

**Submission  
No 32**

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

**Organisation:** Berrigan Shire Council

**Date Received:** 17 December 2025

# Inquiry into the Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025

## Berrigan Shire Council Response



**BERRIGAN SHIRE**

BAROOGA • BERRIGAN • FINLEY • TOCUMWAL





## A Comprehensive Response from Berrigan Shire Council

Thank you for the opportunity to respond to the *Inquiry into the Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025*.

### Introduction

As a rural council deeply invested in the welfare of our community, we welcome the opportunity to respond to this inquiry.

Berrigan Shire is geographically located on the NSW/Victoria border. Notionally it is part of the Murrumbidgee Local Health District (MLHD). While Berrigan Shire is largely agricultural land, it has four tightly populated (almost urban) towns being Barooga, Berrigan, Finley and Tocumwal.

MLHD has a physical presence in Berrigan (MPS), Tocumwal (MPS) and Finley (Health Service). MLHD has no physical presence in Barooga and, in our experience, frequently forgets that Barooga is within its catchment.

There are General Practices in each of the towns of Berrigan, Finley and Tocumwal, with a new GP opening this year in Tocumwal. Prior to the arrival of the new GP in Tocumwal there has been no GP with admission rights to Tocumwal MPS for some years.

Being on the Victorian border, much of Berrigan Shire's more complex health needs are provided in Victoria. This includes via NCN Health (Cobram), Goulburn Valley Health (Shepparton) and Albury Wodonga Health (Albury/Wodonga). Specialist medical services are most often located in Shepparton, Melbourne or Albury. While there are some (limited) allied health offerings in Berrigan Shire many patients are treated in Cobram, Shepparton or Albury. To put this in perspective, from the town of Barooga, Melbourne is 3 hours away by car, Shepparton is approximately 1 hour and Albury 1 and a half hours.

### **The Berrigan Shire Council Experience**

Health equity was introduced as the fifth 'quintuple' aim of healthcare in 2020. It is defined as *'the state in which everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances'*. It is an aim that is being regarded as a standard not only in Australia but across the western world.

The inequity of health services in Berrigan Shire is not just about the city/country divide. Indeed there is severe and significant inequity across the Murrumbidgee Local Health District. In our opinion, health bureaucrats are using statistics that extend across greater geographies to obfuscate the facts about what is being experienced in our shire.



### *Cross-border issues*

As a border community, many of the public health services provided to our community in Berrigan Shire are provided by the Victorian government. We feel that the NSW government relies on this and does not treat this as a partnership. This leaves us in a situation where our services are provided by a government that is neither responsible nor an advocate for us. It is our opinion that MLHD needs to work better with its counterparts across the border to ensure equity of care throughout its catchment, including being an active partner with the Victorian government for the provision of services for border community such as ours.

### *Campaign for an Ambulance in Tocumwal*

Tocumwal, the largest township in Berrigan Shire, has been advocating for a permanent ambulance station for more than 20 years. To make any progress on this matter Council has been forced to undertake three GIPA requests and leverage support from the Opposition to have the NSW Ambulance Service directly engage with us. In more recent times, a professional business analyst has kindly lent their assistance on a volunteer basis to the analysis of the data we have received for three consecutive financial years ending in June 2025. We would welcome an opportunity to present our data analysis to the committee and relevant representatives of government.

Previously, we have been told by government officials that the numbers do not stack up for an ambulance in Tocumwal. So, let's talk about numbers.

Our analysis of GIPA data indicates that the median wait time for an ambulance in Tocumwal in a priority 1 emergency is around 24 minutes. Less than 2% of calls meet the target time of 8.6 minutes.

However, NSW Ambulance will tell you that ambulances for the 'Upper Murray' meet target times. 'Upper Murray' extends along the Murray River and has a population exceeding 40,000 people. Tocumwal is a tiny part of that region with a population of just under 3000. The use of 'Upper Murray' is misleading, insulting and inappropriate.

Tocumwal, is a rapidly growing population (up to 32% increase is expected in the next 5-10 years) with substantial residential developments. Earlier this year a manufactured housing estate of 319 homes for the 55+ age group was approved.

