NT Health Service Agreement 2026-27

NORTHERN TERRITORY GOVERNMENT

Contents

Chief Executive Message

I am pleased to introduce the NT Health Service Agreement 2026–27, a cornerstone document that sets the direction for NT Health's services. This Agreement reflects the collaboration, coordination and shared commitment across our organisation, and reinforces our vision: *Great health for all Territorians*. It outlines an ambitious yet achievable program of transformational change, guided by a unified approach to service planning and grounded in three principles: collaborative, measurable and achievable. We are confident we are on the right trajectory to improve health outcomes for Territorians, and this Agreement provides a clear roadmap for how we will create impact.

Every day, our NT Regional Health Service plays a vital role in keeping Territorians healthy and well. Our teams are dispersed across one of the most geographically challenging jurisdictions in Australia, but we remain united by a shared vision and purpose. Like you, I am deeply committed to improving the health and wellbeing of every person in the Northern Territory.

While we continue to face significant local and global challenges in healthcare, I believe we are entering an exciting period—one in which we have the opportunity to make real, lasting improvements to the health of Territorians and the way we deliver care.

I invite all people across NT Health to embrace this Agreement and work together to make a meaningful difference in the health and lives of all Territorians.

Susan Bowden

Acting Chief Executive Officer

Department of Health, Northern Territory Government

27 July 2026

Introduction

Service Agreement 2026-2027

The Service Agreement outlines the health service responsibilities of NT Health and is issued in accordance with the requirements of the *Health Services Act NT 2021* (the Act) as well as the National Health Reform Agreement (NHRA). For the purposes of the NHRA, the Northern Territory Regional Health Service (NTRHS) is the Northern Territory's sole Local Hospital Network (LHN). The Service Agreement is effective from **1 July 2026** to **30 June 2027**. The Service Agreement will be varied with approval from the System Manager to reflect the current Purchase Schedule and activities.

The Service Agreement articulates the key areas where there are opportunities for performance improvement and areas of high priority across NT Health. These areas, referred to as domains in the Service Agreement, are based on key priority reforms and trending issues. The Service Agreement also includes national health data measures for ongoing monitoring and reporting.

The Service Agreement has been designed to be delivered over a three-year duration from 2025-26, with an annually updated version published on 1 July each year. Updates will include a new list of annual activities and updated measures, which will build on existing work and support the achievement of the Service Agreement over a three-year timeline.

Focus on delivering Aboriginal health outcomes

Aboriginal people represent more than 70% of NT Health's patient cohort, and we recognise the essential services and supports required to achieve Closing the Gap outcomes and improve the health of our most vulnerable community members. The burden of disease—particularly in remote communities—continues to rise, underscoring the need for a coordinated, targeted and sustained approach to overcoming historic service delivery challenges.

This Service Agreement prioritises action on complex and pressing health issues, including chronic disease, diabetes, mental health, food security and timely access to surgery. NT Health remains committed to supporting Aboriginal patients and strengthening partnerships with communities and Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver our shared goals and improve health outcomes across the Territory.

Challenges in service delivery

The Northern Territory has inherent and unique challenges which complicate health service delivery. NT Health operates in an environment which has been subject to market failure of service provision, inadequate and unequitable funding to population needs, and patients with complex health needs. Challenges include:

Infrastructure

NT Health operates in an environment with ageing capital infrastructure and hospitals which can no longer support the volume of patients they were originally designed for. This has resulted in outdated infrastructure which is often unavailable for extended periods or is no longer useable.

Remoteness

The Northern Territory has over 600 remote communities and outstations with a population dispersed across vast land masses. In addition, the Northern Territory is subjected to dramatic climate events including cyclones, flooding, and droughts which can result in road closures and the inability to operate aircraft.

Cost of service delivery

The cost of providing health services continues to rise impacting already strained resources. NT Health's patient travel costs continue to increase annually, with emergency aeromedical retrievals across the Top End not receiving Commonwealth funding unlike other Australian jurisdictions. Due to the transient nature of the Northern Territory, NT Health is experiencing a greater reliance on agency and locum hire which is delivered at a higher cost than a locally based workforce.

