunity to speak to stallholders, join eight information session



SWSPHN Integration and Priority Populations team members attended the expo. Left to right: Kate Noble, Mele Lokotui, Kirsty Young and Sofi Milosevic.

on various end-of-life topics, enjoy light refreshments, and take home free information and showbags.

In addition to information sessions in English, we also held sessions in Chinese, Vietnamese and Arabic for the first time.

Clean Slate
At-home detox program expands access to evidence-based alcohol and other drug support

More people across South Western Sydney are accessing safe, evidence-based alcohol and other drug (AOD) withdrawal support from the comfort of their own homes through the Clean Slate Clinic.

Funded by SWSPHN, the virtual program provides clinically eligible clients with a comprehensive model of care, combining medical withdrawal with ongoing recovery support.

During the 2025-2026 financial year, the at-home detox program supported 46 South Western Sydney residents by the end of the third quarter, achieving 92 per cent of its annual target. Of those supported, 20 per cent identified as being from culturally and linguistically diverse communities.

The service also received 10 referrals from SWSPHN-commissioned AOD providers, strengthening collaboration across the local treatment sector. With only one public detox clinic in the region, the program was funded in response to a significant gap in access to detox services. It prioritises people experiencing dependence on alcohol, stimulants or cannabis who may otherwise be unable to afford treatment or face barriers accessing traditional services.

Clients receive a comprehensive nurse assessment, medical oversight, daily clinical support throughout withdrawal, recovery groups and follow-up care for up to 12 months.

During 2025-2026, three educational webinars were delivered to SWSPHN clinicians to strengthen capability in supporting people experiencing AOD dependence.

By delivering withdrawal and recovery support at home, the program continues to improve access to culturally responsive, evidence-based care across South Western Sydney.

Targeted Regional Initiatives for Suicide Prevention

Positive participant feedback and strong outcomes drive extension of four project grants

Four projects funded under the Department of Health, Disability and Ageing's Targeted Regional Initiatives for Suicide Prevention (TRISP) program were extended in 2025-2026 following positive community feedback and strong outcomes. Of the nine projects initially funded under the TRISP program in 2024, the four for which funding was extended included:

Folkal's Connect for Life

The program was extended following strong participant feedback, which highlighted the value of providing a safe, supportive space for people experiencing suicidal distress or bereavement to connect with others who have had similar experiences. During 2025-2026, the program facilitated six lived and living experience support groups focused on suicide ideation and bereavement. In October 2025, participants also showcased their artwork at an exhibition held at the Atrium Gallery, Moss Vale Civic Centre. The exhibition launch was attended by about 40 people and celebrated lived experience through art and storytelling.

batyr@school Peer-to-Peer

The program was extended to continue delivering evidence-based, peer-to-peer mental health and suicide prevention education to high school students from culturally and linguistically diverse communities. As of June 2026, five schools in Liverpool and Bankstown had booked programs which are expected to reach up to 2,000 students aged 14 to 18 years.

STARTTS project

The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors STARTTS project was extended to build on its culturally responsive mental health literacy and wellbeing initiatives for Assyrian and Mandaean communities. Enhancement funding supported the delivery of 16 additional mental health literacy sessions, along with the continuation and expansion of community wellbeing groups, including for older people, men, parents and women, as well as psychosocial activities such as aqua aerobics, crocheting and art-based regulation.

The Men's Table

The Men's Table project was extended after demonstrating its ability to establish sustainable, community-led peer support groups. The Men's Table model is robust in creating groups which can continue to operate independently. The extension supported the establishment of four additional men's tables across South Western Sydney.

Young people working on the project during a design-a-thon event in August 2025.



Culturally responsive low intensity mental health services
Work begins to establish new services to better connect people facing barriers to care

During the 2025-2026 financial year, SWSPHN laid the foundations for new culturally responsive low intensity mental health services for Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse communities.

The work responds to a significant shift in the low intensity mental health service landscape following the introduction of the national Medicare Mental Health Check-In service, which provides guided and self-guided cognitive behavioural therapy programs.

Primary Health Networks were required to refocus local commissioning efforts on people who may be unable to access mainstream services or whose needs are not adequately met through existing service models.

In March 2026, SWSPHN began an Expression of Interest (EOI) process to identify organisations with the cultural expertise, service delivery capability and local community connections needed to provide tailored, community-based support.

SWSPHN received 11 Expression of Interests and subsequently undertook a competitive procurement process.

Gandangara Health Services and ProActive Psychology Practice were selected to deliver the new services, with operations scheduled to begin in the 2026-2027 financial year.

The services will operate within the stepped-care framework and provide brief, structured and evidence-based interventions to improve mental wellbeing and connect people with the appropriate level of support.

They will be tailored to address the cultural, linguistic and social factors which can influence mental health and help-seeking behaviours.

The services complement, rather than duplicate, Medicare Mental Health Check-In, helping ensure people who experience barriers to mainstream care can access support which is culturally safe, relevant and responsive.

The commissioning process completed during 2025-2026 represents an important investment in improving equity of access and building a more inclusive mental health system for communities across South Western Sydney.

Service Navigator
Initiative strives to close gap in access to healthcare

Service navigation support continued to ensure some of the most disadvantaged members of our community received much needed healthcare this financial year.

SWSPHN commissioned Settlement Services International to provide Service Navigators at the beginning of 2025.

The aim is to close the gap in healthcare access for those who are culturally and linguistically diverse, have a refugee background or are at risk of homelessness.

These communities face specific health challenges, with priority needs centred around chronic disease management, sexual and reproductive health, domestic violence and infectious diseases.

From 1 July 2025 to 30 June 2026 there were 152 South Western Sydney residents who were able to access tailored, in-language health service support thanks to a Service Navigator and Multicultural Support Officer.

Supplementary funding was also made available to overcome financial barriers which impede access to necessary health services, medications or medical aid.

Cervical screening

Scholarships facilitate hands-on training to equip nurses with confidence and lifesaving skills

Practice nurses across South Western Sydney built their skills, confidence and capacity to perform cervical screening after completing Cervical Screening Comprehensive Skills Training facilitated by SWSPHN in the last financial year.

Funding support from the Cancer Institute NSW allowed us to award 71 scholarships to the region's nurses with the aim of increasing cervical screening participation in general practice throughout the community.

Family Planning Australia clinical facilitators delivered the course, which combined online learning with hands-on, face-to-face skills practice.

The scholarships are part of a broader, ongoing cervical screening project which includes increased practice integration with the National Cancer Screening Register and increased cervical screening rates in culturally and linguistically diverse populations.

Three sessions were held at the SWSPHN office in Campbelltown between July 2025 and June 2026.

Nurses could also register for the Family Planning Australia sessions conducted in the same timeframe. Sessions proved so popular a waiting list was created with a view to future training opportunities.

Planning also began in December to offer cervical screening to culturally and linguistically disadvantaged women along with HPV vaccination awareness and breast cancer screening.

Workshops of up to 30 Arabic women, Dari speaking women and other migrant groups will be conducted in the coming 12 months.



Practice nurses took up the opportunity presented by SWSPHN to undertake cervical screening skills training.

Goal 2: Strategic Plan 2021-2026

A better health system experienced by General Practitioners & Primary Care Providers



GWS Primary Care Workforce Strategy

Joint plan aims to strengthen Greater Western Sydney health workforce to respond to evolving needs

The population of Greater Western Sydney (GWS) is expected to grow by a third in the next decade – increasing demand for accessible, high-quality and culturally responsive primary care.

To prepare for this predicted demand, in 2024 SWSPHN partnered with Nepean Blue Mountains and Western Sydney PHNs, to develop a coordinated, cross-region five-year approach to addressing shared workforce challenges and respond effectively to evolving needs.

The Greater Western Sydney Primary Care Workforce Strategy aims to respond to critical workforce challenges, including an ageing GP workforce, recruitment and retention issues, workforce maldistribution and increasing service demand.

> 'Developing a joint workforce strategy will enable a data-driven, evidence-based and strategic approach to identifying and tackling challenges within the primary care workforce specific to the GWS region.'
> - SWSPHN Acting CEO Amy Prince

In 2025-2026, our PHN teams undertook extensive stakeholder engagement with clinicians, community members and organisations across GWS, alongside quantitative data collection at a PHN level, and from broader health and population datasets.

Local stakeholder consultation included:

- eight face-to-face hospital education sessions delivered to junior medical officers across Bankstown, Campbelltown and Liverpool hospitals and a survey
- a face-to-face practice nurse focus group
- face-to-face consultation and survey of community members via SWSLHD's multicultural health service
- several individual GP and GP registrar interviews via phone
- Western Sydney Health Alliance GP Roundtable consultation



SWSPHN's Primary Care Workforce team members Karen Fildes (second from right) and Hannah Reveley (right) with representatives from other regions who are collaborating on the workforce strategy, at the Metro PHN Showcase for registrars in February 2026.

- consultation with Aboriginal and Torres Strait Islander communities, service providers and organisations including Gandangara Local Aboriginal Council, KARI Foundation and Tharawal Aboriginal Corporation

Other activities undertaken during this period included:

- developing interactive, internal joint data dashboards
- data analysis and synthesis to consolidate key priorities
- starting design work on the strategy
- monthly project steering committees, monthly data and communications meetings, quarterly executive meetings and quarterly CEO meetings

Work is currently underway to finalise the strategy.

GP Roundtable

Participants share expertise to find solutions

Sustained, coordinated action across multiple stakeholders with targeted system-level change, is needed to address the GP shortage in Greater Western Sydney (GWS).

This was the core message from the Western Sydney Health Alliance-hosted GP Roundtable in February 2026.

The roundtable was held to gather insights from key stakeholders, including general practice, PHNs, local health districts, universities and councils to inform the GWS Primary Care Workforce Strategy.

The event was held at Campbelltown Arts Centre and attracted 35 participants from across GWS.

Participants identified barriers for recruiting and retaining GPs and looked at ways to work together to develop actions for reducing GP shortages, using existing resources.

Findings from roundtable discussion included the need for:

- **Place-based attraction strategies** such as spotlighting innovative models of care, better promoting the region's innovation precincts and highlighting opportunities for multidisciplinary collaboration
- **Workforce incentives** combining financial, professional, practice-level and system supports to improve recruitment, retention and long-term workforce sustainability
- **System level reforms** such as MBS item adjustments linked to postcode to better align remuneration with local demand and complexity, and supporting improved business modelling and investment in infrastructure









SWSPHN Director of Innovation and Partnerships, Kristen Short (pictured fourth from right), told participants their collaboration was invaluable and workforce challenges were "being felt right across the system".

GPs in Hospitals
Project highlights all general practice has to offer

In 2025-2026, SWSPHN's Primary Care Workforce team delivered the GPs in Hospitals Project, a pilot project focused on promoting general practice as a career pathway within South Western Sydney, while strengthening integration between primary care and hospital settings.



Participants at one of the GPs in Hospitals Project sessions which provide insights into GP training pathways and career opportunities.

The initiative involved a series of education and engagement sessions across participating hospitals, targeting early career doctors.

The sessions provided insights into GP training pathways, career opportunities and the scope of general practice, alongside real-life experiences shared by practising GPs to give practical, relatable perspectives.

All up, the project attracted 120 junior medical officers (JMOs) to eight sessions at Bankstown, Campbelltown and Liverpool hospitals between June and November 2025. Following the pilot's success, the project is continuing in 2026 with face-to-face sessions at the same three hospitals from July 2026.

Practice sustainability
Tailored support with recruitment and digital health adoption aims to maintain viability of GP clinics

Helping general practices remain sustainable at every stage of the practice lifecycle, including providing support to practices at risk of closure, was a key priority for teams across SWSPHN in 2025-2026.

In the last financial year, SWSPHN's Practice Support and Digital Health and Data teams assisted the establishment of seven new practices by providing tailored support with accreditation, digital health registration and participation in the Quality Improvement in Primary Care (QIPC) program.

During the same period, 12 practices were identified as at risk of closure, with targeted support provided to help maintain viability where possible. SWSPHN's Data team identified which factors contributed to the likelihood of a practice closing, and the Practice Support and Digital Health teams focused on these factors when visiting the sites.

SWSPHN also supported two practices planning for closure and 14 practice closures/amalgamations, assisting with transition activities and promoting practice sale or succession opportunities through the Practice Noticeboard on the SWSPHN website.

Our Primary Care Workforce team assisted practices experiencing workforce challenges by navigating workforce policies and recruitment pathways, supporting recruitment efforts, promoting employment opportunities, and connecting practices with workforce programs and CPD opportunities.

In June 2026, our Primary Care Workforce team delivered a succession planning webinar attended by 46 participants, providing practical guidance to support GPs, practice owners and practice managers in planning for future workforce transitions and practice sustainability.

In October 2025, our annual GP conference focused on providing general practices with business and management strategies to support long-term sustainability.

Engaging with our registrars

Program creates opportunities for growth and fosters a sense of belonging for future GPs

SWSPHN's registrar engagement program continued with its aim of fostering a sense of belonging and offering invaluable opportunities for growth during the last financial year.

GP registrars who chose to spend time training in our region were offered a range of supports, along with education and networking opportunities, with the long-term aim of encouraging them to consider practising in South Western Sydney.

On average some 150 to 200 GP registrars work in our region each year. Between 1 July 2025 and 30 June 2026, they were offered a range of educational, peer support and networking opportunities.

It included an online GP registrar and supervisor workshop titled Firm Foundations: Cultivating Skills, Growing Futures in November 2025, which covered leadership, communication, chronic disease management, teamwork, delegation, digital health tools, PRODA, HealthPathways, mental health services and key MBS billing items.

In February, registrars joined a group of GPs and practice nurses on a panel which delivered presentations to visiting physicians and representatives from the Kelley School of Business at Indiana University, providing insights into Australia's primary healthcare system.

In May, a group of 12 registrars completed a one-day online mental health skills training course which laid the foundation for future mental health training.

Throughout the year our GPs in Hospitals project promoted general practice as a pathway for early career doctors and continued to strengthen integration between primary care and hospital settings.

Half-yearly registrar engagement interviews were also conducted with 13 registrars who were invited to share their experiences of working in South Western Sydney.

Resources provided to our GP registrars from 1 July 2025 to 30 June 2026 included:

- assistance from our practice support teams including orientation for registrars new to the region
- digital health support, including one remote and 14 face-to-face practice visits, providing guidance on digital tools such as My Health Record, Better and Faster Access, Provider Connect Australia, electronic prescribing, Active Script List and 1800Medicare
- individual online welcome letters
- welcome packs introducing SWSPHN resources, programs and training
- a centralised online resource hub which was accessed 371 times during the 12-month period
- SWSPHN attendance at the RACGP GPT1/2 Orientation Day and Metro PHN Showcase in February for registrar education, networking and localised welcome pack distribution
- weekly SWSPHN Practice Pulse e-newsletter
- weekly SWSPHN CPD e-newsletter

Their feedback helps inform improvements to future registrar support and experiences in the region, while providing an opportunity for SWSPHN to strengthen relationships, highlight available supports and build connections with doctors new to the region.

Expressions of interest and tailored one-on-one support was also provided throughout the year to assist established practices take on GP registrars.

