

**Submission
No 97**

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

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Response to the inquiry into Hunter New England Health District and Wee Waa Hospital

Summary

- **Since May 2023, Wee Waa Hospital has been significantly downgraded** from a 24/7 facility to just 9.5 hours per day.
- **Community needs are not being met:** Despite having three local doctors and a stable population, the hospital is underutilised due to administrative decisions, not a lack of demand. Demand appears to have shifted onto Narrabri Hospital, not disappeared.
- **Historic data shows proportionately strong community reliance on the hospital**, with approximately 492 admissions per year, 100 palliative care patients during that period, consistent daily emergency needs that are underreported, and regular use for geriatric and community health services.
- **HNELHD's justification of "low activity" is misleading:** Claims of 2.6 emergency department presentations per day ignore diverted patients and reduced admissions due to the loss of a VMO.
- **Reduced services are disproportionately harming vulnerable groups**, including a high Indigenous population (26 per cent), residents with above-average levels of long-term health conditions, elderly and low-income individuals facing transport and cost barriers, and patients who are dying away from home and country, causing unnecessary trauma.

Key incidents highlighting systemic failure

- **Flood emergency (April 2025):** The hospital remained open overnight only after repeated interventions from the local community. A birth and a critical care case could have had more serious results
- **Ambulance delays:** Two emergencies occurred at once; one heart attack patient waited 45 minutes due to limited ambulance availability

Impact on Narrabri and Regional Health

- Narrabri Hospital is operating at or near full capacity every day of the year.
- Only 2 of 12 local Narrabri doctors have VMO rights. Surgeries stop when the main doctor is off duty.
- Slow interhospital transfers from Tamworth increase pressure across the health system.

Budget and resource concerns

- \$1.65 million allocated for inpatient care in Wee Waa is not being used as there are no inpatient services.
- Funds are returned to HNELHD, effectively profiting from reduced services.
- Other hospitals in similar or smaller communities receive more funding per patient.
- Wee Waa residents are receiving disproportionately less investment in healthcare.

Requests and recommendations

1. **Restore 24/7 emergency and inpatient services** at Wee Waa Hospital.
2. **Engage with local GPs** to provide Visiting Medical Officer (VMO) coverage.
3. **Ensure transparent communication** and stop spreading inaccurate claims.
4. **Investigate the use of budgeted inpatient care funds** and if they are being redirected.
5. **Provide access to emergency presentation data**, including postcode-level data to identify where patients are coming from.

6. **Support community efforts to obtain key health data** from HNELHD, including waiving or reducing the \$5,000 fee for GIPA (Government Information Public Access) requests that seek important patient flow data.
7. **Review and reform the regional model of care**, particularly the reliance on virtual triage.
8. **Address the cultural and care needs of the Indigenous community**, especially for end-of-life care.

1. Introduction

Over the past six months, I have been involved with the Saving the Wee Waa Hospital Committee and on their behalf completed many hours of online research into the vexing problem of why the community of Wee Waa has experienced such a negative response from those in the leadership of Hunter England Health District to reopening our hospital for 24-hour service. In presenting this to you, I hope that some of the questions will be answered.

Until my retirement, I had been a public school teacher and Principal in the Wee Waa community for over 37 years. I am very familiar with the challenges of balancing staffing, quality service and resources to meet the needs of smaller regional communities. Additionally for 8 years I served as President of the Moree Primary Principals Association attending state level meetings working alongside the senior leaders of the DET and the Minister for Education. Those of us who have lived and worked in communities like Wee Waa are pragmatic about the constraints that exist in providing services to smaller communities but also understand how important they are to support sustainable and vibrant regional communities. Without confidence in access to health services, people will feel vulnerable in living and working in our communities. In the past teachers have left the community because of health care concerns and without access to a hospital 24/7 who knows how many more in the future may refuse to take up positions in Wee Waa!

The status of Wee Waa Hospital is even more perplexing for our community, given the community is well supported by three Doctors, who have been recruited by our community. The Wee Waa Community is special, constructive and is ready to be part of the solution, but it will also not be idle in the face of obstructionist and persistently discouraging narratives from health officials that do not align with the lived experience of people in our community and appears designed to wear down this service for unknown reasons. Simply, we do not have faith that the advice being provided to the government is accurate or reflects the true nature of our community's needs.

Much has been said about the current levels of activity at Wee Waa Hospital and HNELHD's response to requests for a return to 24-hour service. To refute the claims by HNELHD bureaucrats of low activity, we need to look at the hospital over time.

2. Facts about the Shire

Source Australian Bureau of Statistics

- Between 2016 – 2025 the population of Wee Waa has declined by **only 66 people** or 0.82%. The decline in Narrabri was slightly higher at 1.4%* - **our community is not shrinking and still needs its hospital!**
- In the 2021 census 26.1% of the population of Wee Waa identify as Indigenous*.
- The estimated total population of the shire is 12,754, with 5,500 people in Narrabri. The population density is very low, at 0.9799 people per kilometre*.
- Approximately 4,000 people live outside the townships of Narrabri, Boggabri & Wee Waa

3. Wee Waa Hospital: a snapshot of activity over time

Wee Waa Hospital has been at the heart of community life for over 100 years. Our district population is approximately 4000 people. Although our population base is small by urban standards, it is equally deserving of reliable and accessible health services that address the comprehensive medical needs of individuals, enabling them to live with dignity from birth till death.

