

**Submission
No 93**

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

Name: Mr John Fogarty

Date Received: 3 May 2025

Dear Sir/Madam,

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

To the Committee

As a resident of Wee Waa in northwestern NSW and a manager of a cotton ginning operations site near Wee Waa, I wish to make the following submission in support of this Bill.

I have seen on far too many occasions in recent years, the negative impacts of an under-resourced Wee Waa Hospital, and a poorly run HNELHD. Since 2018 there has rarely been a doctor available on site at Wee Waa Hospital, and since 2023 access to appropriate health care has been restricted even more, with closure of the hospital every night. Apart from the toll this has taken on many residents personally, this has far-reaching ramifications for industries such as ours which, despite being heavily safety-focussed, is inherently a dangerous one, and even moreso during the 5 months of every year that ginning operations are underway. During this time, at Queensland Cotton's Wee Waa site, the gin operates 24/7, with around 30 employed staff, as well as up to 40 additional personnel on site at any given time, including truck drivers and contractors. With this many people on site in a busy working environment involving industrial machinery, moving vehicles, and heavy manual tasks at all hours of the day and night, incidents do occur. Within the last 2 years alone, I estimate that, as a manager, I have spent an additional 50 hours transporting and waiting with injured or ill staff that I would not have otherwise had to, if Wee Waa Hospital had been open and had a VMO available. I have seen the added pain, distress, cost and inconvenience caused by these people having to go further afield for treatment. Within the area (formerly) serviced by Wee Waa Hospital, there are 6 other similar facilities with similar numbers to ours, plus a large seed-processing facility, with some of these having even further to travel to the nearest hospital. This is particularly concerning if it is a critical incident – that extra 30 minutes or more could be fatal. As a manager, this weighs on my mind a lot.

On a personal note, I suffered a very severe hand injury in cotton-ginning saws at work in 2023. Knowing there was no doctor available at Wee Waa Hospital, a colleague drove me to Narrabri Hospital, some 40 minutes away. It felt like it was the longest 40 minutes of my life. On arrival at Narrabri Hospital at 8am, I was advised that I would need major surgery within 24 hours, and it was decided that I needed to be transferred to John Hunter Hospital. After several false starts and considering arranging my own transport, I was eventually airlifted out of Narrabri at 8.30pm that night, flown to Sydney and then transported via road ambulance to JHH, & admitted just after midnight. I was placed in an overflow ward and was advised around 7am (24 hours after my accident) that I would be operated on some time

that day. Later that day I was told by a Registrar that my surgery was delayed until the next day, and I was given something to eat for the first time in 36 hrs. Soon after that, staff came to retrieve me to take me to surgery! It was decided that I could not be operated on that day as I had eaten. Despite repeated requests, I had not been given any antibiotics since being in ED. It is well-documented that hand injuries occurring in cotton ginning machinery are highly prone to serious infection. The staff seemed to be doing all they could, but were obviously over-stretched. I was eventually given antibiotics at 5.30am the next day and around that time I was advised that my surgery was scheduled for after midday that day. Later, though, I was advised my surgery was delayed again. At this point, through contacts I fortunately had, I was able to transfer to Newcastle Private Hospital & be operated on that day – 55 hours after my accident. I don't even want to think how much longer I would have waited for surgery had I not been able to transfer to Newcastle Private. I found this whole experience with the public hospital system of HNEH to be needlessly frustrating and distressing, and indicative of a system buckling under pressure and the consequences of poor management.

I feel that to not have a functioning hospital in such a busy and productive agricultural town as Wee Waa is appalling, and shows a complete lack of regard and understanding of the potential for serious incidents requiring urgent medical care. Wee Waa is a major contributor to the state's economy and is deserving of much more from HNEH. There is no excuse for what has happened to the availability of healthcare in the HNELHD on its watch. As can be seen from my experience, it's not only remote areas that are suffering – Newcastle too, is impacted. It's time for a change and to place the management of every hospital in the hands of an entity that can focus on the needs of its patients, by dividing the large area and population of HNEH into more manageable districts.

Thank you for this opportunity to lodge this submission.

Regards

John Fogarty
Regional Manager Central NSW Operations

2/05/25