

**Submission
No 65**

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

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Submission to NSW Parliamentary Inquiry into the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025.

I wish to provide this personal submission as a lifelong resident of Wee Waa. Having worked in the public sector for more than 30 years, and served on several community organisation committees, I feel I have a good grasp of issues affecting Wee Waa and the surrounding communities. There is currently no more important issue here than that of accessibility to medical services.

Wee Waa is a town of about 2000 people which services more remote areas to its west, north and south up to a distance of around 80km. It is around 450km from Newcastle, 42 km from Narrabri and 214 km from Tamworth. Since the amalgamation of the New England Area Health Service and the Hunter Health Service in 2005, Wee Waa has been part of the Hunter New England Local Health District (HNELHD). The availability of hospital services here has declined significantly in that time. On HNELHD's watch, Wee Waa Hospital has slipped from a full-functioning 24hr hospital to an almost empty building, without VMOs or inpatients, its only function apart from a Community Health presence being to provide a daily ED presence from 8am to 5.30pm, usually with the support of just telehealth or MyED doctors. This is a crisis for our community and the surrounding area.

To illustrate the HNELHD's place within the NSW LHD network, I wish to highlight the following details taken from the HNELHD and NSW Health websites. The HNELHD spans 25 local government areas, covers the Lower Mid North Coast region as well as the Hunter & New England, and has a population of around 970, 000, including around 72,000 Aboriginal and Torres Strait Islander people. (If the number of potential patients presenting is to be fully considered, the number of fly-in fly-out workers and itinerant workers supporting the extensive agricultural and mining sectors of the LHD, as well as tourists travelling on our many km of major highways and other rural and metropolitan roads, or staying to visit the many attractions & events the LHD offers, should also be considered.) As the HNELHD website states, it is the only LHD in NSW with "a major metropolitan centre, a mix of several large regional centres, and many smaller rural centres and remote communities within its borders". I'd also like to highlight that Newcastle, being located at the southernmost tip of the LHD, is geographically remote from the northern half of the LHD.

A comparison of the HNELHD with other LHDs shows that its population is more than double that of any other regional LHD in the state, with the next biggest one being Illawarra/Shoalhaven with just over 400,000. Out of all 15 metropolitan and regional LHDs it is the 5th largest by population, and at 131,785km², is the 3rd largest in geographical area behind only the Western NSW and the Far West LHDs. It controls 38 hospitals and multi-purpose centres, and, out of all NSW LHDs, this is second only to the Western NSW LHD which controls 40. Additionally, as an illustration of the pressure on the HNELHD system, Board member Dr Stephen Pryde noted at a HNELHD Board meeting on 19th February, 2025, (according to the meeting minutes) that "in the past 6 months HNE have received approx.

180,000 ambulance presentations compared to North Sydney (LHD) at 82,000 and Sydney (LHD) at 88,000.”

By its own admission, the HNELHD is the most geographically and socially diverse LHD in NSW. The above figures also show that it is carrying a disproportionately large part of the state’s workload when it comes to the administration of health and medical services. This inquiry will show that there is much evidence which supports the view that it is unable to provide the services expected of it in remote areas like Wee Waa. I believe this is because it is too far removed from many of the communities it is meant to serve and there is consequently a lack of concern and understanding of the needs of these communities, as well as the impact that certain decisions made from afar can have. It seems that HNEH has its hands full in managing the complex needs of Newcastle and the Hunter region, let alone the complex needs of “a mix of several large regional centres, and many smaller rural centres and remote communities.” To alleviate some of the pressure on this vast, overstretched entity, dividing the area once again into two would seem to be what is urgently needed.

It is apparent that HNEH doesn’t know what is actually occurring with regard to the current crisis at Wee Waa Hospital, despite extensive efforts and representations made by the local community. This was illustrated no more clearly than on 11th April, 2025 when Premier Chris Minns was interviewed on radio 2GB by Ben Fordham. Premier Minns stated that he had “done a deep dive with Health”, and, presumably having been provided with advice originating from HNEH officials, he made the following incorrect assertions when asked about the prospect of Wee Waa Hospital being reopened;-

1. 17 more nurses are needed
2. It is a 20 minute drive from Narrabri to Wee Waa
3. There is at least one doctor here, as he stated that 2 more doctors are needed
4. 15 beds remain open and no-one is “kicked out” at 5pm
5. Extensive recruitment efforts have been undertaken by HNEH.

For the record,

1. HNEH recently advised Wee Waa community representatives that 8 more nurses are needed (this number could in fact be lower).
2. It takes at least 35 minutes to drive from Wee Waa to Narrabri Hospital. Upon arrival it can be very difficult to find a carpark near the entrance to ED. In times of flood (as occurred recently) it is not possible to drive between Wee Waa and Narrabri at all. Large wildlife such as kangaroos are a hazard, especially between dusk and dawn. There is no public transport available, apart from a school bus & occasional Trainlink service. The additional travel time for people having to come from further afield (which could be up to an hour) also needs to be considered.
3. Apart from an occasional locum on a weekend (this is rare), no doctors visit the hospital.
4. There are no inpatient beds open at all. There is no-one to “kick out” at 5pm.

5. A search of vacancies at Wee Waa Hospital on the HNELHD website as at the date of writing produces nil results.

Despite the community's best efforts to work with HNEH to address the current crisis, these efforts have been repeatedly frustrated through HNEH's failure to consult, engage or listen, and, it would seem, also by providing false information to the Health Minister and Premier. Staffing issues have been repeatedly cited as the reason for Wee Waa's situation, while, in fact, Wee Waa has a crucial point of difference to other areas facing this common problem. Four GPs live in Wee Waa and others have also expressed interest in working here. History shows that our hospital has little trouble in attracting enough nurses as long as there are enough VMOs. As the community has been asking of HNEH for a long time, why, then, are we in this situation?? Once this situation is resolved through the appointment of adequate numbers of VMOs and nurses, we need to know that this situation won't occur again and, to this end, we need to be under the administration of a smaller, more efficient and workable entity which has a better understanding of the real issues affecting all communities within its borders.

I thank you for the opportunity to put forward this submission.

15/4/25