

# **PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE**

## **Inquiry into the 2023–24 Budget Estimates**

Melbourne – Friday 9 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 Mary-Anne Thomas MP, Minister for Health,

Professor Euan Wallace, Secretary,

Mr Daen Dorazio, Deputy Secretary, Corporate Services,

Ms Louise McKinlay, Acting Deputy Secretary, Commissioning and System Improvement, and

Professor Zoe Wainer, Deputy Secretary, Public Health, Department of Health.

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

I ask that mobile telephones please be turned to silent.

I begin by acknowledging the traditional Aboriginal owners of the land on which we are meeting. We pay our respects to them, their elders past, present and emerging as well as elders from other communities who may be here with us today.

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.

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.

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.

I welcome the Minister for Health the Honourable Mary-Anne Thomas as well as officers from the Department of Health. Minister, I am going to invite you to make an opening statement or presentation of no more than 10 minutes, and this will be followed by questions from the committee. Your 10 minutes starts now.

**Visual presentation.**

**Mary-Anne THOMAS:** Thank you very much, Chair. I would also like to join you in acknowledging the traditional owners of the land on which we are gathered, the people of the Kulin nation, and I pay my respects to elders past and present and wish to acknowledge any Aboriginal or Torres Strait Islander people who may be with us here today. Can I also acknowledge committee members and thank you for your time today.

Next slide, thank you. In Victoria our health system has been stretched like never before. An increase in patients with COVID-19 is just one part of the picture. The pandemic also disrupted care, slowed down recovery times and saw people putting off visits to their GP – indeed if they could get in to see a GP. All of this has put record demands on our hospitals and our healthcare professionals. We have worked hard to ease that pressure on the system, and we have always invested to make sure that Victorians have the world-class health care they need when they need it, close to home. It has never been more important than right now as health systems around the world continue to recover from the pressure of the pandemic.

Last year's Victorian budget focused on building a health-led recovery through the government's \$12 billion pandemic repair plan. This investment in our health system has resulted in some significant outcomes. These include almost 140,000 patients admitted from the waiting list, including 99.9 per cent of urgent category 1 patients admitted within the clinically recommended time of 30 days. We have recruited and trained 4500 healthcare workers across nursing, midwifery, paramedicine, allied health and indeed in Aboriginal health care. More than 100,000 patients have passed through Victoria's innovative virtual emergency department, and thousands of Victorians have been diverted from emergency departments with the creation of 25 – now, indeed, 26 – priority primary care centres and an expansion of GP respiratory clinics to improve access to care and

reduce pressure on emergency departments across the state. The Victorian budget 2023–24 builds on these achievements with a \$4.9 billion boost to ensure Victorians have the world-class health care they need when they need it and closer to home.

Next slide. That is on top, of course, of the more than \$54 billion we have invested in our healthcare system, as well as the workers we need to run it, since coming to government in 2014. I think this is a slide that very much speaks for itself and our government's commitment to invest in the health care Victorians need. But this budget also represents a shift in our COVID-19 fight as we wind down much of the time-limited funding that supported our crisis response programs and we prioritise investment in the new hospitals, new services, latest equipment and the dedicated workforce that we need right now. However, with ongoing COVID transmissions and hospitalisations, this budget is continuing to make the investments needed to support an ongoing COVID response.

As we shift from crisis to recovery, this government is focused on the sustainable growth of our health system to ensure that we are best placed to meet the long-term challenges ahead, like increasing demand, complexity of patient needs, increased workforce and costs of delivering care. Between 2014 and 2022 the public health workforce in Victoria has grown by 32.6 per cent, or 26,662 full-time equivalent, including 8500 who joined the workforce during the pandemic. This budget we are delivering more than \$338.8 million to ensure Victorians continue to have a modern, sustainable and engaged healthcare workforce that they can count on. This is on top of existing initiatives introduced in 2022 like the making it free to study nursing and midwifery initiative. This includes entry-to-practice scholarships to support 10,000 Victorian students across the next four years with funding of up to \$16,500 to remove financial obstacles for our future nurses and midwives. We have also recruited more than 1500 doctors, nurses, midwives and allied health professionals who have been living overseas to move to Victoria and to work in our public health system.

In 2015 this government enshrined nurse-to-patient ratios in law. Now we will strengthen this even further with more than \$167 million to put more nursing staff in intensive care, high dependency and coronary care units and more nurses and midwives in our maternity services. We will continue to make sure Victoria is the best place to be a nurse with sign on bonuses for graduate nurses and midwives, funding to attract more international healthcare workers and the recruitment of an extra 450 nurses.

The pandemic put Australia's primary care system under a microscope. You know as well as we do that too many Victorians cannot get in to see a GP right now, let alone one that bulk bills. That is why we are investing \$32 million to get new trainee GPs into the workforce, covering the cost of their medical exams and encouraging students to choose a career in general practice. This is in addition to \$8.46 million to continue our 25 GP respiratory clinics to the end of winter and keep our 25 priority primary care centres open with an investment of \$20.2 million alongside the federal government.

