

**Submission
No 48**

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

Organisation: Cancer Council NSW

Date Received: 18 December 2025

18 December 2025

Committee Chair
Committee on Community Services
Parliament House
Macquarie St
Sydney
NSW 2000

Re: Legislative Committee on Community Services Inquiry into Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025

Dear Chair,

Thank you for the opportunity to make a submission to the Committee on Community Services' Inquiry into Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025.

Cancer Council NSW is the leading cancer charity in NSW dedicated to reducing the impact of cancer and ensuring programs and services reach communities throughout NSW. Our purpose is to change the path of cancer and make sure no one walks alone. To achieve this, Cancer Council NSW:

- Supports people affected by cancer by providing evidence-based information and resources about cancer.
- Provides emotional and practical supportive care services including, financial guidance, information, and support, targeted financial assistance and our Transport to Treatment service, which provides free transport to people with cancer who cannot access Community Transport Services or have other transport barriers.
- Delivers 13 11 20, a dedicated confidential phone service where anyone can call to speak with an experienced health professional who can answer any questions about cancer.
- Enables the community to reduce their cancer risk through programs, information and policy efforts in skin cancer prevention, nutrition, alcohol, tobacco control and cancer screening.
- Advocates and speaks up to achieve better cancer outcomes.
- Conducts and funds world-class research to reduce the impact of cancer.

Around 1.52 million people across NSW will be diagnosed with cancer between 2020 and 2044, and around 500,000 people will die of cancer¹. Although cancer outcomes in NSW are among the best in the world, for people living in remote, rural, and regional areas, cancer outcomes remain poorer. The 5-year survival for all cancers combined is lower in regional and remote areas compared to people living in a major city meaning people in regional and remote areas have poorer survival from cancer².

The age standardised incidence rate of all cancers combined is also higher in regional areas compared to major cities in 2012-16². The age-standardised incidence rate was slightly lower in remote and very remote areas; however, the rates were impacted by lower participation in population screening programs, delayed diagnosis of cancer, and lower life expectancy in remote areas.

In addition to high incidence and poorer outcomes, people with cancer in remote, rural, and regional areas face greater challenges in accessing high-quality cancer care. The challenges they face include travelling to larger regional centres and/or metropolitan areas and related arrangements, financial stress, and a lack of knowledge regarding available support services³.

Cancer Council NSW is a committed partner in delivering the NSW Cancer Plan 2022-2027 and working in collaboration with all health system and community stakeholders to achieve the best possible outcomes for

people in NSW. Cancer Council NSW is a lead or partner in fourteen out of thirty-seven actions identified in the NSW Cancer Plan⁴.

We note the terms of reference for this inquiry are to explore and report on the Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025. Our response is focused on the needs of people affected by cancer living in the Murrumbidgee Local Health District and recommendations to improve the equity of cancer treatment for people in this area. However, we do not have a position on how this is done and remain neutral on whether creating a new LHD is the solution to meeting the needs of these people in a timely manner.

1. Cancer outcomes remain worse for people in regional and rural areas

Cancer outcomes are among the best in the world in NSW, yet for people living in regional, rural, and remote, areas, cancer outcomes remain poorer. People in regional and remote areas not only have a higher incidence of cancer compared to those in major cities but also have lower 5-year survival from cancer⁵.

Additionally, people living in regional NSW experience disparities in preventative health care, including limited access to GPs, greater distances to access screening, diagnosis, and treatment, and elevated rates of smoking, alcohol use, and overweight or obesity⁶. Easy access to GPs and local hospitals is essential for the well-being of regional, rural, and remote communities, and ensuring continued access to these services should remain a priority for regional NSW.

In the Murrumbidgee Local Health District (LHD) area, the overall cancer incidence and mortality rates are higher than the NSW general population⁷. In addition to higher incidence and mortality rates, the Murrumbidgee LHD experiences higher rates of risk factors that can lead to cancer. For example, the rates of weekly and daily alcohol consumption, daily smoking rates and rates of overweight and obesity in the LHD are higher than the NSW average⁸. We have attached the Australian Cancer Atlas which shows that risk factors such as smoking and obesity are significantly higher in this region than the NSW average. It also shows that cancer screening rates, particularly for cervical cancer, are significantly lower in the region compared to the NSW average¹⁰.

