Submission No 95

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

Organisation: Save Wee Waa Hospital Committee

Date Received: 4 May 2025

Submission to NSW Legislative Assembly Committee on Community Services

On behalf of the Save Wee Waa Hospital Committee

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

Introduction and Overview

The Save Wee Waa Hospital Committee, representing the residents of Wee Waa and surrounding communities in north-west NSW, strongly supports the **Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025**. This submission urges the Committee to recommend **splitting the current Hunter New England Local Health District (HNE LHD)** into two separate districts – *Hunter* and *New England North West*. We believe this structural change is critical to address the ongoing healthcare crisis in our region. The **Hunter New England LHD covers an immense 131,785 km²** (nearly half the size of New Zealand), stretching from the densely populated Newcastle area to remote rural towns on the Queensland border. In its current form, HNE LHD has proven **unable to equitably manage such a vast and diverse region**, resulting in severe neglect of remote communities like Wee Waa.

This submission documents the decline of services at Wee Waa Hospital, the failures of HNE LHD during emergencies, and the stark health disparities faced by our rural population. We provide evidence of **worsening health outcomes, dangerous delays in emergency care, and the collapse of community trust** under the present centralised administration. We also highlight the historical importance of Wee Waa Hospital and the deep community anger at being abandoned by the health system. In doing so, we make the case that **HNE LHD is not fit for purpose** and that a dedicated New England North West health district is desperately needed to restore responsive, 24/7 healthcare services in our region. We write in a formal but impassioned voice on behalf of a proud rural community that feels unheard and is determined to change this untenable situation.

1. Decline of Services at Wee Waa Hospital

Wee Waa Hospital – once a fully functioning rural hospital – has been systematically downgraded in recent years, leaving our community with only a shadow of the services we formerly relied on. Key indicators of this decline include:

- **Emergency Department Closure Each Night:** Since May 2023, the hospital's Emergency Department (ED) has been **reduced to operating only from 8:00am to 5:30pm daily**. After 5:30pm, **the ED doors are closed**, and no emergency care is available in Wee Waa overnight. Patients who present outside business hours are simply diverted to Narrabri Hospital (over 40 km away). Federal MP Mark Coulton lamented this as effectively a "closure" of Wee Waa Hospital – *"The Emergency Department closes at 5.30pm every day… Can you imagine the frustration of a community that has had a service that is no longer available?"*. Indeed, locals believe Wee Waa now has **the only "emergency" department in Australia that closes at**

5:30pm. This curtailment of operating hours has left residents feeling unsafe and unprotected during the night.

- **Empty Wards and Unused Beds:** Despite the restricted ED hours, the hospital itself has capacity that sits idle. **Wee Waa Hospital has 10 wards with 18 inpatient beds**, yet these beds go unused each night under the current limited operations. Entire wards are empty and lights off after hours, even as patients in need are shipped to Narrabri (if there are any beds available) and beyond. Mr Coulton noted the hospital is "largely underutilised. There are wards with beds. There are treatment rooms. Everything is ready to go," but no patients – a galling situation for the community. In effect, **18 beds are vacant every night** due to lack of staff and services, a tragic waste of healthcare infrastructure in a community with significant needs.
- **No On-Site Doctors or VMOs:** Astonishingly, Wee Waa Hospital **has no doctor on site – not even on call – despite there being four GPs in town**. None of the local general practitioners have visiting medical officer (VMO) rights at the hospital. This means **there is no doctor physically present to treat patients at the hospital**, even during the daytime ED hours. Nurses must rely on telehealth video links to distant doctors for any case requiring medical input. During the community health forum last year, locals reported that nearly everyone needing anything beyond basic care "was being sent to Narrabri" because **none of the town's GPs had visiting rights at Wee Waa**. The Australian Medical Association notes that rural hospitals like ours traditionally rely on VMOs, but HNE LHD has failed to update or incentivise VMO contracts (some still under 2007 pay conditions). As a result, **Wee Waa's four doctors are effectively locked out of their own hospital**. The hospital has been left staffed by a skeleton crew of nurses only – and even nursing numbers are grossly insufficient due to vacancies. This dangerous lack of medical staffing has persisted for 18+ months with no resolution, undermining patient care and safety.

In summary, our community hospital – which **formerly offered 24/7 emergency care, maternity services, and routine surgeries** – has been reduced to **a part-time triage outpost**. After 5:30pm it offers nothing at all. The wards and equipment (including a modern palliative care wing) sit idle, even as people suffer without local care. No doctor walks its halls. This decline in service delivery is unacceptable to our community. We are **angry and frustrated at having a once-functional hospital "temporarily" downgraded for nearly two years**. We demand that structural change – including a new health district focused on rural and remote needs – be implemented to restore the services we have lost.

