

Latest update: 17 November 2025

## Community Frequently Asked Questions

*Additional questions have been added in response to inquiries received during Tea Talk / community engagement sessions, stakeholder meetings, the online survey and on social media about the details of the business case that will be developed by the Boards of both health services, why Alexandra District Health are advertising for new board members and what service enhancements could be delivered.*

### 1. What potential service enhancements could benefit the Alexandra and district community from a possible voluntary amalgamation between Alexandra District Health and Eastern Health?

A possible voluntary amalgamation would bring Alexandra District Health and Eastern Health together by choice, as equal partners, to strengthen and build on what already works well.

Alexandra District Health would continue to operate with its name, staff and fundraising - every dollar raised locally would stay local to support community care. Core services such as urgent care, inpatient care and community health would remain unchanged.

What could change is the scope of what we can offer. A possible voluntary amalgamation could mean:

- **More visiting specialists** providing care locally and reducing the need for travel.
- **Enhanced diagnostic and treatment services**, including X-ray, ultrasound and infusion therapy delivered close to home.
- **Expanded hospital-based and community programs** that meet changing health needs across the district.
- **Greater career and training opportunities** for local staff, with nurses and allied health professionals supported to broaden their skills and scope of practice.

Together, these enhancements would strengthen local services, attract and retain skilled staff, and help ensure high-quality care continues to be delivered close to home for the Alexandra and surrounding community.

### 2. Why is Alexandra District Health advertising for new Board members while exploring a possible voluntary amalgamation?

It's business as usual for Alexandra District Health. Like all public health services, we continue to meet our governance requirements - and that includes regularly recruiting new Board members as part of the normal appointment cycle managed through the Department of Health.

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The current exploration of a possible voluntary amalgamation with Eastern Health does not change our ongoing responsibilities or operations. Our Board remains focused on ensuring safe, high-quality care for our community and strong local representation throughout this process.

### 3. What is a business case

A business case is a structured and evidence-based analysis that helps an organisation make an informed decision about its future. It outlines the benefits being sought, explores possible options for achieving them, and weighs up the costs, risks and outcomes of each.

For Alexandra District Health and Eastern Health, the business case will be developed after the community engagement period. It will draw on what the Boards hear from staff, stakeholders and the community, as well as financial, service and workforce analysis, to identify the best way to strengthen local health care for the long term.

### 4. Who develops the business case?

The Boards of Alexandra District Health and Eastern Health are jointly responsible for developing the business case. Each Board will independently consider the findings and decide whether to support the preferred option recommended in the business case.

### 5. What options are likely to be considered in the business case?

The business case will compare two options:

1. Do nothing / keep the current approach
2. Voluntary amalgamation

The 'do nothing / keep the current approach' option would assume that the existing East Metro and Murrindindi Local Health Service Network continues to operate and deliver the benefits that it is intended to deliver. In this way, the business case is likely to be comparing voluntary amalgamation with the partnership approach that is already in place.

### 6. What benefits are likely to be included in the business case?

The business case will look at how the two options – do nothing / keep the current approach or voluntary amalgamation – could deliver benefits such as:

- Increased access to healthcare services closer to home

- Improved integration and connectivity of care and service – making services easier to navigate and use
- Improved equity in health and wellbeing outcomes for the community
- More sustainable and strengthened workforce
- Improved clinical quality and safety
- Improved use of system resources

### 7. What is taken into account in the business case?

The business case will bring together a range of inputs, including:

- Service and financial analysis
- Workforce and infrastructure needs
- Community and staff feedback
- Costs, benefits and risks of each option

All of these inputs are important. Community and staff feedback will help shape the Board's understanding of local priorities and expectations, but this process is not a numbers exercise or a popularity contest. The Boards have a responsibility to consider all evidence – qualitative and quantitative – and to make decisions based on what will deliver the strongest, most sustainable health outcomes for the communities they serve.

### 8. Is the business case a public document?

No. A business case includes detailed and sensitive (commercial in confidence) information and will not be made publicly available.

Following the community engagement period, a summary of staff, community and stakeholder feedback will be made publicly available. It will highlight the key themes emerging from the engagement.

### FAQs as of 11 November 2025

*Additional questions were added in response to common inquiries received during Tea Talk / community engagement sessions, stakeholder meetings, the online survey and on social media.*

#### **9. What are the benefits of possible voluntary amalgamation compared to staying in the Local Health Services Network?**

The benefit of voluntary amalgamation comes down to pace, scale and accountability of change.

