PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the 2023–24 Budget Estimates

Melbourne – Wednesday 7 June 2023

MEMBERS

Sarah Connolly – Chair
Nicholas McGowan – Deputy Chair
Michael Galea
Paul Hamer
Mathew Hilakari
Lauren Kathage
Bev McArthur
Danny O'Brien
Ellen Sandell

WITNESSES
Ms Gabrielle Williams MP, Minister for Ambulance Services,

Professor Euan Wallace, Secretary, and

Ms Louise McKinlay, Acting Deputy Secretary, Commissioning and System Improvement, Department of Health; and

Ms Jane Miller, Chief Executive Officer, Ambulance Victoria

The CHAIR: I declare open this hearing of the Public Accounts and Estimates Committee.

I ask that mobile telephones please be turned to silent.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2023–24 Budget Estimates. The committee's aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

I advise that all evidence taken by the committee is protected by parliamentary privilege. However, comments repeated outside this hearing may not be protected by this privilege.

As Chair I expect that committee members will be respectful towards witnesses, the Victorian community joining the hearing via the live stream today and other committee members.

Witnesses will be provided with a proof version of the transcript to check. Verified transcripts, presentations and handouts will be placed on the committee's website.

I welcome the Minister for Ambulance Services the Honourable Gabrielle Williams as well as officers from the Department of Health. Minister, I invite you to make an opening statement presentation of no more than 5 minutes, and this will be followed by questions from the committee. Your time starts now.

Gabrielle WILLIAMS: Thank you, Chair, and I would note that in addition to my Department of Health colleagues I am also joined by our newly minted CEO of Ambulance Victoria Jane Miller.

Before I begin I would like to acknowledge the traditional owners of the land on which we are currently meeting, the Wurundjeri people, and pay my respects to their elders past and present and any other elders who are here with us today. I also acknowledge all of you, my colleagues, and the work that you do. I know it is challenging.

Visual presentation.

Gabrielle WILLIAMS: I will start by acknowledging that our paramedics do an incredible job, and Victorians deeply value the work that they do looking after our loved ones in the most difficult of times and of course saving lives 365 days a year. Throughout the pandemic especially, our paramedics have been under significant pressure, pressure like never before, with record demand for ambulance call-outs and emergency care during unprecedented circumstances.

Over the past decade AV's capacity and workload have increased significantly. When it comes to the workforce a lot has evolved. Ambulance Victoria's on-road workforce has grown by around 56 per cent since 2014. There are around 5000 paramedics on our roads and over 6000 staff in total. Our graduates are now university trained and are delivering on a range of innovative treatments and models of care, which I am sure I will get the opportunity to talk about at greater length. Relative to population Ambulance Victoria's workforce is larger than New South Wales and larger than the national average. Ambulance Victoria has 56 paramedics per 100,000 of population compared to 44 and 52 paramedics per 100,000 in New South Wales and Australia as a whole respectively.

Ambulance Victoria's workforce and indeed the Victorian health system more broadly have been challenged by COVID demand in recent years. Since the pandemic Ambulance Victoria has experienced record levels of demand and its code one response time performance has been impacted as a result, particularly since the delta

wave in late 2021. Over the last five quarters Ambulance Victoria has had to deal with the highest code one demand in the organisation's history. This current quarter marked an easing of demand compared to quarter 2 which was Ambulance Victoria's busiest quarter on record. While demand has decreased slightly this quarter, it remains well above that experienced over recent years. When compared to quarter 3 in the 2019–20 year, code one demand has increased by over 19 per cent, and it is 13 per cent higher than quarter 3 in 2020–21. In summary, we are almost 20 per cent higher than prepandemic levels currently.

These demand pressures and the changing capability of the workforce mean Ambulance Victoria's scope has evolved beyond traditional transport responsibilities; indeed that is a transition that has been happening for some time now. Today Ambulance Victoria's role is focused on enabling Victorians to get the clinical care that they need. For some people this may be through an emergency ambulance response. For others it could include assessing and treating a person at home, providing transport between care settings or offering care and treatment advice over the phone. For example, the secondary triage service, one that might not be as well known or understood in the community, is a service that is staffed by paramedics and nurses and connects callers who may not require a lights-and-sirens response to other alternative care that meets their needs. In the 2013–14 financial year, 7.5 per cent of callers were provided with advice or alternative healthcare rather than an emergency ambulance. In 2021–22 the service managed almost 20 per cent of 000 callers. That is almost three times the proportion from eight years earlier – a very significant growth in that part of the service. This service is really invaluable in connecting less urgent 000 callers to the care that best suits their needs. It also supports crews to be available for the next patient who could be experiencing a life-threatening emergency, and that is all about preserving those lights-and-sirens responses for those at highest risk and with the most acute need.

We know it is important to save 000 for emergencies only and to use other health services for less urgent health needs. To give you a sense of what our system experiences, about one in five calls to 000 do not need an emergency ambulance response, and that is why that secondary triage process is so very important. The availability of paramedics to respond quickly to seriously injured and unwell patients is obviously reduced when an ambulance is called to a non-emergency situation, so that triage process is essential to ensuring that our lights-and-sirens responses can be reserved for those in most need. Through this year's budget we are continuing to support Ambulance Victoria, and you see some of the costings there.