We know how important it is that Victorians are able to get the early care they need. To ensure that they stay well and to ease demand on our emergency departments, we are investing in a range of initiatives so Victorians can get the care they need exactly when they need it. Victorian children will get the best start and parents will get the support they need with \$86 million for maternal and child health services. This includes funding to boost consultation time with nurses, breastfeeding support, support for dads and a new multicultural story initiative. The early parenting centre network will also be further expanded. This budget allocates funding for a new EPC in Northcote and an Aboriginal-led EPC in Frankston in addition to those already announced.

Making it more straightforward and cheaper for Victorians to get the health care they need, the government will invest \$19.9 million to deliver a 12-month pilot program that expands the role of community pharmacists.

As well as reducing emergency department presentations, prevention and early intervention are key to the health and wellbeing of Victorian Aboriginal communities, which is why we are investing \$35.1 million in the Aboriginal community controlled health sector. This funding will deliver an additional 100,000 appointments by Aboriginal community health organisations.

Next slide. While our hospitals continue to see record demand because of the pandemic, we will support Victorians with more than \$2.3 billion, including more than \$960 million to ensure that new and upgraded facilities are patient ready as we open expanded emergency departments, the new Victorian Heart Hospital and additional capacity with a new ward at the Royal Children's. While we work with the Commonwealth on

reform of the disability scheme, we will invest \$9.1 million to expand Pathways to Home – getting NDIS patients home as soon as it is safe to do so.

We are also delivering on our promise to expand our Australian-first free IVF service, with nearly \$50 million building on the \$70 million already invested in free public IVF. We are also ensuring Victoria's successful virtual emergency department reaches more Victorians through an investment of \$27.325 million to continue this new service. Our local public health units have risen to the occasion time and time again through the pandemic, natural disasters and indeed communicable disease outbreaks. We will help them to keep our communities healthy with a \$103 million boost across the regions for disease prevention, outbreak management and public health response. We will also extend access to free RATs through local councils for a further nine months.

Next slide, please. Women and girls make up more than half of our population, but for too long their health care concerns have been ignored, dismissed or undiagnosed. We will be giving women's health the focus and funding it deserves with \$153.9 million to deliver a raft of initiatives, including the establishment of 20 new women's health clinics, an Aboriginal-led clinic and a mobile health clinic. This will also fund nine new women's sexual and reproductive health hubs, scholarships to expand the professional workforce providing women's health services, improvements to research and data, an inquiry into women's pain management and an additional 10,800 laparoscopy surgeries. More than \$13 million will also support our community health services, providing more care for refugees and asylum seekers and delivering programs tackling skin cancer.

The government has worked hard to ease the pressure on the system, and we have always invested to make sure that Victorians have the world-class health care they need, when they need it, close to home. The health and wellbeing of Victorians will always be front and centre of an Andrews Labor government, and the budget makes the necessary investments to deliver the world-class health care that Victorians need and deserve. Thank you very much, Chair.

**The CHAIR:** Thank you very much, Minister. I am going to hand to Mr McGowan for the first 13 minutes of questions. Your time starts now.

**Nicholas McGOWAN:** Thank you. Minister, I can see from the questionnaire you have provided to the committee that some \$1.1 billion was spent on contractors in 2021–22. That figure, year to date, has gone up to \$1.4 billion. What does 'year to date' mean?

**Mary-Anne THOMAS:** I am sorry.

**Nicholas McGOWAN:** What does 'year to date' mean? What was the date?

**Mary-Anne THOMAS:** The year to date – I might ask one of my officials to answer that question. That is in relation to the –

**Nicholas McGOWAN:** Contractors.

**Mary-Anne THOMAS:** Contractors.

**Euan WALLACE:** The year to date is just the time that we completed the questionnaire, Mr McGowan, and submitted it.

**Nicholas McGOWAN:** Yes, that is my question to you. As of what date?

**Euan WALLACE:** Well, the questionnaire was submitted on I think 26 May, so it would be the week before that.

**Nicholas McGOWAN:** Secretary, with respect, I am not looking for a guess; I am looking for an answer.

**Daen DORAZIO:** We will confirm it, but it is probably the end of April, most likely.

**Nicholas McGOWAN:** That is \$1.4 billion of taxpayers money up until a particular date. I would like to know the date. I think the Victorian taxpayers have a right to know.

**Euan WALLACE:** We will get you that date.

**Daen DORAZIO:** We will get you that.

**Nicholas McGOWAN:** Thank you, Secretary. Minister, in the questionnaire we have been provided, there is quite an extraordinary statement. It says that:

There is no set budget for contractor and consultant engagements.

That is extraordinary in the context of Victoria's current financial mess and crisis. Is this true?

**Mary-Anne THOMAS:** Well, in response to the question, let me be clear: if I take you back to my presentation, you will see that the costs associated with the running of the Department of Health have decreased significantly over time, and you will see that almost all of our funding goes out to deliver healthcare services. The department has worked assiduously to continue to contain its costs and to be extremely efficient.

**Nicholas McGOWAN:** As assiduously as you may work, Minister, I am simply asking: is there a set budget for consultants and contractors?

