1. What could be done to better improve communication between Hunter NE Health District Management, local hospitals, medical professionals, and the Community of Hunter New England Health District?

I, as a member of the Community of Hunter New England Health District, had never been directly involved in any meeting with the Hunter New England Health District Management team until I attended a community meeting regarding the Wee Waa Hospital, organised by our local MP, last night. Assuming that this meeting was a reasonable indicator of the Management Team's approach to communicating with the Community, it is no surprise that complaints have been raised.

To improve communication would require Hunter New England Health District Management to *listen to understand, not listen to respond*. Each question asked by the community last night was met with the same political waffle, stick-to-the-party-line nonanswers. It would also require them *to communicate in good faith, with open and honest answers*. For two years, it has been the same deflect and hope they give up answers to our community's genuine concerns. It genuinely felt that the Management approach to the meeting was "Country yocals don't know anything about running business, so just tell them we're trying". They seem to forget that many of our community are owners, managers, and workers in significantly sized businesses themselves.

2. Are there improvements that could be made to the delivery of NSW Ambulances Services that would better support the health outcomes of the residents of the regional and remote areas of the Hunter New England Health District? Please share specific example if you have them.

You've either got to stop using them as a hospital taxi service by reestablishing and maintaining sufficient resources at local hospitals so the constant shuffle toward John Hunter isn't required, or you need to establish sufficient transport options to use them as a taxi service BOTH WAYS. The second biggest issue is always the return trip. The biggest being taking people away from their support networks unnecessarily in the first place. A significant number of people living in regional and remote communities do so in an attempt to make the best use of their limited financial resources which often includes not having access to a car of their own but having to rely of family and friends for lengthy trips. That works reasonably well when you have time to plan it, but in a medical emergency that requires an ambulance, you don't have that time. From Wee Waa you could be a few hundred kms away and needing a lift home the following day because you slipped and hit your head, or broke an arm. It shouldn't take a 200km trip to fix those things most of the time.

3. Do you think that there should be more than two board members representing the New England/Narrabri part of the HNE area Health Service District and could this be achieved by adding an extra position? What are the merits of potentially doing this?

It kind of disgusts me that this question needs to be asked. Do you suspect that the current members are deliberately making decisions to benefit the Hunter/not New England area? Are they specifically targeting Narrabri for poor treatment? If so, would an additional member from this area actually help or would it just lower the percentage of the vote that Hunter had a majority? If this is a genuine concern, I think the whole board needs to be dissolved and people with a better grasp of morals and ethics put in place.

There shouldn't need to be additional members from any particular area on the board. The idea itself is not so far from segregation and we've all seen how that plays out. Yes, it is important to have a diverse range of people from all over the Health District so we're able to better understand the needs of each area. But having a city centric board overseeing a hybrid metropolitan/rural Health District is going to have that trouble. You're better off having a completely metropolitan Health District, and a completely Regional Health District.