Submission No 100

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

Organisation: Rural Doctors Association of NSW

Date Received: 9 May 2025

Submission to the Committee on Community Services
Inquiry into the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025

From: Rural Doctors Association of New South Wales (RDA NSW)
Date: 09.05.2025

Re: Opposition to the Splitting of the Hunter New England Local Health District

The Rural Doctors Association of New South Wales (RDA NSW) appreciates the opportunity to provide input into the proposed Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025.

As an organisation committed to the health and wellbeing of rural and remote communities across New South Wales, we submit our strong opposition to the proposal to divide the Hunter New England Local Health District (HNELHD) into two separate local health districts (LHDs).

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1. Continuity and Integration of Rural Health Services

Although it is recognised that the current structure is not perfect, the RDA NSW believes that retaining HNELHD as a single local health district is the most effective option. The current structure allows for:

- Coordinated tertiary referral pathways between regional and metropolitan centres
- Shared workforce planning and training opportunities across geographic boundaries
- Centralised leadership with a demonstrated understanding of rural and remote service delivery

Fragmenting the district would disrupt existing clinical networks and jeopardise the integration that rural communities—particularly through specialist outreach, telehealth, and shared workforce models. While local autonomy can be beneficial, it must be supported by adequate financial and logistical resources. With the current state of the NSW Health system already buckling under increasing pressure, the RDA NSW is concerned that there are not enough resources available to have a positive impact.

The RDA NSW believe it would be better working on processes that support the understanding of the diversity of the region and the communities' needs.

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2. Workforce Recruitment and Retention

One of the core challenges in rural health is attracting and retaining clinical workforce. The HNELHD has to some extent been able to leverage its scale and mixed geography to:

- Offer rotation opportunities between urban and rural placements
- Attract clinicians with the appeal of working across a diverse health system
- Provide structured mentoring and professional development that smaller districts would struggle to afford independently

However, a split would likely exacerbate rural workforce shortages and create additional administrative burdens at a time when regional communities need more clinical boots on the ground—not more bureaucracy.

Tamworth Hospital is already under significant strain and lacks regular vascular or neurosurgical consultants.

There needs to be increased capacity to train doctors outside of metropolitan centres and resources to provide those services. Part of the solution is the addition of more training positions as currently there are very few available which restricts the growth of the future workforce to meet the needs of the communities within the HNELHD.

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3. Loss of Corporate Knowledge

Splitting the HNELHD would be disruptive and risk retention of HNELHD corporate knowledge in Newcastle. This has the potential to result in creation of a new LHD in HNE without the administrative knowledge and management history to inform future decision making and policy locally.

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4. Loss of Strategic Investment Capacity

The economies of scale provided by the current district enable strategic investment in capital works, digital infrastructure, and service innovation. Splitting the district into 2 LHDs risks:

- Diluting funding streams across two competing administrations
- Reducing purchasing power and strategic oversight
- Increasing administrative overheads that could instead be directed to front-line care

We are concerned that any short-term political or localised gains from a split would come at the long-term expense of service quality and health equity across the region.

Example: Understanding the need for 24 hr Cath labs in the Northwest, not Maitland, to service Moree and other western areas with ridiculously high Cardiovascular Disease (CVD) rates and socio-economic disadvantage all compel a review of care distribution- rather than trying to fix the issues by separating into two LHDs.

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5. Rural Representation Is a Governance Issue—Not a Structural One

Concerns about rural voices being underrepresented in decision-making processes are valid. However, we believe these can and should be addressed by:

- Enhancing rural representation on the HNELHD Board
- Creating region-specific advisory councils with real decision-making authority
- Increasing accountability through transparent reporting on rural service delivery outcomes

Breaking apart the district risks being a symbolic gesture that weakens the very system it's intended to improve.

Conclusion

In conclusion, the RDA NSW strongly recommends against the proposed division of the Hunter New England Local Health District. Fragmentation risks undermining care coordination, workforce sustainability, and strategic investment in rural communities. Instead, we advocate for strengthened rural representation and investment within the existing integrated structure. We remain committed to collaborating on reforms that improve healthcare equity for rural New South Wales—without sacrificing the progress already achieved.

Yours sincerely,

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