

07 April 2024

From:

Mr Richard Hendrie

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Consumer

To:

Special Commission of Inquiry into Healthcare Funding

### Introduction

I am submitting this statement in my own capacity as a resident of regional New South Wales, situated between Wagga Wagga (Murrumbidgee Local Health District) and Albury (Albury Wodonga Health). Furthermore, I offer this submission based on my extensive personal experience accessing health services in NSW regional areas. I am a former member of a Local Health Advisory Committee and have also served on NSW peak bodies in co-production in NSW.

The primary purpose of my submission is twofold. Firstly, I advocate for health equity for regional residents. Secondly, I emphasize the importance of commissions of inquiry prioritizing the voices of consumers over solely relying on expert panels and peak bodies.

### Recommendations:

1. Revamp Local Health Advisory Committees (LHACs) - These committees inadequately represent the needs of local consumers in my experience, and lack sufficient oversight from NSW Health in terms of governance and financial accountability.
2. Reform outdated and financially burdensome regional hospitals in small towns. Many of these facilities serve few patients, incur high operational costs, employ excessive staff, house underutilized state-of-the-art equipment, and would be more efficiently consolidated into central base hospitals in Wagga and Albury. Currently, my local small-town hospital lacks the

capacity to effectively address a broad spectrum of health issues, often necessitating the transfer of patients to Wagga or Albury for treatment.

3. Restructure hospital boards to ensure adequate representation for consumer advocates. Too often, hospital boards lack effective community engagement and are too often saturated with medical professionals or people detached from using the public health services as consumers.

4. Allocate increased funding for mental health workforce with lived experience workforces. Focus on building more PARCs, Safe Havens and invest in more responsive outreach services for regional populations.

### Conclusion:

There is a notable insufficiency in the number of health initiatives in regional NSW that are collaboratively developed, implemented, and evaluated. This gap is particularly pronounced within the mental health and disability domains. Involving local consumers from project initiation through evaluation stages promises enhanced outcomes for the community and encourages increased healthcare investment.

Redirecting funding from People and Culture departments, PR departments, and the excess of small-town hospitals will significantly reallocate resources to where they are most needed and effective in regional areas.

Prioritizing community and consumer perspectives in board membership, rather than solely relying on medical expertise, or experience by proxy is imperative.

A heightened emphasis on mental health triage and safe havens, which are already shaped and operated by consumers for consumers, is warranted. These serve as exemplary models to emulate.

Kind regards,

Richard Hendrie and Havic (guide dog)

BA, MSW. Consumer