Objectives

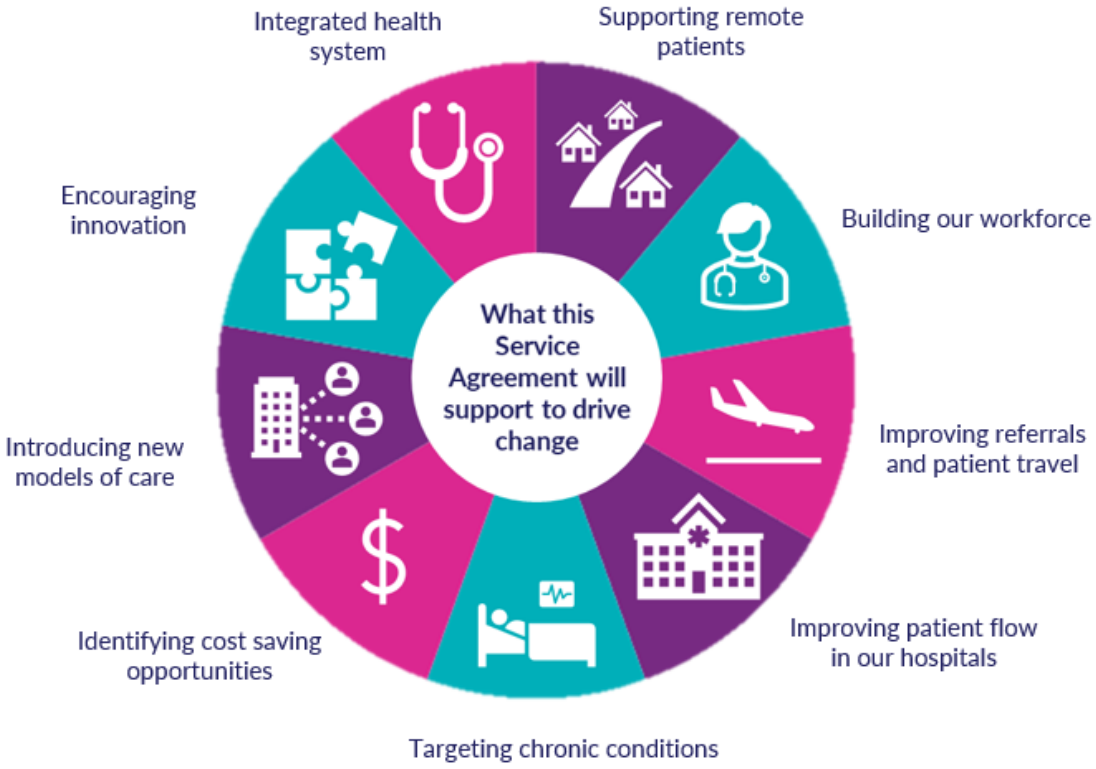
NT Health is committed to ensuring all Territorians have great health by fostering a system that encompasses person-centred care, providing value to the patient and client while carefully managing operations within policy and budgetary constraints. The Service Agreement has been developed by following three guiding principles:

- **Collaborative**. NT Health acknowledges all staff have a key role in the design and delivery of the Service Agreement and are equally accountable for ensuring outcomes are achieved.
- **Measurable**. The Service Agreement outcomes have been designed with a list of underpinning indicators and measures to promote accountability.
- **Achievable**. NT Health stakeholders have contributed to and identified the list of Service Agreement activities to ensure work is targeted towards achieving outcomes.

1. Shared accountability for performance
2. Achieving patient-focused outcomes for all Territorians
3. Prioritising the safety and quality of our patients and staff
4. Building and retaining a capable workforce with a strong culture
5. Establishing clear service delivery and performance expectations

How this Service Agreement will support achieving change and performance improvement

The Service Agreement is underpinned by a commitment to drive transformation and performance improvement. It has been designed to make an impact to the way NT Health designs and delivers health services and to meet the high expectations of the community.



Service delivery profile

Some of the key characteristics which make up NT Health's service delivery profile include:

- The NT has a resident population of **255,110** people
- There are **72 health clinics** across the NT
- There are **over 600 remote communities** and outstations across the NT
- NT Health has a workforce of over **8,000 FTE**
- There are **6 hospitals** in the NT
- The NT covers a total landmass of **1,349,229 square km**
- Over **200 languages** are spoken across the NT
- Aboriginal people comprise of **70% of presentations** at NT Health hospitals

Standards of patient care

The NT Health Clinical Governance Framework provides the approach to ensuring that services NT Health provides are clinically safe and of high quality. The Framework describes the arrangements that set, manage, monitor and seek to improve performance in providing safe and high-quality clinical care. The Framework is aligned to the National Model Clinical Governance Framework of the Australian Commission on Safety and Quality in Health Care which is based on the National Safety and Quality in Health Service (NSQHS) Standards.

All public hospitals managed by NT Health are assessed against NSQHS ensuring they meet the requirements for provision of safe and quality healthcare.

Relationship with service providers

NT Health collaborates with a wide range of other care providers to deliver comprehensive and integrated healthcare services. This includes primary care providers, ACCHOs, allied health professionals, non-government organisations and private providers. Regional collaboration is required for oversight and connectedness.

Service delivery

A full list of services available at each public hospital can be found on in Appendix 2. Occasionally, there may be service delivery changes which could be caused by a variety of circumstances including disruptions from natural disasters, system maintenance or unforeseen business challenges.

Strategic alignment

Australia's national strategies and policies emphasise the shared responsibility of Commonwealth, State and Territory governments to work together to improve health outcomes for all Australians. In developing this Service Agreement, NT Health considered national objectives, guiding principles, key reform initiatives, and the importance of strong collaboration and coordination across governments and service providers.

The Service Agreement is a central component of NT Health's strategic planning framework. It provides the link between high-level strategic direction and day-to-day operational activity, ensuring alignment with the NT Health Strategic Plan 2025–2028 and other core strategies across the system.