The loss of access to the Hospital's services and reduction to just 9.5 hours a day is completely at odds with the medical and health needs of the community. The HNELHD bureaucrats have said much about the lack of use by the community of Wee Waa of its hospital, which is inconsistent with the Hospital's place as an important hub for a range of services. Using available data for the period 2011-2021 taken from the Australian Institute of Health & Welfare website, the following historical statistical picture of the use of the hospital can be shown.

All this data should be considered in the context of a smaller community. While the numbers may, on paper suggest limited demand for service, the removal of these services has a materially higher impact on the wellbeing of our community because there are no other service options.

Hospital admissions

According to the available statistics for this decade, there were 4918 admissions to the hospital, averaging 492 admissions per year. If these patients spent an average of 6 days in the hospital, as is the current situation at Narrabri Hospital, then bed occupancy was an average of 9 patients a day. This means that on average, 9 people plus emergency, palliative, and elderly patients were being treated.

The total number of visits to the hospital emergency department is not published; however, for the 10-year period, 3646 people were admitted to the hospital for care following emergency treatment. This equates to an average of one person a day requiring an overnight stay for medical attention.

The administrators of Wee Waa Hospital (Hunter New England based in Newcastle) claim that only *"2.6 people visit the hospital for emergency care a day and that these people can be easily treated by nurses."* However, 3646 local people can attest to the requirement for more than nurse-only treatment.

Regardless of whether treatment could be managed by nurses, it has been observed that without the availability of a VMO, nurses do not have the confidence to work at the hospital. This has contributed to the challenge of recruiting and retaining staff at the hospital which has led to the present limited operations of the Hospital.

Palliative care

During this 10-year period, the hospital saw a total of 100 palliative care patients. That means 100 people who spent their last days, weeks or possibly months surrounded by their family and friends in a specially crafted room **paid for by the community**. This means 100 families were able to say goodbye to loved ones in a familiar and comforting environment. Family members could attend the hospital 24/7, spending invaluable time with their loved one. Considering the size of our community this means many families in the district have experienced this type of care.

Palliative care in Wee Waa also means friends can visit more easily, so many of these patients experienced the love and respect shown by friends at the close of their lives. Today, many local palliative care patients from our district die in hospitals far from home, separated from family or friends who may be unable to travel the distance to see them.

In a very recent incident, an elderly couple in their nineties spent their final days apart because they could not be accommodated in a hospital together. Both unwell, they had to **say their goodbyes via Zoom**. Although they died surrounded by family, they deserved far better care from our State Government. If Wee Waa Hospital had been open 24/7, they could have been in the same room and spent their last days together after 48 years. The couple died just six days apart.

Geriatric services

During this same decade, 87 patients had a geriatric evaluation and management or psychogeriatric management plan. These patients spent significant time in the hospital being cared for in an environment surrounded by family, nurses, and doctors they were familiar with. They were not in a hospital foreign to them where they were not welcomed and were seen as taking up a bed for someone in “more” need.

Community Health

In addition, the community health nurses operate out of rooms in the hospital, providing care to elderly patients and those recovering from operations and injuries, plus providing invaluable support to young children and their parents. Screening for breast cancer and skin checks for melanoma are also carried out at the hospital. These rooms include a special hearing booth where children from across the shire come for hearing assessments carried out by the community nurses.

These statistics show a small yet busy hospital. Its emergency department admits at least one patient daily who requires hospitalisation. It also includes a palliative care room and hospital beds frequently used by older residents. With a district population of approximately 4000 people and a total of 4918 admissions over ten years, it can be inferred that many individuals in the community have spent time receiving care at the hospital, and many families have relied on the Hospital as part of our community's fabric.

The Hospital means much more to the community than being just a place for emergency care. It is a place where people can die with dignity, surrounded by family and friends. It is a place where the community can entrust the care of its elderly. It is a place where parents and children come for support. Although births at the hospital stopped in 2012, there are many people in the community who proudly claim Wee Waa Hospital as their birthplace. Our hospital is at the heart of our community, and it must not be lost.

This is what our hospital once looked like. When Wee Waa was reduced to just one GP around 2015, the lone GP was placed under huge pressure, reduced his workdays and gave up tenure at the hospital. Hunter New England Health initially succeeded in providing a second doctor at the hospital. However, when this ceased, patients were no longer admitted, and on May 18, 2023, the hospital's hours were cut to 8:00 am – 5:30 pm.

This situation has continued for almost two years. Why nothing has been done remains unanswered and difficult to understand when reasonable solutions appear available by working with our local Doctors. Therefore, we must look for possible answers based on the little information coming out of Hunter New England Health.