**Mary-Anne THOMAS:** Well, before I hand over to –

**Nicholas McGOWAN:** Why wouldn't you know that answer, Minister?

**The CHAIR:** Mr McGowan!

**Mary-Anne THOMAS:** No, sorry –

**Nicholas McGOWAN:** Minister, it is \$1.5 billion of your money and taxpayers money –

**The CHAIR:** Mr McGowan!

**Nicholas McGOWAN:** and you cannot answer the question of whether you have a budget for contractors and consultants.

**The CHAIR:** Mr McGowan! Let me be clear –

**Mary-Anne THOMAS:** Before I –

**The CHAIR:** Excuse me, Minister. Let me be clear early on this morning: you can ask a question, but please give the minister and the witnesses the courtesy of being able to respond to your question.

**Nicholas McGOWAN:** I have had three attempts at this –

**The CHAIR:** Thank you, Mr McGowan. Minister.

**Mary-Anne THOMAS:** Thank you very much, Ms Connolly. Mr McGowan, I want to make a couple of points, if I may, before I hand over to the officials –

**Nicholas McGOWAN:** To answer the question, yes.

**Mary-Anne THOMAS:** thank you – the first being that the department has assiduously worked to reduce its core spending and indeed make sure that the extra investment that the government is delivering is handed over to our health service.

**Nicholas McGOWAN:** Minister, it is patently not. Contractors – \$1.1 billion to \$1.4 billion or almost \$1.5 billion.

**The CHAIR:** Mr McGowan!

**Mary-Anne THOMAS:** The second point that I will make is that COVID is not over, and our department works to ensure that –

**Nicholas McGOWAN:** Minister, COVID was 2020. You and I both know that, and the graph you have just shown up there tells us that. You cannot blame all of this on COVID. Contractors – it is almost a \$300 million blowout on contractors alone. I am not talking about consultants, and I am not talking about labour hire, Minister. You are telling me there is no set budget. Is that correct?

**Mary-Anne THOMAS:** I have not said that. If I have –

**Nicholas McGOWAN:** Yes, you have, because the questionnaire you provided this committee says that explicitly.

**The CHAIR:** Mr McGowan, I am going to repeat myself. Now is not the time to be grandstanding.

**Nicholas McGOWAN:** Perhaps I can familiarise you with your own questionnaire. This is your questionnaire. It says there is no set budget.

**The CHAIR:** Mr McGowan, please allow the minister an opportunity to answer your questions.

**Nicholas McGOWAN:** Victorians need to have confidence that their health needs are going to be met, and you cannot even tell me whether you actually have a budget for these things. It has been blown out by \$300 million in the last 12 months. How do you explain that?

**Mary-Anne THOMAS:** Thank you, Mr McGowan. As we continue to manage our budget –

**Nicholas McGOWAN:** Well, you are not managing it. That is my problem.

**Mary-Anne THOMAS:** assiduously in uncertain times, the department –

**Nicholas McGOWAN:** You have got all the certainty you need, Minister.

**The CHAIR:** Mr McGowan!

**Mary-Anne THOMAS:** makes decisions in the best interests of the health care of all Victorians. But I might ask one of my officials to add further to that.

**Nicholas McGOWAN:** Answer the question. It blows my mind that you cannot answer that simple question. You do not even know whether –

**The CHAIR:** Mr McGowan, please allow the witnesses to answer your question.

**Nicholas McGOWAN:** you have a set budget for contractors in the state. We are spending \$1.5 billion –

**The CHAIR:** Mr McGowan!

**Nicholas McGOWAN:** of taxpayers money, and you cannot tell me whether you have a budget for it. It is extraordinary.

**The CHAIR:** Mr McGowan!

**Nicholas McGOWAN:** You ought to be embarrassed. You ought to be embarrassed to be able to sit in here, talk about that and not be able to tell me if you know the budget for contractors –

**The CHAIR:** Mr McGowan, you are out of order!

**Nicholas McGOWAN:** you know the budget for consultants and you know the budget for labour hire.

**Mary-Anne THOMAS:** Mr McGowan –

**Nicholas McGOWAN:** This is the health of every Victorian we are talking about, and you cannot answer that basic question.

**The CHAIR:** Mr McGowan!

**Mary-Anne THOMAS:** Mr McGowan, I was not aware –

**Nicholas McGOWAN:** It is a bad start to the day, Minister. You ought not be in your position if you cannot tell me these figures.

**Mary-Anne THOMAS:** I was not aware that this was an opportunity for you to make statements –

**Nicholas McGOWAN:** It is an opportunity for you to answer the questions.

**Mary-Anne THOMAS:** Indeed, and if you would let us do that –

**Nicholas McGOWAN:** You cannot even answer those questions. Victorians are out there waiting in hospital beds –

**The CHAIR:** Mr McGowan!

**Nicholas McGOWAN:** and waiting in ambulances, and you cannot even answer this basic question.

**Mary-Anne THOMAS:** If you have the courtesy of letting us do that –

**Nicholas McGOWAN:** I have given you three occasions – three courteous occasions –

**Mary-Anne THOMAS:** The Secretary of the department –

**Nicholas McGOWAN:** to answer a simple question about the budget.

**The CHAIR:** Mr McGowan!

**Nicholas McGOWAN:** With the first question today, you stumbled at the first hurdle. Every Victorian deserves a much better outcome. People are sick out there.