A suite of clinical and non-clinical strategies guides the implementation and delivery of the Strategic Plan. The Service Agreement has been developed in alignment with these strategies and frameworks, including those currently being finalised. Key documents aligned to the Service Agreement include:

- NT Health Strategic Plan 2025–2028
- NT Health Aboriginal Cultural Security Framework
- NT Health Aboriginal Health Plan
- NT Health Workforce Action Plan
- NT Health Kidney Plan
- NT Health Sustainability Strategy
- Clinical Services Capability Framework

- Clinical Services Plan
- Strategic Infrastructure Plan.

Legislative requirements

In accordance with the Act (Section 18), this Service Agreement includes the following:

Service Agreement requirement	Health Services Act NT 2021 reference	Page reference number
A list of the health services and health support services to be provided by NT Regional Health Services	Section 18 (3)(a)	Appendix 2
The funding to be provided to NT Regional Health Services for the provision of health services and the way in which the funding is to be provided	Section 18 (3)(b)	Appendix 3
The standards of patient care and health service delivery to be met by NT Regional Health Services	Section 18 (3)(c)	7
The performance standards, targets and measures for the delivery of health services and health support services by NT Regional Health Services	Section 18 (3)(d)	Appendix 1
The performance data and other matters to be reported to the System Manager by NT Regional Health Services and the frequency of that reporting	Section 18 (3)(e)	Appendix 1
A Performance Management Framework process for NT Regional Health Services	Section 18 (3)(f)	8

Performance Framework

The Performance Framework (the Framework) articulates how the Service Agreement will be monitored and evaluated, including key responsibilities. The Framework conforms to the NHRA which is the guiding document promoting transparency and performance, and the Australian Health Performance Framework (AHPF) as the navigation tool which supports reporting on Australia's health care performance. The Framework aligns with the requirements of the Act and outlines a performance management and accountability process, including performance improvement mechanisms to collaboratively remediate unsatisfactory performance.

Principles

The Framework is guided by the following principles, adapted from the AHPF:

Transparency	The Framework is based around clear pre-determined measures of performance which are accessible and easy to understand
Consistency	The Framework is applied consistently and is consistent with NT Health and NT Government objectives
Accountability	All functions of NT Health have a vital role to play in ensuring that performance expectations are met and that services efficiently and effectively meet the needs of the population
Responsiveness	Where performance issues are identified, NT Health will work together collaboratively to promptly develop, implement and monitor strategies to address the issue
Balanced	Performance assessments shall consider reasonable mitigating circumstances and urgency of response required

Governance

In accordance with both the Act and the NHRA, a process must be in place to formally monitor performance achievement against the standards articulated in the Service Agreement.

Quarterly System Manager Briefing

The primary mechanism for briefing the System Manager on performance results, will be through quarterly meetings chaired by the Chief Executive and attended by NT Health's Senior Executive Group (SEG). The briefing will provide an empirical overview of performance results, highlight key areas of improvement and sustained performance, and draw attention to emerging risks and priority issues.

The SEG is comprised of the Chief Executive, the three Deputy Chief Executives, Chief Health Officer, Executive Director Aboriginal Health Engagement and Workforce, and Chief Financial Officer. The General Manager Corporate Strategy and Performance, Director Strategy and Evaluation, and Director System Performance and Improvement will also be in attendance as contributing subject matter experts.

Quarterly Ministerial and Health Leadership Board Briefing

Following the quarterly briefing for SEG, a summary paper on the latest quarter's performance results will be provided for noting to the Health Leadership Board (HLB) and to the Minister for Health in accordance with the Act.

Quarterly NTRHS Executive Meeting

The quarterly SEG meeting will be preceded by a quarterly presentation to the NTRHS Executive committee by Corporate Strategy and Performance to review performance results with senior regional stakeholders. Insights from these discussions will inform the briefing to SEG.

Monthly Regional Performance Meetings

The quarterly meetings will be underpinned by monthly regional performance meetings chaired by the Deputy Chief Executive for the NTRHS. Key monthly performance results will be reviewed and an update provided by regional management on achievements and progress of priority remedial actions. The General Manager Corporate Strategy and Performance and Chief Financial Officer will also be in attendance.

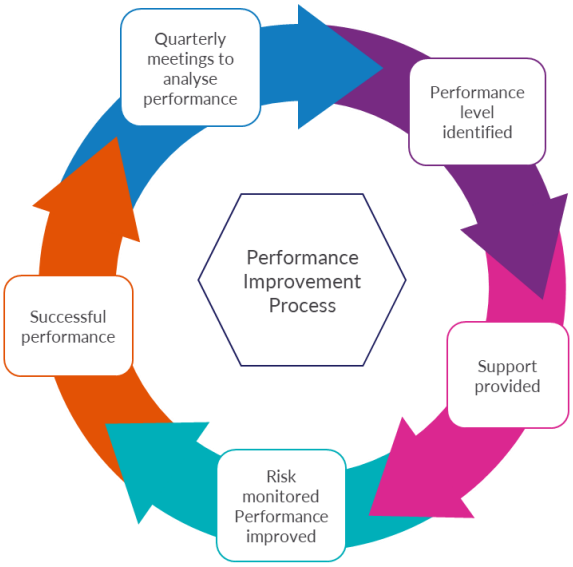
Performance Monitoring

Corporate Strategy and Performance will coordinate and collate performance reports to present at the quarterly performance meetings. Corporate Strategy and Performance will meet with Regional Executive Directors and other frontline stakeholders to validate report content prior to presentation at the quarterly briefings. The structure of reports will include:

- An update on the performance of measures, including the trending of indicators.
- An update on the progress of activities and forecast priorities.
- A summary of any identified risks.
- A high-level analysis of any measures which are significantly underperforming.
- A summary of any variance to the Service Agreement.