4. Changes to service provision

Wee Waa Hospital is administered by Hunter New England Health district based in New Castle. This vast Health District spans 105,190 square kilometres. This is equal to the land area of Bulgaria in Eastern Europe and South Korea in northern Asia. The geography of the region and its long distances

between communities is part of the reason why the leadership of Hunter New England know so little about the reality facing the communities of the North West. This lack of knowledge is evident in this comment made by HNELHD CEO Tracey McCosker at the Special Commission of Inquiry into Healthcare Funding on 13th September 2024, the following is a section of her statement regarding the situation at Wee Waa.

Our smaller facilities in regional and rural communities attract significant community interest when changes to service provision are proposed. These discussions often attract local political and media interest, sometimes resulting in delays to the modification of HNEHD's service provision.

Wee Waa

A recent example of HNELHD reducing the services of a facility is Wee Waa Health Service. This Service is a small 18-bed Peer Group D1 Community Hospital with a 3-bed ED. Similar to many hospitals across HNELHD, it has faced significant challenges in securing staff. Despite extensive efforts to recruit nurses, HNELHD announced on 20 April 2023 that from 8 May 2023, services at the facility would be temporarily reduced, with the ED transitioning from a 24/7 operation, to one that operates from 8.00am until 5.30pm, 7 days a week. Outside of these times, emergency presentations are redirected to Narrabri Hospital. Those presenting to Wee Waa who required admission would also be redirected to Narrabri or another hospital within HNELHD.

Significant community concern arose out of the decision to reduce operations at Wee Waa Health Service despite the context that the facility continues to have very low activity, averaging 2.6 presentations per day, the majority of which can be managed with nurse-led care. At the request of the Minister for Health, HNELHD established a working group that included local members of Parliament and community representatives to ensure staff felt supported and could continue to provide care. The working group last met on 1 February 2024.

To support local health services, a collaborative care program commenced in Wee Waa in May 2024. This is a place-based planning initiative aimed at developing community led solutions to primary care and community health challenges. The program is led by the Rural Doctors Network and includes representatives from HNEHD, the PHN and other health organisations in the area.

This statement by the senior public servant responsible for Wee Waa Hospital demonstrates a lack of understanding of the circumstances surrounding the historic use of the hospital by the community, as described in Section 3 of my submission. Her remarks about alleged political interference by local politicians and the reasonable questioning of the Health District and attention of our community, purported to delay changes she is implementing across the HNEHD network of hospitals, diminish our community's health needs and are clearly inflammatory. Our community rightly expects our representatives to advocate on our behalf, and we have the right to ask about services, particularly in the face of obstructive and contrary engagement from officials.

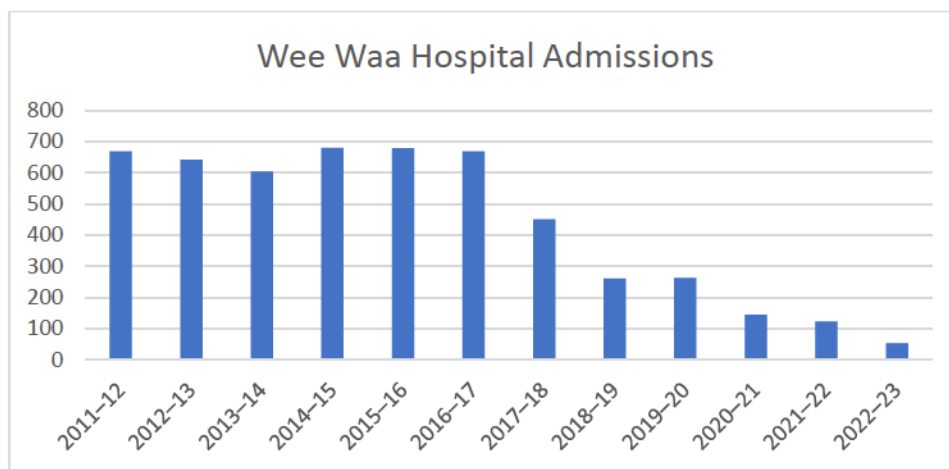
These comments trivialise the medical situation faced by many residents of Wee Waa, its surrounding communities, and the surrounding farms. Addressing these remarks is essential, as they form the basis of what the Minister of Health hears from senior health administrators, shaping perceptions of Wee Waa's health needs.