The CHAIR: Thank you, Minister, very much. I am going to hand over to Mr O'Brien first, who has the floor for the next 14 minutes.

Danny O'BRIEN: Thank you, Chair. Minister, I refer to budget paper 3, page 218, and the performance measure of 'Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide'. The expected outcome for this measure is 64 per cent. That is 21 percentage points below target. In fact that is the worst recorded ambulance response time since the merger of the services in 2008. What is the statewide year-to-date response time as of today?

Gabrielle WILLIAMS: It is worth acknowledging, before I get to the latter part of your question, that our response times, as I outlined at the very outset, have been really heavily impacted by the COVID pandemic, and that goes to –

Danny O'BRIEN: We heard all that, Minister, I just want to know what that is to date.

Gabrielle WILLIAMS: Just to get to the reasons behind that though, Mr O'Brien –

Danny O'BRIEN: Well, no, you have actually already done that, Minister; you did that in your opening presentation. I would just like to know what the response –

Gabrielle WILLIAMS: I actually have not, but I take your point, Mr O'Brien. You do not seek to understand the pressures on the system, and that is your prerogative. But what I did want to note was that prior to the pandemic we had obviously achieved record response times here in Victoria. We are on a pathway to getting back to those response times, in fact in the last quarter – I am taking –

Danny O'BRIEN: Sorry, Minister. I did not ask for the pandemic, I asked for now.

The CHAIR: Mr O'Brien, you have asked a question. The minister is trying to answer your question –

Danny O'BRIEN: No, she is not, Chair.

The CHAIR: She is genuinely trying to answer your question. Please –

Danny O'BRIEN: Tell me she how she is trying to answer it when talking about pre pandemic – I want a figure now.

The CHAIR: give her an opportunity to answer your question, thank you, Mr O'Brien.

Gabrielle WILLIAMS: I was about to highlight, Mr O'Brien, that in the last quarter we saw an improvement in response times. I think it was a 5 per cent improvement off the top of my head, which constitutes over a minute improvement – it is 1 minute and 24 seconds improvement in our response times for code 1 responses. So we are seeing the system stabilise. We are also hopefully trending in the right direction, but obviously there is a –

Danny O'BRIEN: On a point of order, Chair.

The CHAIR: Excuse me, Minister. Mr O'Brien.

Danny O'BRIEN: On the question of relevance, the specific question was: what is the statewide year-to-date response time as of today? If the Minister does not want to give me that answer, can I move on to something else?

The CHAIR: Mr O'Brien, you can ask another question. Thank you, Minister.

Danny O'BRIEN: Well, I am asking the Minister if she would like to give me the answer.

The CHAIR: Mr O'Brien, do you want to ask another question?

Gabrielle WILLIAMS: I am giving you the data on our response times, Mr O'Brien, that we know of. Obviously we get quarterly data on these matters –

Danny O'BRIEN: What is it as of today?

Gabrielle WILLIAMS: Mr O'Brien, I receive that data quarterly. I am happy to throw to Jane to –

Jane MILLER: I too also receive that quarterly, so for the last quarter it was 65.2 per cent for the third quarter.

Danny O'BRIEN: Sorry, 60 –

Jane MILLER: Five point 2 per cent of code 1 cases were responded to within 15 minutes in quarter 3.

Danny O'BRIEN: Okay. Minister, is it the case that code oranges are being declared statewide or on a regional basis or at different times every day in Victoria at the moment?

Gabrielle WILLIAMS: I would again probably refer you to Ms Miller on that because that is an operational decision by AV, but I would say I think every day is probably a gross exaggeration.

Danny O'BRIEN: How often is it then?

Jane MILLER: I would like to say that we do have an emergency response plan that guides our decision-making regarding the escalation to orange and red. That plan can be implemented for extreme workload and demand, but it also can be implemented for natural disasters like floods and bushfires, multicasualty incidents, high-risk rating days, including thunderstorm asthma as well as severe or extreme fire danger risk, and emergency services responses, so a complex siege or missing person search and rescue. So we constantly monitor our workload. We look at how many patients we are treating and transporting, and we also look at our demand.

Danny O'BRIEN: Can I ask, perhaps, given I am asking a question about how often it has been declared as code orange or code red: can you give me perhaps the figures for this year so far?

Jane MILLER: I can give you a figure. We have had 50 code orange responses for this calendar year to 31 May 2023 and no red escalations.

Danny O'BRIEN: Thank you.

Gabrielle WILLIAMS: And so the important point about that, Mr O'Brien, which is really significant for people to understand, is that code oranges are not a sign of system failure. In fact they are a sign of the system doing exactly –

Danny O'BRIEN: I know what they are. I just wanted the data, Minister. Sorry, I do not need any more information. I have got the answer. I am going to move on.