Within the LHD cancer care services for adults are available at Riverina Cancer Care Centre in Wagga Wagga, Griffith Base Hospital, Griffith Cancer Care Centre, and Young Health Service. As the Murrumbidgee LHD covers over 125,000 square kilometres this means patients often need to travel long distances to access cancer care, and diagnostic and screening services. Data has shown that distance to the closest treatment facilities is a significant barrier and may adversely affect treatment decisions and therefore result in discrepancies between rural and urban survival rates⁹.

We have been highlighting the need for policy action to reduce the disparity in cancer incidence and outcomes in regional and rural NSW since our inception, alongside many other organisations. We are encouraged that the NSW Government has been actively investigating solutions to this issue over the past five years including:

- The Legislative Council – Portfolio Committee #2 Health, 2020 Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW and their Inquiry into the Implementation of Recommendations to Relating to Cross-Jurisdictional Health Reform and Government Consultation with Remote, Rural and Regional Communities in 2025.
- The establishment of a Select Committee on Remote, Rural and Regional NSW in the Legislative Assembly in 2023 and their subsequent inquiries.
- The creation of a Special Commission of Inquiry into Healthcare Funding in 2023 which was tasked with identifying opportunities to deliver higher quality, timelier, and more accessible patient-centred care across NSW.

We suggest the Committee review the reports and recommendations of these inquiries with a special focus on recommendations to improve access to cancer services in regional and rural NSW. We suggest the Committee encourage the NSW Government to support and act on these recommendations. We have attached Cancer Council NSW's submission to the Special Commission of Inquiry into Healthcare Funding as it includes several recommendations to improve cancer treatment, care, and support across NSW. Many of these recommendations would improve cancer outcomes for people in rural and regional NSW.

Recommendation 1: The NSW Government ensure that previous recommendations to improve the disparity of healthcare (and cancer care) in regional, rural and remote LHDs are supported and implemented.

2. Travel to treatment and accommodation are a key part of receiving treatment in regional and rural communities and must be funded accordingly.

Accessible and affordable transport and accommodation for individuals travelling for treatment is essential for cancer care delivery in the Murrumbidgee LHD. Patients with rare and complex cancers often require treatment at specialised centres, which are typically located in major metropolitan areas. Treatment at these centres is associated with improved health outcomes, so providing comprehensive support through transport and accommodation options is essential to eliminate potential barriers to accessing care.

Currently, there is no dedicated cancer accommodation facility operating in Griffith. This can mean for people undergoing cancer treatment from communities such as Hay and Lake Cargelligo opt to receive treatment in Wagga Wagga where there is accommodation available, such as Lilier Lodge, for the duration of their treatment. This means that people being treated for cancer in these communities are travelling a 6-hour round trip to receive treatment.

Additionally, resources are concentrated in hubs within the LHD with Wagga Wagga currently the only site with a PET scan machine. This means patients travel as far as three and a half hours to Wagga Wagga each time they require this scan.

Last financial year, 53 people affected by cancer living in the Murrumbidgee Local Health District accessed Cancer Council NSW's Transport to Treatment service. Our team of volunteer drivers delivered 548 trips to treatment centres located within the Murrumbidgee Local Health District. Cancer Council NSW has two Transport to Treatment services operating in the Murrumbidgee Local Health District, located in Wagga Wagga and Griffith. Wagga Wagga is our biggest service supporting people to travel to the Riverina Cancer Care Centre or to stay a Lilier Lodge for those patients who travel long distances.

Travelling large distances during cancer treatment is particularly challenging. Cancer treatment can be mentally and physically draining, cause pain, fatigue and nausea and the aftereffects of treatment are unpredictable. This additional burden for cancer patients in rural and regional NSW impacts their access to treatment and must be accounted for by NSW Government when planning health services in regional and rural NSW.