5. What is the reality for the citizens of Wee Waa and district?

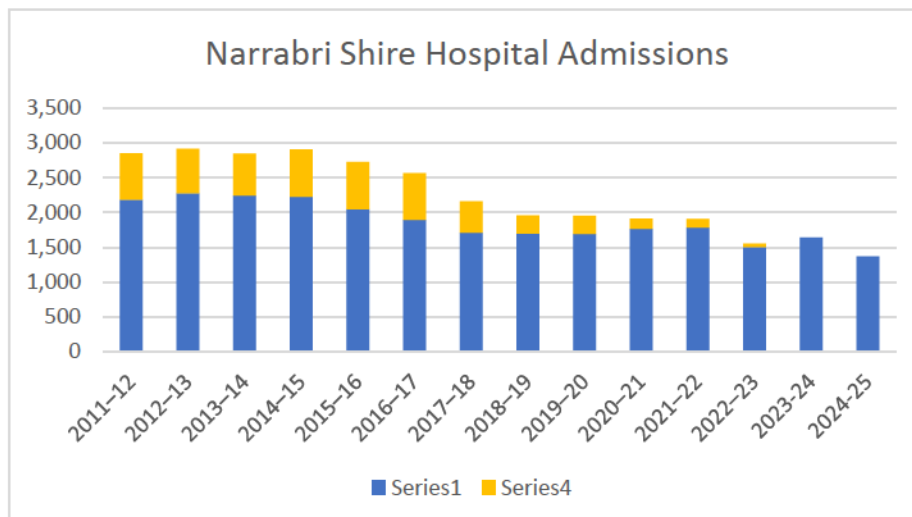
Point 1. A health crisis in Wee Waa

Graph 1.1 depicts inpatient care at Wee Waa Hospital, based on NSW Health department records for the last 14 years available from the Australian Institute of Health & Welfare – Hospital admissions website. It clearly shows that prior to 2017, the hospital experienced a steady stream of patients, accounting for between 25% and 30% of all shire-wide hospital admissions. Since 2017, the loss of a visiting medical officer (VMO) who facilitated patient stays led to a significant decline in hospital usage.

Due to diminished and unreliable service, HNELHD bureaucrats can now boast that “the emergency staff only see 2.6 patients a day.” It is worth considering what 2.6 patients a day amounts to over an entire year: a total of 949 emergency care cases—949 potential lifesaving incidents.



Graph 1.1 taken from data available from the Australian Institute of Health & Welfare website



Graph 1.2 taken from data available from the Australian Institute of Health & Welfare website

The community of Wee Waa and district need 24/7 access to their hospital. There have been numerous reports of people needing to bypass Wee Waa Hospital to go to Narrabri Emergency to access assistance. Suggestions that during the day, ambulances are actively bypassing the hospital and going straight into Narrabri. There had been a noticeable decline in Westpac helicopter retrievals

in Wee Waa, with only 3 retrievals since July 2024 (Westpac statistics) until the flood emergency of April 2025.

It is the recent flooding event in Wee Waa that perhaps best highlights the gap between the reality on the ground facing residents and the response of HNELHD. I quote from my recent letter to editor of the Narrabri Courier,

What the community is not aware of is the effort made by our mayor, Darrell Tiemens on behalf of the Save our hospital committee to secure these services. You see three times he was informed that the hospital would close at 5:30pm. Once on Saturday, again on Tuesday and finally on Wednesday. Each time he escalated his request to the CEO of HNELHD and the office of the Minister of Health and each time after about an hour a statement would be announced keeping the hospital open overnight. Not once but three times!!! On Tuesday night there could have been a triple fatality had the hospital not been open with a baby born to a first-time mum and later an older person requiring lifesaving support.

Point 2. Is there a crisis in health care across our shire?

What is the current situation for Narrabri Shire as a whole? Firstly, some Health department statistics about the emergency department of Narrabri Hospital.

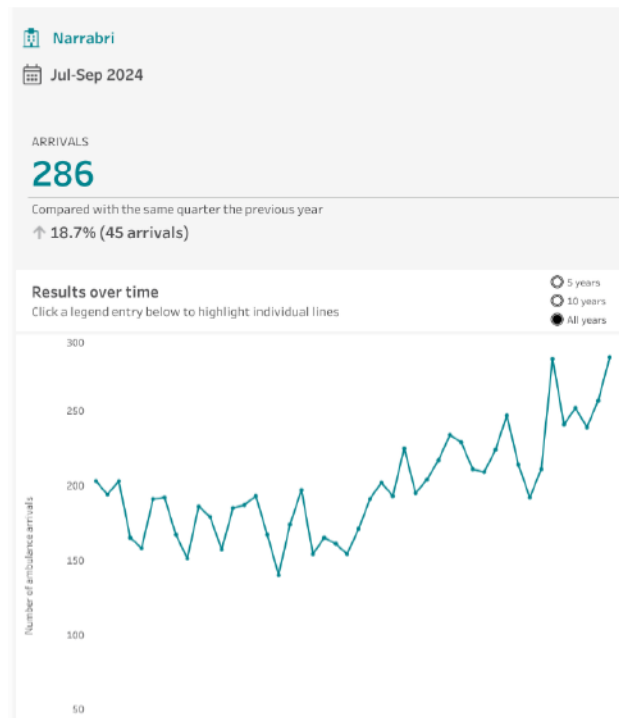
- 932 more people visited the **Emergency Department** in Narrabri in 2024 than in 2023, which equates to an extra 2.5 people a day.
- A total of 6,945 visits to the **ED** in Narrabri over the past 12 months.
- This represents an increase of 13.5 % over the past 12 months.
- With a shire of 12,000 people, this could be interpreted as over 50% of the shire's population requiring at least one emergency care visit per year.

