

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

Communication with the health district is very poor and unreliable and the chain of communication seems to break down at middle management, which is very evident in times of crisis. Improvements could be made by keeping HNEH employees/representatives who have first point of contact (HSMs etc) with communities, informed about decisions or plans from their management. With 3 floods in Wee Waa year, communication regarding emergency services at the hospital was haphazard and unreliable as HNEH management failed to make timely announcements or provide relevant information at all. During the first flood this year HNEH would only announce late in the afternoon if the hospital would be opened that night. A flood event in Wee Waa is usually a week long event, so planning around opening hours of the hospital could have been more timely and consultative. Town hall meetings or drop in meetings at all health services at least once a year by management and/or board members would support traditional media and social media engagement with communities. See point 3 below - reshaping the membership of the board of HNEH would improve communication between HNEH and its communities.

2. Are there improvements that could be made to the delivery of NSW Ambulance services that would better support the health outcomes of residents of the regional and remote areas of the Hunter NE Health District? Please share specific examples if you have them.

Opening Wee Waa hospital 24/7 with an Emergency Department and access to an onsite doctor is the key to better supporting the health outcomes of residents and, importantly reducing the strain on Ambulance staff.

We note that during the hearing on Friday 22 August one of the Committee members noted that the Ambulance Service should have been represented in the hearings. We would support the Committee hearing from ambulance officers in Narrabri and Wee Waa, who carry the stress and have the stories but are afraid to speak publicly. We know some have been cautioned for speaking their truth so we are reluctant to speak on their behalf. This Committee needs to speak directly to them, in confidence.

We know that delivery of NSW Ambulance Services in the Wee Waa district are often impacted by the long distances that have to be travelled to pick up and drop off patients. This long turn around time means ambulances are often on the road for extended periods before becoming available for the next call out. Given the state of country roads this increases the danger for both patients and ambulance officers. The solution is to open Wee Waa Hospital so drop offs are quicker and the journey to the next patient earlier. This quicker turn around reduces some of the driver fatigue encountered on long trips particularly at night, when collisions with native animals are much more likely.

3. Do you think that there should be more than 2 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?

We believe increasing representation of residents from the North West part of the health district onto the Board is a step in the right direction. However, creating an extra position will have little impact on the Hunter-centric decision making of the Board to provide more equitable health services in outer areas of the region and avoiding the long term neglect around the management. Reshaping the membership of the Board to include no more than 50% of Hunter/Upper Hunter based members with the remainder coming from the New England & North West area (50% to be shared equally between NE & NW) would represent all areas of this vast health district.