

Wednesday 10 December 2025

Engagement themes

Overview

The community engagement program for the exploration of a voluntary amalgamation between Alexandra District Health and Eastern Health ran from 6 to 21 November 2025, with strong participation across both health organisations' catchments. More than 150 stakeholders were directly engaged, 211 people completed either the digital or paper copy of the survey, more than 200 people attended the Tea Talk / community engagement sessions and more than 1,100 community members accessed the [Connecting Care](#) website.

The purpose of this engagement was to understand community views about how Alexandra District Health and Eastern Health could best meet future health needs of the communities they serve. The engagement included seeking both staff and community's opinion on the possible benefits and challenges of voluntary amalgamation to better meet the health needs of both catchment areas. This document provides a high-level summary of the key themes raised during engagement and reflects the feedback Alexandra District Health and Eastern Health received from staff, stakeholders and community.

Staff engagement

Alexandra District Health and Eastern Health took a staff first approach to engagement. On the day of the announcement, senior staff, followed by all staff from both services, were informed of the exploration of voluntary amalgamation before any other stakeholders. Staff feedback from both health services was mostly positive of both Boards' decision to explore voluntary amalgamation. Alexandra District Health staff understood the potential benefits, and many were advocates for change during community discussions and local Tea Talk sessions. Eastern Health staff were largely indifferent and interested in understanding the benefits of voluntary amalgamation to Eastern Health.

Survey

Staff from both Alexandra District Health and Eastern Health	Alexandra District Health staff members	Eastern Health staff members
<ul style="list-style-type: none"> More than 55 per cent rated service expansion and improved access to specialist care as extremely important. The continuous improvement of quality of care (67 per cent) was a high priority. Urgent care, medical imaging and outpatient clinics were also consistently ranked as the most vital services, more than 60 per cent identified these as 	<ul style="list-style-type: none"> Strong support for expanding local services –87 per cent rated service expansion and attracting skilled professionals as extremely important. Medical imaging (86 per cent) and urgent care (79 per cent) were the most critical services, while more specialist services and pathways to care were seen as major benefits of both health services 	<ul style="list-style-type: none"> There was an understanding of the value in both health services voluntarily amalgamating. Improved quality of care (59 per cent), access to specialist clinical training (52 per cent) and strengthened workforce capability were key priorities. Other priorities included improving patient information systems and greater support for CALD, LGBTQI+ and

<p>essential for themselves or their families.</p> <ul style="list-style-type: none"> • Key staff priorities included ensuring the local Alexandra district community's health needs shape decision-making (62 per cent). • Open-ended feedback reflected optimism about opportunities for service growth, education and workforce capability, balanced with a desire for more communication about how services and roles may change. 	<p>voluntarily amalgamating.</p> <ul style="list-style-type: none"> • The importance of community-informed decision-making was critical, 90 per cent prioritised support for local jobs and ensuring the needs of the community drove service planning / provision. • Open-ended feedback sought further information on whether benefits could be achieved through stronger collaboration. • Main concerns were job security and maintaining Alexandra District Health's local identity. 	<p>First Nations communities.</p> <ul style="list-style-type: none"> • More than 60 per cent highlighted urgent care as the most vital community service. • Mental health and psychosocial support (62 per cent) emerged as a higher community priority for this cohort compared with Alexandra District Health staff. • Key concerns included the capacity of Alexandra District Health to support increased demand, significant travel distances for Eastern Health staff and uncertainty about what the benefits to Eastern Health would be.
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Community engagement

Community engagement activities included 16 Tea Talk sessions held across the Alexandra District Health and Eastern Health catchments, providing more than 20 hours of direct interaction between community members and the CEOs and Board representatives of both organisations. More than 200 people attended these sessions, with several attracting large local audiences and one being broadcast live on UGFM. Community members also provided feedback via the survey digitally or by submitting paper copies. Paper copies were made available at all Tea Talk / community engagement session and at local pharmacies and libraries in Alexandra and the surrounding district.