Nurse focus group

Frontline voices help shape meaningful improvements to resources and support for their work in primary care

Continuity of care, work-life balance and autonomy were some of the strengths of general practice identified by nurses during a focus group session held in November.

SWSPHN's Primary Care Workforce team organised the event with a view to improving the recruitment, engagement and retention of practice nurses in our region.

The focus group brought together six primary care nurses from across South Western Sydney who represented a wide range of experience, from those new to general practice through to an experienced nurse practitioner.

Nurses engaged in a thoughtful and open discussion about what they valued in their roles as practice nurses, along with the aspects which could be challenging. The session also served to explore their awareness of SWSPHN, the programs and resources available, and the ways they have engaged with us.

An important part of the conversation focused on improving workforce retention, including what keeps nurses motivated and what contributes to burnout. Attendees talked about what would make their daily work easier and offered ideas on how the PHN can better support them individually, and within their practices.

They also proposed strategies to attract more nurses into primary care and discussed how they would like to continue collaborating with SWSPHN moving forward.

Continuity of care, clinical variety, autonomy, work-life balance and supportive team environments were considered key strengths of general practice. Nurses said: "The clinical variety is pretty good . . . you also get continuity . . . you build those (patient) relationships".

Barriers included inconsistent onboarding, varied and inconsistent role clarity, technology constraints linked to licensing arrangements, limited and or reduced access to professional development and inconsistent use of nursing skills and expertise within general practice.

Following on from the event our Primary Care Workforce and Service Support teams will continue collaborating, using the insights from the focus group to guide workforce planning and development which strengthens engagement, supports retention and helps attract nurses to the region.

This collaborative approach ensures SWSPHN's work remains grounded in real nursing experience and leads to meaningful improvements across South Western Sydney.

Local nurses who joined a focus group session held in November had an opportunity to share their experiences of working in general practice. SWSPHN staff are also pictured: Mary Soriano (third from left) and Anielka Dimakis (fourth from left) from our Primary Care Workforce team.



Connected Care Conference

Event brings general practices and aged care homes together to explore digital health and telehealth

'Useful and practical', 'well organised and delivered', featured prominently in feedback from participants who attended SWSPHN's Connected Care conference at Rydges Campbelltown on 24 August 2025.

SWSPHN hosts an annual conference on different topics of interest to local GPs.

The Connected Care conference brought together 65 participants from general practice and residential aged care homes (RACH) across the region.

Participants took the opportunity to explore the latest digital health and telehealth practises, and related government incentives, while networking with their peers.

They gained valuable and practical insights into how to optimise telehealth for consultations, how to integrate the MyMedicare General Practice in Aged Care Incentive into their practice, and discovered how RACHs can use telehealth and My Health Record to improve resident care.

The event included guided demonstrations and strong engagement during hands-on practise sessions and Q&As.

Speakers included primary care consultant Wendy O'Meara, Australian Digital Health Agency Project Manager, Marwa Osman, Heathdirect Video Call Customer Engagement Officer, Jude Cobb and Simon Gould from Medics for Life.

Additional feedback from participants included: 'informative', 'I learnt lots of new things', 'excellent presentation' and 'highly related to our work'.



SWSPHN Digital Health and Data Manager Nick McGhie (top right) addresses conference attendees.

Breast cancer shared care

Initiative coordinates follow-up care after treatment to improve recovery journey for survivors

More women recovering from breast cancer treatment are benefiting from coordinated follow-up care closer to home through the Early Breast Cancer Survivorship Shared Care Program.

SWSPHN commissions South Western Sydney LHD (SWSLHD) to fund a Clinical Nurse Consultant (CNC) who works alongside GPs, oncologists and patients to support a smooth transition from specialist-led care to primary care.

The shared care model enables clinically appropriate patients to receive routine follow-up care with their regular GP while remaining connected to their treating oncology team.

The CNC coordinates care, develops shared care plans and provides ongoing support to both patients and GPs, strengthening continuity of care throughout recovery.

During 2025-2026, 123 GPs participated in the program, supporting 124 women.

Positive feedback from GPs and patients highlighted the value of coordinated care plans, while updated referral criteria and targeted engagement increased participation, including improved uptake in Bowral.

Originally established as a pilot in 2023, the program has grown into an ongoing initiative and has been extended for a further year.

Its success has demonstrated the value of coordinated survivorship care delivered through strong partnerships between hospitals and general practice, creating opportunities for similar models to support people recovering from other types of cancer in the future.

HealthPathways and Health Resource Directory

Online resources offer valuable information

Healthcare professionals and patients alike continued to turn to SWSPHN's online resources in the last 12 months to access important health information and updates.

HealthPathways provides general practice teams with information to assess and manage medical conditions, as well as the criteria for requesting health services in South Western Sydney.

It is also useful to all other health professionals.

Between July 2025 and June 2026, 1,181 individuals logged into HealthPathways 58,970 times.

In this period, health professionals viewed HealthPathways 163,893 times for information or updates.

There are now 777 localised pathways for South Western Sydney health professionals to access.

The three top viewed pathways were: antenatal initial consult, hypertension and polycystic ovarian syndrome.

Our Health Resource Directory is home to more than 400 webpages and provides the public with information aligned with HealthPathways about diagnosed conditions, general health and wellbeing and local health services.

The site includes factsheets developed using the HealthPathways clinical content to inform and improve health literacy and awareness of local services.

These factsheets are available in English, Arabic, simplified Chinese and Vietnamese, in both print and audio versions.

Some 28,804 users accessed our Health Resource Directory in the last 12 months, recording 90,644 page views.

The top three Health Resource Directory pages viewed in that time were: vitamin B12, urgent care and kidney infection pyelonephritis.

Nurse immuniser training
Vaccination education proves popular

South Western Sydney nurses embraced the opportunity to undertake immuniser training through scholarships offered during the last financial year.

The training, delivered by the Benchmarque Group across four intakes and funded by SWSPHN, aims to boost the number of authorised nurse immunisers in our region, allowing them to administer vaccinations independent of a medical officer.

An increase in the number of nurse immunisers will support the rollout of vaccinations in our region to healthcare workers, vulnerable populations and the general community.

Completion of the HESA-accredited course consists of a self-paced online Immuniser Pathways for Health Professionals module plus a one-day in-person workshop. Once registered participants have three months to complete it.

> Of the 40 nurses who took up the scholarships, 65 per cent were from residential aged care homes.

Training sessions booked out quickly and proved so popular a waiting list had to be established after the first intake.

Due to the high level of interest, there are plans to offer more scholarships in the coming year.

Practice Noticeboard
Free, online platform promotes connections between general practice and allied health professionals

SWSPHN expanded support for the region's primary healthcare workforce during the 2025-2026 financial year with the launch of the Practice Noticeboard, a free online platform connecting general practices and allied health professionals across South Western Sydney.

Developed by SWSPHN's Primary Care Workforce team, the Practice Noticeboard builds on the former Practice Vacancies page to support multidisciplinary, team-based care.

In response to local demand, the platform now enables practices to advertise job vacancies and consulting rooms available for rent, while allied health professionals can promote their availability or register their interest in working within local practices. As a new initiative, the Practice Noticeboard is in its early stages, with use expected to grow as we continue to support greater integration of allied health into primary care.

> During the reporting period, the Practice Noticeboard featured 27 GP vacancies, 16 nursing vacancies, three allied health vacancies and three practice staff vacancies. The platform also supported workforce connections through two room availability listings, one notice from an allied health professional seeking practice space and one practice for sale listing.

The service is available to practices and health professionals based in South Western Sydney, as well as those looking to relocate to the region.

By making it easier to connect practices with skilled health professionals and available consulting space, the Practice Noticeboard supports workforce growth, strengthens multidisciplinary care and helps improve access to primary healthcare services for local communities.

Allied health engagement
Projects champion connections, communication and collaboration with local providers

SWSPHN is building stronger connections with local allied health professionals through initiatives which provide education and networking opportunities, on-site support and a new quarterly newsletter.

In 2025-2026, there were four of The Common Ground continuing professional development (CPD) events held, attracting 37 allied health professionals, 53 GPs and 33 nurses.

The series aims to build stronger relationships between general practice and allied health, and participants explore real-world case studies, practical workflows and shared approaches to managing complex care.

The events have received positive feedback, with allied health participants describing the events as "interesting", "helpful", "encouraging" and "informative". One allied health practitioner said the activity had highlighted the benefits of networking.

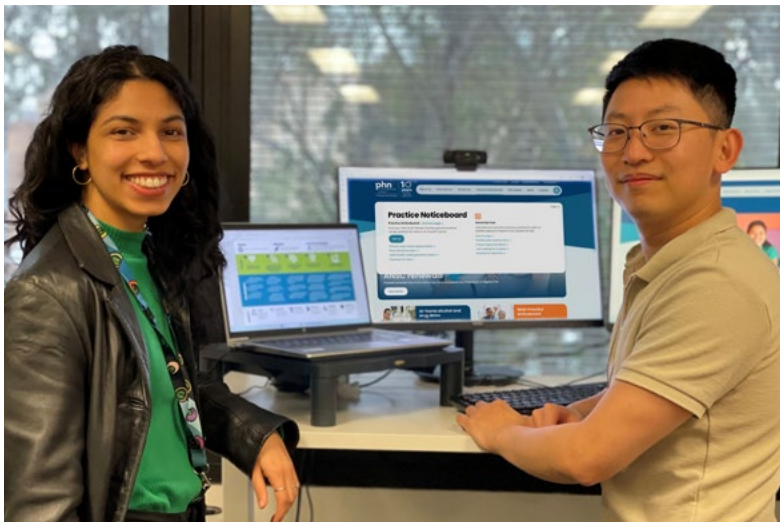
GPs were similarly positive.

In the last financial year, SWSPHN also hosted eight additional CPD events which were suitable for allied health professionals.

Our Workforce Engagement team visited 60 sites in the Fairfield Local Government Area and consulted with 15 allied health professionals in 2026, as part of a project aimed at better understanding the realities of practising in our region, to inform the development of initiatives to overcome barriers to multidisciplinary care.

Feedback highlighted:

- concerns about the mixed levels of engagement and different referral pathways between general practice and allied health resulting in missed opportunities for patient care and reducing multidisciplinary care utilisation
- low awareness of allied health roles, particularly in culturally and linguistically diverse communities, resulting in patients potentially not accessing the services they need



Workforce Engagement team members Nisha Nair and Brendan Chiew are committed to building connections between allied health and general practice.

- a fragmented health system with poor information sharing, which delays care, reduces collaboration, increases the administrative burden and creates a siloed workforce

A new Multidisciplinary Team Care small grants program in Fairfield, and ongoing GP-allied health co-education and networking events, are initiatives already underway aimed at addressing these barriers.

This year also saw the inclusion of formal allied health representation on SWSPHN's Clinical Council for the first time. Three new members, including a pharmacist, a physiotherapist and a psychologist, are now contributing directly to regional decision-making alongside GPs and other clinical leaders.

The Common Ground quarterly newsletter was launched in February 2026, keeping allied health professionals across South Western Sydney connected and informed. The newsletter was distributed in February to 980 recipients and in May to 1,352 recipients.

The Common Ground includes a profile which explores allied health specialities; SWSPHN initiatives and programs; grant opportunities; and CPD events.

MyMedicare

Teams collaborate to improve access to connected, affordable and quality healthcare

There was strong MyMedicare uptake from general practices across South Western Sydney in 2025-2026, with SWSPHN's Practice Support and Practice Advancement teams helping practices navigate registration and implementation of the program.

By 30 June 2026, 286 out of 383 practices in South Western Sydney were registered for MyMedicare, a voluntary patient registration model which formalises the relationship between patients and their preferred general practice and GP.

The model is designed to strengthen continuity of care, improve quality and safety in general practice, increase access to affordable healthcare and support better management of chronic conditions.

To be eligible for MyMedicare, general practices must be accredited against the Royal Australian College of General Practitioners (RACGP) Standards for General Practice or be in the process of obtaining accreditation.

MyMedicare practices can access:

- the Bulk Billing Practice Incentive Program (BBPIP), which supports general practices to bulk bill all Medicare-eligible patients
- the General Practice in Aged Care Incentive (GPACI), which supports regular health assessments, care plans and regular GP visits for people in residential aged care homes (RACHs)

In 2025-2026, our Practice Support Officers (PSOs) assisted practices undertaking accreditation for the first time and those undergoing re-accreditation.

We offered resources, feedback and support via practice visits, calls and emails, and by linking practices with our Clinical and Quality Improvement (CQI) and Digital Health teams where needed.

As of July 2026, 80 per cent – or 307 of 383 – of practices in South Western Sydney were accredited or registered for accreditation, a significant jump from 266 – or 70 per cent – in December 2024.

SWSPHN's PSOs and Practice Advance Officers (PAOs) also provided practices with information about MyMedicare, guided them through the patient and organisation registration phases, and assisted with BBPIP and GPACI registration.

This hard work has paid off with 77 per cent of practices in our region now participating in the BBPIP, which commenced on 1 November 2025.

South Western Sydney can also boast the highest bulk billing rates in the country, with data released in June showing a massive 95.4 per cent of eligible item numbers bulk billed across the region, compared with 79.8 per cent nationally.

Supporting GP attendance in our region's 70 RACHs by encouraging the uptake of GPACI, has also been a focus for our PSO and PAO teams, in collaboration with our RACH Engagement Officers (REOs), this financial year.

GPACI aims to support regular, planned proactive care for RACH residents.

There are currently 144 GPs servicing 70 RACHs in South Western Sydney.

To boost this number, our teams began mapping GP availability and building a central record of practices with the capacity and interest in working with RACHs, provided tailored information and support, and facilitated connections between practices and RACHs.

SWSPHN's CQI team also supported the uptake of MyMedicare in this period, with the development of the QI toolkit focusing on chronic conditions management.

Quality Improvement in Primary Care

Support and guidance drive use of general practice data to improve patient outcomes

Giving general practice the tools to ensure sustainability and deliver better care to their patients is at the heart of SWSPHN's Quality Improvement in Primary Care (QIPC) program.

The QIPC program aims to improve data quality, use practice data to improve patient care and identify potential future business revenue.

Practices are classified into three tiers which indicate their level of engagement in quality improvement. As engagement increases and data quality improves, practices move into higher tiers.

This approach allows our Clinical and Quality Improvement (CQI) team to offer strategies which can boost data quality and identify areas for improvement while assisting with goal setting.

Progress reports and feedback are also an important part of the process.

During the last financial year, the program assisted 70 Tier 3 general practices by identifying clinical focus areas and suggesting strategies for improvement.

The CQI team also worked with the data team to ensure all practices registered for Practice Incentives Program Quality Improvement (PIPQI) met their requirements.

They provided POLAR (Population Level Analysis and Reporting Tool) training to internal PHN staff, practice staff and at CPD events and continue to develop new resources such as POLAR step-by-step walkthroughs and the quarterly QI Pulse newsletter.

Four new QI toolkits were developed and are available on SWSPHN's website.

Focusing on heart health, cancer screening, chronic conditions management and hepatitis C, the kits are designed to assist practices in identifying and planning data-driven QI activities on specific clinical topics.

