Submission No 56

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

Name: Ms Susan Sargent

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Dear Committee,

Thank you for the opportunity to share my thoughts on the proposal to separate Hunter New England Local Health District (HNELHD). I am currently a dual registered Nurse and Midwife working in a rural site within HNELHD, with approximately 15 years experience. I also have worked in other NSW health districts, which allows additional perspective into this proposal.

Separation of HNELHD is not a new concept. It has been discussed many times since the original merger in 2004. In principle, separating the rural elements and having our own autonomous administration centre would be lovely. However, in practice, in the current system, I cannot see it working unless extensive changes are made. In my view, there are far more important priorities than splitting up an LHD. The system as a whole is failing, and fragmenting it further will not solve the problems. Geographical boundary changes will not help with what is largely a human problem. Notably, even at the southern end, close to Newcastle, are many smaller sites. Where exactly do you draw the line to separate them?

The restructure of HNELHD last year through creating New England Northwest and Hunter Lower Mid North Coast was purported to benefit smaller communities – in reality it did absolutely nothing to fix any problems, it just gave more power and money to the already disconnected executives. It downgraded the level of local Health Service Managers, probably as a cost-saving measure, expecting the same work for less pay. I note that several rural facilities continue to struggle to recruit new HSMs. None of the staffing problems, none of the fragmentation issues, none of the communication has been fixed in the slightest. It remains difficult, if not impossible, for rural staff to upgrade, upskill, or receive opportunities equal to our metro counterparts. Removing our links to the Hunter end will only make this worse. All the restructure caused was great confusion amongst staff, leaving many of us not knowing who our uplines were, where to seek guidance, or what roles people actually held. To this day, I cannot clearly tell you who holds which role outside my own facility. Managers now need to go through three layers of upper management before reaching a decision maker,

instead of the previous one. We absolutely need our facilities fully staffed and resourced. Splitting the district won't achieve this, in my view.

I note with interest some of the arguments being put forrh in the media. I read that Tamworth doctors are finding transfers to Newcastle problematic and cite this as a reason to separate. I do not agree - transferring care is a separate issue in itself. Do they want to level up Tamworth so they don't need to transfer? Do they want a smoother transfer process? Being in the same LHD makes transfers easier! Although, not by much - we in the small areas find transfers to Tamworth extremely difficult! Any movement of a patient to higher level care has issues. Patient flow systems are district wide and centrally located, but even with this in place, staff still end up making multiple calls just to arrange a single patient transfer. This is inefficient- just imagine if there was a duplicate of this system just to go from New England to Hunter. A total nightmare!

Tamworth say that John Hunter Hospital do not understand regional issues. Rural sites frequently encounter issues where Tamworth do not understand our rural issues – an example I can give is in maternity, when women are referred to Tamworth for their care due to an identified risk factor. They are often told to come in and get us to do ultrasounds or other tests that we just don't do in a Level 3 service. It's not within our scope. They don't even bother to ask us first, they just tell women to rock up. That makes all of us look bad, but especially us. There is also no established process for this – if Tamworth want something done, they should be following up themselves. This is a communication problem that has nothing to do with LHDs - it exists everywhere, and is often related to individual staff attitudes rather than physical location. I have worked in health districts wholly administered in a regional city, as New England Northwest would be should it split, and these issues are the same. We referred out of our district and sometimes out of state for higher care. The issues are exactly the same, and are exacerbated by systems that do not communicate with each other. I understand the desire for local funding distribution, but this will not get the money where it's needed – a smaller district with lower populations is likely to be assessed as needing less money than a high population metropolitan centre. Metrocentricity is evident throughout NSW Health policies and procedures statewide. And as I said above, there are many smaller sites in the Hunter end as well – where would it leave them? Having worked in other districts that frequently require transfers to other health districts, even another state system, I can tell you that moving a patient to another separate health district is far, far worse

than the patient flow system we have here. Until we have statewide linked systems to facilitate these movements, changes to LHDs should not be prioritised as they would further fragment care, which is shown in research to have poorer outcomes.

