

**Submission
No 25**

HEALTH SERVICES AMENDMENT (SPLITTING OF THE HUNTER NEW ENGLAND HEALTH DISTRICT) BILL 2025

Name: Kaz Madigan

Date Received: 4 April 2025

Thank you for this opportunity to comment.

I would like to see the size of the Hunter Health area reviewed as it is very large and is the only health area which combines a city and regional/ remote needs which can be quite different. It could be viewed as a positive thing to have a city health service involved in distributing resources but sadly this isn't how it functions and regional citizens are always falling short in healthcare expectations and service. The case for remote areas may be much worse - eg. Wee Waa Hospital.

Taree - Manning Hospital is waiting and waiting for development into a modern hospital despite population growth with plans for further stages continually delayed over many years and governments. Hunter Health doesn't seem to advocate publicly or politically for this to happen either.

Being sick, in need, birthing, in pain and dying are part of our shared human condition. I acknowledge that many people are working to create a health service that matters and one that we don't fear going to because we'll be dismissed at a time of need. But I believe we deserve at least as good a proportional service and infrastructure that can be sought by citizens in Sydney.

If the health area was to be split resources would have to be diverted and added to make sure the regions and remote area services and infrastructure doesn't deteriorate further. Funding and resources would have to be increased and maintained. As an example, other large inland health districts in NSW seem to be able to manage and allocate services with adept knowledge of the immediate needs of the people who live there and share similar problems. Perhaps this is a drawback of having a city lead Health district control outlying areas.

I think the idea has merit to examine and I'm happy that this opportunity has arisen.

Please consider:

- the type of people and their needs and how they match well with the overall size and type of Health district.

- the needs of regional and remote citizens to be on their home country when treated as much as is possible. As a regional person my connection to home and wellbeing here is very strong and I think this applies to many of us.

- Is the recruitment of staff easier (if it is) because we are part of Hunter Health and Newcastle city? Would a split in the health district be a detriment to increasing staff in the regional/remote areas or does it not work like that anyway?

- consider that people should feel confident that their health district and hospital can help in times of need and not feel such fear based on previous difficult admissions and service/infrastructure failures. I know nothing is perfect but there are some great problems.

- Taree is over two hours from John Hunter Hospital which is ok for major problems but our personal concerns are the lack of modernisation and neglect of the Taree hospital which deals

with most of our hospitalisations and health support. Would a splitting of the Hunter Health District improve our impoverished position?

Thank you for your service. I hope that a better health solution can be found to the deterioration we see around us.