**The CHAIR:** Mr McGowan, you are clearly out of order. I will ask you to respect –

**Nicholas McGOWAN:** Well, every Victorian wants to know this.

**The CHAIR:** I will ask you, Mr McGowan, to respect the minister.

**Nicholas McGOWAN:** Every Victorian's health matters, and it matters because this money is actually being spent.

**The CHAIR:** I will ask you, Mr McGowan, to respect the minister.

**Mary-Anne THOMAS:** Yes, and Mr McGowan, I look forward to providing you with an answer to the question and to other questions. If you want to utilise your time to make statements, so be it, but I think the Secretary might have something to –

**Nicholas McGOWAN:** I will speak on behalf of every Victorian and stand up for them.

**Mary-Anne THOMAS:** I think the Secretary might want to make a contribution.

**Nicholas McGOWAN:** You are damned right about that, Minister.

**The CHAIR:** Mr McGowan, please ask a question.

**Nicholas McGOWAN:** I will, because we are here to hold you accountable, and right now your accountability is down the drain and you know it.

**The CHAIR:** Mr McGowan, if you have a question, please ask it.

**Nicholas McGOWAN:** I have asked it already. I still have not got an answer.



**The CHAIR:** Mr McGowan, you have not afforded any witness, let alone the minister, an opportunity to answer your question.

**Nicholas McGOWAN:** I have given them three opportunities; you know that.

**The CHAIR:** Minister - Mr McGowan, you are out of order. I have asked you –

**Nicholas McGOWAN:** I am not the minister. You know that.

**The CHAIR:** to afford the minister and the witnesses –

**Nicholas McGOWAN:** Secretary, perhaps you can answer the question for me, please.

**The CHAIR:** the opportunity to answer your question.

**Nicholas McGOWAN:** Is the questionnaire provided by the minister to this committee correct – that there is no set budget for contractors, consultants or labour hire?

**Euan WALLACE:** There is no preset budget for a forecasted financial year.

**Nicholas McGOWAN:** Oh! How can we control costs –

**Euan WALLACE:** Mr McGowan, please –

**Nicholas McGOWAN:** How do you control costs, Secretary?

**The CHAIR:** Mr McGowan!

**Euan WALLACE:** The department has a budget, and the department always operates its functions within our budget. Contractors and consultancies are part –

**Nicholas McGOWAN:** It is more like a magic pudding.

**Euan WALLACE:** Contractors and consultancies are within that budget. Remember that the contractors include the whole of the health portfolio, which includes our building authority and the operations of the rest of the health portfolio. So do we have a set budget funding envelope just for contractors from year to year? We do not, because of course –

**Nicholas McGOWAN:** I can see that.

**Euan WALLACE:** the contracting requirements will change year to year, depending on the building portfolios and other aspects of the department's functions. The department always operates within its budget.

**Nicholas McGOWAN:** How can you operate within its budget if you do not know what the budget is? You do not have a set budget. You just told me that.

**Euan WALLACE:** No, with –

**Nicholas McGOWAN:** I will move on, Secretary. Secretary, in respect of the I Cook Foods case, can you tell much how much the department has paid in legal fees to date?

**Euan WALLACE:** Sorry –

**Mary-Anne THOMAS:** Well, I am happy to respond to that. Obviously, the health department has a number of court cases at any given time, and we work in accord with the government's model litigant guidelines through a range of complex legal cases. But the government, very proudly, works to ensure that we achieve efficient and cost-effective justice for Victorians, and that is why the model litigant guidelines are so important to us. Obviously cases are ongoing, and indeed this is one example of a case that is ongoing.

**Danny O'BRIEN:** The question is: how much has been spent so far, Minister? Can you give us that answer?

**Nicholas McGOWAN:** I am sure the minister does not know.

**Mary-Anne THOMAS:** Well, again –

**Nicholas McGOWAN:** It is not a difficult question, Minister; you know that.

**Mary-Anne THOMAS:** the department seeks to defend –

**Bev McARTHUR:** At what cost, Minister?

**Mary-Anne THOMAS:** The cost obviously will depend on the complexity of any case that is before the courts at any given time, but –

**Bev McARTHUR:** So how much have you spent so far?

**The CHAIR:** Mrs McArthur!

**Mary-Anne THOMAS:** the department works within the model litigant guidelines and works to ensure cost efficiency at all times. But we will –

**Nicholas McGOWAN:** Minister, if you do not know the answer, just say you do not know. That is clear to us all here today. I will move on to the Secretary for questions.

**Mary-Anne THOMAS:** But it is also important that we defend a case where it is appropriate. Secretary, I am not sure if you had anything further to add.

**Euan WALLACE:** Well, our finances for the financial year are not closed yet of course, and once our books are closed we will be able to give you a response on the spending within the financial year.

