



PARLIAMENT OF NEW SOUTH WALES
LEGISLATIVE ASSEMBLY

FIRST SESSION OF THE FIFTY-SEVENTH PARLIAMENT

Motions

25 November 2021

NEWCASTLE MARIE STOPES CENTRE CLOSURE

Ms SONIA HORNERY (Wallsend) (12:45):

That this House:

(1) Notes the Maries Stopes centre closure creates uncertainty for Hunter region women and limits family planning and termination service options.

(2) Notes a lack of local specialists forces women to travel to Sydney or face a considerably more expensive local service to access their right to safe abortions.

(3) Calls on the Minister for Health and Medical Research to provide urgent funding for the opening of a new service, and the expansion of the Gynaecology Centres Australia Newcastle clinic located at Broadmeadow.

In September 2019, following decades of advocacy and tireless hard work by tens of thousands of people, the New Wales Government finally decriminalised abortion. That made law what many of us already believed with our whole hearts: that the termination of a pregnancy is not a criminal act but a medical procedure that every woman has a right to access. The right to choose must be available to all women, regardless of their locality. When Marie Stopes closed, Hunter women faced the problem of diminished local options. Accessing termination services should not be a postcode lottery.

In addressing my concerns, I am pleased that the health Minister's office and the Parliamentary Secretary and member for Cootamundra spent time with me

discussing how we can all reach the objective of my motion: that is, to increase accessibility of women's reproductive services for all women across the length and breadth of New South Wales. The Opposition supports the Government's proposed amendments to paragraph 3. The August closure of the Newcastle Marie Stopes centre means that many Hunter women have been left with limited access to family planning and termination services. In a statement, Marie Stopes said:

Physical clinics in regional areas are no longer financially viable. Marie Stopes has made this difficult decision after significant COVID financial losses and ongoing challenges in providing regional healthcare. While many health organisations struggle to provide services in regional centres, it's even more difficult for Marie Stopes to find skilled medical staff willing to provide abortion care.

That speaks to the difficulties faced by Marie Stopes. Regarding what the closure means for locals, local activist Larissa Scully, who helped to organise a change.org petition against the closure of the Marie Stope clinic, told me:

The closure has severely impacted reproductive care services. We know from research and outreach that people have accessed it from as far away as Taree. It is a severe loss to our community and it has created a dangerous environment for many people who may be in vulnerable situations, including those facing or at risk from family and domestic violence. It has added a lot of extra barriers for people needing this service.

I was alerted to this issue by my younger sister, who is a case manager for a department that looks after families in need. She told me that a number of very vulnerable women in the Hunter area, particularly in Lake Macquarie, have been forced to travel to Sydney to access services. As members know, the train from Newcastle to Sydney is not very fast. Vulnerable women often need overnight services or are not well enough to travel back, and they often cannot afford to do that. Their options have been limited. I know that this is occurring in many other circumstances, so we need to sort it out.

Our public hospitals and health services have reproductive health as part of their basic services. However, unlike other States and Territories the New South Wales Government has done very little to ensure reproductive and termination services are accessible, equitable and affordable for people in our regions, including in the Hunter. Anyone who rings the John Hunter Hospital, which is the major hospital north of Sydney, and asks about reproductive services would be told that they are not available. It is quite secretive, it is hard to access and the service itself is kind of embarrassing for women because it is not a service provided in private. The other hospital, the Calvary Mater, the major service north of Newcastle, is run under the auspices of the Catholic Church and so does not provide those services. Let us sort that out.

The lack of regional specialists has forced women to travel to Sydney or face considerably more expense to access other local services, which we know has happened. Women have the right to choose, and to enable this it is imperative

that they have access to the health services that they need. Marie Stopes operates like a social enterprise. It is self-funded, with 60 per cent funding from philanthropy, and Marie Stopes Choice Fund funding was provided based on need. Because of the lack of support from the New South Wales Government for reproductive services that was the problem locally in my electorate. Marie Stopes put in a tender for sustainable service delivery and was knocked back. Along with Women's Health NSW, Marie Stopes was forced to go to individuals seeking donations to remain operational. A shift in demand from surgical to medical abortion meant the operation of day surgeries was no longer feasible. Tough regulations have pushed providers like Marie Stopes out of the system as they would be required to upgrade their facilities, which would force an increase in costs.