Gabrielle WILLIAMS: what it should be, and the fact that there has not been a code red escalation from a code orange tells us that the system responded exactly –

Danny O'BRIEN: Minister, I have got the answer, thank you.

Gabrielle WILLIAMS: as we would hope it would when the signal is sent to it from a code orange. I think that is a sign of significant success of that system – of that emergency response plan.

Danny O'BRIEN: Okay. Minister, in the first year of the merger of ambulance services in 2007–08, code 1 ambulance response times were 81 per cent of the time and about $380 million was spent. This year you and your government are spending $1.2 billion to deliver code 1 ambulance response times less than 64 per cent of the time within the target. This is the worst recorded result that we have had since the merger. How are you going to fix this when we are spending more and getting worse results? We are spending, like, four times more and getting worse results than we were 15 years ago.

Gabrielle WILLIAMS: Mr O'Brien, I think to go to earlier comments I have made, there is one very key significance between 2008–09 and the period of time we are in now, and that is a three-year-long pandemic, which as I have outlined has put incredible pressure on the system. The reason for that being –

Danny O'BRIEN: That finished a year ago.

Gabrielle WILLIAMS: Well, it has not finished, Mr O'Brien. That is a gross demonstration of your ignorance, that statement, I should say.

Danny O'BRIEN: Right. The minister is going to have a go at a witness like that.

Gabrielle WILLIAMS: The pandemic continues to apply significant pressure on our health system. We have on average 117 Ambulance Victoria staff furloughed each and every day, some 800 across our health system more broadly.

Danny O'BRIEN: We understand the problem, Minister. The question was: how are you going to address it?

Gabrielle WILLIAMS: No, Mr O'Brien, you mentioned this proactively, and it is important that I address it. I think we have got some 392 COVID inpatients in hospitals at the moment across the state, and you want to say the pandemic is over? I will defer to the science and to the medicine.

Danny O'BRIEN: It has actually been declared over by the WHO.

Gabrielle WILLIAMS: I will refer to the science and the medicine on that. Its impact –

Danny O'BRIEN: The question was: what are you doing to fix it? We know what the problem is.

Gabrielle WILLIAMS: Yes, okay, and I will get to that, but when you are throwing barbs in that are factually inaccurate as to the pressures on the health system currently, Mr O'Brien, it is incumbent upon me –

Danny O'BRIEN: I am not suggesting there are not. I am asking you what you are going to do to fix it.

Gabrielle WILLIAMS: as a minister in the health department to address that, but I will get to your point. So there are two points –

Nicholas McGOWAN: Minister, perhaps I can take you up on your point.

Gabrielle WILLIAMS: I am about to get to the investment, Mr McGowan.

Nicholas McGOWAN: Please do.

Gabrielle WILLIAMS: There are two factors that go to this in terms of staff furloughing as a part of the pandemic. As I said, on average 117 AV staff per day at the moment are furloughed – as well as the impacts of deferred care. We also though of course in terms of dealing with that – directly to your question – have been investing in a series of innovations in our broader health system which are very important, whether that be the Victorian virtual ED, which is a very important measure; of course priority primary care centres, which sit with the Minister for Health, so I will not say too much about them, but these are going towards diverting people to appropriate measures of care for their circumstances; and of course, as I have spoken about at length, secondary triage.

So this is about making sure that our health system and our emergency system are more nimble and that we are referring people to the care that they need, and that goes to the fact that ambulance services and particularly lights-and-sirens responses should be reserved for those in the most acute need, particularly and most commonly for those in cardiac arrest, stroke or where a patient is not breathing. Where they do not fit in that category, programs like, say, secondary triage will ensure through clinical guidance that people are referred to the other parts of the health system that are required. That is an important part of our investment matrix to be able to see our code 1 response times start to improve, and indeed in that last quarter we have seen an improvement.

We think in part that is because our investments through those other measures, whether it be the Victorian virtual ED, whether it be secondary triage, whether it be the priority primary care clinics, are starting to pay dividends and show that they are working. So this is investment that is underway. We are expanding upon it. We have expanded upon, for example, that secondary triage service. The Victorian virtual ED has started as a trial. We are continuing that because it is showing that it is working. So there is a substantial body of work underway, and the benefits are starting to be seen in our response times.

Danny O'BRIEN: Thank you, Minister.

Nicholas McGOWAN: Minister, I pick you up on your point in respect to COVID and the lingering impact on the community from COVID. In particular what I would like to ask is in respect to non-emergency patient transfers. I understand they have recently been advised – that is, those who provide those services – that they will no longer be required to perform the surge capacity they were providing during COVID. Is that correct?

Gabrielle WILLIAMS: I think what you are referring to – just as background, because I will have to pass to Ms Miller on this, and this is because the non-emergency patient transports are contracted either through AV or indeed through the hospitals themselves – I think the surge shifts that you are talking to, are the ones that are funded through AV. Ms Miller may have some comments to make, as it is an operational decision of AV, around the reasons for that.