**Nicholas McGOWAN:** How many court cases is the department currently involved in, Secretary?

**Euan WALLACE:** Many court cases we are involved in.

**Nicholas McGOWAN:** Could you get me a number, please?

**Euan WALLACE:** We have five major cases.

**Nicholas McGOWAN:** Okay. And the others?

**Euan WALLACE:** I will take that on notice.

**Nicholas McGOWAN:** Thank you very much. Secretary, for the 2021–22 year, on page 113 it states that \$1.156 billion was spent across 682 vendors. Can you provide a list of the vendors or provide those today and how much each was paid?

**Euan WALLACE:** So which page, sorry?

**Nicholas McGOWAN:** Page 113.

**Mary-Anne THOMAS:** Of which budget paper, Mr McGowan?

**Nicholas McGOWAN:** It is attachment 1A1, ‘Contractors’. This is the questionnaire.

**Euan WALLACE:** Oh, the questionnaire.

**Mary-Anne THOMAS:** I might make the point that one would expect that with a department of the size and complexity of the Department of Health you would anticipate that we use many vendors throughout the course of any given year. But I think what is most important and what I focus on as minister is that we work every year to ensure that we get the best value for Victorian taxpayers in all of our dealings –

**Nicholas McGOWAN:** That is another non-answer, Minister. I did expect it and you should have expected the question, but you do not have the answer.

**The CHAIR:** Mr McGowan!

**Mary-Anne THOMAS:** and indeed that is what we do.

**Nicholas McGOWAN:** So I am sitting here again, I have asked another question and there is no answer. I am happy for you to take it on notice.

**Bev McARTHUR:** The Secretary has got an answer.

**Nicholas McGOWAN:** Secretary, have you got something you can assist me with?

**Mary-Anne THOMAS:** I think, as I said, if we look again at the expenditure over time, what you will see –

**Nicholas McGOWAN:** I do not need to see the graph. I have seen the graph. I have read it already. It does not assist me. If it assisted me, I would know the answer to my own questions. That would be a waste of my time.

**Mary-Anne THOMAS:** is that the actual expenditure on the running of the Department of Health has decreased over time as we ensure that we put money where –

**Nicholas McGOWAN:** Okay. I will move on. Minister, you are just wasting everyone's time here. Victorians deserve much better as they are lying in their ambulances.

**The CHAIR:** Mr McGowan!

**Mary-Anne THOMAS:** Mr McGowan, I am sure that even you would agree that taxpayers money is best spent in our healthcare services –

**Nicholas McGOWAN:** They are lying in their hospital beds, their waiting ambulances, and you are wasting our time here today. It is absolutely a disgrace.

**Mary-Anne THOMAS:** and that is indeed what our government does. We put our funding into our health services in order to deliver the very best care for all Victorians.

**Bev McARTHUR:** This is a disgrace.

**Nicholas McGOWAN:** It is. You are now just talking it out.

**The CHAIR:** Mr McGowan, do you have a question?

**Nicholas McGOWAN:** Minister, I refer to budget paper 3, pages 213 and 214, the output 'Emergency services'. Looking at 2022–23 targets and expected outcomes, excluding output costs under your watch, you have failed to meet acceptable performance standards for seven of the eight standards. That is an 87 per cent fail mark. You have failed to meet the targeted number of emergency presentations by 88,000; targeted percentage of emergency patients re-presenting within 48 hours, failed; the acceptable percentage of emergency patients that did not wait for treatment, failed; the acceptable levels of patients' experience of care, failed; treatment of patients within clinically recommended time to treatment, failed; the length of stay of less than 4 hours, failed; the acceptable proportion of ambulance transfers within 40 minutes, failed. How will you, Minister, reach the 80 per cent performance targets for 2023–24?

**Mary-Anne THOMAS:** Well, thank you, Mr McGowan, for that question. Obviously our government last year invested \$12 billion into our pandemic repair plan.

**Nicholas McGOWAN:** It is not working.

**Mary-Anne THOMAS:** We are implementing that plan. As you may be aware, the Victorian people continue to experience the real effects of COVID on our healthcare system. We had a substantial wave in increased hospitalisations in December of last year. We are in a wave of COVID at the moment. What this means is that there is increased pressure on our health services, and as a consequence of this and despite the investments that we have made –

**Nicholas McGOWAN:** Minister, Victorians are sick of excuses. You have got enough money here – you have buckets of money – and it is still not fixing it. It is not getting better – that is the point.

**Mary-Anne THOMAS:** But what I can assure you is that our government has a plan, working with our healthcare services and respecting our healthcare workers –

**Nicholas McGOWAN:** I am not assured at all. I have no confidence whatsoever. Neither should the people of Victoria. They should be absolutely concerned and disgusted with what is occurring here.

**Mary-Anne THOMAS:** to address some of the issues that are of a concern as a result of the COVID pandemic.

**The CHAIR:** Mr McGowan, your time is up. Apologies to interrupt, Minister. We are going to go to Mr Galea for the next 13 minutes.

**Michael GALEA:** Thank you, Chair. Good morning, Minister. Good morning, officials. Thank you for joining us. Minister, I would like to draw your attention to budget paper 3, page 54, and table 1.14, specifically the line item ‘Meeting the needs of Victorian public hospital services’. Minister, I can see that over the forward estimates there is \$2.3 billion in funding allocated in this space. Could you please expand upon what this funding will be utilised for?