How many of these people came from Wee Waa or outside the township of Narrabri? Unfortunately, data on patients' postcodes is not published, and Hunter New England appear to be blocking our attempts to get this information through its extreme costing of a **GIPA request of \$5000**. I strongly encourage the Committee to seek the information and data that we have sought but which has been made cost-prohibitive to a group of volunteers seeking access to government information.

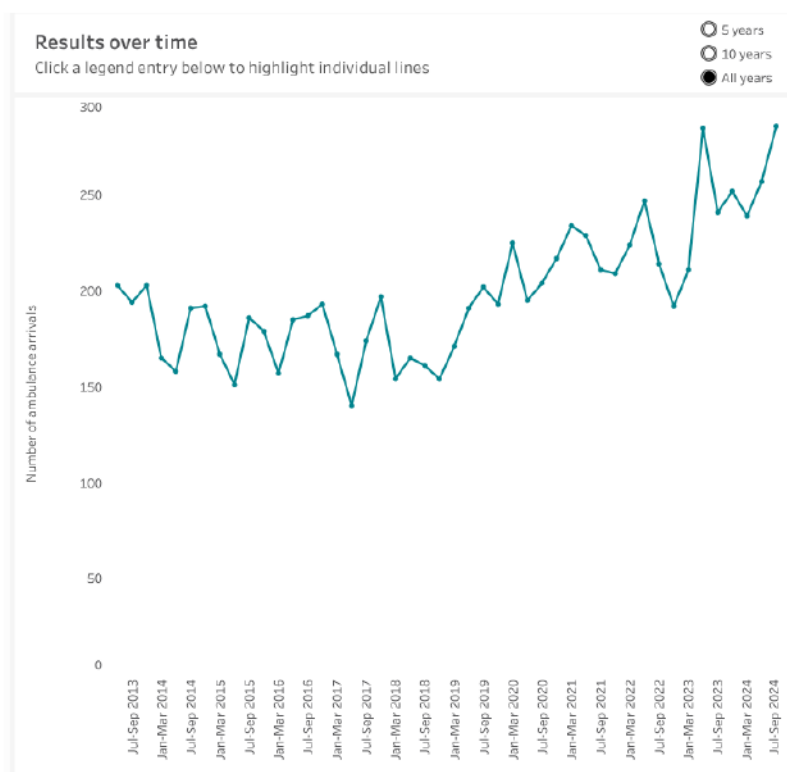
However, using published emergency department presentation figures from Narrabri Hospital, a clearer picture emerges. Since May 2023, when HNELHD closed 24/7 access to Wee Waa, the number of presentations at the Narrabri emergency department has significantly increased, totalling over 2660 presentations. Recently I attended the Narrabri ED unit and witnessed how busy it was. Staff mentioned that prior to Wee Waa Hospital closing there would only be 2 nurses manning the unit but today it is 4 nurses plus a doctor 24/7. Interestingly of the 5 + patients in the ED unit that morning 3 were from Wee Waa with two farmers who I knew requiring assistance for work related injuries.

If this figure of 2660 represents people from the west of Narrabri who would normally have attended Wee Waa Hospital, then it indicates an increased daily average of 4.5 additional emergency presentations. When this figure is added to the infamous 2.6 presentations at Wee Waa quoted by HNELHD, a more accurate depiction of 7.1 emergency presentations from our district emerges. This would translate to an additional 2592 presentations a year at the Wee Waa Hospital. This stands in stark contrast to the image HNELHD aims to portray regarding the Wee Waa Hospital of a "facility continues to have very low activity, averaging 2.6 presentations per day, the majority of which can be managed with nurse-led care."

The graphs (1.3 & 1.4) below taken from the NSW Health site show ambulance activity at Narrabri Hospital. The incredible spike is in the past two years. Public notices at the Wee Waa hospital inform members of the public to ring for an ambulance after 5:30 p.m. Is this the result?



Graph 1.3 taken from NSW Health website



Graph 1.4 taken from NSW Health website

Paramedic Numbers

The number of paramedics based at Wee Waa has increased significantly over the past 18 years from 2 full time paramedics then to 5.5 paramedics now. Yet we continue to hear stories of ambos under serious stress due to their workload. A recent incident illustrates the stress of the position – two calls were made to triple 0 at almost at the same time of day – 6:30 pm (the hospital closed at 5:30 pm). A snake had bitten a young child, and the ambulance had been dispatched. The second Triple 0 call was for a man suffering from a heart attack. The man had to wait 45 minutes for the ambulance to arrive. Fortunately, both he and the young child survived.

Is Narrabri Hospital at breaking point?

Narrabri Hospital has a capacity of 28 inpatient beds. For the period 2022-23, there were 1502 inpatients (People who stayed overnight). For the period since Wee Waa Hospital has been closed for inpatients, Narrabri Hospital has had,

- In 2023 – 1646 patients who stayed for an average of 5 days*
- In 2024 – 1368 patients who stayed on average 6 days*
- *Data on hospital admissions from NSW published sites.

A statistical analysis of this data shows that the hospital is consistently operating at maximum bed levels. There is also significant anecdotal evidence showing a hospital struggling to maintain working at capacity.