Performance Improvement

A continuous performance improvement cycle based on a ‘plan, do, check, act’ methodology will be used to ensure that where outcomes or activities have been identified as at risk or off track, there is an escalation process to allocate resources and support for a focused analysis and improvement pathway.



NTRHS Roles and Responsibilities

NTRHS delivers contemporary and culturally responsive regionally based primary care, mental health. alcohol & other drugs and acute services throughout the five regions: Top End, East Arnhem, Big Rivers, Barkly and Central Australia.

The Act (Section 11) prescribes the functions and powers of the NTRHS.

(1) The main function of NT Regional Health Services is to provide the health services and health support services set out in the Service Plan to the standards, and within the budget, set out in the Service Plan.

(2) Without limiting subsection (1), NT Regional Health Services has the following functions:

- (a) to ensure health services and health support services are delivered in an efficient, effective and economical way;
- (b) in delivering health services and health support services to meet the health needs of the community:
  - (i) to consult and collaborate with other providers of those services; and
  - (ii) to minimise service duplication and fragmentation;
- (c) to develop local clinical and other governance arrangements and best practice guidelines or standards consistent with the requirements of the Service Plan; (d) to provide training and education relevant to the provision of health services and health support services;
- (d) to collect data on its performance and report to the System Manager on that performance, including its administration and financial performance;
- (e) any other function conferred by this Act or any other Act.

System Manager roles and responsibilities

The Chief Executive Officer of NT Health is the System Manager in accordance with the Act (Section 15). The System Manager retains overall responsibility of the Service Agreement. The System Manager is responsible for the successful execution of the Service Agreement and will be the recipient of quarterly performance reports. The System Manager will present the Minister with a quarterly reporting brief which outlines performance and escalates any emerging issues or other information requested by the Minister.

The Act (Section 16) prescribes the functions and powers of the System Manager;

(1) The System Manager has the following functions:

- (a) planning for the delivery by NT Regional Health Services of health services and health support services, including planning for the provision of infrastructure;
- (b) negotiating and entering into agreements in relation to the provision of health services, health support services and capital works with other parties, including the Commonwealth and non- government health providers;
- (c) preparing and publishing an annual Service Plan;
- (d) monitoring the delivery of health services by NT Regional Health Services in accordance with the Service Plan;

(e) collecting data on the performance of NT Regional Health Services and reporting on that performance to the Minister, the Commonwealth and the public;

(f) ensuring there are appropriate mechanisms for consultation between NT Regional Health Services and persons interested in the delivery of health services;

(g) establishing advisory panels as required.

Shared services support to the NTRHS

The System Manager will support the NTRHS through provision of a range of shared services including:

- Financial services
- Clinical coding
- Clinical data analytics
- Workforce services, strategy and policy
- Procurement
- Funding assurance
- Safety and quality performance monitoring, clinical governance assurance and facilitation of clinical excellence and patient safety improvements.

Appendix 1: Measures

Performance Architecture

The Performance Architecture provides a foundation for objectively measuring performance improvement and realisation of outcomes. The key components of the architecture are:

- **Domains**: groupings based on NT Health strategic and reform drivers which support a targeted focus on achieving priority outcomes.
- **Measures**: Key Performance Indicators (KPIs) which provide an empirical basis for assessment of performance achievement.

Domains

The domains of the 2026-27 Service Agreement are:

1. **Workforce**
2. **Health System and Service Reform**
3. **Financial Sustainability & Efficiency**
4. **Maternity Services**
5. **Mental Health**
6. **Patient Movement and Interface**
7. **Aged Care**
8. **Alcohol & other drugs and domestic, sexual and family violence treatment pathways**
9. **Public and Primary Health**
10. **Quality and Safety**

Approach to data and measures

Measures have been selected which are consistent with national key performance indicators (KPIs), supplemented with some local indicators to reflect the priority areas of transformation to be monitored through the Service Agreement.

Measures are reported monthly to NT Health stakeholders. A comprehensive performance briefing will be provided quarterly to departmental executives, the System Manager and the Minister, highlighting areas of improved and sustained successful performance, and drawing attention to key areas of underperformance and emerging risks. The quarterly briefing may include an overview of strategies being implemented to remediate underperformance, as well as supplementary data and analysis to provide context and insights into drivers and challenges contributing to underperformance.