Survey

Community member who has used Alexandra District Health in the past 12 months	Community member who has used Eastern Health in the past 12 months	Community members who have not used either service in the past 12 months
<ul style="list-style-type: none"> • More than 80 per cent rated service expansion and improved access to specialist care as extremely important. • There was a high emphasis placed on local decision-making 	<ul style="list-style-type: none"> • Support for broader system improvements such as the continuous improvement of quality of patient care (67 per cent) and strengthened patient information systems and transfer of care (57 per cent). • Urgent care (81 per cent) and medical imaging (71 per cent) 	<ul style="list-style-type: none"> • Recognition of the need to strengthen local service access and to support local jobs and economy (81 per cent). • Medical imaging (86 per cent), urgent care (71 per cent)

<p>(85 per cent) and the protection of local identity (75 per cent).</p> <ul style="list-style-type: none"> Urgent care, medical imaging and outpatient services were considered the most essential services. Open-ended feedback revealed strong interest in more local services and treatments, visiting specialists, a larger workforce and the long-term sustainability of Alexandra District Health. Key concerns focused on losing local autonomy, the length of the community engagement period, and the need for guarantees that services at Alexandra District Health would not be reduced. 	<p>were prioritised as the most essential services.</p> <ul style="list-style-type: none"> There was optimism about opportunities to grow the workforce and broaden overall service availability. Key concerns included how Alexandra District Health would be governed, whether funding commitments would be sustained over time, and the risk of resources being diverted away from Alexandra and its surrounding areas to Melbourne. 	<p>and general practice identified as the most critical services.</p> <ul style="list-style-type: none"> Desire for more emphasis on cancer care and home-based services (71 per cent) as key community health needs. Key concerns about how a possible voluntary amalgamation would be funded, how specialist expertise currently available at Alexandra District Health would be maintained and improved, and whether the long-standing contributions of visiting medical officers would be protected.
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Tea Talk / community engagement sessions

LOCATION	TIME	# OF ATTENDEES	KEY THEMES & QUESTIONS
Alexandra	Monday 10 November 12:30pm to 2:00pm	26 people	<ul style="list-style-type: none"> Service capacity and access: <ul style="list-style-type: none"> Concerned about local wait times if more hospital beds are used. Question on what underfunded services, such as mental health, would be affected. Sought information on dialysis services and equipment availability locally. Purpose and scope of amalgamation: <ul style="list-style-type: none"> Questioned why amalgamation is needed when expanded services are already offered through the Local Health Services Network. Queried if there was scope for inclusion of all four local health services in the network. Questioned the perceived benefits for Eastern Health.
	Tuesday 18 November 6:00pm to 7:15pm	56 people	
	Thursday 20 November 2:00pm to 3:00pm	10 people	

			<ul style="list-style-type: none"> • Governance and local participation: <ul style="list-style-type: none"> ○ Sought assurance of a local leadership structure. ○ Desire for Board participation to maintain local voice and oversight. ○ Concerned that Alexandra District Health could be “lost” within a metropolitan health service. • Funding, planning and resource allocation: <ul style="list-style-type: none"> ○ Question on how funding would be allocated and how staffing and services would be impacted. • Community priorities and support: <ul style="list-style-type: none"> ○ Supported initiatives that improve service quality and community desirability. ○ Desire for a whole-of-Murrindindi model. ○ Sought assurance that donations and resources would remain at Alexandra District Health.
Buxton	Friday 14 November 10:00am to 11:00am	6 people	<ul style="list-style-type: none"> • Purpose and justification of amalgamation: <ul style="list-style-type: none"> ○ Questioned why voluntary amalgamation is needed to adopt Eastern Health’s systems and processes. ○ Sought clarity on how new services could be funded. • Community concerns and engagement: <ul style="list-style-type: none"> ○ Raised concerns on the length of the community engagement period. ○ Raised fears of being a “small fish in a big pond” and losing local influence. • Governance and participation: <ul style="list-style-type: none"> ○ Sought assurance of local Board participation from within the Alexandra and district community. ○ Concerned about decision-making and future governance if amalgamation is not successful. • Service delivery and workforce: <ul style="list-style-type: none"> ○ Sought clarity on how additional doctors from Eastern Health could be accommodated. ○ Questioned what the implications for nearby health services would be.
Eildon	Wednesday 12 November 11:30am to 1:00pm	10 people	<ul style="list-style-type: none"> • Governance and decision-making: <ul style="list-style-type: none"> ○ Raised concerns about what happens to Alexandra District Health leadership if a voluntary amalgamation were to proceed. ○ Questioned why there is a need to amalgamate if current sharing arrangements already exist. • Service expansion and workforce: <ul style="list-style-type: none"> ○ Concerned about availability of full-time specialists, including doctors and allied health professionals like physiotherapists. ○ Questioned if doctors will rotate through Alexandra as part of workforce planning. • Funding and consultation: <ul style="list-style-type: none"> ○ Concerned about potential reductions in funding for Alexandra District Health.
	Thursday 20 November 10:00am to 11:30am	0 people	
	Thursday 20 November 6:00pm to 7:15pm	2 people	