2. Failures During Floods and Emergencies

The shortcomings of HNE LHD's management have been starkly exposed during regional crises. **During flood emergencies and other disasters, HNE LHD proved unresponsive and slow to support Wee Waa, endangering our isolated community.** We wish to highlight:

- **Flood Isolation With No Hospital Access:** The Narrabri region is prone to severe floods. Notably, **the town of Wee Waa can become completely isolated by floodwaters for up to two weeks at a time**. Wee Waa is ringed by a protective levee; when floodwaters rise, highways to Narrabri and other towns are cut, turning Wee Waa into an island. In such events, the local hospital becomes absolutely critical – it may be the only accessible healthcare for 60+ km. Yet during the major floods of recent years, **HNE LHD failed to promptly restore full services at Wee Waa Hospital**. Despite the community being stranded, the hospital remained without an on-call doctor, leaving residents effectively with no emergency care at night even while roads were impassable. It took intense community and political pressure to get HNE to extend ED hours during some flood periods – and even then the measures were temporary and inconsistently applied. The **delay in reopening the hospital to 24/7 service during these isolation events** caused great anxiety. Local leaders have noted that **if a senior official in Sydney were suffering a stroke or snakebite, they "would not settle for telehealth services"** in lieu of a real doctor – yet that was exactly the situation forced upon Wee Waa's residents during floods. This lack of urgency and foresight in a crisis exemplifies HNE's neglect of remote communities.
- **No Visiting Doctor Even in Emergencies:** Incredibly, even when floods or other emergencies clearly heightened the need for an on-site doctor, **HNE LHD did not contract any Visiting Medical Officer (VMO) or locum to cover Wee Waa**. For example, during the floods of 2022-23 when road access was cut, **no doctor was dispatched to Wee Waa Hospital**, despite the obvious risk of medical emergencies occurring in a town that could not evacuate patients. State MP Roy Butler has criticized HNE for exactly this failure, noting that Western NSW LHD (a neighboring district) managed to find staff for Nyngan Hospital during similar challenges, yet **HNE "showed little interest" in collaborating with the Wee Waa community or expediting staffing solutions**. The **lack of any contracted VMO during the crisis** meant that if a life-threatening event happened overnight, patients had no doctor to treat them on the spot. This was not a hypothetical concern: **Wee Waa locals have indeed suffered emergencies like heart attacks, snakebites, and farm accidents during periods of isolation**, with only paramedics or phone advice to rely on. It is purely fortunate that a mass casualty or obstetric emergency did not occur – for we had **no doctor and no way out**. HNE LHD's duty was to anticipate and prevent such dire situations, yet it failed to act, even when pleaded with. The community perceives this as gross negligence.
- **Slow Reopening After Crises:** Even once floodwaters receded or emergencies passed, HNE LHD has been **painfully slow to restore normal services** at Wee Waa Hospital. The promised "temporary" ED reduction has stretched on interminably. Community leaders recall how after one isolation event ended, **the hospital still stayed on reduced hours for weeks**, as if nothing had changed. The frustration is summed up by Narrabri Shire's Mayor, Cr. Darrell Tiemens: *"Every day in delay is a potential life lost or illnesses made worse."* HNE's delays in resuming full operations – or in implementing creative interim solutions – have eroded any trust that it will

look after our community in a timely manner. During emergencies, minutes matter; but HNE's centralised bureaucracy moves glacially, with tragic potential consequences.

In short, **HNE LHD's crisis response has been lethargic and city-centric**, seemingly oblivious to conditions on the ground in remote towns. When Wee Waa was cut off by floods – precisely when a local hospital is most indispensable – HNE left us largely on our own. This cannot be allowed to happen again. A smaller, regionally focused health district (New England North West) would presumably prioritize its isolated towns in emergencies, rather than leaving decisions to faraway Newcastle. The current structure failed our community in its hour of greatest need.

3. Geographic and Demographic Challenges of the Current HNE LHD

Wee Waa's plight must be understood in the context of the *sheer geographic scale* and *demographic diversity* of the Hunter New England Health District. The evidence suggests that **the district's size and centralisation in Newcastle result in neglect of its far-flung rural reaches**. Key points include:

- **An Unmanageably Vast District:** HNE LHD covers **131,785 – 132,845 square kilometres** across 25 local government areas. This area is almost half that of New Zealand and by far the largest of any NSW health district. It encompasses a major metropolitan city (Newcastle), regional centres (Tamworth, Armidale), and remote agricultural communities (Narrabri Shire, Moree Plains Shire, etc.). Nearly **1 million people** live in this region – from coastal suburbs to outback farms – all supposedly served by one administrative entity. In practice, a single Sydney/Newcastle-centric hierarchy cannot adequately understand or address local needs across such distance. As former MP Adam Marshall noted, HNE is **"the only health district in the State that tries to deliver rural and remote services from a metropolitan base"**, an approach that is fundamentally flawed. The district's leadership and resources gravitate toward Newcastle's large hospitals, while communities hundreds of kilometres away like Wee Waa are out of sight, out of mind. Simply put, **HNE LHD is too big and regionally imbalanced to govern effectively**. Splitting it into a Hunter district (coastal/metropolitan) and a New England North West district (inland/rural) would allow more localized management attuned to each area's realities.
- **Centralisation in Newcastle – Rural Neglect:** Decisions for our area are made in boardrooms in Newcastle, over 500 km away. The result is **a persistent "city-centric management ethos" that overlooks rural patients and staff**. Resources flow to John Hunter Hospital in Newcastle – described by Roy Butler as HNE's "jewel in the crown" – while smaller hospitals like Wee Waa are continually downgraded. Adam Marshall recounted "many ways the executive in Newcastle give all to the promised land of Newcastle and the Hunter and forget us in the New England". Narrabri Shire

Council likewise observes a *"perception that Narrabri is being overlooked compared to other areas,"* leading to service disparities and community anger. This centralisation also manifests in **poor communication and consultation with rural communities** – for instance, our Local Health Advisory Committee in Wee Waa has not met in years, effectively defunct, leaving locals with no voice in healthcare planning. The current HNE administration's approach has been described as *"ambivalent at best and contemptuous at worst"* toward community concerns. This dysfunctional disconnect is a direct product of trying to run an expansive rural health network from a distant urban centre. A new New England North West Health District headquartered in the region (e.g. Tamworth) would bring decision-making closer to communities like ours and **end the great divide between well-resourced eastern hospitals and poorly resourced western ones**.