Benchmarking

At the commencement of the Service Agreement, Corporate Strategy and Performance will develop targets to facilitate assessment of measure performance throughout the year. These targets will be set based on a combination of national benchmarks and statistical analysis of recent years NT performance results.

The rationale for this methodology is balancing aspirational national targets while incentivising and tracking year-on-year incremental improvement. Focusing exclusively on national benchmark targets is not the preferred approach as they have historically not reflected the unique challenges in health service provision in the Northern Territory, which has a different patient profile and demographics compared to other jurisdictions, including a dispersed population across remote communities and outstations. Therefore national benchmarks do not always reflect the reality of service delivery in the Northern Territory.

Measures and Activities

Domain	Measured by	Activities
Workforce	• Paid clinical FTE variance to budgeted FTE (%) • *Supplementary data: Agency/labour hire/locum FTE* • Monthly staff turnover rate • Total FTE made up of overtime • Aboriginal health workforce as a proportion of overall FTE	• Developing career pathway journey maps from early careers through to leadership roles. • Conceptualising and implementing innovative models of care.
Health system and service reform	• Digital health activity (per 100 episodes) • Patient travel (number of trips)	• Implement a model of care which leverages virtual care where appropriate. • Planning to establish the Top End Coordination Centre. • Review and develop plan to improve outpatient referral process.
Financial Sustainability & Efficiency	• Variance against purchased activity in NWAUs • Expenditure variance against budget (%)	• Cost recovery practices for long-term and aged care patients.
Maternity Services	• Paid Medical and Nursing FTE variance to budgeted FTE (%) for Maternity wards.	• Continue to improve and embed Private Midwife Model. • Consolidate new staffing and service delivery models to provide high quality services. • Support improvements to publicly available information regarding maternity services and choices offered to women.
Mental Health	• Mental Health community follow-up within first 7 days (%) • Mental Health readmissions within 28 days (%)	• Design and implement Territory-wide mental health services for children and adolescents.

Domain	Measured by	Activities
	• Mental health seclusion rate (per 1,000 OBDS)	
Patient movement and interface	• Elective surgery admissions • Percentage of category 1 Elective Surgery Admissions within 30 days • Percentage of category 2 Elective Surgery Admissions within 90 days • Percentage of category 3 Elective Surgery Admissions within 365 days • Transfer of Care from Ambulance Bay to Hospital Emergency Department within 30 minutes. • Emergency Department Departure within 4 Hrs (%). • Emergency Department Length of Stay > 12 hours (%). • Average daily number of acute long stay outliers ≥ 21 days • Average Length of Stay (Overnight Bed Days per separation) • Relative stay index. • Potentially preventable hospitalisations (rate per 1,000 separations). • Clients discharged against medical advice (%)	• Strengthen Ambulance Transfer of Care policies and processes. • Strengthen elective surgery waitlist management. • Monitor elective surgery performance and implement targeted improvement initiatives.
Aged Care	• Aged Care Assessment Team (ACAT) assessments within recommended timeframes (%):	• Implement priority strategies to prevent avoidable Emergency Department presentations and hospitalisations of older individuals, and support timely discharge from hospital to community settings.

Domain	Measured by	Activities
	Hospital Setting ○ Priority Category 1 → within 2 calendar days ○ Priority Category 2 → within 5 calendar days ○ Priority Category 3 → within 10 calendar days	
Alcohol and other drugs treatment pathways and domestic family and sexual violence treatment pathways	• To be developed.	• Develop culturally safe and effective training content. • Develop new models of care that reflect best practice and deliver culturally safe and responsive services. • Develop appropriate domestic family and sexual violence training content to be delivered to targeted staff including emergency department and maternity staff.
Public health and Primary health	• Proportion of prisoners receiving initial health screening within 24 hours of incarceration. • Percentage of remote resident Aboriginal clients aged over 15, diagnosed with type 2 Diabetes and/or coronary heart disease, with a Chronic disease management plan in place within the last 2 years. • Percentage of remote resident Aboriginal clients aged over 10, diagnosed with type 2 diabetes, with a HbA1c test within the last 6 months.	• Design and implement model of care for people in correctional facilities. • Develop and progress annual prevention roadmaps aligned with *Healthy, Well and Thriving* in partnership with key stakeholders. • Implement the NT Remote Stores Program. • Implement the National Strategy for Food Security in Remote Aboriginal and Torres Strait Island communities.

Domain	Measured by	Activities
	• Percentage of remote resident Aboriginal women who gave birth with an antenatal visit conducted in the first trimester of pregnancy. • Proportion of children under 5 who are measured for anaemia	
Quality and safety	• Sentinel events against nationally agreed events (no.) • Hospital acquired complications (per 100 Separations) • SAB infections (per 10,000 OBDS) • Avoidable hospital readmissions (per 100 separations) • Hospital acquired sepsis (per 1,000 separations) • Number of root cause analysis cases open ≥ 90 days	• Implement and monitor the sepsis pathway. • Optimising practices for transparent communication and investigations relating significant incidents that occur in our health service.