The hospital employs a doctor (recently a second doctor has been employed) who serve as both the emergency doctor and the hospital anaesthetist. They work on a 7-day on/7-day off roster. They are doing an amazing job considering the number of patients that must be managed; until very recently when this doctor was scheduled off, no surgeries could be performed. Expectant mothers were advised to travel to Tamworth, over 2-3 hours away, for their births in case a caesarean section is needed.

Note: Narrabri is well supported by doctors (12); however, only two have VMO rights at the hospital. This situation leaves the care of most acute patients to the emergency care doctor, who handles an average of 19 emergency consultations per day plus care for the majority of inpatients, resulting in a very significant workload.

Interhospital Transfers

A common practice is for patients from Narrabri or Wee Waa, who have been treated in Tamworth to be returned to Narrabri Hospital for recovery. This interhospital arrangement can take anywhere from a week to upwards of a month to facilitate. As these patients wait, they fill the wards of Tamworth Hospital, causing it to reach capacity as well. Having spent 8 days in what staff in Tamworth refer to as the “overflow” ward, I can attest to a cramped, noisy environment where 2 nurses per shift cared for 16 people.

Prior to 2017, Wee Waa Hospital accounted for up to 30% of the shire’s inpatients. Imagine if Narrabri Hospital experienced a 30% decrease in numbers. Suddenly, long stays in Tamworth might decrease as people could return home sooner to recover, and there should always be a bed available for those in need at Narrabri.

An open Wee Waa hospital opens beds all along the line from Narrabri to Tamworth to Newcastle.

Point 3. Impacts on vulnerable people

A group that has been significantly impacted by the closure of Wee Waa Hospital are the Indigenous Australians in our community. This is “one in four” people in Wee Waa.

There has been little discussion about the medical needs of Indigenous Australians in this debate, who are already burdened with a lower life expectancy than non-Indigenous people in our shire. The average life expectancy for people in NSW is 82.9 years, while for those living in Narrabri Shire, it is 81 years. For Indigenous Australians, the life expectancy is 70.9 years for males and 74.9 years for females across NSW. ([Aboriginal Health – HealthStats NSW](#))

Having taught many of the Indigenous members of the Wee Waa community, I can attest that many of these families rely on other family members to get them places, with typically one car and one licensed driver being responsible for several family groups. These families like to stay close by when a family member is in hospital. This cannot happen if the family member must travel to Narrabri or Tamworth for treatment.

Similarly, when an Indigenous person is in palliative care, they receive many visits from family. This cannot happen if the person is dying in Narrabri or Tamworth. Connection to country is incredibly important to these families and people and I believe that dying away from home inflicts unnecessary trauma on them. We all have the right to choose where we die if possible, but for Indigenous Australians, this need is particularly acute.

There have also been a series of recent incidents involving members of the Wee Waa Indigenous community, which have been very distressing. There seems to be a common theme of people being sent home initially and only when the situation has worsened does significant intervention occur.

Long-term health conditions in Wee Waa

Data from the latest Census (Tables 1.5 & 1.6) indicate that all levels of long-term health conditions in Wee Waa are above the state average. People requiring specialised treatment often travel significant distances for services such as kidney dialysis. The NSW Health Department has initiated a simplification of the Isolated Patients Transport Assistance Scheme to help cover transport costs, but the lack of public transport means that those without a vehicle- 5.9% of those under 70 years and 14% of the community aged over 70- must rely on family, friends, or services such as HACC transport to attend treatment.

Type of long-term health condition <i>Aboriginal and/or Torres Strait Islander people</i>	Wee Waa	%	New South Wales	%
Arthritis	26	7.2	20,559	7.4
Asthma	52	14.4	42,047	15.1
Cancer (including remission)	6	1.7	5,090	1.8
Dementia (including Alzheimer's)	0	0.0	1,168	0.4
Diabetes (excluding gestational diabetes)	32	8.8	15,018	5.4
Heart disease (including heart attack or angina)	17	4.7	9,917	3.6
Kidney disease	4	1.1	3,298	1.2
Lung condition (including COPD or emphysema)	13	3.6	7,101	2.6
Mental health condition (including depression or anxiety)	44	12.2	42,533	15.3
Stroke	0	0.0	2,577	0.9
Any other long-term health condition(s)	23	6.4	25,483	9.2
No long-term health condition(s)	220	60.8	151,423	54.5
Not stated	11	3.0	20,971	7.5

Table 1.5 showing the incidence of long-term health conditions upon Indigenous people of Wee Waa

Health

Type of long-term health condition <i>All people</i>	Wee Waa	%	New South Wales	%
Arthritis	201	9.9	679,359	8.4
Asthma	223	11.0	625,835	7.8
Cancer (including remission)	46	2.3	227,981	2.8
Dementia (including Alzheimer's)	25	1.2	62,706	0.8
Diabetes (excluding gestational diabetes)	123	6.0	388,747	4.8
Heart disease (including heart attack or angina)	84	4.1	316,840	3.9
Kidney disease	26	1.3	77,272	1.0
Lung condition (including COPD or emphysema)	46	2.3	135,909	1.7
Mental health condition (including depression or anxiety)	158	7.8	646,412	8.0
Stroke	28	1.4	73,269	0.9
Any other long-term health condition(s)	92	4.5	626,827	7.8
No long-term health condition(s)	1,053	51.8	4,925,422	61.0
Not stated	321	15.8	654,833	8.1

Table 1.6 showing the incidence of long-term health conditions upon all people of Wee Waa

Travel Costs

Another aspect of this debate is the cost of returning home following treatment in Tamworth or Newcastle. Once discharged, people find their own way home, but there is little in the way of public transport, and people are discharged at any time of day.

