

**Submission  
No 18**

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

**Organisation:** Australian Medical Association (NSW)

**Date Received:** 7 November 2025

## **NSW Parliamentary Inquiry into the Health Services Amendment (Splitting of the Murrumbidgee Health District) Bill 2025**

**7 November 2025**

The Australian Medical Association (NSW) Limited (AMA (NSW)) is grateful for the opportunity to make a submission to the Legislative Assembly Inquiry into the Health Services Amendment (Splitting of the Murrumbidgee Health District) Bill 2025.

AMA (NSW) is an independent medico-legal organisation that represents more than 8,000 doctors-in-training, career medical officers, staff specialists, visiting medical officers, specialists, and general practitioners in private practice. AMA (NSW) is the registered industrial body representing Visiting Medical Officers in NSW. AMA (NSW) is dedicated to providing members with representation on a variety of medical issues, professional services and commercial benefits.

### **Executive summary**

1. AMA (NSW) opposes the split of the Murrumbidgee Local Health District into the Western Riverina Local Health District and the Murrumbidgee Local Health District. This is because the healthcare challenges faced in this region are not unique. Splitting the region will not solve issues of funding, staff retention and specialist shortages. AMA (NSW) believes this split will only exacerbate the challenges faced in the community and place further strain on already scarce resources.

### **Healthcare challenges**

2. AMA (NSW) recognises the significant challenges faced by the Murrumbidgee community in accessing timely and appropriate specialist care close to home. Hospitals and primary care clinics across the region are under-resourced and overstretched, placing immense pressure on both patients and healthcare workers.
3. Wagga Wagga Base Hospital (WWBH) remains the only referral-level facility in the district,<sup>1</sup> providing essential specialist services such as emergency care, complex orthopaedics, mental health, outpatient clinics, rehabilitation, aged care, and chronic disease management. As a result, local residents are forced to travel long distances to access these facilities, placing emotional and financial strain on them and their families.
4. WWBH Emergency Department capacity is reportedly exceeding capacity each day.<sup>2</sup> Due to a lack of alternative referral pathways in the LHD, many resort to ED

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<sup>1</sup> NSW Government, Wagga Wagga Health Service, NSW Health Service Directory, <https://www.nsw.gov.au/departments-and-agencies/nsw-health/service-directory/wagga-wagga-health-service>, accessed 31 October 2025

<sup>2</sup> Agency for Clinical Innovation, Murrumbidgee Care ConneXion (Web Page, 21 August 2024) <https://aci.health.nsw.gov.au/ie/projects/murrumbidgee-care-connexion>.

for non-emergency healthcare. The NSW BHI (Bureau of Health Information) April to June 2025 Healthcare Quarterly Report showed over half (52.5%) of emergency presentations as “non-emergent”<sup>3</sup> (triage 4 and 5).

5. Internal staffing shortages also continue to be a major concern. The Murrumbidgee Local Health District (MLHD) Review of December 2023, states that MLHD has not delivered a balanced budget in over ten years.<sup>4</sup> This is partly due to an overreliance on locums because of internal staffing shortages.
6. The region’s population also has a significantly ageing population which puts additional strain on the healthcare system. There is a projected increase of 8,000 people aged 75+ years from 2021 to 2031 in MLHD.<sup>5</sup> This is a predicted trend across nearly all LHDs in NSW.<sup>6</sup>

### Issues are not unique to the region

7. While these issues are significant in the Murrumbidgee region, AMA (NSW) stresses that they are not unique to the region. Rural and regional communities across New South Wales face similar challenges with underfunding, workforce shortages, and the need to travel long distances for care.
8. Earlier this year, Roy Butler MP proposed a Hunter New England Health district split citing similar issues in their LHD. Tamworth hospital spent more than 14 days on bypass last year, diverting birthing women to smaller hospitals. Muswellbrook Hospital is struggling to provide maternity services due to difficulty securing GP-obstetricians. In addition, Wee Waa hospital had to reduce emergency services since mid-2023. This is, unfortunately, a common story across regional NSW.<sup>7</sup>
9. Small rural towns have the lowest number of doctors, nurses, and allied health workers per capita. There are three times as many doctors per capita in metropolitan areas than in small rural towns.<sup>8</sup> Economic and logistical challenges make it harder to retain workers in these areas.

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<sup>3</sup> Bureau of Health Information, Data Portal (Web Page, NSW Government)

<https://www.bhi.nsw.gov.au/data-portal>.

<sup>4</sup> NSW Ministry of Health, Murrumbidgee Local Health District Review, Special Commission of Inquiry into Healthcare Funding, Exhibit M.028,

[https://healthcarefunding.specialcommission.nsw.gov.au/assets/Uploads/publications/Exhibit-M/Exhibit-M\\_TAB\\_M.028\\_MOH.0100.0280.0001.PDF](https://healthcarefunding.specialcommission.nsw.gov.au/assets/Uploads/publications/Exhibit-M/Exhibit-M_TAB_M.028_MOH.0100.0280.0001.PDF)

<sup>5</sup> NSW Government, Murrumbidgee Population and Health Summary – April 2024,

<https://www.nsw.gov.au/sites/default/files/2024-04/Murrumbidgee%20population%20and%20health%20summary%20-%20April%202024.pdf>, accessed 31 October 2025.