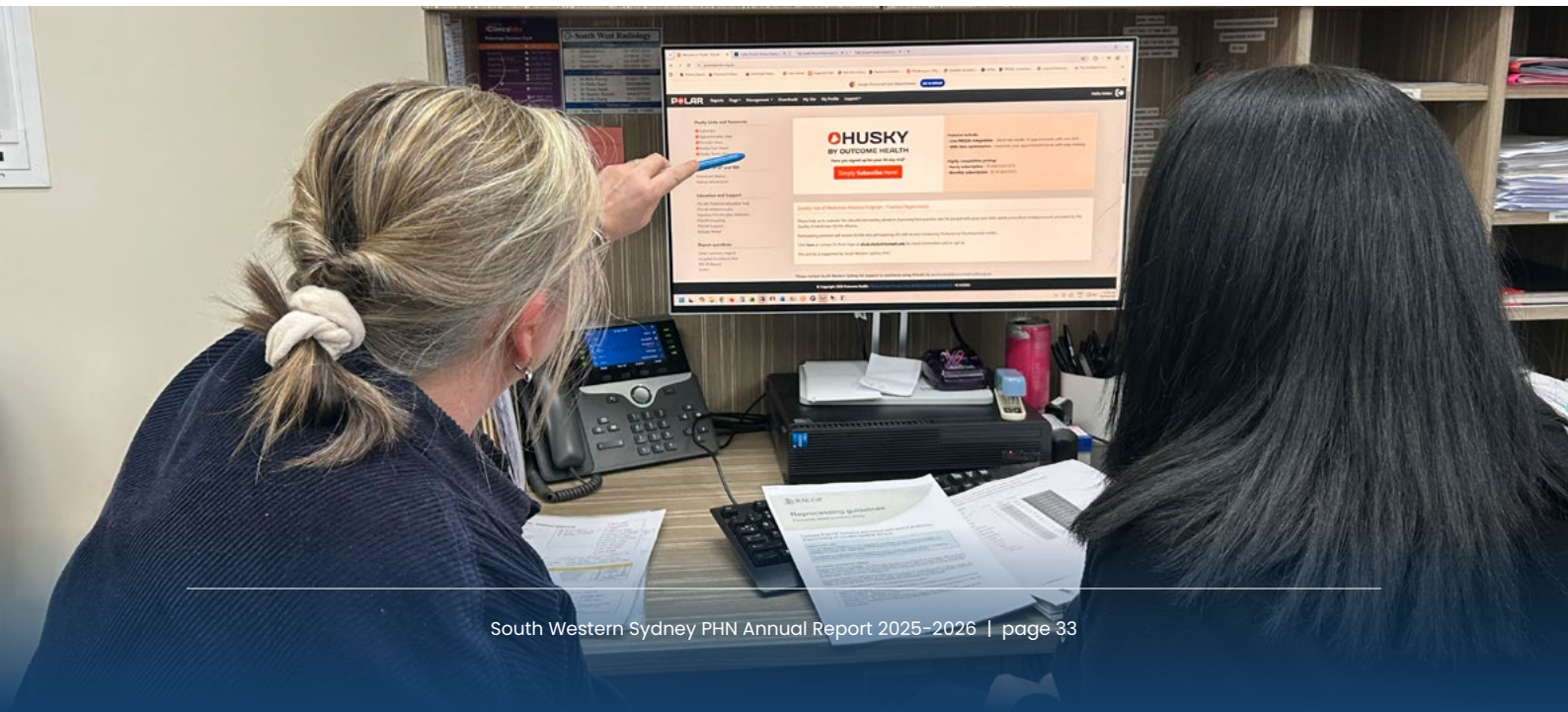
Feedback has been encouraging from practices using the toolkits with comments like "amazing" and "we don't need you to help us as much".

As of 30 June 2026, 305 South Western Sydney practices were participating in QIPC.

- 24 in Tier 1 (data sharing only)
- 211 in Tier 2 (data quality)
- 70 in Tier 3 (clinical focus)

From 1 May 2025 to 30 April 2026, there were 1,053 Models For Improvement created for PIPQI activities.

SWSPHN CQI Officer Tracy Higgins walks a staff member at Minto Mall Medical Centre through Husky.



Goal 3: Strategic Plan 2021-2026

An integrated health system that is fit for purpose



Integration

Collaboration and shared commitment is key to creating a connected health system

Our productive partnership with South Western Sydney LHD (SWSLHD) continued to strengthen over the past financial year, building on a solid foundation of collaboration and a shared commitment to creating a more connected health system for our community.

This year, SWSPHN and SWSLHD committed to the 2026 Collaborative Work Plan, an evolution of earlier project-focused plans to a more strategic approach to collaboration, shaped in part by the latest addendum to the National Health Reform Agreement (NHRA) which took effect on 1 July 2026.

Our Joint Needs Assessment also informs our strategic priorities, with its second iteration currently undergoing validation.

SWSPHN Acting Chief Executive Officer Amy Prince said the NHRA positioned PHNs as a regional partner in healthcare delivery.

"The agreement says Local Health Districts and PHNs across the country should work together for the benefit of their region and to deliver on a one health system mindset," she said.

"This means we have to plan locally, converse locally. It's about working together to improve transitions of care between services, and address local needs and challenges. That's what our Collaborative Work Plan is working to deliver."

The Collaborative Work Plan's project focus for the next three years includes:

- ➔ coordinated care transitions
- ➔ prevention and early intervention
- ➔ supporting the longer stay older patient
- ➔ primary care capacity
- ➔ the first 2,000 days of life

Ms Prince said it was important for PHNs and LHDs to work together because each had different pieces of the puzzle which contributed to a deeper understanding of the healthcare needs of South Western Sydney.



SWSPHN Acting CEO Amy Prince was among the speakers at the South Western Sydney LHD-hosted Health Beyond Research and Innovation 2025 in September last year. The showcase was hosted in partnership with the Ingham Institute for Applied Medical Research and supported by partners UNSW Sydney and Western Sydney University.

"SWSPHN has a really extensive population health understanding and an understanding of the primary care system, while the LHD brings its understanding of the hospital system, patterns of service use and deep epidemiological expertise," she said.

> "We're also coming from different perspectives and have a different understanding of what the community's needs are. You really need to work with others and bring all the pieces together to fully understand the health of our region."

Ms Prince said South Western Sydney had massive population growth and a hugely diverse population which meant there was a significant health need.

Health need, coupled with tight health budgets across all of the services in our region, meant "we have to work together to use the resources we have as wisely as possible," she said.

Other examples of significant initiatives SWSPHN and SWSLHD collaborated on in the last financial year include the Joint Mental Health and Suicide Prevention Plan, the Joint Regional Framework for Diabetes, health alliances, HealthPathways, GP Antenatal Shared Care and the Early Breast Cancer Survivorship Shared Care Program.

Joint Regional Mental Health and Suicide Prevention Plan

Community, health sector expertise ensures strong foundation for delivering targeted, coordinated care

Collaboration remained at the heart of mental health reform in South Western Sydney during the 2025-2026 financial year, with the launch of the new South Western Sydney Regional Mental Health and Suicide Prevention Plan to 2030.

Developed through a partnership between SWSPHN and South Western Sydney LHD (SWSLHD), the plan sets a shared direction for coordinated action to improve mental health and suicide prevention outcomes across the region over the next five years.

The plan outlines 14 priority actions focused on improving access to care, strengthening integration between services, enhancing care pathways and ensuring community needs remain central to planning and delivery. It also reinforces the importance of culturally safe and family-inclusive care, early intervention and embedding lived experience in decision-making.

By establishing clear priorities and shared responsibilities, the plan aims to support a more connected, responsive and person-centred mental health system. It recognises improving mental health outcomes requires sustained collaboration across primary care, hospital services, community organisations, government agencies and people with lived experience.

In April 2026, 60 leaders and representatives from across the health and community sectors came together to celebrate the official launch of the plan. Attendees included representatives from primary care, hospital services, community organisations and lived experience networks, reaffirming their shared commitment to strengthening mental health and suicide prevention services across South Western Sydney.

The launch marked an important milestone in regional collaboration and provided an opportunity for stakeholders to reflect on the work ahead, share perspectives and strengthen relationships across the sector.

To support implementation, SWSPHN and SWSLHD invited Expressions of Interest during May and June 2026 for membership of the plan's Steering Committee and four working groups. GPs, allied health professionals, community organisations, people with lived experience and other stakeholders were encouraged to contribute their expertise and help guide delivery of the plan's actions.



Health and community sector representatives gathered for the launch of the regional plan.



From left, SWSPHN acting CEO Amy Prince with Werriwa MP Anne Stanley, Whitlam MP Carol Berry and SWSLHD CE Sonia Marshall.

These groups will play an important role in maintaining momentum, monitoring progress and supporting collective responsibility for implementation over the life of the plan.

The new plan follows the conclusion of the previous Regional Mental Health and Suicide Prevention Plan in 2025 and carries forward the region's commitment to stronger collaboration, integrated care and lived experience leadership.

By bringing together expertise from across the health and community sectors, the plan provides a strong foundation for continued action and a more coordinated system, helping ensure people across South Western Sydney can access the right support, at the right time and in the right place.

Urgent Care

New clinic boosts access to convenient, fast and affordable treatment for minor illnesses, injuries

Access to timely care for urgent, non-life-threatening conditions expanded during the 2025-2026 financial year with the opening of the Austral Medicare Urgent Care Clinic in January 2026.

Funded by the Australian Government, Austral became South Western Sydney's sixth Urgent Care site, joining Campbelltown, Bankstown, Fairfield, Liverpool and Gregory Hills.

Together, the network provides free, bulk-billed care for minor illnesses and injuries which need prompt attention but not an emergency department visit.



SWSPHN's Anielka Dimakis (from left) and Mary Soriano, Mark Buckley from ForHealth, Assistant Minister for Mental Health and Suicide Prevention, Emma McBride, and Werriwa MP Anne Stanley at the opening of the Austral Urgent Care Clinic.

During the reporting period, the five Medicare Urgent Care Clinics recorded 48,307 presentations, including 38,822 unique patients, while the Gregory Hills Urgent Care Service supported a further 5,889 unique patients.

Across the network, thousands of patients reported they would have otherwise attended an emergency department if Urgent Care had not been available, helping reduce pressure on local hospitals.

Despite this demand, only 4,354 patients from the Medicare Urgent Care Clinics and 207 patients from Gregory Hills required referral to an emergency department, demonstrating the important role Urgent Care sites play in providing timely treatment closer to home.

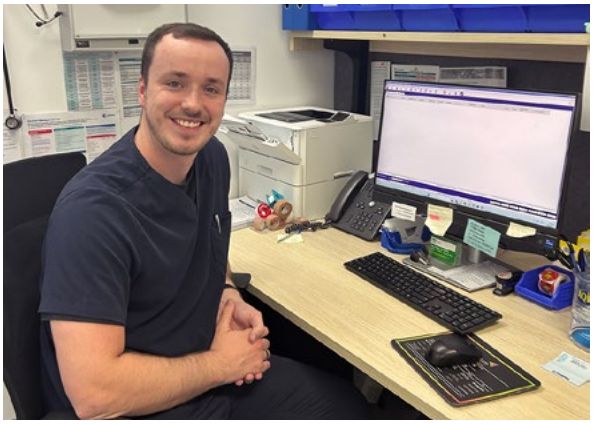
The Urgent Care sites also support continuity of care by providing discharge summaries to patients' regular GPs, uploading an event summary to My Health Record for each visit of those patients who consent and helping ensure follow-up care remains connected to general practice.

Paramedics strengthen multidisciplinary care

During the year, four Medicare Urgent Care Clinics welcomed experienced paramedics to their multidisciplinary teams.

The initiative is the first-of-its-kind. It is being delivered in partnership with the Australasian College of Paramedicine, SWSPHN and COORDINARE, the South Eastern NSW PHN. A total of 16 paramedics are now employed across the clinics, with three based at Austral, five at Bankstown, three at Fairfield and five at Campbelltown.

The initiative recognises paramedics' expertise in emergency care, triage and assessment while exploring innovative workforce models which support multidisciplinary care, expand career pathways and improve access to timely care for patients.



Experienced paramedic Joseph Wood at the Bankstown Medicare Urgent Care Clinic.

Universal Aftercare

Peer-led approach builds trust, reduces stigma, fosters hope at beginning of recovery journey

In October 2025, the Universal Aftercare service began full operations, with commissioned service provider Neami National delivering free, compassionate psychosocial support to people in South Western Sydney following a suicide attempt or suicidal crisis.

Throughout the 2025-2026 financial year, the service supported 195 consumers, including 11 Aboriginal and Torres Strait Islander people and 13 people who identified as LGBTQIA+, providing immediate follow-up, short-term compassionate psychosocial outreach and service navigation.

The service focuses on improving mental wellbeing, building resilience and helping people develop the skills and confidence to manage distress, strengthen their support networks and support their ongoing recovery, reducing the risk of future suicidal crisis or suicide attempts.

A defining feature of the service is its lived and living experience workforce.

Fifty per cent of the team have personal lived and living experience of suicidality, with every person's first contact with the service made through a lived experience worker. This peer-led approach helps build trust, reduce stigma and foster hope from the very beginning of the recovery journey.

By combining evidence-based care with the unique insights of lived experience, the Universal Aftercare service is helping more people access meaningful support and recover safely within their community.

Virtual Aftercare Hub

Service bridges critical gap for those needing support

In 2025, SWSPHN commissioned Lifeline Macarthur and Western Sydney to deliver the Virtual Aftercare Hub, a free after-hours service supporting people in South Western Sydney following a suicide attempt or suicidal crisis.

Funded by the NSW Ministry of Health, the hub helps bridge a critical gap for people who need support when local services are unavailable or who prefer to connect by phone or online.

A key feature of the service is its self-referral model, allowing people to access support by completing a simple online form without needing a GP referral, removing another barrier to care.

The hub is reaching people who may be unsure what support they need but recognise they need help, providing an important link between crisis services and formal referrals.

This accessible model is also supported by targeted social media campaigns, which generated about 60 self-referrals and enquiries during the first three months of 2026.

Through regular evening calls, accredited aftercare crisis supporters help people stay safe, build coping strategies, develop safety plans and connect with ongoing support.

Since launching in October 2025, the service has supported 64 people and delivered 632 follow-up contacts, helping people remain connected during some of their most vulnerable moments.

Mental Health and AOD roundtable

Services come together to build partnerships focused on improving care for people with co-occurring needs

SWSPHN brought together leaders from across the mental health and alcohol and other drugs (AOD) sectors for its ninth annual Mental Health and AOD Roundtable, Stronger Together: Collaborative Pathways for Co-Morbidity Care, in September 2025.

The event attracted 26 senior representatives from services across South Western Sydney to strengthen collaboration and improve care for people experiencing co-occurring mental health and AOD challenges.

Facilitated by Sharon Pedersen, the roundtable highlighted the value of shared knowledge, integrated care and strong partnerships.

The day opened with a powerful lived experience presentation, followed by insights from Kate Whitney on behalf of Hello Sunday Morning, which supports Australians to change their relationship with alcohol.

