

**Submission
No 3**

**HEALTH SERVICES AMENDMENT (SPLITTING OF THE MURRUMBIDGEE
LOCAL HEALTH DISTRICT) BILL 2025**

Name: Name suppressed

Date Received: 30 October 2025

Partially
Confidential

To whom it may concern,

This submission is being created after many painful encounters with the poorly managed and administered MLHD. I relocated to Griffith at the commencement of 2020 as a mental health professional, to commence work. Little did I comprehend the pain and struggle that would ensue to access basic healthcare and even emergency support.

As a parent, I have had my children break bones. Having relocated from Orange, I expected this to be a quick fix. I arrived at the Griffith ED to amazing staff who supported my children thoroughly. We had our X-Ray to confirm the breaks, and I was under the assumption that, like Orange, we would now have someone cast the limb to keep it immobile as it didn't need surgical intervention. Imagine my surprise when I was told that was not something that was allowed at Griffith, and that I would have to travel to Wagga (2hrs per direction) to visit a "fracture clinic" to then have his arm sealed. The catch? A 3 week wait. 3 weeks for a service that should have been immediate. That wasn't all however. We made the appointment for 1pm in 3 weeks time. I took the entire day off work to spend 4hrs in a car for what should have been a 30minute appt. We arrived at 12:30pm to ensure we had time for any necessary paperwork, before sitting in a waiting room for 4.5hrs. The appointment had been cancelled on us. By the, with ZERO notice. No text, no email, no letter. Fortunately, we were seen by an amazing staff person. Who squeezed us in at the end of the day.

I wish these incidents were isolated. In 2023 I presented personally to Griffith Base Hospital with severe abdominal pain. It was discovered that I had exceedingly large gallstones and my gall bladder was infected. I was informed at this point that I would be admitted into hospital and the surgical team would do a consult. As the surgical team arrived, they confirmed my gall bladder would need emergency removal, but my BMI was too high for them to operate on me in Griffith unless I was at risk of it bursting. So they were going to monitor me and transfer me to Wagga Base. I waited a days in Griffith, in agony, waiting for a bed for an emergency procedure. I was transferred through to Wagga where I was told I was in the cue for surgery the next day and would be Nil By Mouth until after the procedure. Except it never happened. I then endured 6 further days of agony with no food and minimal water, to be told I was slowly moving through the queue and they'd get to me soon. I spent a total of 10 days in hospital, 7 of those with fasting for 16-17hrs per day waiting. But the MLHD continue to release statements assuring us everything is under control and "within parameters" to a tax paying citizen such as myself, that informs me that your administrators, employed by the NSW State government feel that kind of extreme measure is perfectly fine. I wish this were the last example though sadly it is not.

At the start of 2025, I presented to Griffith Base with severe Kidney pain. I had a kidney stone that was stuck. I was left for 4 weeks before the Urologist I had seen realised through a phone call that I had received no surgical intervention. He organised me to attend Griffith Base and he would operate there the next morning. I attended and whilst in surgical prep I sat all day before I got the news that again, my BMI was too high to do the operation in my home town. The Urologist made personal phone calls to Wagga to fit me in, they couldn't. They had no beds and no space. At the advice of the Urologist, I was driven across to Wagga Base Emergency Department to present there so that I would be seen and added to their surgical list. 2hrs in a vehicle in immense pain. I arrived across to Wagga at 7pm that evening and sat in emergency all night until I was finally operated on at lunch time the next day. I was released

to head home. That adventure cost my wife 1 nights accomodation in Wagga as it was too late and dangerous for her to drive home. Along with 2 days off work for myself. At the time I was told that I would be admitted for surgery in 30 days to remove the stent and have the stones lasered. 90 days later, I was admitted into surgery for the operation. But lo and behold, I was again, not operated on the day that was booked, forcing me to find last minute accomodation in Wagga, as I wasn't informed until late into the evening.

A few months later I was attacked by a dog receiving a nasty deep bite into my hand. I was told at Griffith Base that they could not operate there and again, I was sent to Wagga for surgery. Again, no operation on the day with no notice given until 6pm, forcing another accomodation stint. That operation occurred towards the end of the second day. Again costing me time, money and stress.

My daughter waited 13months for an adenoid operation, that ended up being conducted in the ENT's private practice because they couldn't fit her in within a 12 month time frame for the operation. How many examples need to be provided for examination. The health science field is empirical by nature and the empirical evidence is beginning to overwhelmingly support a separation. So how many voices, examples and experiences before action?

It is at this point I wish to highlight that whilst I have provided numerous experiences with MLHD, at every point the nurses and doctors were amazing. They were as communicative and friendly as they could be, going above and beyond. But they were also honest that this is just how it runs. The administrators pule the work on with no understanding of what that looks like on the ground. Everyone employed at Wagga that I have encountered mentioned being stuck, under immense workloads and not able to see it lessening. Yet MLHD have been handed an offer by Dr Jaya and the Late Dr Maxwell Hopp. A professional submission highlighting realities and acknowledging a split district could work, would be feasible, provide real time relief on staff that actually matter and improve moral by improving working conditions. Yet they are convinced this is not the approach. I cannot understand the folly. They are unable to provide evidence that proves they have the situation under control, no evidence to show that a separation would be bad.

It is my fervent wish that this situation is resolved before residents begin to die. Because that is the direction we're heading.

Sincerely,

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