- **Worse Health Outcomes in Narrabri Shire:** The consequences of this neglect are evident in the **poor health outcomes of our local population**. Narrabri Shire (which includes Wee Waa) significantly lags behind more central parts of HNE on key health indicators. For example, the median age at death for Narrabri Shire residents is only **75.2 years for males and 80.3 for females**, which is *5–6 years lower* than the NSW state averages (around 80.9 for males, 84.9 for females). This suggests life expectancy in our community is substantially shorter – a stark inequity. Our residents suffer higher rates of chronic illnesses as well. In a 2017-18 survey, **Narrabri Shire had elevated prevalence of diabetes (6.7% vs 5.2% NSW), circulatory disease (5.2% vs 4.1%), and asthma (13.5% vs 10.6%)**, among other conditions. Potentially preventable hospitalisation rates here are also extremely high – 3,585 per 100,000 people in Narrabri vs 2,627/100k NSW average – indicating inadequacies in primary care and early intervention. By nearly every measure, rural communities in the far northwest of HNE have **worse health outcomes than the coastal part of the district** (e.g. Newcastle/Lake Macquarie). Yet under the current structure, our disparities remain unaddressed year after year. It is unacceptable that where you live in HNE LHD can determine how long you live. We need a health administration focused on lifting these outcomes, not one distracted by metropolitan demands. A split would enable targeted strategies to close the rural health gap.
- **Economic Contributions vs. Services Received:** Ironically, Narrabri Shire is an economic powerhouse, yet our healthcare services are third-rate. The shire's **Gross Regional Product is estimated around $3.75–4.0 billion per year** – fueled by agriculture (cotton, wheat, livestock), mining, and gas development. Narrabri Shire alone contributes nearly 20% of the entire "Northern Inland" region's economy. Our farmers feed and power the state; our local economy is robust. **It is not unreasonable for the community to expect a fair return in essential services** given this contribution. As Mayor Tiemens stated, "The Narrabri Shire and its residents significantly contribute to the economy, and it is not unreasonable to expect that these contributions are acknowledged through the provision of [proper health] services". Unfortunately, the current HNE structure has failed to deliver that return. Despite our ~$4B economy, we endure a substandard hospital and poorer health outcomes. This

breeds deep resentment. The proposed New England North West Health District would presumably be more accountable to local stakeholders – including local government and industries – ensuring that prosperous rural communities like Narrabri get the quality healthcare commensurate with their contribution. We seek **equity: the same 24/7 access to care that coastal residents take for granted**.

In summary, the geography and demographics of HNE LHD make it an unwieldy construct. The **distant, centralized governance in Newcastle has led to neglect, inequity, and eroding health outcomes in remote areas**. By splitting the district, the New England North West region can receive focused attention and a governance structure suited to its rural context. This reform is not just administrative – it is literally a matter of life and death for communities like Wee Waa, which have suffered under the status quo.

4. Impact on Emergency Care and Local Industries

The decline of Wee Waa Hospital and HNE's centralized approach have very real impacts on emergency response and on the industries that sustain our region. Rural life and work come with unique risks that demand readily available medical care. Here we outline how the current situation endangers lives and livelihoods:

- **Delayed Emergency Response Times:** With Wee Waa's ED closed after 5:30pm, **any nighttime emergency now relies entirely on ambulance transport to Narrabri or beyond**. This introduces dangerous delays. For instance, an ambulance called in Wee Waa at night must drive the patient **over 40–50 km to Narrabri Hospital**, a trip easily taking 30–40 minutes or more (not counting dispatch time and loading). In time-critical conditions – **heart attacks, strokes, traumatic injuries, anaphylaxis (severe allergic reactions), snakebites** – these extra minutes can be the difference between life and death or permanent disability. Stroke patients, for example, lose ~2 million brain cells per minute without treatment; the golden hour for administering clot-busting therapy can slip away during a long transport. Similarly, for cardiac arrest every minute without defibrillation lowers survival by ~10%. By effectively **putting Wee Waa on bypass every night**, HNE LHD has left our community vulnerable to catastrophic outcomes. Even during the day, with no on-site doctor, treatment may be delayed while waiting for RFDS (Flying Doctor) or retrieval teams for serious cases. The bottom line is that **emergency care in Wee Waa is no longer "timely" nor "local."** Paramedics do their best, but they are stretched thin and often have to cover huge distances. The community has reported cases of prolonged waits: for example, a resident with a serious injury had to wait for an ambulance from elsewhere and then endure an hour round-trip to Narrabri, instead of being stabilised immediately at Wee Waa Hospital (as would have happened in the past). This situation is untenable – urgent care must be *available when and where* emergencies happen. A new health district focused on our region would prioritize reopening 24/7 emergency services so

that **no resident is left to "have an emergency only during business hours"** (as a recent media headline bitterly quipped).

