

**Submission
No 94**

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

Organisation: NSW Farmers Association - Wee Waa Branch

Date Received: 4 May 2025

Submission to Health Services Amendment

(Splitting of the Hunter New England Health District) Bill 2025

I am writing on behalf of the Wee Waa Branch of the NSW Farmers Association. Our branch has members from the Wee Waa, Pilliga, Burren Junction, Rowena and Spring Plains areas – a vast expanse which is also one of Australia's most productive agricultural areas worth more than \$5 billion a year to our country. Ironically it is also the area which is serviced by Wee Waa Hospital, which, under the management of Hunter New England Health since 2005, has had an alarming decline in services to the point that a part time 'satellite' Emergency Department is all that is left of a once thriving 24/7 hospital.

The current situation with Wee Waa Hospital is a case study in the poor management of HNEH over years.

The Wee Waa Hospital's operating hours were 'temporarily' restricted in May 2023 from 8am to 5.30pm daily with no return to service at the time of writing this submission despite community action, media interest, goodwill by politicians, offers by the local medical practice to offer VMO services and a \$5M annual budget of which \$1.65M is for acute care. Where has the \$1.65M for acute care been used by HNEH in the last two years as no one has been able to be admitted for overnight stay in the hospital?

Access to a 24/7 hospital with access to an onsite doctor is vital for farming districts -especially as the latest AgHealth Australia data report found 75% of injuries reported on farm occurred in QLD and NSW and in 2024 there was a 'concerning increase in on-farm fatalities and serious injuries' <https://agrifutures.com.au/news/sharp-rise-in-farm-injuries-sparks-urgent-safety-warning/>

Our members have been alarmed by the decline in our access to 24/7 hospital services under the management of HNEH. This decline impacts our ability to keep our employees and families as safe as they were prior to 2005, our ability to attract employees to the area and the wellbeing of our community. Urgent action needs to be taken to stop this decline and return to the service offered in 2005 by moving the management of our Health District (from Newcastle) to closer to where the challenges of rural remote living are understood – perhaps a New England North-West Health District.

The Wee Waa Hospital is in the Hunter New England Health District. By comparison, nearby rural isolated towns with similar populations in the Western NSW Health District including Walgett Health Service, Barradine Health Service, Collarenebri Hospital Service, Coonabarabran Health Service and Coonamble Health Service ALL have 24 hour emergency care, inpatient beds including general medicine and palliative care. Some have other services, but they all have these basic health services at a minimum.

Wee Waa Hospital would have a good chance of the hospital resuming a full 24/7 service with access to an onsite doctor, if our town and district joined the Western NSW Health District and left HNEH. The Western NSW Health District is more in sync with the rural remote experience of Wee Waa.

In Western countries we expect health access and outcomes to improve over time with each generation. In Wee Waa the opposite is the case as our access to 24/7 health care is less than it was 2 years ago and much less than it was 8 years ago when local doctors had VMO rights to Wee Waa hospital. The median age of deaths of both men and women in the Narrabri Shire is earlier for both

men and women in the adjacent shires of Moree Plains Shire & Gunnedah Shire (Rural Health Mapping Tool <http://ruralhealth.org.au/workforce-mapping-tool-lga-total-workforce>). The current situation in Wee Waa will not improve those statistics.

Our Branch and our community simply want the same hospital services as other towns of similar size in the **Western Health District** and **Hunter New England Health District**. Under the poor management of HNEH our reality is:

- **Wee Waa Hospital does not admit patients overnight**, meaning residents cannot stay for observation or treatment.
- **Basic medical procedures, such as stitches or urgent care for snake bites, require travel to Narrabri**, even during Wee Waa Hospital's opening hours.
- **The community-funded palliative care (Serenity Room) is unavailable**, forcing terminally ill patients to die away from home, making it harder for families to be with them.
- **Aged Care residents needing overnight care must be transferred to Narrabri**, an unfamiliar setting that can be distressing for them and their families.
- **For overnight sickness or emergencies, residents must either wait for morning medical care or travel to Narrabri**, relying on private transport or an ambulance.
- **Ambulance services are more stretched as they must bypass Wee Waa Hospital**, increasing travel times and reducing availability.
- **Wee Waa has no taxi service, and public transport is extremely limited**, making it nearly impossible for those without private transport to reach Narrabri Hospital or visit loved ones.

We note that this is the third time a Bill to split the HNEH district has been presented to Parliament, with the most recent before this one being in only 2024 (Health Services Amendment (Splitting of the Hunter New England Health District Bill 2024).

The frequency of these Bills is evidence that poor management of the HNEH Service is systemic and the health outcomes of rural and remote communities like ours will continue to decline while ever our health district is based in Newcastle.

Please contact me if you would like further information or to discuss this submission.

Carmel Schwager
Hon Secretary
Wee Waa Branch – NSW Farmers Association