Participants also heard from Sally Boardman of The Matilda Centre for Research in Mental Health and Substance Use, who presented evidence-based approaches to comorbidity care and strengthening service partnerships.

Following a networking lunch, SWSPHN's HealthPathways and Planning Coordinator Nicole Gonzaga shared findings from the Local Health Forum on the future of alcohol and other drugs support in South Western Sydney.



Mental Health and AOD team staff Sophie Mara (from left), Kashish Arora, Luke Swain and Pritika Desai.



The event concluded with a presentation from Simone Angus-Carr of the Ted Noffs Foundation, highlighting innovative approaches to supporting young people experiencing alcohol and other drug issues.

Centralised after-hours radiology service

New care option helps avoid a long wait

A SWSPHN-commissioned after-hours radiology service opened at Moorebank in January 2026.

The service operated by South West Radiology, was open from 8am to 8pm every day, providing a reliable after-hours imaging option for GPs and Urgent Care clinics, and keeping patients out of hospital emergency departments while supporting timely diagnosis and treatment. Up until June this year, the service had received 277 referrals from Urgent Care and 762 referrals from GPs in the region.

In the same period it delivered 874 X-rays and 164 non-contrast CT scans.

Service records showed 95 per cent of the patients referred for scans were residents of South Western Sydney.

Committees and working groups

Broad representation ensures robust guidance reflects range of perspectives and experiences

Membership of SWSPHN's committees and working groups underwent a period of recruitment and renewal in 2025-2026, with expressions of interest invited throughout the financial year to ensure each body remained representative and well supported.

Aboriginal Advisory Committee

In 2025-2026, our Aboriginal Advisory Committee was elevated to report to the SWSPHN Board, alongside the Clinical Council and Community Advisory Committee – strengthening the committee's oversight and reflecting its strategic importance.

The committee is made up of community representatives, SWSPHN staff, health professionals and staff from Aboriginal medical and community services, and provides input into initiatives which improve the health outcomes of First Nations people living in South Western Sydney.

In the last financial year, a key area of work for the committee was input into the development of an Aboriginal and Torres Strait Islander Engagement Strategy. It also provided guidance on the pilot procurement process for the First Nations care finder provider, which included a yarning session alongside the standard written submission.

The committee reviewed and provided feedback on the Mental Health Redesign Project, our bi-annual Local Health Forum topics, the development of a new funding distribution model and focus areas for the Joint Needs Assessment we undertake with the South Western Sydney LHD (SWSLHD).

Community Advisory Committee

Our Community Advisory Committee continued to play a critical role in advising the SWSPHN Board and leadership team on strategic priorities, emerging health needs, service improvement opportunities and consumer experiences.

In 2025-2026, key projects for the committee included: reviewing Health Resource Directory factsheets; consulting on Local Health Forum topics; and providing feedback on the Joint Needs Assessment key focus areas.

Members also received updates on matters relevant to the committee, such as SWSPHN's recognition of the barrier of deficit discourse to improving health outcomes and our focus on a strengths-based approach to planning work; eScripts; changes to My Health Record; and the Regional Mental Health and Suicide Prevention Plan.

Clinical Council

SWSPHN's Clinical Council welcomed several new members in 2025-2026, including three allied health practitioners, marking the first time allied health has been formally represented on the council alongside GPs and other clinical leaders.

In 2025-2026, the council provided advocacy and guidance to the SWSPHN Board across many key clinical areas.

Discussions and presentations this year focused on governance matters and quality improvement, including the Terms of Reference, the Strategic Research Framework, the Quality Improvement in Primary Care (QIPC) program and the Practice Incentives Program (PIP) Quality Improvement (QI) incentive.

The group provided input into clinical service improvements in areas including attention deficit hyperactivity disorder (ADHD) reforms, antenatal care, mental health and community pharmacy integration with service providers.

It encouraged prescribers to consider their use of antimicrobials, following new data which showed our region has the second highest level of antibiotic prescribing in Australia.

Another focus for the group was primary care reforms such as MyMedicare, the primary care workforce and multidisciplinary team-based care and antimicrobial prescribing rates.

The council provided guidance on SWSPHN's strategic planning and commissioning, the Joint Needs Assessment and the Funding Distribution Project.

Health alliances

Partnerships strengthen capacity to respond with coordinated, place-based solutions to local needs

Strong health alliances are central to SWSPHN's vision for a healthier population with better access to quality health services.

By working closely with public, private and local government partners, SWSPHN is helping reduce fragmentation across the health system and support more coordinated, place-based responses to local health needs.

This year, SWSPHN continued to strengthen partnerships through the Fairfield City Health Partnership and Alliance, the Wollondilly Health and Planning Alliance and the Western Sydney Health Alliance.

The Fairfield City Health Partnership and Alliance brings together SWSPHN, South Western Sydney LHD (SWSLHD) and Fairfield City Council.

A new Memorandum of Understanding (MoU) was signed in December 2025 for the Fairfield City Health Partnership and Alliance until 2029. The agreement brought together the former Fairfield Health Partnership and Fairfield Health Alliance into one unified framework. During the year, this collaborative approach supported initiatives to reduce gambling harm across Fairfield by improving community awareness, strengthening referral pathways and promoting earlier access to support services.

The Wollondilly Health and Planning Alliance is a formal partnership between SWSPHN, SWSLHD and Wollondilly Shire Council.

In September 2025, the Wollondilly Health and Planning Alliance also signed a new MoU, extending the partnership until 2030. The agreement reaffirmed a shared commitment to improving access to preventative health programs, mental health services for young people, virtual care, age-appropriate immunisation and stronger advocacy for transport, workforce and health infrastructure as the population grows. This commitment was further supported through work to advance social prescribing, helping connect people with local community groups, activities and services which support health and wellbeing beyond traditional healthcare.



SWSLHD CE Sonia Marshall (from left), Fairfield City Council General Manager Bradley Cutts and SWSPHN Acting CEO Amy Prince signing the MOU.



The Western Sydney Health Alliance is a broader regional partnership involving SWSPHN, SWSLHD, five councils across South Western Sydney, the Nepean Blue Mountains Primary Health Network, Nepean Blue Mountains Local Health District and three local councils across the Nepean Blue Mountains region. Together, the alliance drives collaborative planning to improve health and wellbeing across Western Sydney.

A key achievement during the year was the GP Workforce Round Table, which brought together general practice leaders, health organisations and other key stakeholders to explore solutions to workforce challenges and strengthen the sustainability of general practice across Western Sydney.

My Care Partners

Successful care coordination program makes real difference to patients' lives

The My Care Partners program continues to support people living with chronic and complex health conditions through coordinated, multidisciplinary care delivered in partnership with 18 general practices across South Western Sydney.

At the end of the reporting period, 142 patients with chronic and complex health conditions were actively enrolled in the program.

Through proactive care coordination, personalised care planning and improved access to multidisciplinary services, the program contributed to helping patients remain healthier in their homes and communities.

Utilising Patient Reported Outcome Measure (PROM) tools, 75 per cent of patients achieved favourable outcomes across several assessment areas, including mobility, self-care, pain/discomfort and activities of daily life.

The greatest improvement was seen in the recognition and treatment of patient's symptoms with 83.3 per cent of patients demonstrating improvement.

This is a particularly important clinical outcome as early recognition of deterioration and appropriate self-management are key to preventing avoidable hospital presentations and supporting timely escalation of care.

Improvement across all other clinical domains further reinforces the My Care Partners program's effectiveness in self-management skills and patients feeling involved in their care.

The program supports people living with multiple chronic diseases such as diabetes, cardiovascular disease, chronic respiratory disease, chronic kidney disease and other complex health conditions which benefit from multidisciplinary, team-based care.

Patient feedback continues to demonstrate the positive impact of the program on both health outcomes and quality of life.

Participants consistently describe feeling supported, listened to and empowered to better manage their health.

One participant shared: "Great service, cannot fault it. Grateful for the assistance".

The My Care Partners program continues to strengthen partnerships between general practices, care coordinators and allied health providers to deliver person centred care.

Through ongoing collaboration, education and quality improvement initiatives, the program is supporting people with chronic and complex conditions to receive the right care at the right time, reducing avoidable hospitalisations and improving their overall wellbeing.

Suicide Prevention Lived Experience Advisory Group

Collaboration will share timely, expert advice

The South Western Sydney Suicide Prevention Lived Experience Advisory Group formed this year, following a call for expressions of interest to join in April 2026.

The group which began meeting in the 2026-2027 financial year is a collaboration between SWSPHN, Lifeline, Roses in the Ocean and South Western Sydney LHD.

It will provide organisations, services and initiatives in South Western Sydney with access to expert and timely consumer and carer advice related to suicide prevention, by drawing on lived experience to strengthen the development, co-design and continuous improvement of suicide prevention services.

The group brings together a diversity of perspectives, ages and locations.

In the reporting period, the 11 members participated in two workshops facilitated by Roses in the Ocean, to build their capacity as consumer and carer representatives and strengthen their ability to safely tell their story.

Goal 4: Strategic Plan 2021-2026

Primary healthcare that demonstrates value



Continuing Professional Development

Collaboration with key partners ensures training is tailored to unique needs of our communities

More than 700 health practitioners in South Western Sydney benefited from our tailored Continuing Professional Development (CPD) events this financial year.

SWSPHN is dedicated to supporting GPs, and other primary care professionals, in delivering the highest standards of care to our community. Our CPD events are designed to enhance the knowledge, skills and competencies of healthcare providers, ensuring their practice stays up to date with the latest advancements and skills in primary care.



Speakers Hanan Dover, Amanda Butt, Dr Hamshi Singh and Nisha Nair were part of the all-female panel at The Common Ground CPD event in May 2026.

We collaborate closely with primary care providers across South Western Sydney, as well as key partners like South Western Sydney LHD and Western Sydney University, to develop educational activities which address the unique needs of our local communities.

As a recognised CPD education provider under the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) programs, SWSPHN offers sessions which not only address current clinical priorities but also reflect feedback from practising GPs, nurses and allied health providers, along with insights from our partner institutions.

Courses are based on evaluation, feedback and robust discussion among peers and stakeholders to enhance the development of a culture of continuous quality improvement.

Our CPD events contribute towards South Western Sydney's GPs meeting their RACGP requirement of 50 CPD hours per year. Each session helps get closer to this goal with structured, targeted learning opportunities designed for practical impact.



Between July 2025 and June 2026, SWSPHN conducted 64 CPD events, including the Connected Care Conference.

The sessions covered 58 unique topics and included 41 webinars and 23 face-to-face events – 21 for GPs and two for practice nurses.

Attendees included 352 GPs, 45 GP registrars, 167 nurses, 68 practice managers, 52 receptionists and 41 allied health professionals across a wide range of CPD events.

Topics covered by our CPD sessions were wide-ranging and grounded in knowledge and skills aimed at helping our healthcare professionals better understand and care for our diverse and growing population.

They included antenatal skills and scenarios, artificial intelligence in healthcare, women's health issues such as endometriosis and menopause, foundational skills and emerging trends, cancer, diabetes and the importance of immunisation among many others.

Nurses also benefited from CPD sessions which covered relevant skills such as immunisation, IV cannulation, mastering care plans, supporting child development and wound assessment and documentation.

Four Common Ground CPD events were held, attracting 37 allied health professionals, 53 GPs and 33 nurses.

The series aims to build stronger relationships between general practice and allied health, with participants exploring real-world case studies, practical workflows and shared approaches to managing complex care.

Two workshops were held in February and May as part of the GP Living series, and 97 participants attended including 54 GPs, 33 nurses, nine practice staff and one allied health professional.

The subjects covered were Reclaiming resilience – resetting before you burn out and Boundaries, compassion and the power of 'enough'.

The series offers localised, practical advice on running practices more efficiently, and the tools to improve the wellbeing of staff.



Thirty two nurses attended wound management face-to-face training in March 2026



Fifteen nurses attended our workshop focusing on intravenous cannulation in June 2026



Thirty-eight GPs and GP registrars attended our face-to-face workshop in April 2026, focusing on skin cancer in primary care.

Residential aged care homes

Digital health and after hours planning initiatives improve older peoples' access to care

The 70 residential aged care homes (RACHs) in South Western Sydney benefited from various initiatives such as training to improve access to digital health and immunisation, resources to support after hours care planning and funding for better medications management, in 2025-2026.

In the last financial year, SWSPHN's Residential Aged Care Engagement Officers (REOs) and Digital Health team delivered refresher training to about 60 staff across six RACHs on using the telehealth equipment provided through SWSPHN's RACH Digital Health Project.



Digital Health team members Janvier Miranda and David Hoang, with REO Kirsty Young, visited RSL LifeCare Picton to present a My Health Record information session for residents and staff.

In the same period, our teams held information sessions for almost 50 residents at four RACHs on the use of My Health Record.

The sessions provided an introduction to digital health tools, helping residents better understand how their health information can be accessed and used to support their care.

Registered nurses working in RACHs took up 26 of the 40 annual nurse immuniser training scholarships SWSPHN offered in the 2025-2026 financial year.

The scholarships covered the cost of Authorised Nurse Immuniser in NSW training which authorises nurses to administer vaccinations independent of a medical officer.

SWSPHN also developed an after-hours healthcare toolkit for RACHs which explains the importance of after-hours care planning, where to find useful resources, how to use and keep these up-to-date, and available services and changes.

In 2026, SWSPHN awarded 14 imprest medication management grants, each valued at $4,000.

An imprest system allows appropriately registered health practitioners to access medications for urgent and end-of-life use.

Funding covered setup costs, permit applications, safe installation, initial stock, support sessions for policy development, staff training and participation in communities of practice.

SWSPHN also helped facilitate the Aged Care On-site Pharmacist (ACOP) Measure in 2025-2026. The Department of Health, Disability and Ageing measure funds on-site pharmacists to strengthen medication safety, governance and compliance. In South Western Sydney, 11 RACHs are participating in the initiative.

A new quarterly newsletter, Primary Care Matters, was also launched in December 2025.

The newsletter aims to facilitate connections between RACHs and general practice, and provides information and resources to support RACHs stay up-to-date with accreditation, new systems and programs.

It is distributed to 155 recipients.

Local Health Forums

Community members share experiences to highlight priorities for planning and service delivery

SWSPHN continued to provide opportunities for community members, health professionals and service providers to help shape the future of healthcare in our region, through our Local Health Forums in 2025-2026.

Two forum series' were held, each focusing on a key area of health identified through local needs assessment and community feedback.

The first series, held in August and September 2025, explored pregnancy care and antenatal services. Forums in Campbelltown and Bankstown attracted 46 participants, while a further 26 people contributed through a supporting survey, including seven community members and 19 service providers.

A second series of forums, held in March and April 2026, focused on improving access to healthcare and support services for children aged up to 12 years. Three forums in Bankstown, Campbelltown and Bowral brought together 56 community members, health professionals and SWSPHN staff to discuss the barriers parents and carers face when accessing care for their children.

A further 16 people also contributed through a supporting survey, providing additional insights to help shape future planning and service delivery.



Attendees at the SWSPHN Local Health Forum on pregnancy care and antenatal services.

