Submission No 32

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

Organisation: Country Women's Association of NSW

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Country Women's Association of NSW
Incorporated in 1931 by an Act of NSW Parliament
ABN 82 318 909 926

Thursday 10 April 2025

Mr Clayton Barr (MP)
Committee Chair
Inquiry into Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025
Legislative Committee on Community Services
NSW Parliament House
6 Macquarie Street
Sydney NSW 2000

RE: Inquiry into Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025

The Country Women's Association (CWA) of New South Wales (NSW) is the state's largest women's rural issues advocacy group with well over 8000 members and close to 400 branches across NSW. There is no other rural, regional, remote member-based organisation that has the breadth and depth of membership on matters affecting country people.

The CWA of NSW aims to improve conditions for country women, children, and families by advocating for its members, helping local communities, creating a network of support and meeting together in towns and cities across NSW.

CWA OF NSW POLICY PRIORITIES: HEALTH

The CWA of NSW has a longstanding commitment to advocating for improved health outcomes in regional, rural, and remote NSW. The CWA of NSW health policy priorities focus on ensuring accessibility and affordability of healthcare for rural communities and addressing the growing disparity in health outcomes between rural and metropolitan areas in NSW. The CWA of NSW recognises the urgent need to enhance available health services, including mental health support and family services, particularly in times of emergency.

Families in regional, rural and remote NSW face challenges in accessing and affording healthcare, maintaining their health, and managing the costs of treatment. The ongoing erosion of healthcare services in these areas is a major concern, leaving people feeling marginalised and underserved. The CWA of NSW has consistently highlighted headline problems such as the shortage of General Practitioners (GPs), difficulties in recruiting and retaining specialists, nurses, and allied health professionals, and the downgrading or closure of local hospitals, including birthing and maternity units.

In addition, CWA of NSW continues to advocate for addressing shortages in crucial services such as palliative care, drug and alcohol support, mental health services (including psychological support for those with chronic or terminal illnesses and their families), access to blood products, dental care, and services for domestic and family violence. These gaps in healthcare services pose significant challenges to the well-being and resilience of rural communities and require urgent attention and action from policymakers at all levels of government.

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GUIDING PRINCIPLES FOR HEALTH SERVICE STRUCTURES

The CWA of NSW welcomes the opportunity to respond to the *Inquiry into Health Services Amendment (Splitting of the Hunter New England Local Health District, HNLEHD) Bill 2025* (*the Inquiry*).

This submission does not take a position on the legislative proposal to divide the HNELHD, instead, it suggests a set of guiding principles that the Committee should apply when considering structural reform of the HNELHD and when making its recommendations. These principles are grounded in the experiences of members and reference past submissions to state and federal health reviews.

1. Patients and health workers must be central to change

The health system exists to serve people—not structures. Any reform to Local Health Districts must prioritise the needs and experiences of both those receiving care and those delivering it.

- Patients must be engaged, informed, and empowered to make decisions about their care.
- Health professionals must be supported with safe working conditions, appropriate training, and incentives to remain in the regions.

Structural reform should not proceed unless it demonstrably improves health outcomes and service access for patients, and addresses workforce wellbeing, retention, and conditions.

2. Equity, access and outcomes should be the core metrics of success

Reform should address the deep and persistent disparities in health outcomes between metropolitan and regional NSW. Data from the CWA of NSW and multiple inquiries consistently show that people in rural and remote areas:

- Have shorter life expectancies.
- Experience higher burdens of disease.
- Face excessive wait times or lack access altogether to essential services like maternity care, oncology, mental health, and dental care.

The CWA of NSW caution, that reshuffling bureaucratic boundaries will not solve these systemic inequities unless accompanied by real, on-the-ground investment in staffing, infrastructure, and culturally appropriate services.

3. Reform must be evidence-based, locally informed, and avoid bureaucratic fragmentation

Any changes to the HNELHD must:

- Be based on independent evidence that a split will improve service delivery, not just efficiency metrics or political convenience.
- Involve extensive consultation with regional communities, local health workers, and patient advocates.
- Avoid creating new administrative silos or duplicated governance structures that divert funding away from frontline care.

As evidenced at Tamworth Hospital (details in section 5. following) and other regional health centres, inadequate staffing and reliance on locums are core problems—not merely district size or structure.

4. Workforce reform must be central

CWA of NSW members repeatedly report that a shortage of GPs, nurses, specialists, and allied health professionals remain the greatest barrier to accessing timely, quality care. Midwifery-led continuity of care, for example, cannot work without adequate midwife numbers and real investment—not just policy statements. No structural reform can succeed without addressing workforce issues:

- Attraction and retention, including through regional loadings and secure employment conditions.
- Career pathways for rural generalist doctors, nurse practitioners, and midwives.
- Appropriate and competitive remuneration.
- Professional development and support (housing, childcare, schooling) for rural health workers and their families.

5. Structural change must be monitored for impact

The 2022 NSW Parliamentary Inquiry into RRR Health made 44 recommendations. In its June 2024 Progress Report, NSW Health claims to have completed 25 recommendations, with significant work underway to implement the remaining 19 recommendations. Yet regional communities are still struggling to see tangible improvements in Health Care delivery.

Recommendation 26 for example, which calls for implementing the gold-standard model of midwifery continuity of care, a model that promises expectant mothers the support of a known midwife throughout pregnancy, birth, and postnatal care. NSW Health lists this recommendation as "completed." On the ground, the reality is that women are still being forced to travel hundreds of kilometres for maternity services—or risk giving birth in under-resourced facilities.

Tamworth Hospital, described by NSW Health as a major health facility in Northern NSW has experienced persistent staff shortages in maternity care that has repeatedly forced the hospital to go on bypass, leaving women to travel even further to facilities already under strain. Some women in labour have been redirected between hospitals hours apart — putting both mother and baby at unacceptable risk.

CWA of NSW has witnessed multiple government commitments on rural health that have amounted to promises without delivery. It is critical that any reform to the HNELHD is tied to:

- Clear performance indicators focused on health outcomes, not just service throughput.
- Public reporting and accountability mechanisms.
- Regular review cycles involving local communities.

CONCLUSION

The CWA of NSW urges the NSW Legislative Committee on Social Services to use this Inquiry as an opportunity to ensure that structural reform in the health system must be about people, not just boundaries. Splitting a Local Health District must not become a distraction from addressing the real crises in regional, rural and remote healthcare: critical workforce shortages, lack of maternity and specialist services, poor infrastructure, and deeply inequitable health outcomes.

[redacted]

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