During the Wee Waa flood event in December 2022, patients were discharged after treatment in Tamworth and had to either stay in a hotel or travel back to Narrabri using public transport before returning to Wee Waa by the SES flood boat.

Ambulance Costs

Residents of NSW are only charged 51% of the actual cost of service as the NSW Government provides a 49% subsidy. From 1 July 2024, NSW residents requiring road, fixed wing aircraft or helicopter or a combination of these – from the scene of an accident, illness or injury to a

public hospital or other destination nominated by NSW Ambulance – will be charged a call-out fee of \$445, plus an additional charge of \$4.02 per kilometre or part thereof.
www.ambulance.nsw.gov.au/our-services/accounts-and-fees

Using this data, an ambulance trip into Narrabri for emergency help costs the patient \$766. This is a significant amount even for those who are employed, but with 37% of the Indigenous population and 24% of the non-Indigenous population of Wee Waa not in the workforce, plus the 18% of the population over 65, ambulance charges would hit hard financially and may deter people from using the service. The need for the Wee Waa Hospital to be open 24/7 and to provide acute care for patients is very clear.

Model of care

I believe that the heart of our problem lies in the model of care that has been rolled out from Newcastle into the regions, including Wee Waa. HNELHD has established a model of care where people from smaller centres, like Wee Waa, receive a triage at their local hospital with an online doctor based in Sydney or Melbourne. This “zoom triage” cannot include a physical examination, which is particularly important in some situations. Treatment then follows at regional centres, or specialised care is provided either in Tamworth or Newcastle. While this model appears to be workable and economically sensible, it fails to consider the significant distances these individuals must travel for potentially lifesaving treatment. It overlooks that people living in smaller centres deserve health care that is accessible and comparable to that of their urban counterparts.

Point 4 – Truth telling & advertising

As we try to get action on reopening Wee Waa Hospital on a 24/7 basis, the community has faced a wall of silence from the board and senior Hunter New England Health bureaucrats based in Newcastle and Moree who have peddled out lines such as “Wee Waa is only getting 2.6 visits to emergency per day”, and we are “advertising for staff but no one will come”! *Tracey McCosker & David Quirk*

Up until Thursday, 22nd February 2025, when advertisements for nurses “suddenly” reappeared (ironically on the day Roy Butler introduced his private members bill), there had been no advertising for staff at Wee Waa since early 2024. One can find continuous advertising for positions in Western Area hospitals, many of which are less than 150 km from Wee Waa. Why was there no visible attempt to find staff for over 12 months?

On the contrary, over the past 3 years, there have been approaches from the 3 doctors now working at the Wee Waa Medical Centre to HNELHD to act as a VMO team for Wee Waa Hospital. For some reason that we are unaware of, there had been no negotiation with this group until very recently. Again, it would seem to be following political attention.

In any business arrangement, you would expect a level of negotiation to occur. Given what members of the Saving the Wee Waa Hospital group know about the amounts of money discussed in the past, and are aware of what HNELHD has paid for locum services for weekend work at the hospital in 2023-25, it seems very unusual that no progress has been made. Certainly, the comments made by David Quirk, General Manager of Rural and Regional Health Services at Hunter New England Local Health District, stating that “no one will come,” seem untruthful, especially considering that three local doctors are seriously interested.

Therefore, the question is raised: Why has there been no ongoing advertising, and why was there no negotiation with the 3 Wee Waa-based doctors? We can only ask the question: Is HNELHD fair dinkum about finding staff for the Wee Waa hospital?

Financial Implications

Is there a financial incentive in keeping Wee Waa Hospital closed to patients?

Legislation requires the Health Districts to publish online versions of public hospital budgets. A look at the 2024/2025 published budget for Wee Waa Hospital makes interesting reading. Total expected expenditure amounts to \$5,075,000. Of this, a sum of \$1,654,000 is set aside for acute inpatients. This is money intended to support people staying in the hospital, but they cannot stay in Wee Waa Hospital due to HNELHD's failure to employ a VMO and an adequate number of nurses! This situation has persisted since 2017, with fewer than 200 admissions from 2017 to 21 and none since 2023.

At the end of this financial year what happens to that \$1.654 million? It clearly doesn't stay in Wee Waa because the budget doesn't indicate any accumulation of funds from previous years. I imagine the health department is like the education department, and if funds are not expended, then they are returned to the local health district. So, over the past 8 years, HNELHD have been profiting from Wee Waa to the tune of how many million? Let's be conservative and say \$1.2 million per year then \$9.6 million has been directed away from the direct health needs of Wee Waa residents and indirectly from the shire into the coffers of Newcastle. No wonder they were able to spend several hundred thousand dollars on a security fence around the Wee Waa hospital in 2023-24!