Jane MILLER: Most certainly. As the minister has outlined, the COVID-19 pandemic required a significant response by us to meet the community demand, and in that response we implemented a number of measures, including surge capacity. We are now in a position that we are transitioning responses out of a COVID response into our business-as-usual response. We have ongoing contracts with non-emergency patient transport providers. We will be continuing to use those providers as per our contracts from 1 July 2023. So we will be continuing to roster non-emergency patient transport services as part of our suite of responses and continuing our medium-acuity transport service.

Nicholas McGOWAN: I appreciate that answer, but I am guessing then that as of 1 July the COVID surge caseload will cease. Is that correct?

Jane MILLER: The demand is still high, but we are now integrating this into our business-as-usual response.

Nicholas McGOWAN: Are you able to do that?

Jane MILLER: So we will still have capacity as we monitor demand in real time at all times. We will still have capacity to seek to mobilise the responses depending on the care needs of the Victorians.

Nicholas McGOWAN: I suppose my concern is that with between 30 to 40 shifts a day, how do you absorb that into the current system if you let that go as of 1 July.

Jane MILLER: That will be an ongoing operational decision, and we have contracts with private providers that will continue to support us on that response.

Nicholas McGOWAN: Given the response times already, my confidence – you will forgive me – is not great in your capacity to do that, given that it is 30 to 40 shifts a day.

Jane MILLER: We will continue to plan our services to meet the needs, based on the needs of the community. As the minister has outlined, we are transitioning from a traditional transport service to a service that continues to provide lights and sirens for those who are the most critically ill in our community, but we are looking at a range of other models of care and have many in place. In the context of secondary triage, where we get access to expert advice to support care decisions for those needing care, we are utilising the Victorian virtual emergency department; we are also using TelePROMPT to assist us to respond to those cases where there are mental health issues in the community. These models of care enable us to connect Victorians to the care that they need at that time. That does not mean that everyone needs an ambulance and a lights-and-sirens response. And as we focus on building those models of care we will be better placed to meet those who have emergency care needs. I would say, though, that whilst timeliness is absolutely important for an emergency service, we also look at quality in other ways, and Ambulance Victoria has the best cardiac arrest outcomes in this country.

Nicholas McGOWAN: Minister, comments by the Premier –

Gabrielle WILLIAMS: Sorry, can I just add –

Nicholas McGOWAN: No, I have limited time. Sorry, Minister. Minister, the Premier's comments yesterday concerned me somewhat. He said, and I quote:

[QUOTE AWAITING VERIFICATION]

> I don't think that patients are particularly well served with that privatised for-profit model.

He was referring specifically, as you know, to the system that we have just been talking about. I note that at the moment there is a review that is currently being undertaken by Mr McGhie, and in that he actually recognises – and I quote that review – the 'critical role' in Victoria's health system. How do you reconcile those two statements, by your Premier and the person you have tasked to do the review?

Gabrielle WILLIAMS: I do not think they are incongruous, Mr McGowan.

Nicholas McGOWAN: Well, one says it is critical, the other one says that –

Danny O'BRIEN: Not best served.

Nicholas McGOWAN: That is right.

Gabrielle WILLIAMS: No. I think what Ms Miller was pointing to was that – and it builds on what I was talking to before that; I think that is a misconstruction of what has just been said, which was – we are –

Nicholas McGOWAN: No, let me be clear. The Premier said, 'I don't –

The CHAIR: Mr McGowan –

Nicholas McGOWAN: No, I need to be clear.

The CHAIR: Mr McGowan!

Nicholas McGOWAN: The Premier said, 'I don't think that patients are particularly well served.'

Gabrielle WILLIAMS: And I will get to that. I think you are bringing sort of two semi-related points and trying to match them up, and very clumsily at that. I think what Ms Miller has just been pointing to is the fact that we are building quite a sophisticated system that defers people to where they need to be depending on their needs. She spoke to the fact that that is allowing, and that is focused on, achieving better patient outcomes while reserving the most urgent emergency response to those who need it. That means of course, if I am interpreting Ms Miller's comments correctly, that in many more cases patients may not need transport, because they may have available to them –

Nicholas McGOWAN: Minister, with respect, I think you are conflating the issue.

Gabrielle WILLIAMS: No, no. I am now going to get to what the Premier was talking –

Nicholas McGOWAN: No. You are conflating the issue. I am talking about non-emergency patient transfer.

Gabrielle WILLIAMS: Yes, exactly, and that is what I am talking about too.

Nicholas McGOWAN: The Premier's comments –

Gabrielle WILLIAMS: Yes.

The CHAIR: Thank you, Mr McGowan. Your time is up.

Nicholas McGOWAN: what the Premier has said. You have conflated that intentionally.

Gabrielle WILLIAMS: No, I have not.

The CHAIR: Thank you, Mr McGowan. Your time is up. We are going to go on to Mr Hilakari.

Nicholas McGowan interjected.

The CHAIR: Mr McGowan, please be respectful towards the minister.

Nicholas McGowan interjected.

The CHAIR: Mr McGowan. Your time is up. You are out of order.

Nicholas McGowan interjected.

The CHAIR: Mr McGowan, you are out of order. I ask you to be quiet.

Nicholas McGowan interjected.