- **Strain on Regional Hospitals and Ambulance Services:** The closure/downgrade of Wee Waa Hospital also **shifts burden onto other facilities and first responders**. Narrabri Hospital, our next nearest hospital, is now receiving the bulk of patients who would have been treated in Wee Waa. This adds strain – one small hospital must cover an even larger catchment, risking capacity issues (indeed Narrabri itself has faced threats of service downgrades in pathology and other areas). Ambulance crews are being run ragged ferrying patients between towns at all hours. When the local ambulance is tied up taking a patient to Narrabri or Tamworth, **it leaves Wee Waa and surrounding villages with no coverage for new calls** until that crew returns. Response times for secondary emergencies thus worsen. Additionally, if Narrabri Hospital becomes full or lacks an on-call specialist (e.g. a trauma surgeon or stroke specialist), patients may have to be sent further to Tamworth or even to John Hunter in Newcastle – a journey of several hours by road or an expensive helicopter retrieval. We have essentially lost the **safety net of a local hospital**, and the ripple effects stress the whole system. By restoring Wee Waa to a properly resourced 24-hour facility, these knock-on pressures can be alleviated. It ensures **critical cases can be stabilised locally** (taking pressure off regional hubs), and ambulances can hand over patients quickly and get back to service in their community faster. The new district must make rural emergency resilience a priority, instead of the current mindset of centralising everything.
- **24-Hour Farming and Industrial Risks:** The Narrabri region's economy is dominated by agriculture (broadacre cropping, livestock) and mining/energy. These industries operate 24/7, often in hazardous environments. Farmers work odd hours – planting before dawn, harvesting through the night – and **farm accidents can happen at any time**. We note that snakebites are a notorious risk in our area (workers moving irrigation pipes in summer evenings have been bitten by venomous snakes, for example). Heavy machinery accidents, grain silo falls, tractor rollovers – these are real occurrences in our shire. Similarly, mining operations run around the clock. **It is during these after-hours periods that accidents often occur**, yet currently that is exactly when our local hospital is shuttered. As one long-time nurse put it, *"Patients used to turn up in the back of a ute nursing snakebites or farm injuries… we could manage a lot of stuff ourselves then. If they needed further care we could admit them… that doesn't happen now."*. The inability of Wee Waa Hospital to accept emergency cases after dark is terrifying for those of us who live on farms or work night shifts. Our industries also require a healthy workforce. Without reliable local emergency and inpatient care, **the 24-hour nature of farming and mining is not adequately supported by 24-hour health services**, which is a glaring misalignment. This not only endangers individuals but could impact productivity – e.g. workers may be reluctant to do certain high-risk tasks knowing that advanced help is far away if something goes wrong. By splitting the LHD and refocusing on rural healthcare, we can ensure the *basic emergency needs of a 24-hour rural economy are met*. No cotton

chipping crew or harvest team should be without accessible emergency medical backup. The Committee should consider how current health service gaps negatively affect rural industries and workers.

- **Common Rural Medical Emergencies:** It is worth listing some of the **frequent medical emergencies and urgent conditions in our community** which demand prompt care: severe snakebite envenomations (time-critical for antivenom), farm machinery injuries causing major trauma or amputations, cardiac arrests and acute coronary syndromes (requiring immediate CPR and defibrillation), strokes (requiring rapid assessment and possible thrombolysis or transfer for clot retrieval), anaphylactic shock from insect stings, diabetic emergencies (like insulin shock or ketoacidosis), obstetric emergencies (e.g. hemorrhage or neonatal distress in an unexpected home birth), and serious motor vehicle accidents on rural roads. Wee Waa lies along the Kamilaroi Highway and serves a wide area with highway traffic; **two out of every three road accidents in NSW occur on rural roads**, and our ambulance often must respond over long distances. Without a local hospital active at night, accident victims have to endure a long haul to care. **The current situation, where these emergencies cannot be handled at Wee Waa Hospital after hours, is frankly dangerous and untenable.** We have been fortunate that community members have not yet died directly due to the ED closure – but we have had close calls. It is only a matter of time if nothing changes. The risk of a tragedy is ever-present. We implore the Committee to recognize that **rural lives are at stake**, and that maintaining only "business hours" healthcare in Wee Waa is an outrageous failure of the system.

In conclusion, the impacts of HNE's neglect are felt on every triple-0 call and every farm in our district. The **shutdown of our emergency services has made living and working in this region more dangerous.** Splitting the LHD and rebuilding our local hospital capacity will save lives, improve emergency response, and give our rural workforce and businesses the basic healthcare security they need and deserve.

5. Historical Importance of Wee Waa Hospital and Community Contributions

Wee Waa Hospital is not just a building – it is woven into the history and identity of our community. For generations, it provided cradle-to-grave care for the people of Wee Waa and many surrounding towns. Understanding this history is vital to appreciating the community's sense of loss and betrayal at its decline. We highlight the following:

- **Once a Fully Functional Rural Hospital:** In past decades, Wee Waa Hospital was a well-regarded facility offering a wide range of services. **It had a maternity ward where countless local children (and even grandchildren) were born**, a theatre for surgical procedures, general medical beds, and visiting specialist clinics. Long-time residents recall when **babies were delivered and surgeries performed right in Wee Waa** – patients didn't always have to travel to Narrabri or Tamworth as they do now.