Tocumwal is currently serviced by a first responder model. The first responders are provided by FRNSW. NSW Ambulance have acknowledged the First Responders are already at the limit of their capacity. In response to this NSW Ambulance offered a Community Emergency Response Team (CERT) model. While there were a number of public meetings and promotion of the initiative only three volunteers came forward. We believe there were two key reasons for a reluctance of volunteers to participate. The first one is age. The average age in our shire



is approximately 55 and because of this, in our view, volunteers are reluctant to participate in a program such as CERT. The second is unresolved matters between FRNSW and NSW Ambulance about the continuation of the first responders. First responders in Tocumwal are paid and there was widespread concern how the CERT model would impact on their income and employment.

Further, through our most recent GIPA request it has come to light that the business rules for the deployment of First Responders has changed several times over the last 18 months. This, in our opinion, means that in addition to being no longer sustainable this model is no longer fit for purpose.

It is our view that a thorough and contemporary review of Tocumwal's paramedic requirements is essential to ensure the growing population receives timely and effective emergency care. CERT models and first responders are not the answer.

Ensuring the equitable distribution of paramedics, including Extended and Intensive Care Paramedics, is crucial for meeting present-day and future demand. The current reliance on first responders and ambulances dispatched from Finley, Berrigan or Cobram (Victoria) is clearly insufficient to meet Tocumwal's current needs, let alone support the expected growth. The statistics we present highlight a significant gap in service provision.

#### *Finley Hospital upgrade - Stroke treatment/CT scanner*

Council is appreciative of the investment of \$25 million in a refurbishment of Finley Hospital. The upgrade, however, fails to deliver on the Health Services Plan (Clinical Services Plan) for the hospital. In particular, the refurbishment does not deliver on a much needed CT scanner (see further below).

The Health Services Plan was prepared in 2021. In our view it was deficient in many ways. It is our opinion that at a very basic level, the plan failed to recognise the actual catchment of Finley Health Service identifying this as Berrigan Shire only. It is, rather, our view that the catchment also extends to the north of the shire. While the quality of care at Finley Hospital is recognised and appreciated, we note that the limited offerings at Finley Hospital mean that many community members still need to travel to Victoria.

With an ageing population, it is important that there is prompt access to diagnostic equipment for stroke victims including CT scanners. However, if you live in Finley and have a stroke there is virtually no chance of receiving treatment within the golden hour – treatment that will reverse the damage that the stroke has done. But if you live in Deniliquin, Griffith or Wagga, the NSW Telestroke Service is available 24 hours a day and 'clot-busting' treatment can be administered in as little as 34 minutes. This is inequity within the MLHD boundary that could easily be resolved.



Council is cognisant of the MLHD position that rising costs have reduced what can be delivered for \$25M. Although Berrigan Shire Council acknowledges this as a significant issue, we believe that an increase in the budget to cover the services needed by our community is required.

### *Dialysis*

The Finley Health Service Plan includes, at Chapter 15 (Service Gaps and Opportunities) the need for more accessible dialysis services.

Dialysis services are essential for residents with chronic kidney disease, who currently face long travel times to access treatment. If you live in Berrigan and require dialysis you will need to travel 1 and a half hours each way three times a week. That's once you've got to the top of the waiting list.

Significant travel requirements place a physical and emotional burden on patients and their families and caregivers. Nearest dialysis chairs are located in Yarrawonga, Shepparton, Deniliquin and Wagga Wagga. The Victorian government announced in the last week of November that dialysis chairs are coming to Cobram, though it is believed that these may still be years away. However, there are currently NO dialysis chairs in Berrigan Shire and none planned into the future.

It is our view that dialysis chairs could be made available at Tocumwal or Finley Hospital. Alternatively, a mobile dialysis unit that moves periodically between towns could be of benefit. We consider that an important component of additional chairs will be to provide capacity to train patients to self-administer to minimise the ongoing impost on clinical personnel in a time of workforce shortages. It is time for the NSW government to look after its own on this front.

### *Cath lab/heart care*

If you live in Barooga and have a suspected heart attack, you will need to get to Albury 90 minutes away or Melbourne 3 hours away to access life saving tests. In some circumstances, Berrigan Shire residents have needed to be airlifted because there was not enough time to otherwise save them. It is truly incredible that there is nowhere closer to a cath lab. We believe that MLHD should be partnering with the Victorian government to improve this situation for both us in Berrigan Shire and our neighbouring councils.

### *Interactions with MLHD*

Our engagements with MLHD have not always instilled confidence. Our engagement with MLHD during the planning of the Finley Hospital upgrade project was poor at best. It became obvious during consultation that many of the consultants present, including MLHD staff, neither understood the area they were speaking about nor knew the townships affected by



the Finley Hospital upgrade. There was a meeting about the Finley Hospital in late 2023 that gave cause for a complaint to be raised with the Minister regarding the conduct of Health Infrastructure and MLHD at that meeting.