The CHAIR: Mr McGowan!

Gabrielle Williams interjected.

The CHAIR: Minister, we are handing over to Mr Hilakari.

Danny O'Brien interjected.

The CHAIR: Mr O'Brien, keep the sideline commentary to the sidelines.

Mathew HILAKARI: Thank you, Minister. I refer to budget paper 3, page 54, and the initiative 'Supporting the next generation of paramedics'. Can you outline to the committee what this investment includes and how it will assist our ambulance services?

Gabrielle WILLIAMS: Sorry, can you repeat that question?

Mathew HILAKARI: Certainly. It is budget paper 3, page 54. The specific section I am going to is 'Supporting the next generation of paramedics', and I would just like a bit of further information on that beyond the line that is provided there in funding?

Gabrielle WILLIAMS: Thank you for your question, Mr Hilakari. This budget delivers on the commitments that we made to the Victorian people at the last election, and as we have across government, it should be said that that is also true of course in the ambulance services portfolio. We have made significant and sustained investments in building our ambulance services over the years, and since we came to government we have invested more than $2 billion into our ambulance services and increased our paramedic workforce by approximately 2000 people – so a very significant investment to grow the capacity of the service while also investing in innovations that mean that it can operate in a more nimble and sophisticated way, as we have just heard.

During the last election we made a number of commitments, including a commitment to train and deploy at least 25 paramedic practitioners by 2026; to train an additional 40 MICA paramedics – that is, mobile intensive care ambulance paramedics; and to invest $10 million in Australia's first ever centre for paramedicine in partnership with Victoria University; as well as, as we have previously discussed – and I wish I had had an opportunity to go to it more comprehensively – committing to conduct a review into the non-emergency patient transport sector, which goes to the observations that the Premier was making, which Mr McGowan referred to earlier. I am pleased to advise the committee that this budget allocates funding to deliver on all of those commitments with that review into NEPT – non-emergency patient transport – currently underway. That can be funded internally, and that work is progressing well. The new funding in this budget, which you are talking to, Mr Hilakari, includes $20.1 million to train and deploy at least 25 paramedic practitioners by 2026 initially, with an emphasis on rolling those out in rural and regional areas. I was pleased to be at Monash University only a couple of days ago to announce that they will be the provider of the masters level course to train those paramedic practitioners, and obviously they have a wealth of experience in that area.

Effectively in terms of what a paramedic practitioner is, it goes to the suite of innovations too that we have been discussing previously and is a good addition to them, but while they are used in other advanced healthcare systems around the world including in the UK – I think New Zealand and Canada have variations on these as well – the model is quite unique to Australia. These advanced practice paramedics will provide urgent care options for people in the community, which avoids the need to transfer them to hospital – which also goes to Ms Miller's points earlier around why there might be a lesser dependence on occasion for non-emergency patient transport when we have more of these sorts of options available and inbuilt into our system – and the paramedic practitioner roles will be a really important addition there to ensuring that people can get the care they need in their homes. It will take pressure off Victoria's rural hospitals by of course treating people in the field and providing rural and regional Victorians with choices when they need urgent care, keeping in mind that many would prefer to be treated at home and be kept out of the hospital system if that is an option for them.

The funding will also support paramedics to complete further study to become that paramedic practitioner, as I have alluded to, with the development of that new course. Work will soon be underway in partnership with the Department of Health, our chief paramedic officer, Monash and AV as well to design and develop that paramedic practitioner masters level course, noting that each jurisdiction that has it does it a little bit differently and we want to make sure that ours is bespoke to our needs here in Victoria.

Also in that funding is $15.8 million to train 40 additional MICA paramedics. This will grow our MICA workforce to about 600. These paramedics have advanced clinical scope and are trained to deliver more complex care of course for more complex cases as well, so, again, making sure that we are deploying the right resources for the appropriate need and in doing so developing quite a sophisticated emergency care model.

We have also got $10 million to support Australia's first centre for paramedicine. This will be done, as I have outlined, in partnership with Victoria University and will deliver new innovative education and approaches to continuously improve our workforce skills as well as to improve operational services and our system of care here in Victoria. The new centre will also offer state-of-the-art simulation equipment, ensuring the highest quality real-life educational experience for both undergraduate students and paramedics in the workforce. And there is great value in that simulation education. I saw a taste of it at Monash. This provides opportunities for us to really enhance that and give our graduates the most real-world experience we can before they enter the field, which is really important to their experience once they do get into AV in ensuring that they are as prepared as

they can be, which also goes to retention as well of course. This investment is also about offering the very best of training and support to our paramedics, which of course is nothing short of what they deserve. And Victoria University is a great partner in that centre –

Nicholas McGOWAN: What about Deakin University?

Gabrielle WILLIAMS: with 665 students enrolled in the bachelor of paramedicine this year alone at VU, a further 97 students doing their certificate III in non-emergency patient transport and 43 doing a diploma of emergency health care. In parallel with that work of course –

Nicholas McGOWAN: Deakin has been doing this for two years.