Anne Weekes, president of the hospital auxiliary committee, reminisced that all three of her children **and two granddaughters were born at Wee Waa Hospital**, which she rightly calls "part of the fabric of the town". This hospital has literally given life to generations of families here. It also handled routine operations (appendectomies, setting of fractures, etc.) and hosted visiting specialists from regional centers on a regular basis. **The hospital was a hub of care, serving not only Wee Waa but a catchment of smaller communities in every direction.** This included villages and farming areas such as Rowena, Pilliga, Cuttabri, Merah North, Spring Plains, and **Burren Junction** – notably, Burren Junction lies outside HNE LHD's official boundary (in Walgett Shire), yet those residents have long relied on Wee Waa as their nearest hospital. Wee Waa Hospital was therefore an essential node in the rural health network, plugging a geographical gap between larger hospitals. The systematic stripping away of its services over the last 10-15 years (closure of the maternity unit, then surgical services, and now even 24hr emergency and palliative care) has been devastating. We seek through this submission to remind policymakers that **our hospital's former capabilities can and should be restored** – the community remembers what we once had and will not settle for less than a fully operational hospital.

- **Vital Service for a Wide Region:** As noted, Wee Waa Hospital's importance extends beyond the town's population (~2,100 people) to a much larger hinterland. It is the **sole hospital within an 80 km radius** serving northern Narrabri Shire and adjacent parts of Walgett and Moree Plains Shires. The Mayor of Narrabri Shire emphasized that Wee Waa Hospital is *"relied upon by residents from Wee Waa, Rowena, Pilliga, Cuttabri, Burren Junction, Merah North, Spring Plains, **and beyond**"*. This also includes large Aboriginal communities (e.g. at Pilliga and Gwabegar) who face additional barriers to healthcare and have higher health needs. When our hospital is downgraded, all these communities are affected – some of whom then must travel extraordinarily long distances to get care (for instance, a resident of Burren Junction now has to drive past a half-closed Wee Waa Hospital and go all the way to Narrabri or Walgett for an after-hours emergency). **This situation exacerbates rural health inequalities and isolates small communities.** It also overwhelms neighboring health districts that pick up the slack. The logical remedy is to empower Wee Waa Hospital again so it can properly serve its natural catchment area. The split of HNEH, with a New England North West district, would likely re-establish focus on smaller facilities like Wee Waa and recognize their role in the wider region's health system. This is not just "one tiny hospital" – it is a linchpin for tens of towns and farms.
- **Community Fundraising and Ownership:** Few communities have shown as much dedication to their hospital as Wee Waa. Over many decades, local residents, businesses, and charities have **raised significant funds to expand and improve the hospital's infrastructure**. The community's sense of ownership is profound – people refer to it as *"our hospital, a community asset, not just a facility owned by the State"*. For example, **a fully equipped helipad was constructed largely thanks to community fundraising**, to ensure critically ill patients could be airlifted directly

from Wee Waa. Likewise, the hospital's **palliative care ward was built and outfitted with state-of-the-art equipment through local donations and fund drives**. This ward was meant to allow our terminally ill residents to spend their final days in comfort, close to family – a goal the community wholeheartedly supported. However, despite these community-driven enhancements, HNE LHD closed the palliative care ward in 2022 due to staffing shortages. One can imagine the heartbreak: the community built a beautiful facility for end-of-life care, only to have it sit unused while loved ones now must go elsewhere for hospice care. Nurses and midwives who worked at Wee Waa also gave their all to this hospital; many still live in town and feel a deep attachment. The **collective sense of grief and anger at seeing our hard-won assets lie dormant is palpable**. The community feels that HNE LHD has squandered or "mothballed" the very improvements we funded. This is another reason morale and trust are at rock-bottom. If a New England North West LHD is established, we urge that it partner closely with local communities and honour their contributions – *"working with local community groups and providers"* was a key recommendation of the recent rural health inquiries. We in Wee Waa stand ready to support and invest in our hospital, as we always have, but we need a health administration that will **reciprocate that commitment instead of abandoning our efforts**.

- **Past Successes, Future Potential:** Historically, whenever Wee Waa Hospital was adequately resourced, it delivered excellent outcomes. Our local health professionals have shown tremendous capability – for instance, handling multi-casualty vehicle accidents or delivering complex maternity cases in years past. The hospital often took pressure off Narrabri and Tamworth by managing intermediate-level cases locally. There is no reason it cannot do so again, if given fair staffing and support. The physical infrastructure remains – we have the beds, rooms, and equipment (thanks to community and government investments over the years). **What is missing is the staffing and administrative will**. The community's vision (as reflected in our petition and this submission) is to see **Wee Waa Hospital return to a fully operational, 24/7 facility** offering: a round-the-clock emergency department, inpatient beds for acute and subacute care (general medicine, rehabilitation, respite, palliative), a functional maternity (perhaps as a midwifery-led birth service if obstetrician coverage is an issue), elective day surgeries or visiting specialist procedures, and primary/community health outreach. This is not an impossible dream – it is essentially what we had some 15–20 years ago, adjusted for modern models of care. We believe the **first step toward that restoration is structural change**: a health district whose *sole focus* is rural health delivery in New England/North West, rather than one distracted by metropolitan hospitals. With the right leadership and community partnership, Wee Waa Hospital can again be a shining example of a rural community hospital, as it once was.

In sum, Wee Waa Hospital carries deep historical and social significance. The community has literally built parts of it with our own hands and wallets. Its decline has therefore been felt

personally by everyone – as if our collective heart was torn out. Recognizing this legacy is crucial in understanding why we fight so hard for its future. We owe it to our predecessors and our future generations to **reinvigorate this hospital**, and splitting the LHD will pave the way for that renewal.