Across both forum series, participants highlighted local priorities, shared lived experiences and identified practical opportunities to strengthen health services.

The feedback gathered is helping SWSPHN better understand the needs of local communities and will inform future commissioning, planning and partnership activities.

Care finder

Service supports our most vulnerable residents

Care finder delivered services to 935 vulnerable members of our community from July 2025 to June 2026.

This important service connects vulnerable older people with aged care and other suitable supports, provides guidance in navigating My Aged Care and does regular check-ins with clients to ensure their needs are being met.

SWSPHN has been funding providers to deliver care finder services in South Western Sydney since 2023.

Providers include Catholic Healthcare, Multicultural Care Limited, Western Sydney Migrant Resource Centre, EACH and The Benevolent Society.

The average care finder client was 76 years old and female, 51 per cent of services were delivered face-to-face and 82 per cent of outbound referrals were made to aged care services.

Tharawal Aboriginal Corporation has recently been appointed as a new provider and is offering services to First Nations communities as well as non-Indigenous communities.

No Wrong Door

Shared commitment revitalises united response to challenges of navigating the mental health system

SWSPHN continued to strengthen collaboration across South Western Sydney's mental health sector during the 2025-2026 financial year through the ongoing expansion of the No Wrong Door initiative.

Developed in response to community feedback about the challenges of navigating the mental health system, No Wrong Door promotes a collaborative, recovery-oriented approach to care.

The initiative encourages organisations to work together so people seeking support can access the right service, regardless of where they first seek help.

Building on its original model which saw 66 organisations commit to the No Wrong Door Charter, the initiative was opened to all organisations supporting people across South Western Sydney in 2025.

Members commit to four guiding principles focused on human rights, recovery-oriented practice, reducing barriers to care and strengthening integrated service delivery.

A key milestone during the reporting period was the full implementation of the No Wrong Door quarterly newsletter.

A total of 420 individuals were sent two No Wrong Door newsletters which introduced a central communication tool for members.

The newsletter provides practical guidance on implementing the No Wrong Door Framework, promotes free mental health training opportunities, including Mental Health First Aid courses, and shares sector news and resources to support both mental health and non-mental health services.

The No Wrong Door Framework also continued to support organisations to reflect on and strengthen their practices, helping ensure consumers and carers receive timely, coordinated and person-centred support.

By fostering stronger partnerships and encouraging consistent, best-practice approaches across the region, No Wrong Door is helping create a more connected and accessible mental health system for the communities of South Western Sydney.

Immunisation Hero

Campaign champions vaccination to protect health and wellbeing of communities across region

SWSPHN launched the Immunisation Hero campaign in November 2025 to encourage positive conversations about vaccination and improve immunisation uptake across South Western Sydney.

Designed to be engaging, educational and non-judgemental, the campaign promoted the benefits of vaccination while empowering people to make informed decisions about their health.

A key focus was increasing awareness of childhood immunisation, particularly within the Bankstown Local Government Area and Aboriginal communities, where improving vaccination coverage remains a priority.

The campaign reached communities through a coordinated mix of outdoor advertising and digital communications.

Immunisation Hero messages featured on 128 bus shelters, 440 rest rooms in shopping centres and licensed venues and many billboards and posters across railway stations in the T8 and T3 lines, recording 17,000 to 25,000 commuters a day. This combined effort reached an estimated 15 million views.

Digital communications reinforced the campaign through website content, newsletters and paid and organic social media, which reached more than 30,000 people.

Immunisation Hero complements SWSPHN's annual winter vaccination campaign by encouraging people to stay up to date with their vaccinations, help strengthen community immunity and protect vulnerable people each winter.

By delivering consistent, accessible and culturally appropriate messaging across multiple platforms, the Immunisation Hero campaign increased the visibility of evidence-based vaccination information and supported SWSPHN's ongoing commitment to protecting the health and wellbeing of communities across South Western Sydney.

The Immunisation Hero campaign on display at Ingleburn railway station.



Winter Readiness Education Program

Hundreds benefit from multilingual workshops helping participants manage their health in the colder months

In 2025-2026, SWSPHN partnered with Ethnic Community Services (ECS) to deliver the Winter Readiness Education Program, helping culturally and linguistically diverse communities build the knowledge and confidence to manage their health during the winter months.

Delivered across Bankstown-Canterbury, Fairfield, Camden and Campbelltown, the program engaged more than 600 participants through 17 multilingual workshops presented in Arabic, Chinese, Vietnamese and English.

Bilingual ECS staff worked alongside medical professionals to provide culturally appropriate and accessible health information in trusted community settings.

The workshops covered COVID-19 and influenza vaccination, when and where to seek medical care and how to access the Translating and Interpreting Service (TIS).

Community lunches encouraged social connection and created a welcoming environment where participants felt comfortable asking questions and discussing health topics.

Interactive activities, including role-play and presentations from people with lived experience of COVID-19 and influenza, showed how the program helped participants apply learning to real-life situations.



SWSPHN Acting Integration and Priority Populations Manager Bessie Berberovic presenting at the Winter Readiness Education Program celebration event.

In October 2025, SWSPHN and ECS hosted a celebration event with more than 250 attendees to recognise the program's success and the positive impact it had on local communities.

Participant feedback highlighted the value of receiving health information in community languages, with many reporting increased confidence in navigating the healthcare system.

The program reinforced the importance of trusted partnerships and culturally responsive education in improving health literacy and supporting more equitable access to healthcare across South Western Sydney.

SWSPHN's Bessie Berberovic (middle left) with Ethnic Community Services' Amal Madani (left), Ellen Gore (middle right) and Minh Le (right) celebrate the success of the Winter Readiness Education Program.



Goal 5: Strategic Plan 2021-2026

A trusted & socially responsible organisation



SWSPHN Board

Outgoing Chair thanked for inspirational leadership and contribution, at last year's showcase

Elderslie GP, Dr Matthew Gray, stepped down as SWSPHN Chair at last year's annual general meeting (AGM), a role he had held since SWSPHN's inception 10 years ago.

Board members and SWSPHN staff paid tribute to Dr Gray for his contribution in an emotional video shown at our annual showcase, describing him as an inspiring leader, wise and compassionate, and a 'champion for primary healthcare' in our region.

Clinical Director at Gidget Foundation Australia, Karen Edwards, was elected as new SWSPHN Chair.

Dr Gray devoted 22 years to making a difference to the health of our community in his roles – 18 years of which he served as Chair – at SWSPHN and its predecessors the Macarthur Division of General Practice, Sydney South West GP Link and South Western Sydney Medicare Local.

Dr Gray said SWSPHN had a special role in the complex Australian health system, focusing on the three Cs – commissioning based on a sound understanding of, and planning based on community need; coordination and integration which bridges gaps and joins services "like glue that binds things together";



Dr Matthew Gray's contribution as Board Chair since SWSPHN's inception was recognised at last year's showcase.

and building the capacity of the primary care workforce.

> "Over the last 10 years we've grown and matured to become a safe and trusted pair of hands for implementing policy for the Commonwealth on the ground in our community," he said after his retirement.

At the time, SWSPHN CEO, Dr Keith McDonald PhD, said Dr Gray had led our organisation with "calm resolve, authenticity and embedded a culture of integrity and courage".

10 years of PHNs

Decade of building healthier communities celebrated

SWSPHN was among the 31 Primary Health Networks across Australia to cap off 10 years of making healthcare more connected, accessible and responsive to local community needs, on 1 July 2025.

The Australian Government established PHNs to support general practice and primary care providers, reduce service fragmentation, and better understand and address unmet local health service needs by working with a broad range of stakeholders within primary care and beyond.

During the past decade, we have provided professional development opportunities for our primary care workforce, forged partnerships to ensure locally responsive care, and worked with our community to understand their healthcare needs and tailor services to meet those needs.

In September last year, SWSPHN staff celebrated the milestone at our annual staff development day with a cake, looking back at our evolution, growth and successes during the past 10 years, and at future opportunities for improving health outcomes for our growing and diverse community.

Integrated Management System

Project brings together people, processes and technology to strengthen information security

A significant internal project reached completion in 2026, with SWSPHN achieving ISO 27001 certification in March this year.

ISO 27001 is an Information Security Management System standard which focuses on managing and protecting data from breaches and unauthorised access by ensuring their confidentiality, integrity and availability.

It encompasses people, process and technology to ensure the appropriate level of controls are in place to effectively manage information security and support organisation objectives.

ISO 27001 certification by 30 June 2026 was a Department of Health, Disability and Ageing requirement for all PHNs across Australia.

SWSPHN is also ISO 9001-certified - an internationally recognised standard for Quality Management Systems which demonstrates products and services consistently meet customer and regulatory requirements. We again received zero nonconformities during an ISO 9001 annual surveillance audit in December 2025.

In the last financial year, SWSPHN worked towards and succeeded in merging the two standards into one streamlined Integrated Management System (IMS).

Many smaller pieces of work supported progress towards IMS, including.

- regular communication and engagement with employees
- delivery of organisation wide training and development
- updates to the Project Management Framework around information security considerations
- policy and procedure integration between ISO 9001 and ISO 27001
- development of new documentation to support the requirements of ISO 27001



SWSPHN staff - Executive Manager Corporate Services Christine Turner (from left), Acting CEO Amy Prince, Quality and Compliance Coordinator and Project Lead Jamie Moliterno, and IT Manager Peter Kenneally - join staff at the ISO 27001 certification celebration.

- refinement of existing processes and registers
- roll out of information classification and labelling
- internal and external audits

The IMS project has resulted in a significant uplift in information security maturity, visibility and control across our organisation; improved staff awareness, compliance and accountability; and the development of sustainable policies, procedures and registers.

At Stage 2 ISO 27001 certification, the SAI Global Lead Auditor noted:

- SWSPHN's commitment to information security and risk-based culture was demonstrated, along with properly documented policies
- the staff's cooperation with the audit team throughout the process, including
- preparing evidence ahead of the audit
- evidence of the huge effort put into the information security management system following the stage 1 audit, leading to the successful execution of the stage 2 audit

Reconciliation Action Plan
Strategy demonstrates commitment to promoting cultural awareness and connection

During 2025-2026, SWSPHN's Reconciliation Action Plan working group continued to strengthen cultural awareness, engagement and community connection.

The group began implementing our second Innovate Reconciliation Action Plan (RAP), which received Reconciliation Australia endorsement during this period, by hosting and participating in both internal and external cultural awareness activities.



SWSPHN was recognised for its gold sponsorship of the Gandangara Local Aboriginal Land Council's National Reconciliation Week community event in May. SWSPHN staff Jessica Nguyen and Yvonne Dimitropoulos.

RAPs provide a framework for organisations to leverage their structures and diverse spheres of influence to support the national reconciliation movement.

The Innovate RAP is SWSPHN's third RAP. It demonstrates our continued commitment to reconciliation and guides our work to build meaningful relationships with Aboriginal and Torres Strait Islander people, through which we aim to improve the health and wellbeing of First Nations people by supporting culturally safe healthcare.

In the last financial year, the working group continued its valued partnership with Koorimunications, whose guidance supported culturally safe and respectful decision-making during the development, and now implementation of the Innovate RAP. Other activities included the participation of more than 60 employees in an Acknowledgement of Country online workshop and the involvement of two SWSPHN staff at an On Country cultural immersion day on the Georges River.

We also hosted stalls at events including Gandangara Local Aboriginal Land Council's National Reconciliation Week community event at Liverpool and Tharawal Aboriginal Corporation's Family Fun Day at Campbelltown Sports Stadium.

Memorandum of Understanding
Agreement focuses on First Nations health outcomes

A new agreement formalising collaboration between Tharawal Aboriginal Corporation and Medical Service (TACAMS) and SWSPHN, was signed in June 2026. The Memorandum of Understanding aims to achieve positive, sustainable outcomes for local First Nations people.

The MOU aims to:

- implement and maintain a formal structure for collaboration between TACAMS and SWSPHN at a strategic level
- provide avenues for joint advocacy on key health priorities as they arise
- improve access to healthcare for First Nations people across our region
- retain culturally sensitive GPs and health professionals across our region
- strengthen relationships with local primary care providers to improve First Nations community health outcomes

PHN Commissioning Innovation Showcase
Our staff 'connect' to learn and share experiences

Representatives from SWSPHN joined PHN colleagues from across Australia for the annual PHN Commissioning Innovation Showcase, in Newcastle, in September 2025.

Our delegation included staff from our Commissioning, Mental Health, Service Support, Digital Health and Data, and Integration and Priority Populations teams, who had the opportunity to collaborate and learn from other PHNs.

The showcase focused on the importance of 'connection' to our work.



Learning and sharing, SWSPHN staff joined colleagues from other PHNs at the Commissioning Innovation Showcase.

Our team had the opportunity to share their insights and experiences across four presentations.

Topics included:

- Turning the focus towards outcomes – commissioning initiatives to enhance service outcomes
- My Care Partners – achieving outcomes through value-based healthcare
- All angles covered – collaborative commissioning between multiple partners to improve hepatitis C screening and treatment in primary care
- Commissioned contract reviews – bridging processes, technology and systems for seamless success

One of our staff sat on a panel with sector leaders, and a poster highlighting our approach, impact and lessons from our Local Health Forums was also on display at the showcase.

Customer relationship management system
Project streamlines processes to improve performance

A major digital transformation project which aims to make SWSPHN more efficient, improving our decision-making and over-all performance, progressed significantly in 2025-2026, with the roll out of our new customer relationship management system, nicknamed 'Milo' within the organisation.

Milo is a comprehensive software system designed to streamline and integrate core business processes including finance, customer relationship management, event management and commissioning into one centralised platform. This will be integrated with our human resource management and payroll system, Elmo.

Some examples of the actions undertaken in the last financial year include:

- facilitated workshops to review existing business processes and develop standardised future workflows
- data migration planning, validation and testing activities to ensure accuracy and continuity of business operations
- transition to business-as-usual operations through post-implementation support, issue resolution and continuous improvement activities

The support and hard work of SWSPHN staff, including our Steering Committee and the 'super user' group, has been critical to the success of the project so far, and reflects our organisation's commitment to continuous improvement, innovation and collaboration in delivering better outcomes for our community.

Leadership development program

Coaching sessions foster strong leaders better equipped to champion health improvements

Managers and team leads at SWSPHN built skills and confidence in their leadership abilities through a 12-month program tailored just for them, in 2025.

The 25 participants had an overwhelmingly positive response to Red Wolf's Connected Leaders – 3C Leadership Program, describing it as "empowering", "relatable" and "safe".

The course involved six face-to-face coaching sessions, one-on-one and group online sessions, and access to an online course which reinforced what had been learnt at the coaching sessions.

Topics covered included: decoding workplace behaviours; conversations with confidence; leading through change; leading with clarity; building credibility; and coaching for performance.

Participants completed the course with a presentation showcasing their leadership growth.

The program aimed to provide staff with practical skills to ensure we are better equipped to collaborate, communicate and succeed in achieving our goal of championing improved health outcomes across our region.









SWSPHN managers and team leads developed skills and confidence at a 12-month leadership course.