The Local Health Service Network (LHSN) provides a valuable framework for collaboration, but progress can be limited to shared projects or person-dependent relationships. These arrangements rely on goodwill and non-binding agreements.

By contrast, a voluntary amalgamation creates a single, legislatively accountable health service, providing a stronger governance and risk mitigation framework. This means clearer lines of responsibility, more efficient decision-making, and the ability to plan and invest with confidence for the long term.

It could enable Alexandra District Health and Eastern Health to move faster and further, embedding collaboration across governance, clinical services, workforce development, and digital systems to deliver greater benefits to the community and workforce.

That could mean:

- Quicker expansion of local services such as oncology, dialysis, and visiting specialists.
- Integrated planning and investment across the shared catchment rather than project-by-project coordination.
- Workforce benefits, including rotations, specialist access, and clear training pathways through a single system.
- Stronger system resilience, with one shared structure that is better able to respond to challenges such as workforce shortages, cost pressures, and increasing service demand.

In short, the LHSN enables cooperation, whereas a voluntary amalgamation enables transformation with accountability.

#### **10. Does the Alexandra District Health Board lose its autonomy?**

This is only a process to explore a potential voluntary amalgamation. No decisions have been made, and it's important to note that this exploration does not result in any changes to the services offered at both health services.

If a voluntary amalgamation were to proceed, the Minister for Health would appoint a Board for the new amalgamated health service. Although the decision about Board members is a decision for the Minister, recent amalgamations in the Victorian system have resulted in each new Board drawing on the expertise and local knowledge across the existing boards.

Health service Boards have an obligation to respond to the needs of their local community and to ensure that the views of the community are considered. If a voluntary amalgamation were to proceed, each community would continue to have strong input through existing mechanisms such as the Alexandra District Health

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Community Engagement Committee at Alexandra District Health and the Eastern Health Community Advisory Committee at Eastern Health.

The intention is for these mechanisms to maintain a clear and active role in ensuring community priorities continue to inform planning, service delivery and decision-making.

### **11. What are the benefits of amalgamation when both Eastern Health and Alexandra District Hospital have substantial financial operating deficits?**

It's important to note that Alexandra District Health recorded an operating surplus of \$114,000 for the 2024–25 financial year.

Exploring a voluntary amalgamation is about building long-term benefit to the community, including health service and system sustainability.

Like many health services across Victoria, both Alexandra District Health and Eastern Health are operating in a challenging financial environment where the cost of delivering healthcare is outpacing funding and revenue.

If a voluntary amalgamation were to proceed, we could:

- Improve recruitment and retention. Reducing reliance on locums and agency staff, which are major cost drivers.
- Grow clinical services that attract more funding through increased activity and utilisation.
- Respond more successfully to the range of financial and other reforms designed to strengthen underlying health system sustainability.
- Share expertise and corporate services such as finance, payroll, HR, procurement, which will allow more funds to flow to enhance services for the community.

A possible voluntary amalgamation is about creating scale and stability that Alexandra District Health can't achieve alone.

### **12. Will Alexandra District Hospital receive more or less government funding if amalgamation occurs?**

This is a question for the Department of Health.

### **13. How would Eastern Health benefit from a possible voluntary amalgamation with Alexandra District Hospital?**

A possible voluntary amalgamation would bring benefits to both organisations, including Eastern Health.

For Eastern Health, it represents an opportunity to influence the health outcomes of a regional community whose needs and challenges differ from its current metropolitan population. This broader perspective strengthens Eastern Health's role as a leading provider of connected, equitable care across Victoria's north-east.

It would also create new opportunities for:

- **Training and education:** Expanding clinical placement and rotation options for medical, nursing and allied health staff, and strengthening regional workforce pathways.
- **Research and innovation:** Enabling studies across metropolitan and rural settings, supporting new models of care and evidence-based practice.
- **System capacity:** Improving patient flow by allowing some care to be delivered closer to home for Alexandra and district communities. This helps relieve pressure and meet unmet demand within Eastern Health’s metropolitan catchment, as reflected in current organisational performance metrics.

Overall, a voluntary amalgamation would allow Eastern Health to extend its impact beyond metropolitan boundaries, supporting better population health outcomes, more connected care, and a stronger, more sustainable health system for the region.

### 14. What does the exploration of a voluntary amalgamation mean for other health services, such as Yea District Memorial Hospital?

That’s a question for the Board of Yea and District Memorial Hospital and other health services.

This is a voluntary process being led by the Boards of Alexandra District Health and Eastern Health. Each health service makes its own decisions about whether to explore a voluntary amalgamation for the benefit of its communities.