The reforms decriminalising abortion that passed Parliament over two years ago focused on providing women with safe and accessible services, and ensured that women have that right all over New South Wales. With the closure of Marie Stopes, Hunter women have had their ability to access these services severely restricted. The Hunter community welcomes positive and imminent steps from the Government to increase local opportunities for access to reproductive services in 2022, and I look forward to hearing about them from the Government.

Ms STEPH COOKE (Cootamundra) (12:52):

As the Parliamentary Secretary for Regional Health I contribute to debate on the motion of the member for Wallsend. I thank her for her advocacy on this issue on behalf of rural and regional women. She and I have had a productive and constructive discussion and the result of that will be an amendment to the motion. Therefore, I move:

That the motion be amended by leaving out paragraph (3) with a view to inserting instead:

(3) Welcomes the engagement of Family Planning NSW by the Government to trial a new service model in regional and rural areas to improve equitable access to abortion and contraception, and calls on the Government to continue investing in women's health care.

To digress slightly, I note that it is wonderful to have two motions debated back-to-back today that address really important issues concerning health care for women and, in the case of this motion, rural and regional access to health care. I will make some remarks about the Marie Stopes Australia clinics nationally being based only in metropolitan centres. As a rural MP, it is a disappointing decision on the part of Marie Stopes. Everybody recognises that it is a leading private clinical service provider of abortion and contraception services across Australia. Its head office is based in Victoria. It is closing its Newcastle clinic but will still have three clinics in New South Wales, located in the Sydney CBD, Penrith and Westmead. That is occurring not only in New South Wales; it is also

closing three of its clinics in regional Queensland and will have two left in Brisbane.

The New South Wales Government acknowledges that affordable and timely access to pregnancy termination is a whole-of-sector response shared by the public health system, private providers, primary care and non-accredited government organisations. NSW Health remains committed to supporting women and their families who face difficult healthcare choices about the continuation of a pregnancy. As mentioned by the member for Wallsend, since this Parliament passed the Abortion Law Reform Act 2019 in October of that year—just over two years ago—the Government has put in place a robust, health-centred approach to provide clarity, safety and support for women considering and choosing to terminate their pregnancy.

The Act recognises and ensures termination of pregnancy is treated as a medical and healthcare practice, not a criminal issue. The historic bill to decriminalise abortion in the State corrected a terrible wrong for women of New South Wales. The Act supports a woman's right to health, including her reproductive health and autonomy. It removed offences relating to termination from the Crimes Act 1900 and established a health regime under which terminations can be performed. Since this significant reform, medical practitioners who have undertaken the relevant training can perform a termination of pregnancy on a woman who is not more than 22 weeks pregnant. Importantly, the Act established a health-centred approach for terminations of pregnancy and continues to provide clear guidelines and safety for health practitioners who provide this procedure to women.

When it comes to the provision of services for women of the Hunter region, termination of pregnancy procedures and sexual health services are available in both the primary care setting and the public hospital environment. The majority of hospital procedures within the health district have been performed at John Hunter, Maitland and Tamworth hospitals to ensure there is the available support and follow-up services. There are also reproductive services available for women in Newcastle, including the Gynaecology Centres Australia Clinic and the Newcastle clinic of Family Planning NSW, that provide termination of pregnancy. In addition to these services, there are NSW Health-supported services that provide comprehensive information and advice for all women on how to access a range of health services based on individual needs.