<sup>6</sup> Centre for Epidemiology and Evidence, Population Estimates: Local Health Districts NSW (Web Page, NSW Ministry of Health) [https://www.healthstats.nsw.gov.au/indicator?name=-dem-pop-lhd-abs&location=LHD&view=Trend&measure=Population&groups=Age%20\(years\),Sex&compare=Age%20\(years\)&filter=Age%20\(years\),75-79%20years&filter=LHD,All%20LHDs&filter=Sex,Persons](https://www.healthstats.nsw.gov.au/indicator?name=-dem-pop-lhd-abs&location=LHD&view=Trend&measure=Population&groups=Age%20(years),Sex&compare=Age%20(years)&filter=Age%20(years),75-79%20years&filter=LHD,All%20LHDs&filter=Sex,Persons).

<sup>7</sup> Australian Medical Association (NSW), Submission to NSW Parliamentary Inquiry into the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025 (Submission, 17 April 2025).

<sup>8</sup> CH Cortie et al, ‘The Australian Health Workforce: Disproportionate Shortfalls in Small Rural Towns’ (2024) 32(3) Australian Journal of Rural Health 538.

10. 2023-24 data showed an \$8.35 billion annual funding shortfall in rural healthcare compared to urban areas.<sup>9</sup> This equates to \$1,090 less per person on average. The shortfall affects primary care, hospitals, aged care, pharmaceuticals, and NDIS services, leading to long wait times and limited-service availability.
11. Further, many residents live far from healthcare facilities, with over 44,000 people in remote areas lacking access to any primary care within a 60-minute drive.<sup>10</sup>
12. Addressing these systemic issues requires urgent, coordinated action and sustained investment in rural health infrastructure and workforce development. It will not be solved by a district split which will likely exacerbate the challenges faces in the community and put a strain on already scarce resources.
13. Murrumbidgee LHD is already under financial strain. The proposed split would result in extra costs from the duplication of governance, infrastructure, administration and IT systems. It is unclear where this money will come from. AMA (NSW) notes that NSW Health Minister Ryan Park said he “would rather put money on the frontline services than create new bureaucracies”.<sup>11</sup>

### Alternative solutions

14. AMA (NSW) acknowledges the concerns raised by the Western Riverina community regarding the lack of local representation in healthcare decision-making. However, rather than pursuing a structural split of the Murrumbidgee Local Health District, AMA (NSW) advocates for targeted reforms that address the underlying challenges facing rural and regional healthcare.
15. The Government’s own report from the *Special Commission of Inquiry into Healthcare Funding* provides a strong foundation for these reforms.<sup>12</sup> Recommendation 22 states that system wide planning processes must be done in genuine collaboration with the communities involved to determine service gaps, identify all available funding streams, generate an evolving strategy and incorporate a transparency monitoring process.
16. Additionally, Recommendation 27 highlights the need to expand the role of the Health Education and Training Institute (HETI), with appropriate funding, to support recruitment and retention in rural and regional areas. AMA (NSW) strongly supports these recommendations and encourages strengthening regional training pathways, enhancing rural placements and rotations as well as

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<sup>9</sup> Nous Group, *The Forgotten Health Spend: A Report on the Expenditure Deficit in Rural Australia* (Report, National Rural Health Alliance, 25 August 2025) [https://www.ruralhealth.org.au/wp-content/uploads/2025/08/The\\_Forgotten\\_Health\\_Spend\\_Report\\_08\\_2025.pdf](https://www.ruralhealth.org.au/wp-content/uploads/2025/08/The_Forgotten_Health_Spend_Report_08_2025.pdf).

<sup>10</sup> Royal Flying Doctor Service of Australia, *Best for the Bush: Rural and Remote Health Base Line 2022* (Report, February 2023) <https://www.flyingdoctor.org.au/download-document/best-bush-rural-and-remote-health-base-line-2022/>.

<sup>11</sup> Jarryd Rowley, Health Minister Opposes Griffith Split from Murrumbidgee District, Region Riverina (online, 27 September 2025) <https://regionriverina.com.au/health-minister-opposes-griffith-split-from-murrumbidgee-district/106934/>.

<sup>12</sup> NSW Health, *Special Commission of Inquiry into Healthcare Funding* (Report, 16 May 2025) <https://www.health.nsw.gov.au/Reports/Pages/special-commission-inquiry-funding.aspx>.

investing in mentorship and career development programs that are tailored to rural areas.

17. These measures offer a more sustainable and effective approach to improving healthcare access, workforce stability, and service delivery in the Murrumbidgee region, without the disruption, duplication and strain on resources that would result from splitting the district.

## **Conclusion**

18. Splitting the LHD risks disrupting existing service arrangements and co-ordination of care. Integrated healthcare pathways, like those established in current LHDs, rely on co-ordination between hospitals, community health, primary care and allied services. Splitting a LHD would break these pathways, potentially leading to gaps in care and duplication of services. This may also fragment staffing, reduce flexibility and make it harder to recruit staff.
19. AMA (NSW) also notes that the report from the *Special Commission of Inquiry into Healthcare Funding* did not recommend a district split to better use resources. Instead, it states that the duplication of services could lead to inefficiencies, workforce strain and administrative complexities.<sup>10</sup>
20. AMA (NSW) is happy to provide further comment should the Inquiry request.

Dated: 7 November 2025



**Fiona Davies**  
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