			<ul style="list-style-type: none"> ○ Raised concerns about the community engagement period length.
Healesville	Wednesday 19 November 1:00pm to 2:30pm	3 people	<ul style="list-style-type: none"> • Community impact and participation: <ul style="list-style-type: none"> ○ Concerns about how a voluntary amalgamation could affect the First Nations community. ○ Desire for Alexandra District Health's history, identity, and name to be preserved. ○ Questions about local participation on the Board. • Service and workforce considerations: <ul style="list-style-type: none"> ○ Sought clarification on whether voluntary amalgamation would bring more specialists to Alexandra District Health. ○ Questioned what the benefits for Eastern Health could be. • Financial considerations: <ul style="list-style-type: none"> ○ Raised concerns about how Alexandra District Health is and would be funded in the future.
Marysville	Monday 10 November 10:00am to 11:30am	5 people	<ul style="list-style-type: none"> • Purpose and rationale: <ul style="list-style-type: none"> ○ Questioned the need for a voluntary amalgamation when Alexandra District Health already works with Eastern Health. • Workforce considerations: <ul style="list-style-type: none"> ○ Raised concerns about accommodation for staff and students travelling from Melbourne. ○ Asked if there will be workforce education and training, particularly for less experienced staff. • Patient access and transport: <ul style="list-style-type: none"> ○ Raised concerns about patient transport and access.
	Thursday 13 November 6:00pm to 7:15pm	15 people	
Taggerty	Friday 14 November 11:30am to 12:30pm	2 people	<ul style="list-style-type: none"> • Community engagement: <ul style="list-style-type: none"> ○ Raised concerns about the community engagement process. • Resource allocation: <ul style="list-style-type: none"> ○ Raised concerns that resources may be reallocated from Alexandra District Health to Eastern Health's metropolitan facilities.
Thornton	Friday 14 November 1:30pm to 2:30pm	2 people	<ul style="list-style-type: none"> • Local leadership and participation: <ul style="list-style-type: none"> ○ Questioned what this could mean for local leadership at Alexandra District Health. ○ Sought clarity on local participation on the Board. • Financial considerations: <ul style="list-style-type: none"> ○ Raised concerns about Eastern Health taking on Alexandra District Health's finances. • Staffing and workforce: <ul style="list-style-type: none"> ○ Questioned Eastern Health staff willingness to travel to Alexandra. • Consultation process: <ul style="list-style-type: none"> ○ Raised concerns on the community engagement period timeline.
	Friday 14 November 6:00pm to 7:15pm	1 people	
Yarck	Wednesday 12 November	7 people	<ul style="list-style-type: none"> • Purpose and benefits of amalgamation:

	2:30pm to 4:00pm		<ul style="list-style-type: none"> ○ Questioned about what Eastern Health would gain from voluntarily amalgamating. ○ Stated support for voluntary amalgamation if it reduces the need for patients to travel for care. ● Expanded services: <ul style="list-style-type: none"> ○ Expressed interest in local expansion of services, including allied health. ○ Questioned about the impact on people who currently need to travel for services.
Yarra Glen	Wednesday 19 November 10:00am to 11:30am	0 people	N/A
Yea	Monday 10 November 2:45pm to 4:00pm	60 - 70 people	<ul style="list-style-type: none"> ● Concerns about marginalisation: <ul style="list-style-type: none"> ○ Raised concerns that Yea and District Memorial Hospital could be overlooked or disadvantaged by a voluntary amalgamation. ● Necessity of amalgamation: <ul style="list-style-type: none"> ○ Questioned why a voluntary amalgamation is needed when the Local Health Service Network exists. ○ Questioned whether past community meetings opposing amalgamation were considered. ● Board participation and consultation: <ul style="list-style-type: none"> ○ Questions on local participation on the Board. ○ Raised concerns about the community engagement timeframe. ○ Raised significant doubts about whether the Boards will genuinely consider community feedback.