**Mary-Anne THOMAS:** Thank you very much, Mr Galea, for your question, which of course goes to the heart of the purpose of the Department of Health, which is the funding that we expend in our public health services to ensure that we are delivering the very best care to all Victorians. Of course this is a significant investment, one that recognises the unprecedented pressure and challenges that our 78 health services are continuing to face as we come off the peak of COVID. I might take the opportunity, with your indulgence, Mr Galea, just to outline to you that the consequences of COVID in our system have been real and profound and are still being experienced not just by health services in Victoria but by health services right across the nation and indeed around the world. The treatment and care of COVID patients in our health services is complex. It is more expensive. We have invested in our health facilities to ensure that they are able to better care for COVID patients and indeed our healthcare workers, but our healthcare workers, for all of their strengths, are similarly not immune to COVID and indeed other respiratory infections as well. So while we have been balancing this increased demand on our healthcare system, we have also had to manage with very large numbers of healthcare workers at any given time being furloughed from our healthcare system, at home while they get well, ensuring that they are not coming to work and infecting other people. If I talk a little bit about COVID, we have wound back much of our temporary COVID funding for measures such as additional testing and vaccinations. There are ongoing costs, as I said, that are borne by our hospitals, and that means that the delivery of health care is frankly and simply just more expensive now than it was a few years ago.

As I mentioned during my presentation, the funding that is in the budget papers will also be utilised to go towards operationalising new and expanded facilities such as the Victorian Heart Hospital. If you have not yet had the opportunity to visit the heart hospital, then I thoroughly recommend that you do. It is a truly unique experience, and it is an Australian first. Of course at the Royal Children’s Hospital we have commissioned new wards to ensure that Victoria’s littlest citizens have access to world-class health care. We are also delivering on commitments in our life-saving blood products.

Each year government provides health services with their annual budgets, which I have outlined are now at record amounts. Our CEOs and our independent board chairs are responsible for the management of those budgets, and they determine how the funds are allocated based on the public health needs of their local communities. Hospital and health service boards are an integral part of the healthcare system, and the board director and chairperson roles are important and indeed very challenging roles. They enable health services to meet the needs of their communities efficiently and effectively and to respond strategically to the changing demands of the health system. I for one have very much enjoyed in the time that I have been health minister the opportunity to meet with our board chairs, and their passion, their commitment and their dedication to ensuring that their health services are the best that they can be, to support their staff, to recruit the very best, to deliver ongoing training, but most importantly of all to deliver world-class health care is exceptional.

These are important roles, and I am really pleased to let the committee know today and to be able to announce to the committee that I have recently made a number of new appointments to public health service boards,

including some new chair appointments. I am delighted to announce that the Honourable Martin Foley has been appointed as the chair of Alfred Health and the Honourable Lisa Neville has been appointed to the chair of Barwon Health. These appointments were made alongside 234 directors –

*Members interjecting.*

**Michael GALEA:** Chair, point of order.

**The CHAIR:** Mr Galea –

**Nicholas McGowan** interjected.

**The CHAIR:** Mr McGowan! There is a point of order.

**Nicholas McGowan** interjected.

**The CHAIR:** Mr McGowan! Excuse me, Minister, there is a point of order.

**Michael GALEA:** On a point of order, Chair, apologies for the interruption. I cannot hear the minister over these constant interjections.

**The CHAIR:** Mr McGowan, your time will come for questions. Could you please afford the committee the respect it deserves to be able to hear the minister's answer.

**Mary-Anne THOMAS:** These appointments have been made alongside 234 directors commencing their board appointments on 1 July, including five public hospital appointments at Western District Health Service, Mrs McArthur, and indeed four at Central Gippsland Health service in your electorate, Mr O'Brien, as well as three appointments at Western Health, which I am sure you will be pleased to know, Chair. I would like to say from the outset that I am incredibly pleased that two former ministers will be able to take on these key roles and bring with them their wealth of experience as Victorian government ministers and their deep knowledge of the health system. Of course Ms Neville has served as this state's first Minister for Mental Health –

**Nicholas McGowan** interjected.

**Mary-Anne THOMAS:** and Minister for Aged Care, and as board president of Barwon Health before entering Parliament –

**Nicholas McGowan** interjected.

**The CHAIR:** Mr McGowan, cease the grandstanding.

**Mary-Anne THOMAS:** along with her strong links to the local community and lived experience with the health system, will bring invaluable attributes to her new role. Seeing the state through the depths of the COVID pandemic as health minister will provide Martin with valuable insights into his new role at the Alfred. Also a former minister for mental health and aged care –

**Nicholas McGowan** interjected.

**The CHAIR:** Mr McGowan.

**Mary-Anne THOMAS:** his knowledge of health services and hospitals and again the needs of his local area made him an excellent candidate for this leadership position at the Alfred.

**Nicholas McGowan** interjected.

**Michael GALEA:** Chair, point of order.

**The CHAIR:** Mr Galea, on the point of order.

**Michael GALEA:** Once again I cannot hear the minister due to the interjections.

**The CHAIR:** Mr McGowan, the interjections are becoming childish. The grandstanding needs to stop. Minister, please continue.