Gabrielle WILLIAMS: there is a review of non-emergency patient transport that has commenced, as I previously alluded to. That review is assessing a range of different things that go to – and this is revealed in the discussion paper that was just released around NEPT – some significant issues around fragmentation and gaps in care. The review will be assessing time lines of services, the best use of those workforce skills, how we address that issue of fragmentation and gaps in skills, the financial sustainability of the model and whether insourcing remains the most appropriate way to connect Victorians to the right transport. It goes to some of the criticisms – to go to Mr McGowan's point and indulge him briefly –

Nicholas McGOWAN: Oh, please.

Gabrielle WILLIAMS: that the Premier was making in his comments around there being serious issues for us to evaluate through that review.

Nicholas McGOWAN: I think he went beyond that. I think he went well beyond that.

The CHAIR: Mr McGowan, shoosh.

Nicholas McGOWAN: The minister invited the comment, as you well know.

The CHAIR: Mr McGowan. Mr McGowan!

Nicholas McGOWAN: I think the minister –

The CHAIR: Mr McGowan!

Gabrielle WILLIAMS: Those are issues which are being canvassed through that review and indeed will provide us with some direction about where to take that model but of course cannot be seen in isolation. It should be seen among the development too of many of those other innovations which, in particular, see people able to receive care in their community settings rather than needing to be transported at all, which is a great outcome. So all of this is connected and should not be seen in isolation. On that, that review work is very challenging work. It is a very complex system, that NEPT system. I think we have currently got 13 NEPT providers, and I would urge you all to read the discussion paper which goes to some of the challenges of that. That work, as we have heard, is being led by the Member for Melton, a former paramedic himself, Steve McGhie, and he will have a significant piece of work ahead of him –

Nicholas McGOWAN: I don't know; the Premier has just done it for him.

Gabrielle WILLIAMS: and I look forward to the outcome.

Nicholas McGOWAN: He has just had a whack.

The CHAIR: Mr McGowan.

Nicholas McGOWAN: He has just said:

> I don't think that patients are particularly well served with that privatised for-profit model.

That is his boss.

The CHAIR: Mr McGowan, you are out of order.

Danny O'BRIEN: A little bit of guidance from the Premier.

Nicholas McGOWAN: Guidance.

The CHAIR: Mr McGowan and Mr O'Brien, if you want to have a conversation, please take it outside.

Danny O'BRIEN: We could take some points of order perhaps, Chair, and interrupt the minister.

Gabrielle WILLIAMS: I do not think that is the case at all. Look, I would urge opposition members to indeed read the discussion paper and see –

Nicholas McGOWAN: I have read the discussion paper. I have got it online. If you want to have a discussion about it now, I am happy to.

Gabrielle WILLIAMS: That is fantastic. That points to many of the challenges that this review is designed to address. There are no pre-empted outcomes to that review. It is what it suggests; it is a review. There will be conclusions drawn upon proper analysis of the issues that exist.

Nicholas McGOWAN: You might want to tell the Premier. Have you had a chat with the Premier? We need to have a better understanding of those issues before we can make any decisions about what the best way forward is. And Mr McGhie –

Nicholas McGOWAN: These comments seem to be directed to the Premier.

The CHAIR: Mr McGowan!

Gabrielle WILLIAMS: will be doing that work.

Mathew HILAKARI: Minister, I am quite pleased to hear about particularly the 40 mobile intensive care ambulance paramedics, because so many people in our community have accessed those services or their families have accessed their services, so this is quite an important conversation to be having and quite an important investment. I might just draw us along to system-wide improvements to support timely emergency care. That is on budget paper 3, page 54 and page 57. Could you please outline how these will assist our ambulance services to keep up with increasing demand?

Members interjecting.

The CHAIR: Mr McGowan! Mr O'Brien! I will again ask you to please be quiet.

Gabrielle WILLIAMS: I do not know that we have gone into this question in the level of detail that we could, and so I appreciate your opportunity to talk to some of these challenges, Mr Hilakari. As I have outlined, the pandemic has placed really significant strain on our ambulance services as well as our ambulance services across the world, it must be said. This is not unique to Victoria. We are seeing it in other jurisdictions in Australia and indeed in other jurisdictions globally. So the last five quarters have been the busiest in Ambulance Victoria's history and the last quarterly data for Ambulance Victoria shows that code 1 demand –

Nicholas McGOWAN: We have the worst record since 2008. 2008 is not the last five years. It was not even COVID.

The CHAIR: Mr McGowan!

Gabrielle WILLIAMS: remains approximately 20 per cent above prepandemic levels. It should be noted that we have as a point of pride in this government always worked with our paramedics and supported them. Unfortunately those on the other side, as is characteristic, were at war with our paramedics.

Members interjecting.

The CHAIR: Mr McGowan and Mr O'Brien, I am trying to listen to the minister.

Gabrielle WILLIAMS: We are continuing to work with Ambulance Victoria and with our paramedics and indeed grow that workforce to make sure that we are building a system in the most difficult of times that not

only can meet the demand that has come about from an unprecedented event but can also innovate and build an emergency healthcare system that can meet the needs of all Victorians for generations to come and be more nimble in dealing with future crises that may come to us, which we know is more than likely a reality.