Showcasing primary care

US physicians visit Campbelltown to learn about PHNs and Australia's healthcare system

A group of physicians and representatives from the Kelley School of Business at Indiana University had the opportunity to learn about the Australian health system and the role of Primary Health Networks when they visited Campbelltown in February 2026.

SWSPHN hosted the local leg of the delegation's visit, outlining how Australians access care through GPs, how Medicare supports the system and how primary care services are delivered across the country.

The United States guests also learned about the role of PHNs and how SWSPHN works closely with GPs, nurses, hospitals and community organisations to coordinate care and deliver targeted programs across South Western Sydney.

The presentation was followed by a panel discussion chaired by Dr Nir Menachemi of Indiana University.

The panellists, including local GPs, nurses and SWSPHN staff, shared their frontline experiences, prompting discussion about prevention, integrated care and the differences between the Australian and US healthcare systems.



SWSPHN staff Bianca Walsh (from left), Hannah Reveley, Bessie Berberovic and Christine Turner.

SWSPHN's Primary Care Workforce Manager, Bianca Walsh, said the event provided an important opportunity to showcase workforce planning in South Western Sydney, while also highlighting the vital role local communities played in shaping the health services which affected them.



US physicians and representatives from the Kelley School of Business visit with SWSPHN and primary care providers to learn more about the Australian health system, in Campbelltown in February.



SWSPHN Director of Innovation and Partnerships Kristen Short joins the panellist discussion.

Corporate Charity

Fundraising activities for local causes make ‘meaningful difference’ to people in need

Wingecarribee Adult Day Centres is SWSPHN’s 2026 Corporate Charity.

The not-for-profit service supports people who are frail aged and people with dementia still living in the community, by holding social groups which encourage independence, fun and friendship, through activities like music, guest speakers, brain games and quizzes, and light exercise including Tai Chi.

Each year, SWSPHN staff select a local charity which receives the proceeds of fundraising activities throughout the year.

Past charities have included WILMA, Society 389, Bears of Hope and our 2025 charity, Blue Wren House – Camden Women’s Shelter.

Last year we raised more than $3,500 for Blue Wren House, which provides hope and opportunity for women and children escaping domestic violence and homelessness, through raffles, dress up days, staff challenges and other activities.



Ash Budd (right) hands over a donation basket on behalf of SWSPHN to Brittany Gough from Blue Wren House. The collection included toilet paper, paper towels, laundry detergent, and pamper and personal care items like body spray and lip gloss.

> “On behalf of everyone at Camden Women’s Shelter, we extend our heartfelt thanks for your generous donations. Your support makes a meaningful difference in the lives of the women and families we serve. With your help, we can continue providing safety, resources and hope to those in need. Thank you for standing with us.”
>
> **– Brittany Gough, Administration and Fundraising Support, Blue Wren House, Camden Women’s Shelter Inc.**

Financial Statements
30 June 2026



ABN 74 605 441 067

Annual Financial Report

For the period ended 30 June 2026

Contents

Corporate Information 3

Directors' Report 4

Directors' Qualifications, Experience & Special Responsibilities 6

Auditor's independence declaration 12

Statement of Profit or Loss and Other Comprehensive Income For the year ended 30 June 2026 .. 13

Statement of Financial Position As at 30 June 2026 14

Statement of Changes in Equity For the year ended 30 June 2026 15

Statement of Cash Flows For the year ended 30 June 2026 16

Notes to the financial statements for the year ended 30 June 2026 17

Directors' Declaration 31

Independent Auditor's Report 32

Corporate Information

Our Vision
Better health for South Western Sydney.

Our Mission
Enhancing and connecting care to meet our local health needs.

Directors in office during the financial year ended 30 June 2026
Dr Matthew Gray (Chairperson) (retired on 23 October 2025)
Ms Karen Edwards (Vice Chairperson until 23 October 2025 – elected Chairperson on 23 October 2025)
Mr John Adam
A/Professor Ken McCroary
Professor Jennifer Reath
Dr Michael Tam (elected Vice Chairperson on 23 October 2025)
Ms Sonia Marshall
Ms Christine Delia Carriage
Ms Michelle Cutler
Dr Hamshi Singh (elected 23 October 2025)

Chief Executive Officer
Dr Keith McDonald

Acting Chief Executive Officer
Ms Amy Prince

Company Secretary
Ms Amy Prince (resigned 30 April 2026)
Ms Christine Turner (appointed 30 April 2026)

Incorporation
South Western Sydney Primary Health Network Limited is a public company limited by guarantee registered under the Corporations 2001 Act in New South Wales, Australia.

Australian Business Number (ABN)
74 605 441 067

Company registered office and principal place of business
Level 2, 1 Bolger Street, Campbelltown, NSW, 2560

Company contact details

Post:	PO Box 90, Macarthur Square, NSW, 2560
Phone:	02 4632 3000
Fax:	02 4625 9466
Email:	enquiries@swsphn.com.au
Website:	www.swsphn.com.au

Auditors
BDH Audit & Assurance Pty Ltd, Level 12, 111 Elizabeth Street, Sydney, NSW 2000

Bankers
National Australia Bank Ltd, 255 George Street, Sydney, NSW 2000

Directors' Report

For the Period Ended 30 June 2026
Your Directors present this report to the members of South Western Sydney Primary Health Network Limited (SWSPHN) for the year ended 30 June 2026.

Principal Activities
The principal activity of the company South Western Sydney Primary Health Network Limited is health administration and commissioning by supporting general practitioners and other primary care providers to improve the health of their patients.

Short-Term Objectives

- A healthier and more enabled community;
- A better health system experienced by General Practitioners and primary care providers;
- An integrated health system that is fit for purpose;
- Primary health care that demonstrates value; and
- A trusted and socially responsible organisation.

To achieve these short-term objectives we will support our team, through the development of systemic enablers including:

- Robust operational systems and strong information security practices, including continuous improvement, underpinned by ISO9001 and ISO27001 certification
- Alignment of our work with the PHN national priority areas
- Effective infrastructure
- Fostering high performance through professional development, reward and recognition, and nurturing a supportive, transparent and productive workplace culture committed to the service of our communities.

Long-Term Objectives
Within the next 5 years the vision of the SWSPHN is to attain better health for South Western Sydney with a mission to enhance and connect care to meet our local health needs.

We will enable our team to deliver our strategic initiatives that address the Quadruple Aim in an effective and trusted way through transformative capacity building of primary care; ambitious integration with key partners; and intelligent commissioning of services.

Planned activities include maturation of a robust, secure business intelligence framework; moving progressively towards outcome-based commissioning; integrated place-based initiatives through formal health alliance agreements with local government and state-based agencies; implementing the agreed scope of works of the collaboration agreement with the SWSLHD; and enabling new models of care and modes of operation.

Review of Operations
During 2025/2026, the company continued to focus on supporting its stakeholders and all primary care providers to improve the health of our South Western Sydney community.

Directors' Report (continued)

Performance Measurement
Performance is measured against delivering to our 5 strategic goals and the funding is primarily received from the Commonwealth Department of Health. SWSPHN in its tenth year of operations and has performed well against these criteria.

Results
For the year ended 30 June 2026, the company's surplus was $406,692 (year ended 30 June 2025, $351,344.

Dividend
As a Health Promotion Charity, SWSPHN is prohibited by its Constitution from declaring or paying dividends. Accordingly, no dividends were paid during the year and no recommendation is made to declare a dividend.

Directors
The names of each person who has been a director during the year and to the date of this report are:

Director	Date Appointed	Board Meetings	
		A	**B**
Dr Matthew Gray (retired 23 October 2025)	23 April 2015	1	1
Mr John Adam	28 October 2021	6	5
Ms Karen Edwards	29 October 2020	6	6
A/Professor Ken McCroary	28 October 2021	6	6
Ms Sonia Marshall	1 November 2022	6	4
Professor Jennifer Reath	29 October 2020	6	6
Dr Michael Tam	2 November 2022	6	6
Ms Christine Carriage	22 August 2024	6	4
Ms Michelle Cutler	21 November 2024	6	6
Dr Hamshi Singh	1 November 2025	4	4

A – Number of meetings eligible to attend **B** – Number of meetings attended

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
Dr Matthew Gray OAM (Retired October 25)	BMed(Newcastle), BEc, FRACGP and FAICD	General Practitioner in Elderslie; Director Camden Surgical Hospital; Board Member, MDGP Inc (2003-06); Board Member and Chair, MDGP Ltd (2006-11); Board Member and Chair, SSWGPL Ltd (2011-12); Board Member, SWSLHD (2013-2022); Deputy Chair, SWSLHD (2019-2022); Member, AMA (NSW) Council (2013-2017); Conjoint Associate Professor, School of Medicine, Western Sydney University (2021-current); Fellow, Australian Institute of Company Directors	SWSPHN Board Chair (2015–2025); Member, SWSPHN Community Advisory Committee (2025); Member, SWSPHN Governance Committee (2025); Member, SWSPHN My Care Partners Steering Committee (2025)
Ms Karen Edwards	BA Hons, M Clin Psych, M Health Mgt, Grad Cert Adult Ed, GAICD, Cert Governance Practice	Executive Director – Clinical Operations, Gidget Foundation Australia (Current) Director of Governance and Corporate Services, Karitane (2018-2022) Clinical Psychologist GAICD (Australian Institute of Company Directors) MAPS (Australian Psychological Society) AACHSM (Australian College of Health Service Managers)	Chairperson, SWSPHN Board (appointed October 2025)
Mr John Adam	Bachelor of Commerce, Bachelor of Laws, College of Law	Solicitor at Marsdens Law Group since 1980, Partner since 1985 and Managing Partner from 1988 to 2024, Consultant from 2024 to date Member of Liverpool Rotary since 1984 and President in 1993/94, Member and Secretary of the Macarthur Club since inauguration in 2005, Director of the Mater Dei School from 2003 to 2020 and Chairman from 2015 to 2020, Director of the North Sydney Rugby League Football Club from 1992 to 2000, President of the Rugby League Players Association from 1985 to 1990	Chair, SWSPHN Audit and Risk Management Committee
Ms Sonia Marshall	MBA, Grad Dip Public Service Administration, Bachelor Science (Nursing)	Chief Executive, South Western Sydney Local Health District (Jan 2024 – Current); Executive Director Nursing Midwifery & Performance, South Western Sydney Local Health District (2016 – 2023); Associate Professor WSU School of Nursing & Midwifery (2018 to current); Director Nursing & Midwifery, Wollongong Hospital (2012 – 2016); Manager Leadership &	Member, SWSPHN Audit and Risk Management

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
		Workforce Development, Murrumbidgee Local Health District (2008-2012) Board member of the Ingham Institute of Applied Medical Research	
A/Professor Ken McCroary	BSc (Med), MBBS, FRACGP	GP; Owner and Director for Macarthur General Practice; Chair, Sydney Southwest GP Link; NSW & ACT Faculty Board Regional Representative for South Western Sydney Royal Australian College of General Practitioners (RACGP); Member, RACGP Expert Committee - Quality Care (REC-QC); Chair, Council of General Practice Australian Medical Association AMA (NSW); Primary and Community Care Community of Practice Member NSW Ministry of Health; Conjoint Senior Lecturer, School of Public Health & Community Medicine University of New South Wales; Conjoint Lecturer School of Medicine University of Western Sydney; Member Council of General Practice Australian Medical Association AMA (Federal); Member Council of Australian Medical Association AMA (NSW)	Member, SWSPHN Audit and Risk Management Committee; Member, SWSPHN Clinical Council; Member & Clinical Co-Chair, SWSPHN Mental Health Advisory Committee; Member & Clinical Co-Chair, SWSPHN Aged Care Committee; Member, SWSPHN Palliation & Primary Care After Hours Steering Committee; Member, SWSPHN Medical Neighbourhood Steering Committee
Professor Jennifer Reath	MBBS, PhD, MMed, FRACGP, DipRANZCOG, GAICD	Foundation Peter Brennan Chair of General Practice, Western Sydney University (2010- end July 2022); General Practitioner working mostly in Aboriginal Community Controlled Aboriginal Health Services since 1983 including at Tharawal Aboriginal Corporation 2017-2022; Foundation Deputy Chair of RACGP National Aboriginal and Torres Strait Islander Health Faculty from 2010 and Chair Education Committee until 2015, continuing as an invited member of the Council; founding director of the Nepean Blue Mountains Local Health District and Chair Health Care Quality Committee 2010 – 2020; invited member of the Aboriginal Health and Medical Research Council Ethics Committee 2008-17; 2016 Associate Member of the Year, Australian Indigenous Doctors Association Deputy	Chair, SWSPHN Governance Committee

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
		Director, Professional Services Review from 30/5/2022 for 5 years; Member, Integrated Clinical Council NBMPHN up to July 2022	
Dr Michael Tam	BSc(Med), MBBS, MMH(GP), FRACGP, MAICD	GP Senior Staff Specialist at the Collaborative Centre for Cardiometabolic Health in Psychosis (ccCHiP) at Concord Hospital (2026-), Director (2022-2026) and Staff Specialist (2014-2026) of the Primary and Integrated Care Unit, South Western Sydney Local Health District; Adjunct Associate Professor (2026-), Discipline of General Practice, School of Clinical Medicine, UNSW Medicine & Health; Non-Executive Director (2020-) and Deputy Chair (2021-), Sydney South West GP Link Ltd.; Co-Chair (2019-2023), 'First Do No Harm: A Guide to Choosing Wisely In General Practice' project, RACGP; Member (2018-), RACGP Expert Committee-Quality Care.	Member, SWSPHN Governance Committee; Member, SWSPHN Mental Health Advisory Committee
Ms Christine Carriage	Master's Indigenous Studies; Bachelors in Community Management; Diploma in Community Management; Professional Certificate in Indigenous Research; Certificate Creating a Structure for Literature Review; Certificate Foundation of Qualitative Methodologies; Certificate Data Collection and Analysis;	Lead Indigenous Strategy – Medical Deans Australia and New Zealand; Director of Cultural Integrity – Australia Indigenous Doctors Association (AIDA); Director of Programs & Outcomes (AIDA); Research Assistant/Project Management Translation Health Research Institute – Western Sydney University (WSU); Professional Staff - Student Support - School of Medicine (SoM/WSU); Academic - Medicine in Context Tutor (SoM WSU) Indigenous Project Manager (SoM/WSU); Training, Research, and Workforce Development Manager, Aboriginal Health College (Aboriginal Health and Medical Research Council); Casual Lecturer - The Royal Australian College of General Practitioners; Health Education/Promotion Officer/Manager - South Western Sydney Area Health Service; Tharawal Housing Aboriginal Corporation: • Board of Directors 2015 - Current • Treasurer 2012 - 2014 • Treasurer/Chairperson 2009 - 2011	

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
	Certificate IV Governance Training	• Treasurer/Secretary/Board of Directors 2003 - 2011 • Board of Directors September 1998 - 1999 • Board of Directors 1992 - 1993 Member, South Western Sydney Local Health District Board; Chair, South Western Sydney Local Health District Board - Aboriginal Health Board Committee; Member, South Western Sydney Local Health District Board - Teaching and Research Board Committee	
Ms Michelle Cutler	GAICD; BEc LLB	Governance Consultant specialising in the for-purpose sector, working with boards and CEOs to strengthen governance, culture, organisational performance and strategic impact. A former lawyer and experienced CEO, she held national leadership roles across the commercial and for purpose sector for over 20 years. Warringah Financial Services (Bendigo Bank Mosman) Non Executive Director 2024 to October 2025; Chair and Non-Executive Director, Shaun Parker & Company 2020 to April 2026. TheNFPCEO podcast cohost.	SWSPHN Governance Committee
Dr Hamshi Singh (elected 23 October 2025)	B.Pharm (Hons), MBBS (Hons), FRACGP, DCH	General practitioner, RACGP remediation teacher, AGPAL GP surveyor. Previous experience: GP practice owner, GP supervisor, Clinical Director Western Sydney PHN, Medical educator, RACGP NSW/ACT faculty board member	SWSPHN Clinical Council Board representative

Company Secretary
Ms Amy Prince was appointed the Company Secretary on 23 June 2022. Amy Prince has extensive experience in health care management at various levels from frontline to executive roles. She has served as Director of Planning and Performance since 2017 and currently holds the role of Acting CEO at SWSPHN since July 2025. Amy holds a Master of Public Health and a Master of Management and has completed The Board and the Company course with the Australian Institute of Company Directors (AICD), and is a graduate of the Company Directors Course with the AICD.