**Mary-Anne THOMAS:** Thank you very much, Ms Connolly. I am pleased to say that all health service boards will continue to meet the government's gender-diversity commitment of at least 50 per cent of board members being women, and an increasing number of boards are heading towards meeting our commitment of increasing representation from our First Nations and our LGBTIQ+ communities. During our appointment process a balance of key capabilities and attributes are considered, including the government commitments to women on boards and improving the diversity of our board membership. Consideration is also given to the board's skills capabilities and the balance of board renewal versus stability. One has to ask whether the same could be said of the appointments under the previous governments of indeed Rob Knowles and Helen Shardey and indeed –

**Nicholas McGowan** interjected.

**The CHAIR:** Mr McGowan!

**Nicholas McGOWAN:** Have you forgotten something? Have you forgotten my name? Who have you forgotten, Minister?

**The CHAIR:** Mr McGowan, I have not forgotten your name. Cease the interjections.

**Mary-Anne THOMAS:** And indeed, as I said, Judith Troeth and of course –

**Nicholas McGOWAN:** You forgot Judith Troeth's name. You actually forgot Judith Troeth's name. That is embarrassing.

**Mary-Anne THOMAS:** Who could forget of course –

**Nicholas McGowan** interjected.

**Michael GALEA:** Chair, point of order.

**Nicholas McGOWAN:** She was the chair of Austin Health.

**The CHAIR:** Mr McGowan, there is a point of order.

**Nicholas McGowan** interjected.

**Mary-Anne THOMAS:** Thank you, Mr McGowan. I think what is slightly embarrassing –

**Nicholas McGowan** interjected.

**The CHAIR:** Mr McGowan, you are out of order. Mr Galea, on the point of order.

**Nicholas McGowan** interjected.

**The CHAIR:** Mr McGowan, if you cannot compose yourself, you may wish to take a sip of water and think about the respect that the minister and the witnesses here before us need.

**Nicholas McGowan** interjected.

**The CHAIR:** Mr McGowan!

**Mary-Anne THOMAS:** And again, as I have said, as I have outlined, the way in which we make the appointments to boards and the many considerations that are given, again –

**Nicholas McGOWAN:** If there is another example, you could just ask for them. Come on.

**Mary-Anne THOMAS:** Well, again, Mr McGowan, perhaps you can explain Robert Doyle's appointment. Each year our board chairs, as I have said, are responsible, with the CEOs, for the delivery of our health –

**Nicholas McGowan** interjected.

**The CHAIR:** Mr McGowan!

*Members interjecting.*

**Mary-Anne THOMAS:** I would like to talk, if I may – also thank you, in response to you, Mr Galea – about Pathways to Home. Pathways to Home is a program of which I am particularly proud. It relocates patients with disability who are medically fit for discharge into transitional support in the community, similar to Hospital in the Home, with the health service subcontracting disability and other supports as required. This is such an important program, because we know as a result of the previous federal Liberal–National government’s failure to manage the NDIS we have too many Victorians who are medically fit and able to leave hospital unable to do so because there is no suitable accommodation or indeed their NDIS plans have not been signed off. This is a real travesty, because we know that every additional day that a person spends in hospital that they do not need is, most importantly of all, not good for them.

**Nicholas McGOWAN:** How many years have you had to fix this, Minister?

**Mary-Anne THOMAS:** People should only be in hospital when they are sick. So since October 2021 Pathways to Home has supported 124 patients with disability to leave hospital and transition home.

**Michael GALEA:** Chair, point of order.

**The CHAIR:** Mr Galea on a point of order.

**Michael GALEA:** Once again I cannot hear the minister’s answer. Could members please stop interjecting.

**Bev McARTHUR:** She could just table it really.

**Nicholas McGOWAN:** Just table it. Table your response, Minister.

**The CHAIR:** On the point of order, it is very difficult to hear the minister, particularly even for members of Hansard trying to transcribe this. Could Mr McGowan, the Deputy Chair, please compose himself. Thank you, Minister.

**Mary-Anne THOMAS:** Thank you very much, Chair. So Pathways to Home is an incredibly important program that is changing the lives of people with disability here in Victoria and one that I am very proud that we are continuing to support. We have also invested more than \$810 million into our Better at Home initiative, and I want to make the point that other than the very sickest of all Victorians, everyone is better at home. The sooner we can get patients home into familiar surroundings, eating their own food with their family members, pets and so on, we know – and we know because this is clinically proven – that people will recuperate and rehabilitate much faster when they are at home. So Better at Home is enjoying huge success across the state. It is very much welcomed by our health services and indeed by patients. So what we can see now is a range of different services that can be delivered better at home, and that includes home-based chemotherapy, perioperative care, maternity and antenatal care, care for patients with infections and diabetic wounds, care for a range of chronic diseases such as cystic fibrosis, and geriatric care for people with medical conditions relating to ageing. I am sure that this is something that we all feel very strongly about. Even Mr McGowan and Ms McArthur may be interested in this. Caring for our oldest Victorians is something that as minister I take very, very seriously, and the opportunity to enable more older people to spend more time at home is one we should all welcome.