6. Community Sentiment: "Abandoned" by the Health System

The people of Wee Waa and surrounding districts are overwhelmingly united in their demand for better healthcare governance. The dominant sentiments in the community are **anger, frustration, and a profound sense of being abandoned by those meant to ensure our health services.** We present some voices and evidence of this sentiment:

- **Anger and Frustration:** There is a prevailing feeling of outrage that our community has been *"very angry and upset by the actions of Hunter New England Health"*. We had a functioning hospital – and through no fault of our own, it was taken away piece by piece. The frustration is encapsulated by Mark Coulton's description: *"Everything is ready to go… [yet] a service that [the community] has had is no longer available."* People simply cannot understand why a hospital that was operating 24/7 two years ago cannot be restored, especially after months of political promises. The **failure of HNE LHD to act, despite constant pleas, has infuriated locals**. Multiple protest rallies, public meetings, and petitions (garnering thousands of signatures) have been organized – including a petition of over **10,000 signatures tabled in NSW Parliament** in early 2025 calling for action at Wee Waa Hospital. At these events, residents have voiced their sense of betrayal in raw terms: "We feel like second-class citizens," "They don't care about us out here," "How dare they leave 18 beds empty while people suffer," and "We are fed up with excuses." One cannot overstate the **depth of frustration** – which is now directed squarely at the health bureaucracy (HNE LHD) rather than the hardworking local clinicians. Narrabri Council noted this in their submission: *"the Narrabri community remains both frustrated, angry and disillusioned with the current primary health service delivery framework… Community trust in HNEH has been damaged."*. The word "abandoned" comes up frequently: residents truly feel abandoned by HNE Health. **They see a pattern of indifference and broken promises stretching over years.** Only a bold change (like restructuring the LHD) is seen as capable of breaking this pattern.
- **Personal Testimonies – Staff Resignations and Burnout:** The crisis has also taken a toll on healthcare staff. Nurses, in particular, have been placed in untenable positions and many have left. A veteran registered nurse at Wee Waa Hospital (Susan Marshall) resigned in 2023, saying *"We could manage a lot of stuff ourselves [in the past]… that doesn't happen now."* She described the sorrow of seeing patients she could formerly admit and treat now being shipped away. Several other experienced nurses have either resigned or transferred out of Wee Waa due to lack of support and

the stress of working in an understaffed facility with diminishing services. Even the **Acting Hospital Manager recently resigned** in frustration. The remaining nurses are stressed and demoralized; some have privately confided that they fear a catastrophic event on their watch with no doctor available and that they cannot in good conscience continue under such conditions. This erosion of staff morale is both a symptom and a cause of the service crisis – a vicious cycle. The NSW Nurses and Midwives' Association highlighted the Wee Waa situation as an example of how **understaffing and lack of support are pushing nurses to the brink**, apologizing to patients for the shortcomings while pointing out that "24-hour emergency [will be restored] once it is safe to do so" – which rings hollow without systemic change. The community deeply respects our local nurses and is pained to see them put in this impossible situation. We relay their sentiments as well: they want to provide comprehensive care and feel **disempowered by HNEH's decisions**. A new health district could bring leadership that values and bolsters these rural nurses and doctors, rather than leaving them feeling isolated and compelled to leave.

- **Loss of Trust and Confidence:** There is currently **zero trust in the HNE LHD management** among community members here. Narrabri Shire Council formally stated that there is "*no confidence in HNEH to maintain or improve levels of service or effectively communicate service changes*". The community working party that was set up in 2023 to liaise with HNE Health was essentially ignored and undermined by the District. HNE representatives would make reassuring statements in the media about recruitment efforts, but on the ground nothing changed – leading locals to conclude these were just placating words. The Health Minister himself (Hon. Ryan Park) visited Narrabri Shire and heard our concerns, but so far the community perceives "no action" by HNEH after those meetings. This has bred cynicism. As one resident bluntly put it at a public forum: "We've been lied to enough. We need actions, not words." The repeated cycles of consultation that go nowhere have exhausted everyone's goodwill. This breakdown in trust is important for the Committee to note, because **any solution that leaves the same HNE bureaucracy in charge will be met with extreme skepticism locally.** That is why splitting the LHD is actually a powerful gesture to restore community confidence – it signals a clean slate and a recognition that the old approach failed us. It would show that Parliament listened and is willing to reform structures to ensure communities are not left behind. Without such a bold step, it will be very hard to convince our community that "this time will be different."
- **Community Unity and Determination:** On a positive note, this crisis has unified our region like never before. People from all walks – farmers, Indigenous leaders, business owners, civic officials – are speaking with one voice in demanding better healthcare. The **16,000-signature petition that MP Adam Marshall gathered in 2023** (across New England North West) to split the health district is evidence of the broad support for change. When that petition was presented, and again when Roy Butler's 10,000-strong petition was debated, the message was clear: rural people will not stay silent while their health services deteriorate. We will keep fighting. The local

campaign “Save Wee Waa Hospital” has been relentless – organizing letter-writing drives, gathering stories of those impacted, and keeping media attention on the issue. This submission itself is an extension of that community advocacy. Our **impassioned community voice** may sound angry at times – and indeed it is – but it comes from a place of care and a desperate desire to save lives and preserve our town’s future. We urge the Committee to feel the weight of this community sentiment. As Mayor Tiemens said, *“If this lack of equity and fairness [in health services] happened in the city, it would be fixed overnight. Rural communities should not have to accept it either.”*. We are simply asking for what any Australian deserves: access to hospital care when we need it, regardless of postcode.