Our focus right now is on exploring what a possible voluntary amalgamation between Alexandra District Health and Eastern Health could mean for patients, staff and communities. We continue to value our strong working relationships with neighbouring health services.

### 15. Is part of the intention for patients from metropolitan Melbourne to travel to Alexandra for treatment?

No – that’s not the intention.

This process is about improving access to high-quality care closer to where people live, not moving patients unnecessarily between sites. For Alexandra and surrounding communities, the goal is to bring more specialist services into the region, so people don’t have to travel to Melbourne for care that can be delivered safely close to home.

For Eastern Health patients, the benefit lies in stronger regional connections. For example, smoother referral pathways, shared expertise, and more consistent care between metropolitan and regional settings.

### 16. What consideration has been given to Yea and Mansfield health services?

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This is a voluntary process being led by the Boards of Alexandra District Health and Eastern Health. Each health service makes its own decisions about whether to explore a voluntary amalgamation.

Yea and Mansfield health services were informed immediately after the staff of Alexandra District Health and Eastern Health, through direct conversations between the respective Board Chairs and Chief Executives. Both were assured that this process relates specifically to Alexandra District Health and Eastern Health. Each organisation retains full autonomy over its own direction and governance.

Our focus right now is on exploring what a possible voluntary amalgamation between Alexandra District Health and Eastern Health could mean for patients, staff and communities. We continue to value our strong working relationships with neighbouring health services.

### **9. What engagement has happened with community stakeholders in the health space?**

Since the engagement process began on 6 November, the Chairs and CEOs of Alexandra District Health and Eastern Health have held constructive discussions with more than 150 stakeholders.

This includes local Members of Parliament, council representatives, neighbouring health services, community groups, donors and volunteers, clients, and community members. In addition, both health services have spoken directly with hundreds of staff across sites to ensure they are informed and can share their views.

### **10. Why isn't Alexandra District Health exploring a partnership with Yea and Darlingford under a Murrindindi Health model?**

The Alexandra District Health Board has an obligation to make decisions that deliver the greatest benefit for the local community. Based on its assessment of current challenges and opportunities, the Board considers that exploring a voluntary amalgamation with Eastern Health may best deliver those benefits.

The current exploration with Eastern Health is about doing what's right for the people of Alexandra and surrounding districts - ensuring safe, high-quality, and sustainable care close to home. The exploration will test whether a voluntary amalgamation can strengthen services, support staff and secure the long-term future of healthcare for the community.

## FAQs as of 6 November 2025

### 1. What has been announced?

The Boards of Alexandra District Health and Eastern Health have announced they are exploring a voluntary amalgamation. This means they are looking into whether a voluntary amalgamation would deliver benefits for staff, patients and communities across both rural and metropolitan areas. Ahead of any decision, they are seeking feedback and encouraging staff, stakeholders and the community to share their views at [www.connectingcare.net](http://www.connectingcare.net).

### 2. What is being explored between Alexandra District Health and Eastern Health?

The Boards of Alexandra District Health and Eastern Health are exploring whether a voluntary amalgamation could deliver better health outcomes for both communities.

### 3. Why are Alexandra District Health and Eastern Health exploring a possible voluntary amalgamation?

The Boards of both organisations believe there may be real benefits in bringing together the strengths of both health services. For Alexandra District Health, this could mean more care and services delivered closer to home, new opportunities for staff to train, develop and share expertise across rural and metro settings, and a stronger, more sustainable future. For Eastern Health, it offers a chance to deepen partnerships in the region, ease pressure on hospitals and share specialist knowledge and services with Alexandra and district communities. Together, this could help create a stronger, more connected system of care. This is about connecting care for a healthy tomorrow.

### 4. What would a voluntary amalgamation mean for local services?

If a voluntary amalgamation were to proceed, both health services would continue to provide care to their local communities. The goal would be to strengthen and expand what is already available. No changes would be made without thorough consultation and a clear plan to meet community needs.

### 5. What are the potential benefits of a voluntary amalgamation for the community?

A voluntary amalgamation could:

- **Provide better access to specialist care closer to home:** Building on new services like cancer care and a specialist oncology consulting and infusion service already available locally and looking at where more can be added.
- **Deliver more integrated and connected services:** To help people get the right care at the right time, with stronger community health services support, and improved patient information systems to provide a seamless patient experience.

- **Provide greater career opportunities for staff:** To help attract and retain skilled health workers, while offering more training, rotations and pathways for local careers.
- **Strengthen local voice in the wider health system:** Ensuring our community's needs shape decision-making.