Cancer Council NSW welcomes the opportunity to be involved in any discussions led by the Murrumbidgee Local Health District or NSW Government when planning for cancer services in regional and rural NSW to address the disparity in regional and rural patients access to treatment. In our submission to the Select Committee on Remote, Rural and Regional Health's inquiry, we recommended that NSW Health and rural and regional Local Health Districts involve not-for-profit community transport providers – such as Cancer Council NSW – by forming working groups to collaboratively plan and coordinate transport services. However, this recommendation has yet to be implemented.

Travel after cancer treatment often remains uncomfortable and costly, even with improved IPTAAS subsidies that have reduced but not eliminated expenses for travel and accommodation near treatment centres. These ongoing costs continue to place strain on cancer patients and their families, sometimes leading regional patients to end treatment early, which can severely impact their health and survival.

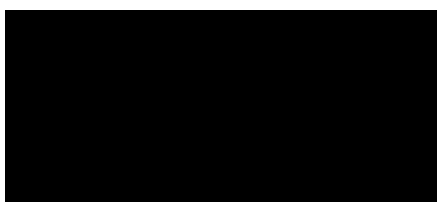
Recommendation 2: NSW Health provide ongoing adequate funding for transport and accommodation services for people affected by cancer, including by reviewing IPTAAS annually with regional consumers to ensure it is continually meeting demand from people living in regional and remote NSW.

Planning and delivery of any health services in the Murrumbidgee region needs to meet the needs of people affected by cancer and funding should be prioritised to address inequities and disproportionate burden of care.

In summary, we recommend that this Committee works to ensure that all needs of people affected by cancer remain a top priority. This includes access to health services, transport and accommodation needs, survivorship care and psychosocial support for all communities currently serviced by the Murrumbidgee LHD.

We commend the Committee on Community Services' work on this important issue and are available to answer questions or provide further information as required. Please contact Bethany Smith, Cancer Policy Lead by emailing [REDACTED] or phone [REDACTED] anytime.

Yours Sincerely,

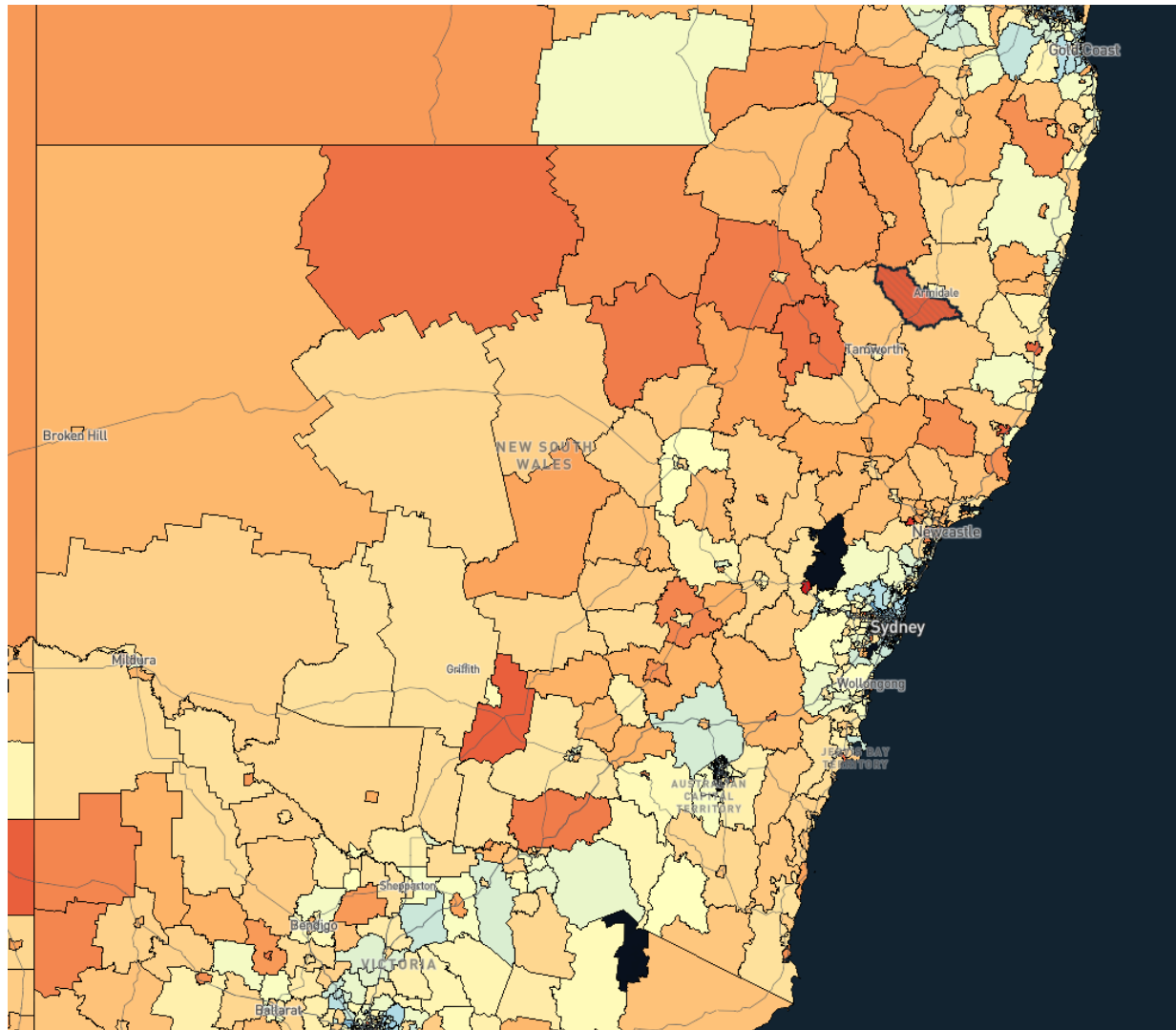
A large black rectangular redaction box covering the signature area.

