

**Submission  
No 43**

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

**Organisation:** Edward River Council

**Date Received:** 18 December 2025



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## **Edward River Council submission**

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

#### **Opening statement:**

Edward River Council has an agnostic position on the Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025. However, Council has a firm position on other aspects of health service and delivery which are pertinent to any inquiry relating to health in our region.

Council's view, supported by our community, is that health infrastructure and services in our region have not kept pace with community expectations over recent decades and urgent action is needed to address this situation.

This position of ERC is supported by findings from the Deniliquin Health Service – Clinical Services Plan 2022, as well as submissions and witness statements to the NSW Legislative Council's report into 'Health outcomes and access to health and hospital services in rural, regional and remote New South Wales' May 2022.

The key issue in our community is not the bureaucratic structure of our Local Health District, but rather the funding available to support appropriate delivery of health services, including infrastructure funding. ERC has not seen, but would welcome, empirical evidence that in conjunction with establishing a new Western Riverina Local Health District there would be a significant boost in funding for health infrastructure and services.

Likewise, ERC would welcome a NSW Government commitment to funding essential infrastructure to support additional services through the existing Murrumbidgee Local Health District if it is to remain the entity that oversees the delivery of health services in our region.

#### **(a) Edward River Council Position Statement – New Deniliquin Hospital**

Edward River Council acknowledges the critical importance of accessible, high-quality health care for the wellbeing of our community and the sustainability of our region. Council strongly supports the need for significant investment in Deniliquin for a new and improved hospital, as part of a broader health precinct, that aligns with the Clinical Services Plan, is fit for purpose, future-focused, and capable of delivering comprehensive health services for our growing and ageing population.

The existing Deniliquin Hospital and health precinct, while having served the community for decades, no longer meet the clinical, operational, or infrastructure standards expected of a modern regional hospital.

Community feedback, workforce retention challenges, and service delivery limitations have all highlighted the need for a facility that can:

- Support a broader range of medical and allied health services;
- Attract and retain skilled health professionals;
- Integrate with surrounding Local Health Districts and private providers;
- Respond effectively to emergency and acute care needs;
- Cater to a diverse population across Deniliquin and neighbouring areas.

Deniliquin services a large rural catchment, as highlighted in the Clinical Services Plan, and this new Hospital is vital to ensure equity of access to health care comparable to metropolitan and coastal centres. The health of our people, the attractiveness of our region to new residents and businesses, and the future of local health delivery all depend on this essential infrastructure.

The State Government has committed to upgrades to Ambulance and aeromedical services in recent years at Deniliquin while the majority of larger regional hospitals in Murrumbidgee Health District have also had recent upgrades, so now is the time for Deniliquin's Hospital.

Council is committed to working with community members, health professionals, local Aboriginal organisations, Murrumbidgee Local Health District, NSW Health, and our neighbouring councils to advocate for a new hospital and health precinct that meets the long-term needs of Deniliquin and surrounds.

### **(b) Clinical Service Plan**

The Deniliquin Health Service Clinical Service Plan 2022 was developed to identify appropriate services for the community for the next 10 years and beyond.

The plan acknowledges that Deniliquin Hospital is "*observed as a hub site for the region*", however Edward River Council believes it cannot fulfil this role to community expectations when confined by current infrastructure.

The Clinical Service Plan Snapshot October 2022 contains the following important information:

Opportunities for future service delivery include:

- Support families in the first 2,000 days of life from pre-conception to preschool
- Reduce the inequality in access to care for vulnerable community members
- Provide safe and sustainable quality care in new ways including additional non-inpatient services to prevent and manage chronic disease
- Support people to live well with chronic conditions and as they age
- Strengthen youth services, and community mental health care
- Strengthen surgery, diagnostic services, education facilities and digital capabilities.

The Snapshot further says the following will provide the core services the community said they wanted, and are able to be provided safely and sustainably:

- Expanded access to non-inpatient services, for example, outpatient clinics, infusion/ oncology chairs, renal chairs, Hospital in the Home, community health, community mental health, dental
- Enhanced access to GP type service models
- Diagnostic services including CT, X-ray, expanded ultrasound, and feasibility of MRI to be further explored
- Emergency department with tele-stroke service
- 28 Inpatient beds supporting general medicine, surgical, maternity, rehabilitation, geriatric evaluation and management, and palliative care
- Paediatric safe spaces to enable children to be monitored for up to 48 hours with paediatrician support (where appropriate and safe to do so)
- Staff accommodation.

These core services required by our community cannot be delivered to community expectations within the confines of current inadequate infrastructure.

This is further highlighted in the CSP Actions which include: *“Development and implementation of service-level models of care to support future infrastructure design and development, so the build environment is fit for purpose yet flexible to address the changing needs of the service and community – **reliant on new infrastructure.**”*

### **(c) Health outcomes and access to health and hospital services in rural, regional and remote New South Wales – May 2022**

Submissions were received from the Edward River community to the NSW Legislative Council inquiry ‘Health outcomes and access to health and hospital services in rural, regional and remote New South Wales – May 2022’. Additionally, an inquiry hearing was held in Deniliquin.