Ultimately, this process is about protecting what both health services already have, while creating new opportunities to improve health outcomes and strengthen their workforce for the future.

### 6. Will our local services lose their identity?

This is only a process to explore a potential voluntary amalgamation. No decisions have been made, and it's important to note that this exploration does not result in any changes to the services offered at both health services.

If a voluntary amalgamation were to proceed, both services would retain their name and local identity. Both services value their strong local histories and community connection, and that would not change.

### 7. What would a possible voluntary amalgamation mean for local voice in planning and service delivery?

Local voice and community representation would remain central to how both services operate. If a voluntary amalgamation were to proceed, each community would continue to have strong input through existing mechanisms such as the Community Engagement Committee (CEC) at Alexandra District Health.

The intention is for these mechanisms to maintain a clear and active role in representing local perspectives, ensuring community priorities continue to inform planning, service delivery and decision-making.

### 8. Will staff lose their jobs or be relocated?

There are no job losses or relocations planned.

### 9. What happens to donations and locally raised funds?

All existing and future donations will be held and used for their intended purpose. Local fundraising efforts and bequests will remain allocated to the area or project they were given for, ensuring community contributions stay local.

### 10. Is this a government-mandated change?

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No. This is a voluntary process led by the Boards of both Alexandra District Health and Eastern Health. Any future proposal would require Ministerial approval and would only proceed if it demonstrates benefit for the communities served.

### **11. Why aren't other health services in the region being included in this exploration process?**

This is a voluntary process being led by the Boards of Alexandra District Health and Eastern Health. Each health service makes its own decisions about whether to explore a voluntary amalgamation.

The focus right now is on exploring what a possible voluntary amalgamation between Alexandra District Health and Eastern Health could mean for staff, patients and communities. Both health services continue to value their strong working relationships with neighbouring health services and will keep collaborating where it makes sense for local care.

### **12. How does this exploration relate to the East Metro and Murrindindi Local Health Service Network?**

This exploration builds on the existing East Metro and Murrindindi Local Health Service Network. Alexandra District Health and Eastern Health are already partners within this network, and this process seeks to strengthen and expand that collaboration.

### **13. What would governance look like if a voluntary amalgamation goes ahead?**

This is only a process to explore a potential voluntary amalgamation. No decisions have been made, and it's important to note that this exploration does not result in any changes to the services offered at both health services.

If a voluntary amalgamation were to proceed, the Minister for Health would appoint a Board for the new organisation. Although the decision about Board members is a decision for the Minister, recent amalgamations in the Victorian system have resulted in each new Board drawing on the expertise and local knowledge across the existing boards.

### **14. What is the process and indicative timeline for this exploration and any engagement steps?**

Right now, both health service Boards are exploring the possibility of a voluntary amalgamation, and staff, stakeholders and community will have chances to share feedback during the engagement phase.

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Engagement with staff, stakeholders and the communities serviced by both health organisations will happen from 6 to 21 November 2025. People will have the chance to share their feedback through a survey, by email or at several local Tea Talk / community engagement sessions. Learn more about the community engagement program at [www.connectingcare.net](http://www.connectingcare.net).

The decision about a voluntary amalgamation is made by the Minister for Health. Following engagement with staff, stakeholders and the community, if the Boards agree to proceed with a voluntary amalgamation, the next step would be to prepare a business case, provisionally targeted for completion in December.

### 15. What does the exploration process involve?

Before any decision is made, there will be a community engagement process and the preparation of a detailed business case. This ensures that the Boards can make an informed decision based on community feedback, financial and service analysis, and the long-term needs of both communities.

### 16. When will decisions be made?

The decision about a voluntary amalgamation is made by the Minister for Health. Following engagement with staff, stakeholders and the community, if the Boards agree to proceed with a voluntary amalgamation, the next step would be to prepare a business case, provisionally targeted for completion in December.

### 17. How can I have my say during the engagement phase?

Community input is essential. You can:

- Complete a survey [online](#)
- Send an email to [feedback@connectingcare.net](mailto:feedback@connectingcare.net)
- Attend a Tea Talk / community engagement session

Learn more about the community engagement program at [www.connectingcare.net](http://www.connectingcare.net).

### 18. How will feedback influence next steps?

Engagement with staff, stakeholders and the community will influence whether both Boards agree to proceed with a voluntary amalgamation. The next step would be to prepare a business case, with community feedback included in the business case.

### 19. Where can I find updates?

All updates, documents, and community engagement opportunities will be posted on [www.connectingcare.net](http://www.connectingcare.net).

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