

40 years ago, I entered Newcastle University Medical School. It had opened the previous year in 1978. Its innovative nature was inspired by the World Health Organisation's ideals of building a better medical workforce. The Medical School prioritised the art of communicating with patients and understanding each patient's family and social context. Also, it focused on scientific rigor in life-long learning. One innovation was admitting only half of the students on solely academic performance. Half were selected on psychosocial factors, including me.

This is the same vision that Helen and I and our team hope will underpin the Manning Valley's HealthHub.

We hope it will be a source of healing for the area where patients will feel calm, comfortable and respected. Where people can trust that they will not be judged on the basis of boundaries such as race, religion, sexual preference, poverty, mental health or addictions.

We aspire to excellence in standards of care. To do this we need to recruit and retain the right people, maintain a supportive culture, and assist doctors, nurses and the admin team to succeed in career development and success in examinations. We are involved in research projects with Sydney and Newcastle Universities and planning another with the Hunter Integrated Pain Service. As well as running profitable and sustainable private practices we look to improve health outcomes for our individual patients as well as within the whole community. We aspire to achieve better connections to the hospital sector as well as with health regulators. We need excellent hospitals but these need to be supported by clinical and political leadership who will do battle with the city-based lobbyists and bean-counters.

Our area certainly has enormous health needs. Only yesterday the NSW Council of Social Services released a paper mapping economic disadvantage. In Sydney 12% of the population live below the poverty line but this rate is 22.2% in Taree: one of the highest in the state. They estimated our unemployment rate was 11% with half of these unemployed living in poverty.

This year, our Lyne electorate was identified in “the Cost of Pain in Australia report” as having the highest rate of chronic pain in the nation. Other sources say our electorate or region tops the whole country in rates of strokes and proportion of elderly residents.

The 2019 Australian Institute of Health and Welfare report on rural health found those living in the Bush have shorter lives, higher levels of disease and injury and poorer access to health services. This may be due to poorer education and employment opportunities, as well as a lack of access to health services.

One would imagine that our Governments would be scurrying to ensure appropriate health services were brought in. Alas, the inverse care law rules. This was described by Professor Julian Tudor Hart in 1971. The inverse care law states that the availability of good medical or social care tends to vary inversely with the need of the population served. And so it is here.

Moving here has been a titanic effort and I have a few thank-you’s.

I think you will agree that place looks great. There is incredible talent here in the Manning Valley. We didn’t have to use Sydney people; we used all local people to put the whole show together. Anna Godfrey of “Raw Innovations” helped harness our scattered ideas into one workable whole. Amanda Evans of ‘Gather and Place’ worked with Helen to design and style this patient waiting area. Chris Fagerstrom of Helm Design developed the graphic elements on our signage and stationary and also our logo “For Everybody”. Michelle Snape from LegalSphere and Paul Hewitt our accountant for over 25 years worked like Trojans. Trish Richardson and Lawrie Nguyen from the previous practice here were so welcoming and accommodating of our new enterprise. They even let the builders loose before the deal was completed. Jeff Tener and Matt Yearck were amazing problem solvers building our renovations. Chris Bryant and Rodney Dannevig from Noledge Computers were here day and night fighting the cyber demons to ensure the phones and IT worked.

Then our amazing staff. First Vicki Phillips, our Super Practice Manager, who has combined organisational brilliance with a beautiful kind and compassionate manner. Julie Henry, our Nursing manager and dear friend, who strives for our clinical excellence as well as good business practices. Jenni Scott, our project manager has exchanged emails with me till 11pm on recruitment issues, even when on holidays sipping on a chardie. All the staff, too many to name, you know who you are, volunteered their time above and beyond the call of duty to ensure we could close as Albert St Medical Centre on Friday and open as the HealthHub on the Monday. Seriously, it was a totally crazy goal, but we did it. Also, I wish to thank my wife Helen and sons Gilbert and Sam (who can't be here as there is a better party on at Newcastle university). Thanks for putting up with me, chained to the computer or working on recruitment and being such an absent husband and father.

Now I would like to hand over to Dr David Gillespie, our local member to officially open the HeathHub. I asked Dr Gillespie here as he, and his staff, have done some great things for us. They saved ReCEnt, a research project of international significance, which was going to be turfed out like a baby with the bathwater, when Peter Dutton, as Health Minister, gutted GP registrar training by putting it all out to the lowest tender. Dr Gillespie also stepped in three times to ensure Dr Raj Ramlall made it here from South Africa. It took us 22 months for to get Dr Raj here and the powers-that-be in Canberra kept shifting the goal posts further away from us. So, thanks to Dr Gillespie and his staffer Tony Jiwan for assisting us. In Taree, like all of rural Australia, almost all our Australian trained doctors are eligible to enter housing for the over 55's. Taree would be lost without our International Medical Graduates. These doctors have had to spend years and 10's of thousands of dollars to pass the required demanding language and clinical examinations to get registered. Then they must spend ten years in hospital or outside the city areas. They often work on a "fly-in-fly-out" basis because their spouse has a career and cannot get such highly specialised work in rural areas.

Dr Gillespie, I do hope you get a chance to talk to our International Medical Graduates about how difficult it is for them to deal with the “non-system” we have; where Federal Immigration and Health Authorities don’t coordinate together, let alone with state authorities. People in the bush want good care but they want to get to know their doctor and not always have to get to know a new one because of our system.

Today I believe is a great day for our amazing HealthHub team. It’s a great day for our patients and I hope it’s a great day for the Manning Valley community, who have been so supportive of Helen and me working here and raising our family.