Ms Christine Turner was appointed the Company Secretary on 30 April 2026. Christine Turner holds a Master of Business Administration (MBA), a Masters of Science in Exercise Physiology and Dietetics and has completed Company Secretary training with the Governance Institute. Christine Turner has over 20 years' experience working in the primary health care sector, including extensive experience in senior management and executive roles, and currently holds the role of Executive Manager of Corporate Services at SWSPHN.

Transactions with Directors
No Director has received or become entitled to receive, during or since the end of the financial year, any other benefit because of a contract made by the company or a related body corporate with the Director, a firm of which a Director is a member, or an entity in which a Director has a substantial financial interest, except as disclosed in note 11 to the financial statements. This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by Directors shown in the accounts of the company.

The Directors have declared interests in contracts with SWSPHN that the organisations they represent, deal with SWSPHN in the ordinary course of business, by disclosing their interest before or at the first Board meeting after the Director became so interested.

Indemnification and insurance of officers
During the year, SWSPHN paid premiums for professional indemnity and directors' and officers' liability insurance for its Directors and Officers against claims arising from, or by reason of, any wrongful act committed by them in their capacity as Directors and Officers. This does not include such liabilities that arise from conduct involving a lack of good faith.

The nature of the insurance contract providing this cover does not allow the company to disclose either the extent of the cover or the premium paid.

Member's Guarantee
The company is incorporated under *the Corporations Act 2001* and is a company limited by guarantee. In the event of the company being wound up, the constitution states that each member is required to contribute a fee towards SWSPHN.

As at 30 June 2026, there were 8 members of SWSPHN, meaning the aggregate amount that the members of the company would be liable to contribute in the event of the company being wound up is $80.

Proceedings on behalf of the company
No person has applied to the Court under section 237 of *the Corporations Act 2001* for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party, for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

No proceedings have been brought, or intervened in, on behalf of the company with leave of the court under section 237 of *the Corporations Act 2001*.

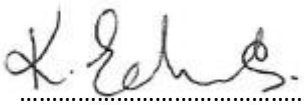
Environmental Regulation
The company's operations are not regulated by any particular and significant environmental regulation under a law of the Commonwealth, or of a State or Territory.

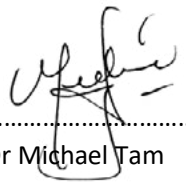
Significant changes
The Company remains a key commissioner of health services which meet population need including mental health, drug and alcohol, aged care and chronic disease services. Investment in GP capacity building and support remains significant. The strategic plan was reviewed and remains fit for purpose.

Auditor's independence declaration
A copy of the auditor's independence declaration as required under section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012 is set out on the following page.

Directors' signatures
Signed in accordance with a resolution of the Board of Directors made pursuant to s.298 (2) of *the Corporations Act 2001*.

On behalf of the Directors:

Chairperson  .....
Ms Karen Edwards

Director  .....
Dr Michael Tam

Dated 4 September 2026

Auditor's Independence Declaration

To the Directors of South Western Sydney Primary Health Network Limited

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-Profits Commission Act 2012*, as lead auditor for the audit of South Western Sydney Primary Health Network Limited for the period ended 30 June 2026, I declare that, to the best of my knowledge and belief, there have been:

a. No contraventions of the auditor independence requirements of *Section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012* in relation to the audit; and

b. No contraventions of any applicable code of professional conduct in relation to the audit

BDH Audit & Assurance Pty Ltd

BDH Audit & Assurance Pty Limited

Director .....

Gede Parone

Dated 27 August 2026

Sydney

Statement of Profit or Loss and Other Comprehensive Income
For the year ended 30 June 2026

	Note	2026 $	2025 $
Revenue from grants	2(a)	82,767,342	73,216,425
Other revenue	2(b)	2,460,926	2,932,196
Total revenue		85,228,268	76,148,621
Employee benefit expense	8(a)	11,772,569	10,782,906
Occupancy costs		354,641	329,878
Contractors		70,317,704	62,859,231
Training & conferences		473,384	534,466
Other expenses		1,903,278	1,290,796
Surplus before income tax expense		**406,692**	**351,344**
Income tax benefit / (expense)	1(o)	-	-
Net Surplus for the year		**406,692**	**351,344**
Other Comprehensive Income for the year		-	-
Total Comprehensive Income for the year		**406,692**	**351,344**

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the accompanying notes to the financial statements.

Statement of Financial Position
As at 30 June 2026

	Note	2026 $	2025 $
Current assets			
Cash and cash equivalents	3	33,593,285	45,617,843
Trade and other receivables	4	29,718	912,516
Other current assets	5	2,491,424	1,477,380
Total current assets		36,114,427	48,007,739
Non-current assets			
Property, plant and equipment	6	356,002	601,505
Total non-current assets		356,002	601,505
Total assets		**36,470,429**	**48,609,244**
Current liabilities			
Trade and other payables	7	5,206,396	7,671,849
Provisions	8	1,108,800	1,055,133
Other liabilities	9	27,556,123	37,469,824
Lease liability	10	239,026	230,173
Total current liabilities		34,110,345	46,426,979
Non-current liabilities			
Provisions	8	177,518	167,366
Lease liability	10	143,655	382,680
Total non-current liabilities		321,173	550,046
Total liabilities		**34,431,518**	**46,977,025**
Net assets		**2,038,911**	**1,632,219**
Equity			
Retained surpluses		2,038,911	1,632,219
Total equity		**2,038,911**	**1,632,219**

The Statement of Financial Position is to be read in conjunction with the accompanying notes to the financial statements.

Statement of Changes in Equity
For the year ended 30 June 2026

	Retained surpluses $
Balance at 1 July 2024	1,280,875
Net surplus for the year	351,344
Other comprehensive Income for the year	-
Total comprehensive Income for the year	351,344
Balance at 30 June 2025	**1,632,219**

	Retained surpluses $
Balance at 1 July 2025	1,632,219
Net surplus for the year	406,692
Other comprehensive Income for the year	-
Total comprehensive Income for the year	406,692
Balance at 30 June 2026	**2,038,911**

The Statement of Changes in Equity is to be read in conjunction with the accompanying notes to the financial statements.

Statement of Cash Flows
For the year ended 30 June 2026

	Note	2026 $	2025 $
Cash flows from operating activities			
Receipts from grants and other receipts (inclusive of GST)		81,056,821	69,078,158
Payments to suppliers and employees (inclusive of GST)		(95,098,995)	(79,784,280)
Interest received		2,429,091	2,810,193
Net cash (used in) / provided by operating activities	15	(11,613,083)	(7,895,929)
Cash flows from investing activities			
Payments for property, plant & equipment		(181,302)	(58,404)
Net cash used in investing activities		(181,302)	(58,404)
Cash flows from financing activities			
Principal elements of lease payments		(230,173)	(221,647)
Net cash (used in) / provided by financing activities		(230,173)	(221,647)
Net (decrease) / increase in cash and cash equivalents		**(12,024,558)**	**(8,175,980)**
Cash and cash equivalents at beginning of the year	15	45,617,843	53,793,823
Cash and cash equivalents at end of the year	3	**33,593,285**	**45,617,843**

The Statement of Cash Flows is to be read in conjunction with the accompanying notes to the financial statements.

Notes to the financial statements for the year ended 30 June 2026

1. Statement of material accounting policies

General information and statement of compliance

The financial statements of the company are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards – Tier 2 Simplified Disclosures and the Australian Charities and Not-for-Profits Commission Act 2012, Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board. South Western Sydney Primary Health Network Limited is a not-for-profit Company for the purpose of preparing the financial statements.

South Western Sydney Primary Health Network "SWSPHN" Limited is a public company limited by guarantee incorporated on 23 April 2015 and domiciled in Australia. The address of its registered office and its principal place of business is Level 2, 1 Bolger Street Campbelltown NSW, Australia.

The financial statements for the period ended 30 June 2026 were approved and authorised for issue by the Board of Directors on 27th August 2026. All amounts are in Australian dollars.

(a) Economic dependency

SWSPHN is dependent on the Department of Health for the majority of its revenue used to operate the business.

(b) Revenue

Grant revenue is recognised in the statement of profit and loss when the Company obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Company and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the Company incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Except where noted, all revenue is stated net of the amount of goods and services tax (GST).

1. Statement of material accounting policies (continued)

(c) Operating Expenses

Operating expenses are recognised in profit or loss upon utilisation of the service or at the date of their origin.

(d) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment
Plant and equipment are measured using the cost basis. The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal.

Depreciation
The depreciable amount of all fixed assets is depreciated on a straight line basis over their useful lives to the company commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation rate
Plant and equipment	20-25%

The asset's residual value and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount. These gains and losses are included in the income statement.

(e) Leases and Right-of-use assets

The company leases its current office. Rental contracts are typically made for a fixed period of 3 years but may have an extension option. The extension option is exercisable by the Company and provides operational flexibility in managing contracts.

Leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by the company. Each lease payment is allocated between the liability and finance cost. The finance cost is charged to profit or loss over the lease period so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. The right-of-use asset is depreciated over the shorter of the asset's useful life and the lease term on a straight-line basis.

Assets and liabilities arising from a lease are initially measured on a present value basis. Lease liabilities include the net present value of the following lease payments:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable
- variable lease payment that are based on an index or a rate
- amounts expected to be payable by the lessee under residual value guarantees
- the exercise price of a purchase option if the lessee is reasonably certain to exercise that option, and

1. Statement of material accounting policies (continued)

- payments of penalties for terminating the lease, if the lease term reflects the lessee exercising that option.

Payments associated with short-term leases and leases of low-value assets are recognised on a straight-line basis as an expense in profit or loss. Short-term leases are leases with a lease term of 12 months or less.

(f) Financial instruments

Recognition, initial measurement and derecognition

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are measured initially at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Classification and subsequent measurement of financial assets

Except for those trade receivables that do not contain a significant financing component and are measured at the transaction price, all financial assets are initially measured at fair value adjusted for transaction costs (where applicable).

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

- amortised cost
- fair value through profit or loss (FVPL)
- equity instruments at fair value through other comprehensive income (FVOCI)

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables which is presented within other expenses.

Classifications are determined by both:

- The entities business model for managing the financial asset
- The contractual cash flow characteristics of the financial assets.

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables, which is presented within other expenses.

1. Statement of material accounting policies (continued)

Subsequent measurement financial assets
Financial assets at amortised cost

Financial assets are measured at amortised cost if the assets meet the following conditions (and are not designated as FVPL):

- they are held within a business model whose objective is to hold the financial assets and collect its contractual cash flows
- the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

After initial recognition, these are measured at amortised cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial. The Company's cash and cash equivalents, trade and most other receivables fall into this category of financial instruments as well as long-term deposit that were previously classified as held-to-maturity under AASB 139.

Financial assets at fair value through profit or loss (FVPL)

Financial assets that are held within a different business model other than 'hold to collect' or 'hold to collect and sell' are categorised at fair value through profit and loss. Further, irrespective of business model financial assets whose contractual cash flows are not solely payments of principal and interest are accounted for at FVPL. All derivative financial instruments fall into this category, except for those designated and effective as hedging instruments, for which the hedge accounting requirements apply.

Equity instruments at fair value through other comprehensive income (Equity FVOCI)

Investments in equity instruments that are not held for trading are eligible for an irrevocable election at inception to be measured at FVOCI. Under Equity FVOCI, subsequent movements in fair value are recognised in other comprehensive income and are never reclassified to profit or loss. Dividends from these investments continue to be recorded as other income within the profit or loss unless the dividend clearly represents return of capital.

Impairment of Financial assets

AASB 9's impairment requirements use more forward looking information to recognise expected credit losses - the 'expected credit losses (ECL) model'. Instruments within the scope of the new requirements included loans and other debt-type financial assets measured at amortised cost and FVOCI, trade receivables and loan commitments and some financial guarantee contracts (for the issuer) that are not measured at fair value through profit or loss.

The Company considers a broader range of information when assessing credit risk and measuring expected credit losses, including past events, current conditions, reasonable and supportable forecasts that affect the expected collectability of the future cash flows of the instrument.

In applying this forward-looking approach, a distinction is made between:

- financial instruments that have not deteriorated significantly in credit quality since initial recognition or that have low credit risk ('Stage 1'); and
- financial instruments that have deteriorated significantly in credit quality since initial recognition and whose credit risk is not low ('Stage 2').

'Stage 3' would cover financial assets that have objective evidence of impairment at the reporting date.

1. Statement of material accounting policies (continued)

'12-month expected credit losses' are recognised for the first category while 'lifetime expected credit losses' are recognised for the second category.

Measurement of the expected credit losses is determined by a probability-weighted estimate of credit losses over the expected life of the financial instrument.

Trade and other receivables

The Company makes use of a simplified approach in accounting for trade and other receivables and records the loss allowance at the amount equal to the expected lifetime credit losses. In using this practical expedient, the Company uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.

The Company assesses impairment of trade receivables on a collective basis as they possess credit risk characteristics based on the days past due. The Company allows 1% for amounts that are 30 to 60 days past due, 1.5% for amounts that are between 60 and 90 days past due and writes off fully any amounts that are more than 90 days past due.

Classification and measurement of financial liabilities

As the accounting for financial liabilities remains largely unchanged from AASB 139, the Company's financial liabilities were not impacted by the adoption of AASB 9. However, for completeness, the accounting policy is disclosed below.

The Company's financial liabilities include borrowings and trade and other payables.

Financial liabilities are initially measured at fair value, and, where applicable, adjusted for transaction costs unless the Company designated a financial liability at fair value through profit or loss.

Subsequently, financial liabilities are measured at amortised cost using the effective interest method except for derivatives and financial liabilities designated at FVPL, which are carried subsequently at fair value with gains or losses recognised in profit or loss (other than derivative financial instruments that are designated and effective as hedging instruments).

