

**Submission
No 106**

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

Name: Mr Edward Stubbins

Date Received: 15 June 2025

SUBMISSION TO THE NSW LEGISLATIVE COMMITTEE ON COMMUNITY SERVICES

RE: Health Services Amendment [Splitting of the Hunter New England Health District] Bill 2025

Dear Chairman and Members of the Committee,

I apologise for the lateness of this submission. I did not become aware of the Committee's work on the subject until the weekend of 14/6/2025 as I was heavily engaged with another public activity.

The following comments are based on years of membership of NSW Health Boards concluding with two terms as a Director on the original New England Area Health Board [which preceded Hunter New England].

1.The proposal to reinstate The New England Area Health Service is a simplistic solution to complex issues. It demonstrates a restricted understanding of issues confronting Health Services in rural, regional and remote NSW.

A comprehensive report, entitled 'Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW" released in May 2022, by a committee of the NSW Legislative Council, revealed issues that are not uncommon in regional, rural and remote NSW.

2.Restricted General Practitioner numbers are causing problems nationally, state wide and especially for rural districts. There are also shortages of nurses and executive staff. Creating another Area Health Service is not going to create more doctors and nurses.

Focussed programmes providing incentives to work in regional and rural settings need to be developed with participation by national, state and local governments. These programmes should include opportunities for individuals or community groups to raise money to help fund incentives. A percentage of people so attracted will find that they appreciate life in the community they serve and will decide to extend their stays.

3.Improving the resources of Hunter New England will be the most cost effective way of improving its service. This is not to deny that there are issues which need to be addressed. However, dividing the Area Health Service and creating an extra bureaucracy is not the best use of available funds.

4.If New England is split from Hunter New England it will be one of the smallest districts in terms of staff and budget, but will have a huge area with a dispersed population. My lasting impression as a Director of New England Area Health Board was having to wrestle with budgetary considerations. On one occasion, I had to robustly refute a plan to close nine small hospitals in order to satisfy budgetary requirements.

5.Modern medical care requires seamless services from primary care [mostly GPs] to local hospital care, to general specialist care [available from Base Hospitals] and right through to the super specialty care that John Hunter Hospital provides [example would be stroke care, neonatal intensive care, cancer care]. The scale of Hunter New England, including support from John Hunter Hospital , increases the quality of service and support throughout its districts.

Marilyn and I know that we are fortunate to live at Warialda and receive exemplary care from The Warialda Family Practice and Warialda MPS. It is also reassuring that we have access to super specialty care from John Hunter should we need it.

Yours sincerely,

Edward Keith Stubbins 15/6/2025

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