So in answering your question in full, I think it is important for the committee and the Victorian community more broadly to understand some of the differences between our coded responses. And we hear code 1s referred to a lot; that might not always be clear to people what we are talking about. So Ambulance Victoria designate those patients that require urgent paramedic and hospital care as code 1. These patients receive effectively a lights-and-sirens response. That includes, as I have outlined previously, things like cardiac arrest, stroke, motor vehicle accidents, for example, or when a patient is presenting with extreme difficulty in breathing – so very imminent life-threatening conditions being dealt with through a code 1 lights-and-sirens response. Code 2 incidents are acute but not time critical and do not require a lights-and-sirens response.

Nicholas McGOWAN: What is the response time for code 1? How many minutes – 27.42 minutes?

The CHAIR: Mr McGowan!

Gabrielle WILLIAMS: Code 3 are categorised as non-urgent and non-time critical and therefore Ambulance Victoria –

Nicholas McGowan interjected.

The CHAIR: Mr McGowan!

Gabrielle WILLIAMS: will in most cases prioritise code 1 cases and refer those other codes to the referral system for monitoring. Secondary triage is a part of that, to work out whether there are alternative pathways for care and also to look at things like whether somebody requires prehospital care or whether they do not. And that obviously is an important factor in considering where else in the health system –

Nicholas McGOWAN: You should apologise to Victorians.

The CHAIR: Mr McGowan!

Gabrielle WILLIAMS: they can best be directed. As a result of the pandemic we have seen a really substantial increase in code 1 demand, but we have also seen quite a substantial increase in codes 2 and 3 as well. That can be attributed to the substantial increase in deferred care –

Nicholas McGOWAN: And now you have approved a target of 85 per cent for the next financial year.

The CHAIR: Mr McGowan, shoosh.

Gabrielle WILLIAMS: which has led to emergency departments seeing an increase in sicker patients presenting for care compared to the 2019–20 financial year, and that is placing further pressure of course on ambulance services and emergency departments, as patients are delaying seeking medical care and therefore then presenting with more complex needs.

I should also call out as a part of this – and you cannot look at the ambulance services in isolation; we are of course one component of a broader health system, and I know my colleague here the Secretary could talk about those pressures on the hospital system and the broader health system which play into the ambulance data and outcomes as well – and it is worth noting that the availability of primary care services in the community is also declining, particularly in terms of access to bulk-billed GP clinics, and that is of course also leading to increased demand for emergency care.

People who basically may not be able to access a GP are being left with no other option than to turn up to an ED or to ring an ambulance, and that is obviously something that we have got to work with Canberra to find a solution on. Given that significant challenge, this budget is supporting the emergency healthcare system to mitigate and manage the impacts of that ongoing demand in a coordinated and also a sustainable way, of course with the aim of improving time lines of services and to help Victorians to access that emergency health care that they may need and where they need it as well. Increasingly, when I am speaking to paramedics in the

stations around the state, they are telling me that they are often being called out for cases that do not require an emergency response and would be better served with more appropriate primary care.

Nicholas McGOWAN: How are you fixing that?

The CHAIR: Mr McGowan!

Gabrielle WILLIAMS: This is critical in our efforts to improve our response times and turn the current situation. It has occurred to me listening to that interjection by Mr McGowan that he clearly has not been listening, because he asked what we were doing, but I have also outlined, obviously, those other options.

Mathew HILAKARI: I am actually pleased to take up some of the commentary around secondary triaging and alternative care pathways. I will draw you to budget paper 3, page 57, if you could outline some of the triaging services and alternative care pathways that are being proposed by this budget.

Gabrielle WILLIAMS: Yes, sure. Some of those I have referred to already, and they go directly to Mr McGowan's question. They are an important part of the sophisticated system that we are building. I have already outlined that we know that a certain proportion of calls for an ambulance may not require that lights-and-sirens response but still require a need to be met in the broader health system. I have talked already about the importance of secondary triage as a really key initiative that assists ambulance performance, and the 2023–24 budget provides $13.1 million to continue that expanded secondary triage service, noting that we have grown that substantially over recent years.

It is the most comprehensive of its kind in the world, our secondary triage service here in Victoria. It first commenced in 2003. The service is staffed by paramedics and nurses and connects callers who may not require that emergency ambulance response to other alternatives. In the 2013–14 financial year we know that about 7.5 per cent of callers were provided with advice or alternative health care rather than that emergency ambulance response. Fast-forward to 2021–22 and that has grown to almost 20 per cent of 000 callers who have been provided with those alternative care pathways – almost three times, of course, that earlier figure that I gave you. In addition to this, between October and December last year a total of over 45,000 callers to 000 did not require an emergency response. In the most recent quarter, data shows that between January to March almost 38,000 people were referred to Ambulance Victoria's secondary triage team for more appropriate care. That equates to about 500 people a day – 500 people a day – who called 000 and were referred by a health professional to alternative care, effectively saving an ambulance for those who need it most. This is a system enabler that both deals with the issue and meets the need at hand while also reserving those ambulance crews to be able to meet those code 1 cases that they are designed to meet the need of.