In the Chair’s Foreword to the inquiry’s report on its findings, The Hon. Greg Donnelly MLC stated: *“Overall, the committee has found that residents of rural, regional and remote New South Wales have poorer health outcomes and inferior access to health and hospital services, and face significant financial challenges in accessing these services, compared to their metropolitan counterparts. This is a situation that can and should not be seen as acceptable.”* And that: *“While acknowledging that not all services are able to be viably run in all locations across the State, more must be done to ensure that regardless of postcode, residents can seek, access and receive treatment in a timely and cost-effective manner.”*

Edward River Council would contend that this situation, acknowledged as *“not ... seen as acceptable,”* cannot be rectified without a NSW Government commitment to new infrastructure. This was supported in a submission to the inquiry by the Deniliquin Health Action Group (comprising medical professionals and community members) which highlighted not only the inadequacies of the existing Deniliquin Hospital, but also the financial burden on the NSW Government due to patient transfers and cross-border subsidies.

DHAG stated: *“Deniliquin Hospital is administered through Wagga via Murrumbidgee Local Health District. Wagga is not our usual referral pathway and is located more than 250km from Deniliquin.”* It pointed out that *“the effect of this is that millions of dollars every year go from NSW to Victoria ... every patient from NSW cared for in Victoria, is paid for by NSW Health”*, and added: *“An investment in building specialist services’ medical capacity in Deniliquin would stop millions of dollars being transferred from NSW into Victoria Health.”*

DHAG also highlighted the cost of patient transfers and stated *“building capacity at Deniliquin Hospital would save millions of dollars in ambulance transfers”*.

Addressing the inadequacies of the existing Deniliquin Hospital building, it explained *“the Deniliquin Hospital was originally built in the 1850s from community subscriptions. Extensions have been added in an ad hoc manner over the years, to the point where we now have a collection of buildings, loosely cobbled together, which have been re-purposed and re-purposed over the years ... there has been a steady decline in bed numbers available ... (and) a gradual downgrading of which types of medical cases our GPs are permitted to care for.”* It said *“patients usually travel to Victoria”*.

DHAG told the inquiry that to build capacity *“we need suitable, up to date facilities”* and proposed that NSW should provide funding for *“upgrading current hospital facilities to meet minimum standards, or provide funding for a new hospital”* and that *“we respectfully request adequate funding for this infrastructure to be identified as a matter of urgency”*.

With respect to this current inquiry, it is the strong view of Edward River Council that changing boundaries or establishing a new Local Health District will not resolve our most pressing health need. To meet our current and most urgent priority, NSW Government funding is required for a new Deniliquin Hospital as part of a broader health precinct.

Making this funding available will not only fulfil an urgent community need, but will also result in considerable ongoing health budget savings for the NSW Government, in particular the transfer of funds to Victoria Health and significant savings to NSW Ambulance and Patient Transfer services.

#### **(d) Community perspectives**

The Edward River community is disappointed that successive NSW Governments, over many decades, have allowed our health services to deteriorate and failed to adequately fund necessary infrastructure to ensure health services can be delivered to an acceptable standard.

Too many of our residents are being forced to travel extensively for health services that could, and should, be provided at a local level. The Deniliquin Hospital is no longer fit for purpose as a regional health hub, even though the Murrumbidgee Local Health District Clinical Service Plan 2022 identifies that *“Deniliquin Hospital is observed as a hub site for the region”*.

Due to the lack of investment in Deniliquin Hospital and local health services in general, our community members are travelling to Victorian centres or Albury for specialist appointments and treatment. This can be expensive, inconvenient and adversely impact patient experience and outcomes.

It is also contributing to additional consequences. For example, Albury Hospital is struggling to cope with the influx of patients from the Riverina region, many of whom could be treated at Deniliquin Hospital if the appropriate level of service was provided.

Ambulance ramping and insufficient bed numbers are increasing problems for Albury Hospital, with evidence that patients from the Deniliquin region are being forced into an 'overflow ward', with inadequate facilities, because ward beds are not available.

Other patients travel to Victoria for treatments, however there is anecdotal evidence emerging that NSW patients are receiving a lower priority for treatment, or being advised that appointments or beds are unavailable, with preference given to Victorian patients.

This community feedback is of huge concern to Edward River Council and again highlights the urgency of funding for a new Deniliquin Hospital as part of a broader health precinct.

The number of visiting medical specialists to Deniliquin has declined over the past decade. Local medical professionals have expressed a firm view that if modern facilities that are more appropriate for treatment become available in Deniliquin, visiting medical specialists will return. This will reduce the cost and inconvenience for local patients, while also improving their level of care and, at the same time, reducing the cost to the NSW Government health budget for patient services provided in Victoria and, as already indicated, save millions of dollars a year in NSW Ambulance and patient transport services.

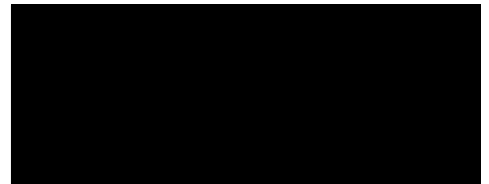
### **(e) Conclusion**

Edward River Council's position on the proposed Western Riverina Local Health District is quite clear – if the new Health District leads to improved health services and a significant increase in infrastructure funding for our region, we would support its establishment. However, if it is another bureaucracy with no additional funding for services and infrastructure, or an even worse scenario of further reducing this funding we would not support it. To this point, Edward River Council has seen no evidence that creating a Western Riverina Local Health District would have a positive impact on our local services and infrastructure.

Edward River Council again emphasises that our priority is to secure NSW Government funding for a new Deniliquin Hospital as part of a broader health precinct. We support the best bureaucratic model to achieve this goal, whether it be the status quo or a new Western Riverina Local Health District. We have seen no evidence that a new Health District will be a catalyst for additional funding.



Cr Ashley Hall  
**MAYOR**



Mr Jack Bond  
**CHIEF EXECUTIVE OFFICER**