Appendix 2: Hospital Services

Key: L: limited capability RC: resident consultation T: telehealth V: visiting service X: full service

Service	Royal Darwin Hospital	Palmerston Regional Hospital	Alice Springs Hospital	Gove District Hospital	Katherine Hospital	Tennant Creek Hospital
Allied health services						
Audiology	X		X	V	V	V
Chaplaincy	X	X	X		L	
Dietetics	X	X	X	X	X	V
Occupational therapy	X	X	X		X	V
Outreach specialist	X	X	X	V	X	X
Physiotherapy	X	X	X	X	X	V
Podiatry	X		X	V	L	V
Prosthetics and orthotics	X	L	X	V	V	V
Psychology, including renal psychology	X	X			L	
Social work	X	X	X	X	X	
Speech pathology	X	X	X		X	V
Clinical support						
Aboriginal health practitioners	X	X	X	L	L	L
Aboriginal liaison	X	X	X	L	X	X
Interpreter services	X	X	X	V	V	T
Oral health	X	X	X	L	V	V
Pathology	X	X	X	L	L	X
Pharmacy	X	X	X	X	X	V
Emergency and critical care						
24-hour emergency	X	X	X	X	X	X
Anaesthetics	X	L	X	X	X	L/T
Intensive care	X		X			L/T
Retrieval services	X	X	X	L	L	X
Trauma	X	L	X	L	L/T	L/T
Maternal and child health						
Colposcopy	X		X	V	X	
Gynaecology	X	X	X	V	V	V/T
Obstetrics	X	L	X	X	X	V/T
Paediatrics	X	L	X	L	L	V/T
Reproductive medicine	X		V		V	V/T

Service	Royal Darwin Hospital	Palmerston Regional Hospital	Alice Springs Hospital	Gove District Hospital	Katherine Hospital	Tennant Creek Hospital
Medical imaging						
Angiography/fluoroscopy	X		RC		X	
Bone density	X		X			
Computed tomography (CT)	X	X	X	X	X	
Cardiac CT	X		X			
Interventional procedures	X		V			L
Mammogram	X		X	V	V	V
Magnetic resonance imaging (MRI)	X		X			
Nuclear medicine	X					
Orthopantomogram (OPG)	X	X	X	X	X	X
Outreach ultrasound	X	X		X	X	X
Positron emission tomography (PET)	X					
X rays and ultrasound	X	X	X	X	X	X
Medicine						
Allergy	X		V		T	T
Anaesthetics	X	X	X	X/V	X	
Cardiology	X		X	V	V	T
Dermatology	X		V	V	V	T
Endocrinology	X		RC	V	V	T
Endoscopy	X	X	X	V	V	
Exercise stress test non-dopamine	X		X	X	X	V
Gastroenterology	X	X	RC	V	V	T
General medicine	X	X	X	V	X	X
Geriatrics	X	X	V		V	V
Haematology	X		V/T		T	T
Hepatology	X		V		V	T
Hospital in the home	X		X			
Hyperbaric	X					
Infection Control	X	X			X	
Infectious disease	X		RC	V	T	T

Key: L: limited capability RC: resident consultation T: telehealth V: visiting service X: full service

Service	Royal Darwin Hospital	Palmerston Regional Hospital	Alice Springs Hospital	Gove District Hospital	Katherine Hospital	Tennant Creek Hospital
Medicine cont.						
Memory	X	X	V	V	V	V
Neurology	X		V	V	V	T
Oncology	X		X	T	V/T	T
Ophthalmology	X		X	V	X	V
Paediatric cardiology	X		V	V	V	V/T
Paediatric endocrinology	X		V	V	V	V/T
Pain management	X	X	X		T	T
Palliative	X		X	T	TV	T
Perioperative	X		X	V	V	
Pharmaceutical	X	X	X	X	X	V
Rehabilitation	X	X	X	V	V	X
Renal	X	X	X	V	L	T/V
Respiratory	X		RC	V	X	T/V
Rheumatology	X	X	RC	V	T	T/V
Sleep studies	X		V	V		V
Spinal	X		V			
Mental health						
Access team and inpatient	X		X	X	L	L/T
Child and adolescent	X	L	X	L	X	X
Drug and alcohol	X	X	X	L	X	X
Forensic	X	L	T	T	T	L
Perinatal	X	L	X	T	X	L

Key: L: limited capability RC: resident consultation T: telehealth V: visiting service X: full service

Service	Royal Darwin Hospital	Palmerston Regional Hospital	Alice Springs Hospital	Gove District Hospital	Katherine Hospital	Tennant Creek Hospital
Non-clinical						
Campus and facilities	X	X	X	X	X	X
Clinical photographer	X					
Food services	X	X	X	X	X	X
Ground transport	X	X	X		X	L
Housekeeping services	X	X	X	X	X	X
Linen services	X		X	X	X	X
Mail registry	X		X	X	X	X
Medical education unit	X		X	L	L	X
Patient advocate	X	X	X			
Patient travel management	X		X	X	X	X
Staff accommodation	X		X	X	X	X
switchboard	X	X	X	X	X	X
Shuttle bus	X	X		L	L	
Teaching hospital affiliated with Flinders and Charles Darwin University	X	X	X	X	X	X