While it is still a bit too early to say, we think that the slight drop in demand we saw in the last quarter can in part be attributed to the hard work of those nurses and paramedics in secondary triage, but also we are hoping that it is a sign of greater community knowledge about when to call 000. Ongoing education is occurring to remind people that the 000 lights-and-sirens response is for emergencies, but of course it is incumbent upon us to make sure that we are building into the system alternative pathways of care as well. Although there might not be a need for a code 1 response, we appreciate that there is often still the need for a response. We are providing that, and secondary triage is one way of doing it.

The CHAIR: Thank you, Minister. Mr Hilakari, your time has expired. We will go on to Ms Sandell for the next 5 minutes.

Ellen SANDELL: Thank you, Chair. Maybe this is one for the CEO of Ambulance Victoria. My understanding is that paramedics in rural Victoria do not have access to mobile data terminals like their metropolitan counterparts, meaning they are reliant on pager systems for critical information regarding dispatch jobs in areas with intermittent mobile coverage. Is that correct, and does the government have plans to upgrade their IT systems in rural and regional Victoria?

Jane MILLER: We are currently working to make sure that our paramedics and first responders in regional and rural Victoria are better connected. We do have a current project of work that will support us to address that and make sure that they do have the tools and equipment that they need.

Ellen SANDELL: And does that include giving them access to the mobile data terminals, or are there barriers to that?

Jane MILLER: I do not have the particular detail, but I can certainly confirm that it is a priority for us to make sure that they are better connected and have the services that they need.

Ellen SANDELL: Okay. But not specifically about mobile data terminals?

Jane MILLER: I do not have that particular detail.

Ellen SANDELL: All right. Thank you. I also want to ask about non-emergency patient transport, which we have heard a little bit about today. I understand the review was announced in April. It will inquire into the current procurement arrangements between the government and the NEPT sector, and it has been allocated $183 million in this budget. Does the government have a current cost-benefit analysis of contracting these essential services to private companies as opposed to bringing them back into public hands?

Gabrielle WILLIAMS: I think to the purpose and function of that question, the review itself is a mechanism through which we will be able to assess what needs to be done with that service. Those sorts of considerations I might defer to my colleague Mr McGhie, who will be running that review, but I am sure those considerations form part of the challenge and matrix of issues that they are looking at. The discussion paper goes into a raft of different issues with the NEPT services, which they will be looking at to work out what the best solution is. But I think it is important to note that the fact that we are conducting the review is acknowledging that that system is not operating to an optimal level or certainly not meeting our expectations. There are a range of different reasons for that that are being canvassed in that discussion paper. For example, that discussion paper talks to fragmentation and supply gaps – you know, unplanned NEPT services directed to private NEPT providers but which effectively then spilled into AV emergency crews. We know that that has increased a little bit in recent times. We know that a lot of those spills are occurring in regional Victoria, to go to your previous point. So there is a significant raft of issues here, including those that go to workforce in the NEPT services as well, which need to be canvassed to work out, not only to your point, the efficiencies of how we run the system but also the outcomes of how we run the system and whether it is meeting its designated purpose, which of course is also – to go to previous discussion points around how we reserve Ambulance Victoria resources to be able to do what they are doing – by making sure the NEPT resources are being appropriately allocated and able to meet the demand on them to do what they need to do. So there is quite a lot in that discussion paper –

Ellen SANDELL: And is the government actively considering bringing it back into public hands as part of that review?

Gabrielle WILLIAMS: We have not pre-empted any particular outcome from this review. The purpose of the review is to analyse those issues that have been identified and to determine what is the most appropriate pathway forward to improving outcomes from that service, but we are not pre-empting any particular outcome.

Ellen SANDELL: I appreciate that. Thank you. This one potentially is to the Secretary. I questioned the Treasurer earlier about the 3000 to 4000 job cuts across the VPS, and he mentioned that it is up to secretaries to determine how that will happen. So can you talk us through what kinds of jobs or the equivalent FTE you are expecting will be cut from this area?

Euan WALLACE: Thank you. As you know, in the budget papers the government has determined savings in the public service for next year, the year after and the years after, and we have a proportion of that. We expect that to be about $20 million for the department next year and $52 million ongoing.

Ellen SANDELL: For the health department overall, is that?

Euan WALLACE: For the health department, yes. The health department has a total budget – and the budget varies from year to year – of somewhere between $500 million and $600 million, so it gives you a sense of –

Ellen SANDELL: So do you have a list of jobs that will be quarantined from those cuts or not?

The CHAIR: Thank you, Ms Sandell. Your time has expired. Minister and officials, that is the end of this session. Thank you very much for appearing before the committee today.

The committee will follow up on any questions taken on notice today in writing, and responses are required within five working days of the committee's request. The committee is now going to take a short break before beginning its consideration of the treaty and First Nations portfolio at 10:50 am.

I declare this hearing adjourned.

Witnesses withdrew.