

**Submission
No 50**

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

Organisation: Australian Paramedics Association (NSW)

Date Received: 19 December 2025

Australian Paramedics Association (NSW)
15 Bourke Rd
Mascot, NSW 2020

December 17th, 2025

Coda Danu-Asmara, Senior Industrial Officer, on behalf of the Australian Paramedics Association (NSW), as authorised by Brendan McIlveen, Secretary.

For further questions related to this submission, please contact the general address at admin@apansw.com.au

Submission for the Public Accounts Committee's Inquiry into the Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025

The Australian Paramedics Association (NSW) (APA (NSW)) is a registered trade union representing the paramedics employed by NSW Ambulance. APA (NSW) is grateful for the opportunity to give a response to the proposed splitting of the Murrumbidgee Local Health District (LHD) via the *Health Services Amendment (Splitting of the Murrumbidgee District) Bill (2025)*. Our observations and recommendations are informed by on the ground feedback from paramedics who have worked in the current Murrumbidgee LHD.

Firstly, it is important to note that New South Wales Ambulance operates on a different system than New South Wales Health: the former operates on a sector based system, which are subdivided into zones, while the latter operates with the LHD system, which is the subject of the inquiry. NSW Ambulance's Southern Sector has two zones: the Illawarra and Murrumbidgee Zone. While the latter shares the name with the LHD, the Murrumbidgee Zone does not cover the exact same territory as the LHD, with some of the Murrumbidgee LHD being serviced by the Illawarra Zone (which covers West Wylong, Young Cootamundra, Boorowa, Murrumburrah-Harden and Temora) as well as a completely different Sector, the Central West Sector (which covers Lake Cargelligo).

This is relevant because each of these zones has only a limited number of Category A and B Stations. Category A and B Stations are currently the only stations that support Paramedic

Specialists, such as Intensive Care Paramedics (who deal with acute patients) and Extended Care Paramedics (who deal with non-acute patients), despite Parliament's recommendations that Ambulance supply Category C and D stations with specialists¹. Due to the arrangements of stations in New South Ambulance Zones, the splitting of the LHD would cause the proposed Western Riverina Local Health District to have no Category A or B Stations, cutting off an LHD from accessing necessary paramedic specialists. If the districts are to be split, APA (NSW) believes that it is imperative that the area is staffed with an appropriate level of specialists.

Furthermore, Paramedics must be able to take their patients to the closest trauma centre, irrespective of the LHD boundaries. When a patient crosses that boundary, their healthcare records are often lost or difficult to access, which slows down routine operations and can be dangerous for more acute ones. The splitting of the LHD may exacerbate that problem and would likely mostly harm the people living in the proposed Western Riverina District, whose facilities are almost universally less equipped than the ones in the proposed Murrumbidgee LHD.

This flows into the next point, which is that the splitting of the LHD would necessitate further funding for the Western Riverina Hospitals. Otherwise, patients would have to routinely cross LHDs to Wagga Wagga to receive ordinary care. This is further exacerbated by the fact that Wagga Wagga Hospital already lacks certain vital services, such as haematology, which means that patients are already disadvantaged and have to travel to Sydney or Wollongong for those services. APA (NSW) believes that if the districts are to be split, further funding should be given in order to upgrade the existing facilities and to attract and to retain staff in the those areas. If the funding is increased, there is potential for a reduction in transfers from the western hospitals to the more well equipped hospitals in the east, which would allow paramedic resources to be better used to serve their community in times of acute need.

¹ Recommendation 29, *Report 2 – The implementation of recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW*

Finally, there is a further complication from the recent integrated trial at Wagga Wagga Hospital, where paramedics worked alongside doctors and nurses in the emergency department. If that trial is to be upgraded into a full project, the splitting of the LHD would complicate that implementation because the paramedics relied on the specific medical documentation supplied by the current LHD. As noted before, the splitting of the LHD means that necessary records that were once shared between the two areas could become potentially either inaccessible or much harder to access, complicating patient care during critical situations.

We thank the Committee once again for the chance to provide a submission to this inquiry and will always welcome the chance to provide further oral or written submissions if required.