Key: L: limited capability RC: resident consultation T: telehealth V: visiting service X: full service

Service	Royal Darwin Hospital	Palmerston Regional Hospital	Alice Springs Hospital	Gove District Hospital	Katherine Hospital	Tennant Creek Hospital
Surgery						
Ear, nose and throat (ENT)	X	X	X	V	V	V
Gastroenterology	X		RC	T/V	T/V	T
General surgery	X	X	X	V	X	T
Gynaecology	X	X	X	V	X	V/T
Maxillofacial (MF)	X		V		L	T
Neurosurgery	X		V		V	
Obstetric	X		X	X	X	V/T
Ophthalmology	X	X	X	V	V	V/T
Orthopaedic	X		X	V	V	T
Outpatient specialist	X	X	X	V	X	T
Paediatric general	X		V	V	V/X	V/T
Plastics	X	X	V	V	V	T
Urology	X	X	V	V	V	T
Vascular	X		V	V	V	T
Vascular access	X		V		V	

Appendix 3: Purchase Schedule

NT Regional Health Service

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	34,723	1,745	36,468	7,418	270,519,898	257,575,181	93,976,194	163,598,988	12,944,717
Acute admitted	122,541	5,035	127,576	7,418	946,360,707	909,011,931	331,652,611	577,359,321	37,348,775
Admitted Mental Health	7,462	388	7,850	7,418	58,227,848	55,351,326	20,194,907	35,156,419	2,876,522
Sub-Acute	12,371	182	12,552	7,418	93,114,151	91,765,229	33,480,504	58,284,725	1,348,922
Non-Admitted	23,604	2,439	26,043	7,418	193,188,122	175,096,457	63,883,867	111,212,591	18,091,664
Total ABF Allocation	**200,701**	**9,788**	**210,489**	**7,418**	**1,561,410,726**	**1,488,800,125**	**543,188,083**	**945,612,042**	**72,610,601**
NHRA Block Allocation									
Teaching, Training and Research					46,060,131	46,060,131	18,654,353	27,405,778	-
Other Mental Health					59,234,567	59,234,567	23,990,000	35,244,567	-
Non-Admitted Home Ventilation					102,632	102,632	41,566	61,066	-
Total NHRA Block Allocation					**105,397,330**	**105,397,330**	**42,685,919**	**62,711,412**	-
Non-NHRA Block Allocation									
Other Services					590,323,097	-	-	-	590,323,097
Total Non-NHRA Block Allocation					**590,323,097**	-	-	-	**590,323,097**
Grant Total Funding Allocation					**2,257,131,153**	**1,594,197,455**	**585,874,002**	**1,008,323,454**	**662,933,698**

Barkly

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	2,347	74	2,421	7,418	17,959,059	17,411,602	6,352,615	11,058,986	547,457
Acute admitted	3,967	31	3,998	7,418	29,656,351	29,428,447	10,736,956	18,691,491	227,904
Admitted Mental Health	-	-	0	7,418	-	-	-	-	-
Sub-Acute	90	-	90	7,418	666,166	666,166	243,050	423,116	-
Non-Admitted	435	16	451	7,418	3,347,610	3,230,393	1,178,607	2,051,785	117,217
Total ABF Allocation	**6,840**	**120**	**6,960**	**7,418**	**51,629,186**	**50,736,608**	**18,511,229**	**32,225,378**	**892,579**
NHRA Block Allocation									
Teaching, Training and Research					227,184	227,184	92,009	135,174	-
Other Mental Health					865,395	865,395	350,485	514,910	-
Non-Admitted Home Ventilation								-	-
Total NHRA Block Allocation					**1,092,578**	**1,092,578**	**442,494**	**650,084**	-
Non-NHRA Block Allocation									
Other Services					10,744,116	-	-	-	10,744,116
Total Non-NHRA Block Allocation					**10,744,116**	-	-	-	**10,744,116**
Grant Total Funding Allocation					**63,465,881**	**51,829,186**	**18,953,724**	**32,875,462**	**11,636,695**

Big Rivers

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	3,308	214	3,522	7,418	26,127,959	24,540,452	8,953,573	15,586,879	1,587,507
Acute admitted	5,237	85	5,322	7,418	39,479,339	38,845,587	14,172,796	24,672,791	633,753
Admitted Mental Health	-	-	0	7,418	-	-	-	-	-
Sub-Acute	489	12	501	7,418	3,713,629	3,627,287	1,323,414	2,303,873	86,342
Non-Admitted	1,235	46	1,280	7,418	9,497,294	9,159,197	3,341,729	5,817,468	338,098
Total ABF Allocation	**10,269**	**357**	**10,625**	**7,418**	**78,818,222**	**76,172,522**	**27,791,512**	**48,381,010**	**2,645,700**
NHRA Block Allocation									
Teaching, Training and Research					824,318	824,318	333,849	490,469	-
Other Mental Health					2,402,604	2,402,604	973,055	1,429,549	-
Non-Admitted Home Ventilation								-	-
Total NHRA Block Allocation					**3,226,922**	**3,226,922**	**1,306,903**	**1,920,018**	-
Non-NHRA Block Allocation									
Other Services					38,560,040	-	-	-	38,560,040
Total Non-NHRA Block Allocation					**38,560,040**	-	-	-	**38,560,040**
Grant Total Funding Allocation					**120,605,184**	**79,399,444**	**29,098,415**	**50,301,029**	**41,205,740**