Additional engagement activities

Engagement email

- A dedicated email (feedback@connectingcare.net) was established for the community to submit questions and provide feedback.
- A total of 13 emails were received, including eight RSVPs to Tea Talk sessions.
- Questions focused on service changes, workforce implications, and staffing at Alexandra District Health.

Dedicated website

- A website (www.connectingcare.net) hosted all engagement information, including FAQs, media releases, factsheets, survey links, details of Tea Talk sessions, and the engagement email.
- The site received 1,100 visitors during the engagement period.

In-person engagement

- Alexandra District Health had a presence at the Alexandra Spring Show (8 November), where the CEO and Executive Leaders answered community questions.

- CEOs from both health services attended a meeting with the ADTTA (11 November) attended by more than 20 local stakeholders.

Corresponding activities

- The Alexandra and District Traders and Tourism Association (ADTTA) hosted its own meeting on the exploration of a voluntary amalgamation on Tuesday 18 November, to provide another opportunity for residents to provide feedback. Around 80 residents attended the meeting, which was broadcast by UGFM radio. Alexandra District Health and Eastern Health CEOs and Board members did not attend this meeting.
- The Murrindindi Shire Council launched its own survey on 12 November. The survey was open till 28 November and Council distributed hard copies of its survey to local libraries and pharmacies across the Alexandra district. Alexandra District Health and Eastern Health received the survey results from Council on 1 December, which both Boards are considering.

Submissions received

Alexandra and District Traders and Tourism Association

- The Alexandra and District Traders and Tourism Association (ADTTA) submitted community questions to Alexandra District Health, which were responded to. ADTTA also submitted its report, *Mergers are not Magic*, which analysed community concerns and international/local research to guide Boards in protecting local priorities. This submission was a review of global, Australian and Victorian evidence on hospital amalgamations and how it applies to this proposed voluntary amalgamation. The report indicated that while an Alexandra District Health and Eastern Health voluntary amalgamation could deliver benefits such as improved clinical governance, specialist access and workforce development, these are not guaranteed and are counterbalanced by risks including metro-centric decision-making, financial pressure, service drift to larger sites, and potential loss of community trust.

Murrindindi Shire Council

- The CEO of Murrindindi Shire Council provided a submission to the Chair of Alexandra District Health for consideration. This submission strongly urged Alexandra District Health to defer any decision on a voluntary amalgamation with Eastern Health until the Murrindindi Health and Aged Care Workforce Strategy Network Plan (the Strategy) is completed and its options fully assessed. The Council acknowledged and commended the proactive efforts of Alexandra District Health and Eastern Health to improve healthcare, but argued that the Strategy provided a more robust, locally tailored pathway to address these challenges.

Yea and District Memorial Hospital

- The Chair of Yea and District Memorial Hospital provided two submissions to the Chairs of Alexandra District Health and Eastern Health for consideration. The submissions were offered from two perspectives: 1) as an advocate for the Murrindindi community, and 2) in relation to the potential effects the amalgamation may have on the hospital.
- 1. Submission from perspective of Murrindindi community: The Yea and District Memorial Hospital Board argues that the proposed Alexandra District Health and Eastern Health amalgamation carries significant risks for rural Murrindindi and should not proceed until major regional planning work is completed.
- 2. Submission on the implications for YDMH of the Proposed Amalgamation of Alexandra District Health and Eastern Health: This submission outlined the specific risks Yea and District Memorial Hospital anticipates if the Alexandra District Health and Eastern Health amalgamation proceeds

such as impacts to the Local Health Service Network, reduction in rural access and autonomy, and create a significant competitive disadvantage for Yea and District Memorial Hospital.

Next steps

The Boards of both health services are currently preparing a business case, which is provisionally targeted for completion this month.

Staff, stakeholder and community feedback help inform the Boards' understanding of local priorities and expectations. 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.

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

The business case includes detailed and sensitive (commercial in confidence) information and will not be made publicly available.