In October 2020 NSW Health sought expressions of interest from non-government service providers to pilot a new service model that would improve access to affordable termination of pregnancy and contraception services in regional and rural New South Wales. As a result, Family Planning NSW has been engaged to lead the pilot. The pilot utilises Medicare arrangements, and NSW Health funding provides for a number of supporting activities as a result of the pilot. The Newcastle region has launched the first pilot site for the project, which is good news. Some \$10.4 million of funding is provided to Family Planning NSW under the Ministerially Approved Grants Program [MAG] for services such as reproductive health clinics, referral, advice, and support for women pre- and post-termination.

In 2021-22 MAG funding of \$12.2 million will be provided to 20 women's healthcare centres across New South Wales. I look forward to continuing to work with the member for Wallsend to ensure that women and families across New South Wales have access to the health services they need and I also look forward to taking that access to new levels in 2022. I thank the member for Wallsend for moving the motion.

Ms ANNA WATSON (Shellharbour) (12:59):

I speak in support of the motion moved by the member for Wallsend, whom I thank for the great motions that she introduces to the Parliament for debate and action. That great work is evidenced by the amendment put forward by the member for Cootamundra, which I will speak about later. The decriminalisation of abortion in New South Wales was a long time coming. I am proud to have advocated for changes to the laws in our State to reflect what is right: That the termination of a pregnancy is a health issue and should in no capacity be treated as a criminal act. However, the failure to provide readily available services after such a monumental shift in law is an absolute indictment on the State Government. The lack of foresight from the Government in failing to provide and establish adequate services has been detrimental not only to those most vulnerable but also to the not-for-profit organisations that have provided women's health and reproductive services, which the Government has refused to fund.

The right to have the choice to end a pregnancy should be readily available to all women. That choice should not be determined by where someone lives or by their financial situation. Unfortunately, the Government has failed to recognise that the significant lack of accessibility and funding is an issue. Only 7 per cent of the 37,000 GPs across our State are certified to carry out a medical termination, which means New South Wales has one of the lowest per capita rates of GPs who are qualified and willing to conduct such procedures. The lack of meaningful policy and follow-up from the Government on this issue, in addition to concerns around accessibility—which have been exacerbated by the COVID-19 pandemic—shows that the Government is interested in symbolic gestures rather than providing services and equitable access, which should flow on from those legislative changes.

Unfortunately that is the case for services such as the Marie Stopes clinic, Australia's only nationally accredited abortion provider, which has had to close its Hunter-based clinic. In addition to other closures across the country, the only clinics that remain open are based in major cities. Marie Stopes has cited a lack of financial viability as a reason for the closure of those regional clinics. Women have been forced to travel to Sydney to access reproductive health care and services at a precarious time. That inconvenience often results in treatment being delayed or cancelled due to the extra costs associated with travelling to a major city. Women can only benefit from the decriminalisation of abortion in New South Wales if services are available to them.

The Government's unwillingness to embed reproductive health care into public hospitals and health services has forced not-for-profit organisations like Marie Stopes to subsidise women's health and reproductive services that the Government blatantly refuses to support. I welcome the amendment to the motion from the member for Cootamundra, but they are only words, and for the past 10 years we have heard only words from Government members. I hope that Government members are genuine in their willingness to move forward on the issue because members on this side of the House will hold them to their words. We will campaign to ensure that the Government acts to provide more funding for services to the benefit of regional and rural New South Wales.

Mrs LESLIE WILLIAMS (Port Macquarie) (13:03):

I acknowledge and commend the member for Wallsend for her strong advocacy for her community. I also acknowledge the amendments that were moved by the member for Cootamundra, which I support. As the member for Cootamundra mentioned, pregnancy termination procedures and sexual health services are available to women in both the primary care and public hospital setting in the Hunter region. The Hunter New England Local Health District provides health services to part of my electorate and as a part of NSW Health it is committed to supporting women and their families throughout those difficult decision-making processes. All public hospital facilities with maternity services provide counselling for women requesting to terminate a pregnancy.