Central Australia

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	9,876	338	10,214	7,418	75,767,770	73,258,752	26,728,424	46,530,328	2,509,018
Acute admitted	34,959	1,154	36,113	7,418	267,888,547	259,328,471	94,615,881	164,712,590	8,560,077
Admitted Mental Health	1,945	74	2,019	7,418	14,976,968	14,428,765	5,264,329	9,164,436	548,203
Sub-Acute	2,726	48	2,774	7,418	20,576,089	20,219,749	7,377,167	12,842,582	356,340
Non-Admitted	5,410	412	5,822	7,418	43,188,523	40,131,278	14,641,880	25,489,399	3,057,244
Total ABF Allocation	**54,916**	**2,026**	**56,942**	**7,418**	**422,397,897**	**407,367,015**	**148,627,679**	**258,739,335**	**15,030,882**
NHRA Block Allocation									
Teaching, Training and Research					7,105,748	7,105,748	2,877,828	4,227,920	-
Other Mental Health					17,874,532	17,874,532	7,239,186	12,814,625	-
Non-Admitted Home Ventilation								-	-
Total NHRA Block Allocation					**24,980,280**	**24,980,280**	**10,117,014**	**17,042,545**	-
Non-NHRA Block Allocation									
Other Services					127,628,659	-	-	-	127,628,659
Total Non-NHRA Block Allocation					**127,628,659**	-	-	-	**127,628,659**
Grant Total Funding Allocation					**575,006,837**	**432,347,295**	**158,744,693**	**275,781,880**	**142,659,542**

East Arnhem

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	1,868	56	1,924	7,418	14,269,289	13,856,141	5,055,407	8,800,734	413,148
Acute admitted	3,330	28	3,359	7,418	24,915,502	24,704,243	9,013,332	15,690,911	211,259
Admitted Mental Health	-	-	0	7,418	-	-	-	-	-
Sub-Acute	219	14	234	7,418	1,733,539	1,627,490	593,789	1,033,701	106,048
Non-Admitted	538	5	543	7,418	4,030,097	3,993,498	1,457,026	2,536,472	36,598
Total ABF Allocation	**5,956**	**103**	**6,059**	**7,418**	**44,948,427**	**44,181,373**	**16,119,555**	**28,061,818**	**767,054**
NHRA Block Allocation									
Teaching, Training and Research					427,850	427,850	173,279	254,571	
Other Mental Health					1,163,879	1,163,879	471,371	692,508	
Non-Admitted Home Ventilation								-	
Total NHRA Block Allocation					**1,591,729**	**1,591,729**	**644,650**	**947,079**	-
Non-NHRA Block Allocation									
Other Services					43,694,373	-	-	-	43,694,373
Total Non-NHRA Block Allocation					**43,694,373**	-	-	-	**43,694,373**
Grant Total Funding Allocation					**90,234,529**	**45,773,102**	**16,764,205**	**29,008,897**	**44,461,427**

Top End

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	17,324	1,063	18,387	7,418	136,395,821	128,508,234	46,886,174	81,622,061	7,887,586
Acute admitted	75,048	3,736	78,784	7,418	584,420,966	556,705,184	203,113,646	353,591,538	27,715,782
Admitted Mental Health	5,517	314	5,831	7,418	43,250,880	40,922,561	14,930,579	25,991,982	2,328,319
Sub-Acute	8,847	108	8,955	7,418	66,424,728	65,624,536	23,943,084	41,681,453	800,191
Non-Admitted	15,986	1,960	17,946	7,418	133,124,598	118,582,091	43,264,625	75,317,467	14,542,507
Total ABF Allocation	**122,721**	**7,182**	**129,903**	**7,418**	**963,616,994**	**910,342,607**	**332,138,107**	**578,204,500**	**53,274,386**
NHRA Block Allocation									
Teaching, Training and Research					37,475,031	37,475,031	15,177,388	22,297,644	
Other Mental Health					36,928,157	36,928,157	14,955,904	21,972,254	
Non-Admitted Home Ventilation					102,632	102,632	41,566	61,066	
Total NHRA Block Allocation					**74,505,821**	**74,505,821**	**30,174,857**	**44,330,963**	-
Non-NHRA Block Allocation									
Other Services					369,695,909	-	-	-	369,695,909
Total Non-NHRA Block Allocation					**369,695,909**	-	-	-	**369,695,909**
Grant Total Funding Allocation					**1,407,818,723**	**984,848,428**	**362,312,965**	**622,535,463**	**422,970,295**