Centralisation already limits services. What will this proposed split do for those who require tertiary care at John Hunter (JHH)? Much as I find centralisation distasteful, separating New England Northwest away from Hunter will not provide the benefits that people outside the system seem to think it will. Not in the short or medium term. This proposal will make things worse. New England Northwest, if separated, would be left without a tertiary referral centre. These referral networks are vitally important due to the centralised nature of our health system. Splitting us off would leave us vulnerable to further reductions in care. While we could certainly still refer to JHH and beyond, the impact on Tamworth services and access issues for us further afield need to be considered. Tamworth already struggles with staffing in the current environment. I note that media have reported doctors complaining of staff being "poached" by Hunter. Having a separate NENW health district won't change this. An important consideration must be the (considerable) cost to upgrade services in Tamworth (and/or Armidale – seems they are forgotten in favour of Tamworth in this too yet they have the main university!) to meet the higher needs and expectations of care. A solution for this could be that staff are recruited to Hunter, but with clauses in their contracts stating they must rotate to rural and regional. This has been proposed before and could work. There are also opportunities to expand links with the University of New England's rural skills programs to develop rural clinicians.

Splitting the LHD will not solve the staffing crisis. What we really need is more experienced staff to help develop our junior-heavy nursing situation, and a better model for medical staff. The current reliance on locum doctors and agency nurses and midwives is unsustainable. There is no incentive for staff to stay, and this won't change if the LHD is split up. In fact, I imagine it will get worse because staff will feel more isolated and unsupported. Part of the staffing problem can be ameliorated by rotating metro and regional staff through rural sites. This would also give metro staff better insight into the daily battles we face in rural facilities. A mobile senior registrar program would be ideal, if clinical supervision could be suitably organised. As would developing CNS/CMS or CNC/CMC rotation programs. Having rural experiences for all staff would go a long way to improving the problems evident in rural resourcing. Splitting and further distancing us from tertiary care would only make

communication worse. In my previous experiences, the rural LHD was seen as the “poor cousin” and received a lot of criticism and judgement from metro LHDs. Metro locations were extremely unhelpful and there were many barriers to a smooth patient journey between LHDs. I have also experienced this recently from Tamworth when trying to transfer maternity women – “why can't you do this”or “why are you sending her to us” are common questions, and you can almost hear the eye rolls. Student midwives on rotation in Tamworth report derogatory comments such as “bloody (rural site)” if we call for advice or a transfer. If it's not in our role delineation, we need to refer. If Tamworth intend to be a hub site going forward, then their attitudes need to mature. This snobby behaviour is an attitude problem, not a geographic one. Far more important considerations would be ending the culture of blame and bullying that exists within HNELHD. It is a major problem that is swept under the carpet. Sorting this out would promote a far more cohesive health district and improve staff retention.

Autonomy also comes at a price. The health system is already cash-strapped. This would add further cost at a time we can least afford it. It won't stop the staffing problems. In fact, it will create a need for more staff. Do you want to be paying more high level salaries, an additional CEO, additional high level managers, additional HR units, additional patient flow units, all of those things. Another layer of administration and bureaucracy? Another cog in the wheel? I think the cost would be too great at present. If the problem is with distribution of funding from Newcastle, then this should be examined and rectified. Adding another level of cost can only reduce the available funding pool, not improve it.

I would prefer to see an administrative hub set up in Tamworth, Armidale, or better yet, in one of the rural centres so that the rural staff are not completely controlled by Newcastle. We definitely need local support, but a separate health district is not it. Rather than duplicating everything, some of the Newcastle based positions and workgroups could be redeployed to NENW without splitting the health district administratively. Many roles are already working from smaller sites, so it can easily be done. Splitting into separate districts would be a pointless exercise that fixes nothing, and just creates more costs to the system and more money for the fat cats in bureaucracy. An innovative model for a unique health district would be a far better proposal than splitting into two copies with more of the same outdated attitudes. I note that people have stated in the media that many problems are caused by uncaring city-centric management- my personal experiences are that the management ethos

of the entire district is uncaring. It's not limited to Newcastle. Everyone blathers on about the CORE values but I am yet to see the system actually following them. Staff issues and complaints are not addressed, and then frustrated staff leave due to the lack of care for them. That is where I personally am heading. Splitting us up will just allow more uncaring managers into the fray.

I actually support the abolition of all health districts as separate entities, because it simply fragments care. Too many cooks, so to speak. We are all NSW Health, that's how it should be. Statewide systems that improve patient journeys and staff efficiency are what we need, along with vibrant, caring, proactive management brave enough to implement change. I see no benefit to further fragmenting an already fragmented system.

Thank you for your efforts in addressing this important issue.

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