

Hunter and New England Area Health Services Amalgamation Proposal.

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HUNTER AND NEW ENGLAND AREA HEALTH SERVICES AMALGAMATION PROPOSAL

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Mr PETER DRAPER (Tamworth) [6.03. p.m.]: Earlier today the honourable member for Northern Tablelands asked the Minister for Health a question about the proposed merger of the New England Area Health Service and the Hunter Area Health Service. In recent weeks in my electorate the merger proposal has overshadowed everything else. My opposition to the proposal has been well documented. Earlier this week a rally of over 1,000 people in Tamworth highlighted the community's anger at yet another proposed amalgamation by stealth. On Tuesday the honourable member for Northern Tablelands and I met with the Minister for Health. I am still opposed to this proposal but, as was pointed out to the Minister, whether or not the Government intends to progress these boundary changes, a list of standards must be agreed to by the Minister to secure the future of health outcomes in our area. Job protection and service delivery must be central to any plan for area health services.

The honourable member for Northern Tablelands and I asked the Minister to guarantee that services in our smaller communities be maintained or increased, that the Government increase the range and number of visiting specialist medical and allied health clinicians from Newcastle to Tamworth and Armidale, and that it upgrade the cardiac catheter laboratory in Tamworth to clinical intervention status. Improved access to tertiary-level inpatient mental health services and a 24-hour 1800 telephone helpline should also be introduced to improve local access to these services. The service plans developed by the New England Area Health Service must be honoured and adhered to, as those plans were developed in close consultation with local communities. Manilla needs a multipurpose service [MPS] that include the current aged care bed licences held by Manilla council for Manellae Lodge. Werris Creek requires an MPS similar to the MPS in Tingha. The Government must provide founding guarantees for both projects as well as guarantee completion dates for MPSs at Walcha, Tingha, Guyra, Warialda and Bingara.

It is also critical for the health department to honour the 10-year \$186 million facilities redevelopment strategy, as proposed by the New England Area Health Service, and to guarantee funding for the complete redevelopment of Tamworth Base Hospital. If a merged service is the outcome, Tamworth must retain a local office structure with local management to oversee and co-ordinate the day-to-day running of the service. I note that the Minister indicated that intention in his response earlier today. If the Minister agrees to these demands, the concerns expressed by communities in my electorate regarding the delivery of health services, equity of access to health services and the retention of health service jobs will be alleviated.

An outstanding issue throughout this process has been the fact that the communities affected by this proposal have been deprived of any opportunity to comment on or contribute to the proposal. Last Thursday a headline in the *Namoi Valley Independent* summed up the uncertainty and lack of facts. The headline read, "What's going on? Health Service Merger—Does Anyone Know What's

Happening?" Editor Ron McLean commenced the article by asking the question, "Would somebody please tell us what's happening with the proposed merger of the New England and Hunter Area Health services?" There has been no detailed analysis of the impact of this merger on the community involved, on the number of jobs at stake, or on the standard of access and equity to health services for country people. The Governments' recent record on rail services, local government boundaries, business enterprise centres and area health services being amalgamated or centralised demonstrates little or no regard for rural communities.

The New England Area Health Service is already 1½ times the size of Tasmania, with 32 sites serving 175,000 people. It is currently one of the most efficient and financially viable services in the State and it is the only service that is running on target to meet the Government's stipulations. Put plainly, the New England Area Health Service stands as a major employment provider and holds a position of trust with our local communities. The Minister said that the merger hinges on a plan to link Tamworth Base Hospital with John Hunter teaching hospital, but retaining jobs and services is the community's main concern. The New England Area Health Service services the largest number of Aboriginal people in the State, and it has no community of interest with the Hunter. The models of care in a true rural area health service are distinctly different from a metropolitan-based outreach service.

The reasons against amalgamation are many and varied, but the Minister again stated that a decision had not yet been made. He said that he was listening to the communities and to the input of the honourable member for Northern Tablelands and me, and that he would consider those contributions prior to making a decision. The essential characteristics of the New England Area Health Service are its local community connections, its strong sense of ownership with the many communities it covers, reasonable geographic distances, a decentralised model of management of programs and care delivery, widely located local jobs and a strong sense of identity as a local area health service. From my perspective it is critical that all these characteristics that are so important to the New England Area Health Service are retained in the future.

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Speakers: Draper, Mr Peter.

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