

**Submission
No 98**

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

Organisation: Hunter Medical Research Institute

Date Received: 6 May 2025

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30th April 2025

Mr Clayton Barr MP
Member for Cessnock
Chair - Committee on Community Services
Health Services Amendment (Splitting of Hunter New England Health District) Bill 2025
Parliament of New South Wales
Macquarie Street,
Sydney NSW 2000

Re: Hunter Medical Research Institute (HMRI) Opposition to the Health Services Amendment (Splitting of Hunter New England Health District) Bill 2025

Dear Mr Barr,

I write on behalf of the **Hunter Medical Research Institute** (HMRI) to respectfully express strong opposition to the proposal to split the Hunter New England Local Health District (HNELHD) into separate Hunter and New England North West Local Health Districts.

Founded in 1998, HMRI represents a strategic partnership between the University of Newcastle, the Hunter New England Local Health District, and the broader Hunter New England community, with the vision of improving the health and wellbeing of our region.

As Australia's leading regional medical research institute, HMRI unites academic, laboratory, public health researchers, clinicians, and industry partners to drive biomedical and translational research across key priority areas such as Brain and Mental Health, Cancer, Cardiovascular Health, Pregnancy and Reproduction, Public Health, Viruses, Infections/Immunity, Vaccines, and Asthma.

Many of Hunter New England Health's leading clinician researchers are proud affiliates of HMRI's translational programs, delivering world-class research and care across the entire district, from Newcastle to Narrabri, Muswellbrook to Moree.

This strong regional network provides the residents of the Hunter New England Health District with a unique ability to directly influence medical research, prevention strategies, and the development of cures, an opportunity unmatched anywhere else in Australia.

HMRI's success is built on its unique footprint, spanning regional, rural, and semi-metropolitan communities, enabling truly representative research that reflects the diverse health needs of the Hunter New England population.

Chronic illness and disease are central to HMRI's research focus, with dementia being a particular area of emphasis. For example, Dementia places a disproportionate burden on regional communities. In the Hunter New England region, prevalence rates are the **highest in New South Wales** and the **second highest** nationally.

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Hunter New England
Local Health District

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The scale and breadth of our district, representing nearly one million residents, provides HMRI with the critical social and political licence to influence healthcare priorities and advance dementia to the forefront of research, policy, and health service innovation.

Splitting the district, and thus reducing HMRI's footprint to approx. 650,000 people, would significantly weaken this influence.

It would also risk diminishing our ability to drive system-wide innovation, attract major investment, and advocate effectively for the needs of regional and rural Australia.

Our current unified structure strengthens HMRI's research impact and ensures that all residents, across urban, regional and remote communities, benefit from world-class innovation, clinical research, and care initiatives.

As the John Hunter Health and Innovation Precinct grows and its impact is felt across NSW and indeed Australia, HMRI's role in strengthening the research and innovation ecosystem including clinical trials capacity and philanthropic engagement will become even more vital.

From a medical research perspective, the proposed split poses significant risks including:

- **Challenges in Funding and Resource Allocation**

A division of the HNELHD risks fragmenting critical funding and resource streams. Unequal funding allocation could jeopardise research partnerships, limit access to vital services, and hinder the economies of scale that currently support high-quality, collaborative research and clinical excellence across both metropolitan and regional settings.

- **Impacts on Research Collaboration and Strategic Priorities**

Splitting the district would dismantle existing research partnerships that thrive on a cohesive network of urban and rural health services. New, potentially divergent research priorities between the two districts could complicate HMRI's ability to deliver on our integrated, region-wide research agenda that addresses both urban and rural health needs.

- **Access to Patient Populations and Data**

Research at HMRI depends heavily on access to a broad, diverse population across the full Hunter New England footprint. A split would fragment patient cohorts, limit access to critical datasets, and complicate longitudinal studies, clinical trials, and innovations that require scale and diversity to drive meaningful health improvements.

- **Retention and Attraction of Clinical Academic Workforce**

A smaller, isolated district will struggle to attract and retain clinical and research expertise. Reduced workforce density would weaken HMRI's (and the wider region's) capability to deliver innovative, world-class health research benefiting rural and regional communities.



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Over almost three decades, HMRI has demonstrated clear examples of the excellence delivered across the entire Hunter New England Local Health District; achievements that would not have been possible within a smaller or more fragmented health district.

Research-driven initiatives such as the award winning and innovative Telestroke Network has extended specialist stroke care from John Hunter Hospital into rural and regional communities including the Manning Valley, Tamworth, Armidale, and Moree.

Similarly, programs like “Yarning up After Stroke” and the DAP+ diabetes prevention initiative, showcase the powerful role a unified district plays in delivering community-embedded, translational research outcomes. These successes are testament to the strength of a connected health district and would be placed at risk if the current collaborative networks were fractured by a split.

Conclusion

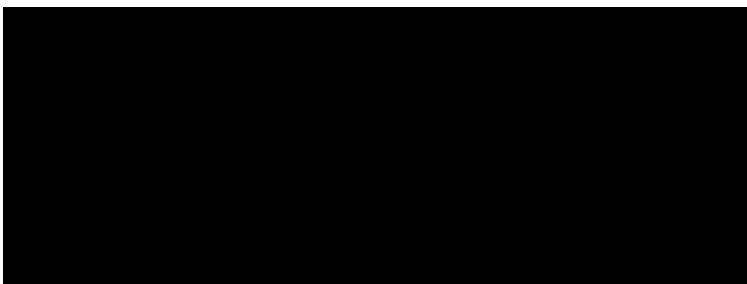
I appreciate that the current Special Commission of Inquiry into Health Funding is also examining ways to enhance local health governance. HMRI strongly believe that any reform must prioritise strengthening, not fragmenting, the integrated networks that underpin excellence in patient care, research, education, and innovation across the region.

Splitting HNELHD would undermine decades of progress in establishing a connected, capable health and research ecosystem that serves both city and country.

Instead of a split, HMRI supports efforts that would enhance governance, accountability, and service delivery within the existing unified structure. HMRI welcomes the opportunity to provide further information or appear before the Committee if required.

Thank you for the opportunity to provide input into this critical issue.

Yours sincerely,



Professor Frances Kay-Lambkin
Chief Executive Officer