Anita Dessaix,
Director, Cancer Prevention & Advocacy
Cancer Council NSW

Reference List

- 1 Luo Q, O'Connell DL, Yu XQ, Kahn C, Caruana M, Pesola F, et al. Cancer incidence and mortality in Australia from 2020 to 2044 and an exploratory analysis of the potential effect of treatment delays during the COVID-19 pandemic: a statistical modelling study. *The Lancet Public Health*. 2022;7(6): e537-e48.
- 2 Australian Institute of Health and Welfare. *Cancer in Australia 2021*. Canberra: AIHW; 2021. Report No.: Cancer series no. 133. Cat. no. CAN 144.
- 3 George M, Smith A, Ranmuthugula G, Sabesan S. Barriers to Accessing, Commencing and Completing Cancer Treatment Among Geriatric Patients in Rural Australia: A Qualitative Perspective. *International Journal of General Medicine*. 2022;15(null):1583-94.
- 4 <https://www.cancer.nsw.gov.au/getmedia/e53d5875-78c9-432e-a4d9-5c08935c3a48/CINSW-NSW-CancerPlan-Dec2022-FINAL-WR.pdf>
- 5 Australian Institute of Health and Welfare. *Cancer in Australia 2021*. Canberra: AIHW; 2021. Report No.: Cancer series no. 133. Cat. no. CAN 144
- 6 Australian Institute of Health and Welfare. (2024). Rural and remote health. Retrieved from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>
- 7 <https://www.cancer.nsw.gov.au/research-and-data/cancer-data-and-statistics/data-available-now/cancerstatistics-nsw/cancer-incidence-mortality-survival/detailed-cancer-incidence-mortality>
- 8 <https://www.healthstats.nsw.gov.au/location-overview/murrumbidgeelhd/LHD>
- 9 George M, Smith A, Ranmuthugula G, Sabesan S. Barriers to Accessing, Commencing and Completing Cancer Treatment Among Geriatric Patients in Rural Australia: A Qualitative Perspective. *International Journal of General Medicine*. 2022;15(null):1583-94.
- 10 <https://atlas.cancer.org.au/atlas>

Geographical pattern for All cancer Survival indicators across NSW from The Australian Cancer Atlas - <https://atlas.cancer.org.au/atlas>



Attachment included with submission

Submission to the Special Commission of Inquiry into Healthcare Funding in NSW, Cancer Council NSW,
31 October 2023