

**Submission
No 48**

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

Name: Mr Robert Bensley OAM

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Draft Health Services Amendment (Splitting of the Hunter New England Health District) Bill into Parliament.

I am a member of the Inverell Community - and as an almost ninety year old – have had a long and fairly active exposure to the various forms of Health administration - going right back to Local Hospital Boards, then the change to Local Health Districts (LHD'S), firstly via New England Health, then Hunter New England Health.

I am Robert Leslie Bensley OAM of [REDACTED]
[REDACTED]. I am currently a founding member of the Inverell Health Forum, which is in its second year of operation. My major interest is in the fact that, four years after its opening, our new hospital is not fully functional. When you add to that, the fact that new regional hospitals are being built all around us, the future appears to be that, over \$300 million worth of new hospitals will soon be all sitting there, absolutely non functional. The move for a split comes from Mr Roy Butler, State Member for Barwon, who has advised that his reasoning for introducing the Bill is the decrease in services to the New England North West area of Hunter New England Local Health District (HNELHD). Mr Butler described the response he had received from HNELHD regarding service levels as disrespectful, dismissive and often inaccurate. The problem is, that regardless of the result of Mr Butler's efforts, nothing is going to change. Exactly the same reactions came from New England when it was in power

Our State's Health System works (or doesn't) on the basis that the Minister and the Government run Newcastle, Sydney and Wollongong and the Regions are run by the LHD's, operating under powerful beaurocrats.

Their culture dictates that they are fully in charge and - will not brook with any interference. They operate on the basis that regional residents will be dragged by them to the nearest (in HNEH's case) hospitals at Armidale, Tamworth or John Hunter, for all sorts of more minor surgery or treatment, rather than use the modern facilities, now available at *Inverell*. Ambulance vehicles run all over the place, often leaving patients at Inverell without an ambulance when they really need one.

An attempt to gain a CT Scanner for use out of hours at the new local hospital resulted in a battle that took Adam Marshall three years to win. When patients presented, out of hours, with stroke like symptoms, local Doctors immediately needed a CT Scan to indicate what type of urgent action was necessary. After hours, it was necessary to send the patient by road to Armidale to have the scan taken.

HNEH never wanted a new hospital built at Inverell and waged war with Local Member, Adam Marshall, at every turn. They ignored warnings about the use of inaccurate population figures when completing the Clinical Plan for the new hospital and downgraded the existing hospital on the basis that Inverell's population was going to reduce by 4-7% over the next 20 years, when in fact the correct figure was an increase of 20%. The 2016 Clinical Plan was immediately classified by the LHD as a confidential document and even the Local Member and Mayor would not be given copies. I pursued copies via Freedom of Information and was eventually successful.

The doctors quickly picked up the attempted downgrade and the designs had to be rescoped at whatever the resultant cost turned out to be.

After planning got under way for the new hospital, an expensive “gold plating” took place in a major refurbishment of the west wing. That was around 2015/2016 and the old hospital was gutted and rebuilt to make way for Community Health to move in, in 2020.

At the turn of the century in 2000, a donnybrook took place between the community and New England Health at a public meeting at the Inverell RSM Club over NEH’s plans to downsize the Maternity Ward from 10 beds to 6 and to close the freestanding Childrens’ Ward with its own nursing staff, into the middle of the hospital, to be added to the responsibilities of the general nursing staff. A large crowd was present, including the local doctors who were strongly opposed to New England Health’s plans. NEH ignored the community, as usual, and proceeded with it’s plans. On 25th March 2000 the new ward was opened for business with my daughter-in-law having one of the first babies as water poured out of the light fitting under the old rusted roof above her bed.

In 1991, the Mayor of Inverell, Councillor Bill Vincent had made an appointment to go and discuss a series of health issues with the Chairman of New England Health.

Bill Vincent rang the Chairman and explained that he was not an expert in Health but had four Inverell people who worked in health and they were going to accompany him to the meeting. An immediate reply was received by Mayor Bill rejecting that idea out of hand.

Just some examples of the long local history in health of two Local Hospital Districts.

I am strongly of the opinion that LHD's no longer work and that Regional Health in NSW will continue to struggle until a new system is found. The idea of splitting the two LHD's back in 2022 went down like a lead balloon and I expect a repeat.

Thank you for considering my opinion.

Bob Bensley