In the NSW Parliament, our local member Roy Butler asked the Minister of Health during question time, "In the 2018-19 financial year (to 5 June 2019), what was the Budget allocation for the provision of General Practice Locum services at the Wee Waa Hospital? How much of this Budget was expended on the provision of this service?" He was never given an answer in Parliament, which indicates that the minister couldn't get an answer from HNELHD!

It is interesting to note the budgets for other Northwest NSW hospitals for acute care. This data comes from the published budgets for each hospital. Interestingly no financial reports are published for individual hospitals showing how much of their budget has been used each year.

- Wee Waa = \$1,654,000 24-25 budget – no admissions = "\$1,654,000 per patient"
- Warialda = \$917,000 with a target of 291 admissions = \$3,151 per patient (similar sized community)
- Boggabri = \$318,000 with a target of 95 admissions = \$3,347 per patient (smaller community)
- Bingara = \$498,000 with a target of 262 admissions = \$5,232 per patient (smaller community)
- Moree = \$10,984,000 with a target of 1,407 admissions = \$7,806 per patient
- Narrabri = \$8,841,000 with a target of 1,225 admissions = \$7,217 per patient

Total Budgets 24-25

- Wee Waa = \$5,075,000
- Warialda = \$5,174,000
- Boggabri = \$4,574,000
- Bingara = \$5,180,000
- Moree = \$27,029,000
- Narrabri = \$19,082,000

Looking at the budget in another light. If \$1.6 million comes off the Wee Waa budget, then the reality is that Wee Waa Hospital has the smallest budget of these 6 neighbouring hospitals (at

\$3,475,000). This represents an investment of only \$868 per district resident in their health for Wee Waa. If living in Boggabri (population 885), the investment in their health needs is \$5,168 per resident. If living in Narrabri \$3,470 per resident. **According to these amounts, you are at a serious disadvantage living in Wee Waa!**

6. External Review of HNELHD

A review of Hunter New England Health by NSW Health was carried out and published in February 2024. Some of its 55 recommendations may impact the decisions being made in Newcastle about Wee Waa Hospital.

Recommendations such as 1. *the elimination of 283 full-time positions across the district.* 2. *The regular review of all expiring contracts and temporary positions to identify opportunities to achieve FTE savings.* 3. *The review of all vacant positions and consider deleting any position which has been vacant for 6 months or more.*

Has Wee Waa Hospital fallen victim to the cost-cutting measures coming out of Newcastle without informing the impacted community, and is no one from Newcastle willing to publicly acknowledge that this has occurred? Is this the reason behind the silence?

7. Conclusions

The current advertising for staff at Wee Waa Hospital only restarted after the local member spoke in Parliament about our hospital despite what senior HNELHD administrators have been saying.

There had been little negotiation with the three doctors based in Wee Waa who were willing to provide VMO services to the hospital. Considering the comments made by CEO Tracey McCosker regarding the lack of use of the emergency department at Wee Waa, along with the review of HNELHD's operations suggesting a need to reduce staff, it is evident that the hospital administration in that area may be opting for an easier approach to reach their targets by affecting a small community far from the public eye in Newcastle.

The closure of Wee Waa Hospital for acute care inpatients is affecting the ability of staff at Narrabri Hospital to provide care for local residents. The hospital reaches full capacity every day! The six ambulance paramedics are stretched to capacity as well. On a good day, it can take over 90 minutes to travel from Pilliga or Burren Junction to Narrabri, but during rain events, driving on wet black soil roads becomes nearly impossible, especially during floods.

The government have pledged to make a dent in the closing of the gap for the health of Indigenous people. How is not having acute care in Wee Waa Hospital closing the gap? There does not seem to be a serious attempt by HNELHD to improve the health needs of the most vulnerable people within our community who are under serious financial stress in accessing treatment.

There is ample evidence that the current situation at Wee Waa Hospital is helping HNELHD meet its budget. It represents only a small drop in the ocean of costs for HNELHD but given the appalling lack of communication from senior leadership at HNELHD with the Wee Waa community, suspicions of some type of cover-up are not being allayed. The initial refusal to allow local government representatives to tour the hospital only fuelled rumours of removed equipment. The belligerent attitude of senior public servants at HNELHD towards any approach from elected representatives of Narrabri Shire over the past 18 months has bewildered and angered the entire Shire community.

Answers are required from the Board of HNELHD before the inaction of Hunter New England Health District results in a death in our community.

Peter Carrett retired principal of Wee Waa Public School

Sources of Information

- Hunter New England published budgets for the 24-25 year.
- Hunter New England Review published February 2024
- Data from Australian Institute of Health & Welfare - Hospital admissions
- NSW Parliament Minutes of Public hearings into Health
- Hunter New England Health District Review 2024
- Data from latest Census 2021
- Transcript of Special Commission of Inquiry into Healthcare Funding Statement of Tracey McCosker PSM