If any facility is unable to support a woman's request to perform a termination, an appropriate referral is made to another facility within the district's tiered maternity network. I acknowledge that the Marie Stopes clinic in Newcastle has closed, and I commend the member for Wallsend for her advocacy on behalf of members of her community who have raised concerns about that closure. But reproductive services are available to women in Newcastle at alternative clinics including the Gynaecology Centres Australia clinic, which provides surgical and medical termination of pregnancy services, and the Newcastle Clinic of Family Planning NSW, which provides medical termination of pregnancy.

The affordable and timely access to pregnancy termination requires a whole-of-sector response from the public health system, private providers, primary care and accredited non-government organisations. The availability of pregnancy termination services offered by public hospitals is determined by local health districts based on locally identified population needs and service capacity. Women in the Newcastle area who are thinking about or seeking a termination, or who wish to speak with someone for confidential advice on the choices that are available to them can contact the NSW Health Pregnancy Choices Helpline. This free service is available from 8.00 a.m. to 8.00 p.m. Monday to Friday and a 24/7 live online chat feature is also available via the website. There is a range of ways in which information and support can be made available to women who find themselves in the difficult position of contemplating and making decisions about a termination.

The Abortion Law Reform Act 2019, which commenced on 2 October 2019, ensures that medical or surgical termination of pregnancy is now treated as a health issue—isn't that a welcome change! Never again will it be considered a criminal issue, and rightly so. Members of the Opposition—and I acknowledge the member for Wollongong—and others in this House were very proud to play a part in the process of finally seeing that legislation pass through Parliament. No-one would disagree that it was long overdue. We fought hard for that legislation, but it needed to be passed and that required unity. Again, as we often see, that is where the Parliament is at its best. I commend the member for Wallsend for her advocacy and her motion, and I acknowledge the member for Cootamundra for moving amendments to the motion.

Ms JANELLE SAFFIN (Lismore) (13:07):

I am honoured to join my colleague the member for Wallsend in expressing my disappointment at the closure of the Marie Stopes centre in Newcastle. The closure of just one centre that caters to women's health needs in the regions is a blow for all women in regional New South Wales. Regional residents face many challenges accessing health services, particularly women. The member for Wallsend and the member for Shellharbour have both highlighted that problem. The member for Wallsend said the phone number for the Marie Stopes centre is hidden and if you call the Hunter New England Local Health District and ask for abortion services you are not necessarily told about Marie Stopes.

The contact details for that service should not be hidden because it is a legal service and it has always been available, even before we decriminalised abortion in this place. It is a totally legal, public service and it should be available; it is just not right that that does not happen. I wonder whether this is a gender equity issue. It is not equivalent, but I wonder what Hunter New England Local Health District representatives would say if one were to ask about erectile dysfunction issues or issues particular to men. The issue is that the service is hidden and not public. This medical service needs to be available right across regional New South Wales. The Parliamentary Secretary, the member for Cootamundra, moved an amendment to the motion. I welcome her involvement and together with my colleagues will ensure that that happens. The member for Cootamundra referred to "abortion", "region" and "equity", which I consider to be three good words. We will use those words and pursue the Government and the Minister.

Ms SONIA HORNERY (Wallsend) (13:09):

In reply: I thank the member for Cootamundra for her outreach. I thank the member for Shellharbour, the member for Port Macquarie and the member for Lismore for their contributions to the debate. There are services in Newcastle and the Hunter but they are limited. We need to sort that out. It is great that we have had this discussion. I look forward to the pilot next year and to funding

being available for the extra services next year that we all talked about and that we hope are not hidden. I commend the motion to the House.

The ASSISTANT SPEAKER:

The member for Wallsend has moved a motion, to which the member for Cootamundra has moved an amendment. The question is that the amendment of the member for Cootamundra be agreed to.

Amendment agreed to.

The ASSISTANT SPEAKER: The question is that the motion as amended be agreed to.

Motion as amended agreed to.