Since our appearance at the Special Commission of Inquiry into Healthcare Funding and a number of questions without notice during budget estimates, there has been a concerted effort by MLHD to engage more genuinely with council and our community which we appreciate.

Notwithstanding this, the Mayor has had cause to contact the MLHD CEO on two occasions regarding complaints about staff conduct in 2025. The first related to misinformation provided to a community member by telephone to Tocumwal MPS. An apology was subsequently provided. The second related to a meeting chaired by the Mayor regarding the possibility of the use of a room at Tocumwal MPS by the Tocumwal Dementia Alliance. One attendee in particular was extremely negative, unhelpful and uncaring. Further, attendees were advised that the room could not be used for the following reasons:

- Someone was sleeping nearby (after extended conversation, it was established that someone is living in staff accommodation)
- There was a water leak in the room
- The room would need to be cleared out as it was being used for storage.

These matters were reported in a meeting with the CEO. While it took some months, we were informed that the room has been offered to the Tocumwal Dementia Alliance for use. We understand that discussions continue in relation to this proposal.

#### *The proposal to split – governance observations*

The catchment area of MLHD is vast and unwieldy. Our observation is that the MLHD executive simply cannot have sufficient control, knowledge or understanding of what is going on within the district's boundaries. The fact that Berrigan Shire seems to be the epicentre of under par care would support this, as would the behaviour of some of the staff which we have reported. We had advocated strongly but very little seems to change.

For the MLHD board, we would contend that the sheer size of the district, its staff numbers and sites make it impossible for them to acquit their responsibilities. This is particularly so given the reforms in aged care, NDIS and mental health. It is unclear how the board can have a clear view of what is happening across the district. We note that the board has visited Berrigan Shire but it is not clear that they are aware of our reality or have any interest in improving it.

We have heard arguments that splitting MLHD would cause duplication. In our view, this is not a strong argument. In some instances it may be appropriate for there to be duplication.



For example, if the governing body cannot acquit its responsibilities then perhaps there should be two governing bodies. On the other hand, the mere splitting of a district should not necessarily mean that there needs to be two of everything. Consideration should be given to sharing services where appropriate. This might work, for example, for back office services such as payroll, HR, finance, IT and procurement. There could also be opportunities to have joint residencies for clinical personnel.

It is our view that MLHD needs to do a lot better. If splitting into two districts will achieve this then this should be done.

### *Conclusion*

Health care in Berrigan Shire is in crisis. It is our view that MLHD are not doing enough for us. The people of Berrigan Shire are being left behind, forgotten and frankly left for dead. We are not asking for miracles. We are merely asking for equity. We do not consider that these problems are unsurmountable. There are hub and spoke models in other places where communities get better care, closer to home. MLHD or a split MLHD need to be active in achieving this for Berrigan Shire.

Our ask is for the NSW government to:

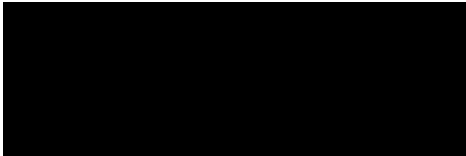
- Invest in an ambulance station in Tocumwal
- Invest in CT scanners for Tocumwal and Finley and include these hospitals in the NSW Telestroke service
- Invest in dialysis chairs or a mobile dialysis service for Berrigan Shire which includes training to enable patients to self-administer
- Negotiate with the Victorian government to open a cath lab in closer proximity to Berrigan Shire
- Uplift the capability of the Berrigan and Tocumwal MPS and Finley Hospital so they can do more with the support of major hospitals and telehealth (eg access to expert clinicians and specialists directly to the hospitals).
- Require MLHD (or its successor) to be an active collaborator with the Victorian government to improve access to health services.

It is our view that these requests should not be coming from us. They should be coming from MLHD. However, as mentioned in our submission it appears they are not able to service or advocate for the entirety of the district in an appropriate and equitable manner.

We would welcome the opportunity to present our views in person when the inquiry formally convenes. To that end, we would request that we are provided with the earliest possible notice to enable that attendance.



Yours sincerely,



Dr Julia Cornwell McKean GAICD

**Mayor**

**Berrigan Shire Council**