

**1. 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?**

As GPs and community members we often feel that the statements and comments made by HNE management, even locally, do not reflect the reality of what is happening in our hospital (Armidale), and this is reflected more widely in the district - eg Inverell, Moree.

As we saw last week when Brendan Moylan commented on his first hand experience of the Moree ED, HNE health talked about not alarming the community, and painted a different picture of the situation to the reality that the community faces. The community is already alarmed at the unreliability of staffing in our hospitals, whether it be Emergency departments or other hospital departments, like anaesthetics in Armidale.

I feel that physical visits to the regions from Newcastle and meeting with clinical staff as well as management is vital for communication.

As GPs, receiving staffing updates from the hospital would be a good start, so we know what services are or are not available.

The community also deserves to understand what is being done to try to attract and retain staff in our hospitals as well.

**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.**

I don't have enough direct experience of the ambulance service to comment. Whenever they are called to our practice to attend, I have found them excellent.

**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?**

As I am not sure of the makeup of the board, I cannot comment- If the board is Newcastle heavy in its representation, this would make sense of the Newcastle centric approach that we feel is applied when delivering health care.

**4. With the district headquartered in Newcastle, is there a risk of bias in recruitment with a focus on ensuring medical professionals are recruited for Newcastle and the remainder of the district is deprioritised?**

Newcastle is likely to attract staff in any case as the majority of workers prefer a metropolitan role, rather than working in the farther reaches of the district, so changing the location of the headquarters possibly wouldn't change that.

What would be helpful is if in areas like Armidale and beyond, local management applied creativity and flexibility when it comes to offering positions and contracts in the hospital eg to registrars who may be IMGs with recognised fellowships, that could then lead to the registrar

staying on as a consultant at the same hospital at the end of the supervised period. Instead, these opportunities are not taken, depriving the hospital and community of some continuity, with positions to be filled by locums. As GPs, we rely on a healthy, thriving hospital environment. As long as our hospital is being staffed heavily with locums, and management is not looking to the local talent that we have, the community suffers.