

**Submission  
No 25**

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

**Name:** Mrs Virginia Tropeano

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Partially  
Confidential

**SUBMISSION BY VIRGINIA TROPEANO**  
**IN SUPPORT OF**  
**SPLITTING OF THE MURRUMBIDGEE LOCAL HEALTH DISTRICT**

Thank you for the opportunity to submit in support of the Splitting of the Murrumbidgee Local Health District. I have lived in Griffith for more than 60 years and have seen a lot of changes in health services in that time and some are not for the better, in particular I refer to the need to travel to Wagga Wagga for so many services that were once available here. It is very disappointing to see our lovely new hospital not being run as it potentially could.

MLHD is too big

I believe the Murrumbidgee Local Health District is too big and unwieldy to operate promptly, efficiently and effectively for the residents on the western side of the district. It cannot truly be called a "local" health district when it covers such a huge area with so many communities located so far from Wagga Wagga.

A split from the MLHD was promised

It is extremely disappointing for Premier Minns to have promised Murray its own local health district when he was in opposition, but now he is silent when he is the one in charge. The request to split the health district is not about politics, it's about people who deserve more.

NSW Health Minister Park recently advised Griffith City Council that "The Griffith region's new Base Hospital has been designed for growth and is purpose-built to meet the region's health needs for the next several decades." "The infrastructure allows future expansion of beds and services, as population and demand increase".

Unfortunately, this shows how out of touch Minister Park is with the current situation. The demand is here now and action is needed.

The one-size-fits-all centralised approach is not working

The "one-size-fits-all" approach from Wagga has led to poor outcomes, broken promises and unnecessary hardship for residents in the Western Riverina. Critical health care decisions are being made by bureaucrats with little to no knowledge of our unique needs.

Local doctors, nurses and managers should have the power to deliver the services our community needs with decisions made here in Griffith, not almost 200kms away in Wagga. Locally based, locally planned and locally delivered healthcare services will directly benefit the Murray communities and a WRLHD will be better positioned to attract and retain the skilled professionals desperately needed.

Wagga Wagga Base Hospital is already experiencing overload and the establishment of the WRLHD will reduce the strain by decentralising patient care. This will help to reduce wait times and enhance the quality of services, allowing for the more strategic deployment of resources.

### Excessive travel distances

The establishment of 24/7 specialist services in Griffith, emergency orthopaedics, ENT, Ophthalmology and increased mental health services are desperately needed. Griffith and its dependent towns and villages need prompt, effective care without the burden of excessive travel. For Griffith residents, a two-hours each-way drive is necessary for basic procedures, such as a sprained finger. This happened to [REDACTED] earlier this year and necessitated 5 trips to Wagga with the resultant time off school, plus time off work for a member of his family, as well as fuel and other expenses. Broken bones were always treated at Griffith Base Hospital years ago, now it's necessary to travel to Wagga for the procedure, plus all the follow-up visits.

It has been estimated a split would significantly decrease travel distances for residents in the WRLHD by a combined total of 1,181 kms.

### Griffith residents have shown they are not happy

Griffith City Council's recent survey of residents showed that 62% want to split from the MLHD and create a new Western Riverina Local Health District, with another 31% wanting a local Griffith board. When you consider that more than 2,000 residents attended the September rally in support of a split, it is obvious that people here are not happy with the health services they are currently receiving.

### "No Beds" - failure to recruit and retain staff

The MLHD has a poor track record of staffing our hospitals. The emergency department on many occasions cannot admit patients as there are "no beds". No beds obviously meaning "not enough nurses". These patients then must either be sent home or remain in the ED.

Griffith was promised two orthopaedic surgeons back in 2021, but that has not happened and we still have none.

The new Rehab Ward has not opened, even though this would be a way to free up beds. Some longer-term patients in the General Ward, who may require less nursing care, could be relocated to the Rehab Ward, thus freeing up beds in the General Ward. More beds would then be available to the Emergency Department, which in turn could potentially free up beds for elective surgeries. If there are no beds available for elective surgeries the flow-on effect is these operations must be cancelled and therefore the operating theatres are not being used. It is currently a vicious circle.

When my daughter moved to Sydney from Griffith, she could not believe how good the health services in the city were. It was so quick and easy to see doctors, receive hospital treatment and have access to all the associated scans and services. I am sure people in the major centres have no idea what health care is like in the regional centres.

### Private donations to Griffith Hospital go to Wagga

It is sad to hear that some Griffith residents have stopped supporting our local hospital with donations and bequests, as they know their donations won't be staying in Griffith and will have to go centrally to Wagga. I have even been told of an item of equipment with a plaque recording a donation from a Griffith organisation being seen in Wagga Hospital.