In summary, the community’s faith in the current health district is shattered. People feel abandoned and outraged – a poisonous situation that will only worsen if nothing changes. Conversely, **taking decisive action to split the district and address our concerns would go a long way to healing this rift**. It would validate our struggle and give us hope that rural communities are not, in fact, considered expendable. The government must not underestimate the intensity of feeling on this issue in the northwest – we will persist until we see tangible improvement.

7. HNE LHD is Structurally Unsuitable – The Case for Splitting

The evidence and arguments above all point to a conclusion: **the current Hunter New England Local Health District is not fit for purpose when it comes to managing such a vast, demographically diverse area**. The structure itself – a mega-district combining metro and remote – is a root cause of the problems. Therefore, splitting HNE into two distinct health districts is a necessary reform to create more responsive and equitable healthcare governance. We argue the following in favor of the split:

- **A New England North West LHD would focus on rural needs:** The new district (covering roughly Tamworth, Armidale, Narrabri, Gunnedah, Inverell, Moree, etc.) would have its administration based in the region it serves, not in Newcastle. This means the chief executives, boards, and planners will live and work in rural communities, see the conditions first-hand, and be more accountable to local concerns. As Adam Marshall envisioned, it would “re-create the former New England Area Health Service, headquartered in Tamworth”. Having a leadership that is not preoccupied with a major metropolitan hospital (John Hunter) or the demands of a city population will naturally allow **greater attention to small hospitals like Wee Waa, Boggabri, Bingara, etc.** Right now, these facilities are lost in the shadow of the metro part of HNE. In a smaller rural-focused district, *every* facility matters to the overall service network – there is no urban safety net to lean on, so the incentive is to keep each local hospital as robust as possible. We anticipate that a New England North West LHD would immediately set about restoring services that were

downgraded under HNE. Indeed, Adam Marshall listed as a goal to return hospitals like Wee Waa to the service level they had 5 years ago. Our community would finally have a direct line of advocacy to a health administration that "gets" rural health, rather than being a distant afterthought. This structural change creates *accountability*. No longer could a large bureaucracy ignore a town of 2,000, because that town will be an important part of the new district's remit and reputation.

- **Improved Governance and Oversight:** The sheer size of HNE means oversight has been stretched thin. By splitting, each new district can better govern quality and safety. Issues at a small hospital will stand out in a more compact district, prompting faster response. The new district can also develop tailored strategies for workforce recruitment/retention in rural areas – strategies that might differ from those used in Newcastle. For example, Western NSW LHD (purely rural) found ways to staff Nyngan Hospital during a crisis, whereas HNE did not for Wee Waa; this suggests that an organization dedicated to rural areas can innovate better for rural staffing. A localized district could work more closely with local councils, GP networks, Aboriginal medical services, and community groups to **develop place-based health plans** (as recommended by parliamentary inquiries). Under HNE, such local collaboration has been minimal. We foresee a New England North West LHD reactivating Local Health Advisory Committees in towns like Wee Waa and Narrabri, giving community members a seat at the table and a mechanism for ongoing consultation (which currently is "effectively defunct"). In short, governance will improve because it will be closer to the ground and because the **bureaucratic span of control will be reasonable** instead of unwieldy. The new district will also presumably have its own budget allocation, allowing funding to be directed to inland projects that currently might lose out to competing Hunter region priorities. All of this adds up to a more fit-for-purpose system for our area.
- **Addressing Service Disparities and Equity:** Splitting the district is fundamentally an issue of equity. It aims to **end the divide between the well-resourced eastern part of HNE and the under-resourced western part**. Right now, HNE Health encompasses both some of the best healthcare in NSW (John Hunter Hospital, a major trauma and teaching hospital) and some of the worst (very small bush hospitals on the brink of closure). This duality has led to chronic underinvestment in the latter. A standalone New England North West District would no longer have to juggle between a John Hunter vs. Wee Waa – it would wholly devote itself to raising the standard in places like Wee Waa toward parity. Residents in Narrabri Shire and similar areas would then rightly expect to see improvements in health outcomes: longer life expectancy, reduced avoidable deaths, better management of chronic illness, etc., over time. **The structural change is a first step to allocate leadership and resources proportional to need.** It is also symbolic – it tells rural communities that they are important enough to have their own health district. This psychological impact should not be underestimated in restoring trust. When the former New England Area Health Service was merged into HNE (around 2005), many warned that the identity and focus on the northwest would be lost – and indeed it was. We are now dealing with

the fallout of that decision. By reversing it (splitting the district), the Government can acknowledge that one size did not fit all, and correct the course for equitable health provision.