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less provision for impairment. Discounting is omitted where the effect of discounting is immaterial. The Company's trade and most other receivables fall into this category of financial instruments.

Individually significant receivables are considered for impairment when they are past due or when other objective evidence is received that a specific counterparty will default. Receivables that are not considered to be individually impaired are reviewed for impairment in groups, which are determined by reference to the industry and region of a counterparty and other shared credit risk characteristics.

The impairment loss estimate is then based on recent historical counterparty default rates for each identified group.

1. Statement of material accounting policies (continued)

Classification and subsequent measurement of financial liabilities
The Company's financial liabilities include borrowings and trade and other payables.

Financial liabilities are measured subsequently at amortised cost using the effective interest method, except for financial liabilities held for trading or designated at FVTPL, that are carried subsequently at fair value with gains or losses recognised in profit or loss.

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

(g) Impairment of assets

At each reporting date, the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use (determined as the depreciated replacement cost), is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives. Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

(h) Employee benefits

Short-term employee benefits

Short-term employee benefits are benefits, other than termination benefits, that are expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. Short-term employee benefits are measured at the undiscounted amounts expected to be paid when the liabilities are settled.

Long-term employee benefits

The Company's liabilities for long service leave are included in other long-term benefits as they are not expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. They are measured at the present value of the expected future payments to be made to employees. The expected future payments incorporate anticipated future wage and salary levels, experience of employee departures and periods of service, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality government bonds that have maturity dates that approximate the timing of the estimated future cash outflows. Any re-measurements arising from experience adjustments and changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Company presents employee benefit obligations as current liabilities in the statement of financial position if the Company does not have an unconditional right to defer settlement for at least twelve (12) months after the reporting period, irrespective of when the actual settlement is expected to take place.

(i) Provisions, contingent liabilities and contingent assets

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated

1. Statement of material accounting policies (continued)

with the present obligation. Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole. Provisions are discounted to their present values, where the time value of money is material.

No liability is recognised if an outflow of economic resources as a result of present obligation is not probable. Such situations are disclosed as contingent liabilities, unless the outflow of resources is remote in which case no liability is recognised.

(j) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits at call with banks, other short-term highly liquid investments with original maturities of six months or less, and bank overdrafts.

(k) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST components of investing and financing activities, which are disclosed as operating cash flows.

(l) Grants in advance

The Company receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the Company to treat grant monies as grants in advance in the balance sheet where the Company is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

(m) Deferred income

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within twelve (12) months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds twelve (12) months after the reporting date or the conditions will only be satisfied more than twelve (12) months after the reporting date, the liability is discounted and presented as non-current.

(n) Trade and other payables

Trade and other payables represent the liability at the end of the reporting period for goods and services received by the company during the reporting period, which remain unpaid.

(o) Income tax

The Company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(p) Critical accounting estimates and judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within

1. Statement of material accounting policies (continued)

the company. Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

Impairment

In assessing impairment, management estimates the recoverable amount of each asset or cash generating units based on expected future cash flows and uses an interest rate to discount them. Estimation uncertainty relates to assumptions about future operating results and the determination of a suitable discount rate.

Useful lives of depreciable assets

Management reviews its estimate of the useful lives of depreciable assets at each reporting date, based on the expected utility of the assets. Uncertainties in these estimates relate to technical obsolescence that may change the utility of certain software and IT equipment.

Long Service Leave

The liability for long service leave is recognised and measured at the present value of the estimated cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Leases

The lease liability is recognised and measured at the present value of the estimated cash flows to be made in respect of monthly lease payments. In determining the present value of the liability, the Company has estimated the incremental borrowing based on government bond rates.

(q) Comparative figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation in the current year.

(r) New and amended Australian Accounting Standards that are effective for the current year:

There are no new mandatory or amended Australian Accounting Standards applicable to the Company's financial statements for the year ended 30 June 2026.

		2026 $	2025 $
2	**Surplus before Income Tax**		
(a)	**Revenue from grants**		
	Federal grants	77,525,682	69,916,804
	Other organisations	5,241,660	3,299,621
		82,767,342	**73,216,425**
(b)	**Other Revenue**		
	Donations	23,518	23,000
	Interest	2,429,091	2,810,193
	Other	8,317	99,003
		2,460,926	**2,932,196**
	Total Revenue	**85,228,268**	**76,148,621**
(c)	**Expenses**		
	Remuneration of the Auditor for:		
	Auditing the financial statements	37,409	35,400
	Auditing the programme revenue and expenditure statements	22,191	21,000
	Depreciation and Amortisation of:		
	Property Right of Use Asset	224,844	224,843
	Plant and Equipment	201,961	59,021
	Total Depreciation and Amortisation	**426,805**	**283,864**
3	**Cash and cash equivalents**		
	Cash at the end of the financial year as shown in the statement of cash flows is reconciled in the Statement of Financial position as follows:		
	Cash at bank	6,961,067	7,336,969
	Short term deposits	26,632,218	38,280,874
		33,593,285	**45,617,843**
4	**Trade and other receivables**		
	Current trade receivables	29,718	912,516
	Provision for impairment of receivables	-	-
	Trade receivables	**29,718**	**912,516**

Current trade receivables are non-interest bearing. A provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. An impairment of $Nil at 30 June 2026 ($Nil 30 June 2025).

	2026 $	2025 $
5 Other current assets		
Prepayments	438,427	365,579
Accrued income	335,211	427,311
GST Receivable	1,711,301	680,220
Deposit paid in advance	6,485	4,270
	2,491,424	**1,477,380**
6 Property, plant & equipment		
Plant and equipment – at cost as at beginning of the year	466,236	410,098
Additions at cost	181,302	56,138
Disposals	-	-
Total Plant and equipment at cost	647,538	466,236
Less: Accumulated depreciation	(647,538)	(458,719)
Carrying amount at the end of the year	**-**	**7,517**
Furniture and Fittings - at cost as at beginning of the year	32,747	30,481
Additions at cost	-	2,266
Total Furniture and fittings	32,747	32,747
Less: Accumulated depreciation	(32,747)	(19,605)
Carrying amount at the end of the year	**-**	**13,142**
Right-of-use assets		
Right-of-use assets – at cost as at beginning of the year	1,236,640	1,236,640
Additions at cost	-	-
Disposals	-	-
Total Right-of-use assets	1,236,640	1,236,640
Less: Accumulated amortisation	(880,638)	(655,794)
Carrying amount at the end of the year	**356,002**	**580,846**
Total Property, plant & equipment at the end of the year	**356,002**	**601,505**

	2026 $	2025 $
7 Trade and other payables		
Trade payables	284,356	1,959,332
Other creditors and accruals	4,922,040	5,712,517
	5,206,396	**7,671,849**

8 Provisions for employee benefits

The liabilities recognised for employee benefits consist of the following amounts:

Current		
Annual leave	692,073	694,915
Long service leave	416,727	360,218
	1,108,800	**1,055,133**
Non Current		
Long service leave	**177,518**	**167,366**

8(a) Employee benefits expense

Expenses recognised for employee benefits are analysed below:		
Wages, salaries	9,437,765	8,659,626
Workers compensation insurance	110,137	58,010
Superannuation	1,206,674	1,112,575
Employee benefits provisions	1,017,993	952,695
Employee benefits expense	**11,772,569**	**10,782,906**

9 Other liabilities

Deferred income	**27,556,123**	**37,469,824**

Deferred income consists of government grants received for services to be rendered by the Company.

Deferred income and grants in advance are amortised over the life of the contract.

		2026 $	2025 $
10	**Lease liabilities**		
	Maturity analysis – contractual undiscounted cash flows		
	No later than one year	249,378	249,378
	Later than one year and not later than 5 years	145,471	394,849
	Future minimum lease payments	**394,849**	**644,227**
	Less: Unearned interest	**12,168**	**31,374**
	Lease liabilities included in the statement of financial position at the end of the year	**382,681**	**612,853**
	Current	**239,026**	**230,173**
	Non- Current	**143,655**	**382,680**

The company exercised a 3 year option on its property lease to expire on 31 December 2027. This option has been accounted for in the valuation of the right to use asset and related lease liability accounts.

11 Key management personnel & related parties

The key management personnel of the company are the directors, the Chief Executive Officer, Director of Innovations and Partnerships, Director of Planning and Performance and Director of Corporate Services.

The total compensation paid and payable to the key management personnel including a stipend paid to the Chair and directors, consists of short term benefits of $1,494,805 (period ended 30 June 2025 $1,151,499).

The Company has a number of Integrated Health and Alcohol and Other Drugs and Mental Health Commissioned Services with organisations of which two directors are key management personnel. The contractual amounts paid/payable amounted to $2,712,699 (2025: $4,147,502). The outstanding balance as at the reporting date was $Nil (2025: $Nil).

The Company has General Practitioner Commissioned Services Agreements with one (2025: one) director related entity. The amounts billed were based on normal market rates and amounted to $23,786 (2025: $1,804). There were no outstanding balances at the reporting dates under review.

In June 2020 the company executed an unincorporated joint venture with the South Western Sydney Local Health District (SWSLHD) to jointly invest in the implementation of a 'medical neighbourhood' model of care ('My Care Partners'). This is intended to be a sentinel integrated care project for the region, aiming to reduce levels of potentially preventable hospitalisations for a risk-rated register of identified patients. The joint venture deed sets out the terms on which resources including funding and in-kind services which will be committed by each party. In order to further scale the program to more practices and patients; the company introduced a commissioned service provider (separate to SWSPHN and SWSLHD) to deliver the care coordination, care navigation and care enabling components of the My Care Partners program.

In the current financial year, the joint venturers contributed $374,000. (2025: $748,000). The brought forward underspent funds were utilised with the current year contribution to meet cash flow requirements of the project. The amount of $929,963 (2025: $536,165) was spent on care enabler commissioned payments, practice payments, and costs incurred to run the project. A total of 18 practices (2025: 21) remain active participants in the program and expansion expected in the coming year when the care coordination role is commissioned to an external service provider.

12 Fair Value measurement

Fair Value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the balance sheet. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Areas of judgment and the assumptions used have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded.

	2026		2025	
	Amortised Cost	Net Fair Value	Amortised Cost	Net Fair Value
	$	$	$	$
Financial assets				
Cash and cash equivalents	33,593,285	33,593,285	45,617,843	45,617,843
Trade and other receivables	29,718	29,718	912,516	912,516
Total financial assets	**33,623,003**	**33,623,003**	**46,530,359**	**46,530,359**
Financial liabilities				
Financial liabilities measured at amortised cost				
Trade and other payables	5,206,396	5,206,396	7,671,849	7,671,849
Lease Liabilities	382,681	382,681	612,853	612,853
Total financial liabilities	**5,589,077**	**5,589,077**	**8,284,702**	**8,284,702**

13 Contingent liabilities

The Ministry of Health (MoH) is reviewing SWSPHNs treatment of provider payments during the transition of Urgent Care Services (UCS) from MoH to Department of Health and Aged Care (DHDA) funding, with the possibility that an amount up to $992,000 ex GST may be recouped. SWSPHN considers that the funds were expended reasonably and in accordance with the relevant funding agreement, having regard to legal advice obtained.

There were no other contingent liabilities identified as at 30 June 2026.

14 Capital commitments

The company has no capital commitments as at 30 June 2026 (30 June 2025 $0).

15 Cash flow information

(i) Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to the related items in the balance sheet as follows:

	2026 $	2025 $
Cash and cash equivalents for cash flow purposes	33,593,285	45,617,843
(ii) Reconciliation of cash flow from operations with surplus after income tax		
Net Surplus for the period	406,692	351,344
Non-cash flows in net surplus for the period		
Depreciation	201,961	59,021
Amortisation	224,844	224,843
Net changes in assets and liabilities		
(Increase)/decrease in receivables	882,798	(878,089)
(Increase)/decrease in other current assets	(1,014,044)	281,351
Increase/ (decrease) in payables	(2,465,453)	1,606,458
Increase/(decrease) in provisions	63,820	206,310
Increase/(decrease) in grants in advance and deferred income	(9,913,701)	(9,747,168)
Net cash (used in) / provided by operating activities	**(11,613,083)**	**(7,895,929)**

16. Members Guarantee

The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum $10 each towards meeting any outstanding obligations of the Company. At 30 June 2026, the total amount that members of the Company are liable to contribute if the Company is wound up is $80.

Directors' Declaration

In the opinion of the Directors of South Western Sydney Primary Health Network limited:

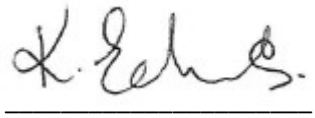
1. The financial statements, comprising the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity and accompanying notes, are in accordance with the Australia Charities and Not-for-Profits Commission Act 2012

    a) comply with Accounting Standards – Tier 2 Simplified Disclosures (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2022; and;

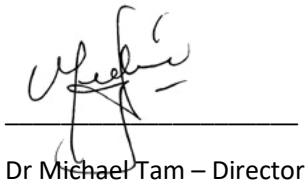
    b) give a true and fair view of the company's financial position as at 30 June 2026 and of its performance for the period ended on that date.

2. There are reasonable grounds to believe that South Western Sydney Primary Health Network Limited will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with a resolution of the Directors.



Ms Karen Edwards – Director



Dr Michael Tam – Director

Dated 4 September 2026

Independent Auditor's Report

TO THE MEMBERS OF SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK LIMITED

ABN 74 605 441 067

Opinion

We have audited the financial report of South Western Sydney Primary Health Network Limited (the Company), which comprises the statement of financial position as at 30 June 2026, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes comprising a summary of material accounting policies and other explanatory information, and the directors declaration

In our opinion, the accompanying financial report of South Western Sydney Primary Health Network Limited has been prepared in accordance with *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*, including:

(i) giving a true and fair view of the Company's financial position as at 30 June 2026 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – Tier 2 Simplified Disclosures and *Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2026, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report and our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Tier 2 Simplified Disclosures and the *Australian Charities and Not-for-Profits Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so. The directors are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

BDH Audit & Assurance Pty Ltd

BDH Audit and Assurance Pty Ltd

Gede Barone

Director

Address: Level 12, 111 Elizabeth Street, Sydney, NSW, 2000

Dated 27 August 2026

Our members

Full members

Southern Highlands Division of General Practice

South West Sydney GP Link Ltd

One Door Mental Health

Lifeline Macarthur

Sector Connect

Ingham Institute

Karitane

Western Sydney University School of Medicine

Friends of SWSPHN

Obion Holdings Pty Ltd

Hepatitis NSW

Quest for Life Foundation

Qualitas Australia Pty Limited

Grow residential rehabilitation program

Oxley Home Care

Regal Home Health

Bovec Pty Ltd t/a The Foot Company

Completely Aligned Pty Ltd

Walder Road Pty Ltd

Bernard Chiropractic

Guiding Light Psychology

Waypoint Counselling

Unbound Minds

Chapel Street Pharmacy

Stepping Stone Services

AK & DS Pty Ltd T/A My Family Health Medical Centre

PsychOrium

My Guardian

South Western Sydney PHN
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phn SOUTH WESTERN SYDNEY
An Australian Government Initiative

While the Australian Government contributed funding for this material, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.