- **Community Support and Momentum:** It bears noting that there is **widespread support for the split among the public and across political lines**. The petition of 16,000 locals in 2023 and another 10,000 in 2025, plus motions from multiple Shire Councils (Narrabri Shire Council has publicly called for the split, as did Gunnedah Shire and others following Adam Marshall's campaign), demonstrate a democratic desire for this change. In Parliament, we've seen non-government MPs from different parties champion the cause – initially a National Party MP (Marshall) and now an Independent (Butler) with support from others. This is not a trivial or fringe idea; it has a mandate from the affected communities. The **depth of support** was summarized by Mr. Marshall: "more than 16,000 constituents… showing the depth of support for the plan". By heeding this call, the Committee and Parliament will be acting in line with the clearly expressed will of the people in New England/North West NSW. Implementing the split will harness this community momentum in a positive way – locals will eagerly participate in shaping the new health service, rather than fighting against the current one. Conversely, **if the proposal is rejected, it will further alienate communities** who have pinned their hopes on it, possibly leading to an even more adversarial relationship with HNE in the future. We strongly believe the path of least resistance – and greatest benefit – is to work *with* the community's energy by approving the structural reform they seek.
- **Countering Arguments Against the Split:** We acknowledge that the Health Minister has expressed reservations, suggesting that splitting HNE "will only duplicate existing services, stretching resources and capacity without solving recruitment challenges". We respectfully disagree. The aim is not to duplicate front-line health services – *those are already lacking* in our area – but rather to duplicate (or rather, decentralize) administrative oversight so that each district can manage its share more effectively. Yes, an additional executive team and board will be created, but this is a modest cost compared to the cost of continued failing health outcomes and transfers. In fact, the current bloated HNE bureaucracy might even be pared back and refocused. As for recruitment, we contend that a district headquartered in the region will be **more innovative and aggressive in recruiting rural practitioners** – as exemplified by other rural LHDs – and can tailor incentive packages to local contexts. The Minister cited ongoing general measures (doubling rural health incentives, investing in housing, etc.), which are welcome, but those do not address the structural accountability issue. Under a split, if positions in Wee Waa remain unfilled, the leadership of New England North West LHD will directly answer for it – they cannot hide behind the enormity of HNE. This pressure will actually force better recruitment outcomes. In summary, the potential downsides of a split are minimal and manageable (some administrative overhead, transitional adjustments) whereas the **potential upsides are transformative** in delivering health justice to our region.

We firmly assert that maintaining the status quo is not an option. HNE LHD in its current form has proven "structurally unsuitable" and indeed detrimental to communities like ours. Splitting the district is a commonsense remedy supported by evidence and the community. It is a critical step toward a more agile, fair, and community-driven health system in the Hunter and New England areas respectively.

Conclusion and Recommendations

In conclusion, the Save Wee Waa Hospital Committee urges the Committee on Community Services to **support the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025 and recommend its swift passage.** The case for splitting HNE LHD is compelling: the current mega-district has overseen a collapse of services in communities like Wee Waa, failed to respond in emergencies, and presided over widening health inequities. Our community's experience – with a downgraded hospital, absent doctors, and perceived indifference from a distant bureaucracy – is a clear example of how the structure has failed. We need change now.

We make the following specific recommendations, in line with the evidence presented:

1. **Legislate the Split:** Amend the Health Services Act to dissolve Hunter New England LHD and establish two new entities: **Hunter LHD** (for the Greater Newcastle/Hunter Valley area) and **New England North West LHD** (for the inland/rural region). Ensure that governance arrangements (board composition, etc.) for the new LHDs include strong local representation from their respective communities.
2. **Resource the Transition:** Provide adequate funding and support for a smooth transition so that services are not disrupted. Use the split as an opportunity to immediately **bolster critical services in neglected facilities** – e.g. as a first directive, restore 24/7 emergency service at Wee Waa Hospital and assign at least one permanent medical officer or VMO to Wee Waa. This will signal good faith and set the new district on the right path.
3. **Prioritise Rural Health Improvements:** Charge the New England North West LHD with the mandate to **improve health outcomes in rural and remote communities**. This includes setting targets for increasing life expectancy and reducing chronic disease gaps, improving ambulance response and coverage, and reopening services that have been closed (such as maternity and palliative care in Wee Waa). Regular reporting on these metrics should be required, with community input, to ensure transparency and accountability.
4. **Strengthen Community Engagement:** Require the new LHD to reinvigorate local health advisory committees and other consultative forums in each hospital community. The community's voice must be integrated in decision-making. In Wee Waa, for instance, a Hospital Advisory Committee with community, clinician, and Council representation should be re-established to work with the new LHD on staffing

and service planning. This will rebuild trust and ensure **local knowledge informs solutions**.

5. **Support Workforce Recruitment and Retention:** While this is a statewide challenge, a region-specific approach is needed. The New England North West LHD should collaborate with NSW Health to modernize VMO contracts (addressing the pay and job security issues highlighted by the AMA) and expand incentive programs tailored to smaller towns. Creative strategies – such as rotation programs, "grow your own" training pipelines, rural generalist schemes, and partnering with the University of New England's medical school – should be pursued vigorously under the new district's leadership. With a sharper focus, we expect better results in staffing our hospitals.

We wish to emphasise that our community stands ready to work constructively with a new health administration. We are not merely complaining; we are offering partnership. **The people of Wee Waa and the northwest want our hospital open and thriving, and we are willing to do our part – we need the system to meet us halfway.**

By supporting this bill and splitting the HNE health district, the NSW Parliament will be righting a past wrong and empowering our region to take charge of its health future. It will show that no community is too small or remote to deserve quality healthcare. We fervently hope the Committee will see the merit in our case, backed by data and community voices, and recommend in favour of the split.

Thank you for the opportunity to present this submission. We invite Committee members to visit Wee Waa and Narrabri Shire to see first-hand the challenges we have described – and the strong community spirit that is fighting for change. **We trust you will stand with us to save Wee Waa Hospital and deliver a safer, fairer health system for New England North West NSW.**

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