**Michael GALEA:** Thank you, Minister. Thank you, Chair.

**The CHAIR:** Thank you, Minister. Ms McArthur.

**Bev McARTHUR:** Thank you, Chair. Minister, I am really interested in the ambulance ramping issue. As we have just heard, last night at Maroondah Hospital patients were waiting 12 hours ramping. So I refer to budget paper 3, page 214, and the performance measure ‘Proportion of ambulance patient transfers within 40 minutes.’ Minister, in the latest monthly ambulance transfer data to March 2023, where transfers were taking place within 40 minutes against a 90 per cent standard, for only five out of 40 health services did

transfers occur within the acceptable transfer time. Minister, this is not a little bit under what should be done; this is a disaster. How many Victorians have died while waiting to be transferred?

**Mary-Anne THOMAS:** Thank you very much for your question, Ms McArthur. I am conscious that a number of elements of your question relate to the ambulance affairs portfolio, and I know you have already had an opportunity to question Minister Williams in relation to that portfolio, but I will –

**Bev McARTHUR:** They are waiting on your hospitals, Minister.

**Mary-Anne THOMAS:** I will make the point –

**Bev McARTHUR:** What is wrong with your hospitals that you cannot get patients in the door?

**Mary-Anne THOMAS:** Thank you very much for your question. It actually –

**Bev McARTHUR:** Well, answer it, please, Minister.

**Mary-Anne THOMAS:** I will indeed. It actually relates to a matter that I was just talking about in response to Mr Galea's question.

**Michael GALEA:** If you will listen.

**Mary-Anne THOMAS:** Yes. Pathways to Home of course is –

**Bev McARTHUR:** No, we are wanting a pathway to the ED unit, not a pathway to home.

**Mary-Anne THOMAS:** Well, let me explain to you how our hospitals work, if I may.

**Bev McARTHUR:** Oh, please.

**Mary-Anne THOMAS:** Well, no, I will, because of course –

**Bev McARTHUR:** We cannot get in the door. They are in an ambulance.

**Mary-Anne THOMAS:** Let me explain to you that of course one of the challenges for our hospital services has been the acute demand on those services, which has been made even more complex as a consequence of the inability to discharge patients who are medically fit and able to go home. So you have to understand –

**Bev McARTHUR:** Well, how many people have died waiting, Minister? Can you give us an answer?

**Mary-Anne THOMAS:** Again –

**Bev McARTHUR:** Just a simple figure: how many have died waiting to get into your hospitals?

**Mary-Anne THOMAS:** Well, can I assure you that to the best of my knowledge the answer is no-one.

**Bev McARTHUR:** No-one. Thank you, Minister. How many Victorians have had their condition worsen as a result of failures with an unacceptable transfer time?

**Mary-Anne THOMAS:** I need to explain to you, if you will do me the courtesy of listening, that when patients are being transferred they are receiving care. Let us just be clear about that.

**Bev McARTHUR:** In the ambulance.

**Mary-Anne THOMAS:** By our highly trained paramedics.

**Bev McARTHUR:** I do not think they are too happy about this, Minister.

**Mary-Anne THOMAS:** We have the best trained and qualified paramedics anywhere in the nation, and indeed they are in consultation with our emergency department staff –

**Bev McARTHUR:** So now your treatment is on the street, Minister.



**Mary-Anne THOMAS:** Our emergency departments obviously triage patients as they present to hospital –

**Bev McARTHUR:** For 12 hours in an ambulance, Minister.

**Mary-Anne THOMAS:** where they will always be continuing to receive care. We have a holistic approach to the ongoing investment and reform of our healthcare services –

**Bev McARTHUR:** Okay, Minister, you are not going to answer the question. How many investigations, Minister, is Safer Care Victoria undertaking because of these failures?

**Mary-Anne THOMAS:** I need to point out that I am working to answer your question, but you seem unwilling to listen –

**Bev McARTHUR:** About as efficiently as you get people through the door of a hospital.

**Mary-Anne THOMAS:** You seem unwilling to listen and understand the way in which hospitals work and the way in which our paramedics work –

**Bev McARTHUR:** They are working overtime. You are just not getting people into your beds.

**Mary-Anne THOMAS:** in an excellent relationship with our emergency departments and the way our emergency departments then work with our ward clerks and others to find the suitable beds for patients in our hospital system.

**Bev McARTHUR:** All right.

**Mary-Anne THOMAS:** Safer Care Victoria produces an annual report. I am very pleased that under our government we established Safer Care Victoria. We did that of course as a consequence of the tragic unexplained deaths of babies at Djerriwarrah Health Services at the old Bacchus Marsh hospital, and as a consequence Safer Care Victoria now looks to investigate sentinel events as they are advised –

**Bev McARTHUR:** Secretary, can you please answer the question.

**Mary-Anne THOMAS:** and a report is provided every year. That report is not finalised, but what I can tell you is that –

**Bev McARTHUR:** No. We want an answer.

**Mary-Anne THOMAS:** What I will tell you is that I as Minister for Health have met with –

**Bev McARTHUR:** Have failed dismally.

**Mary-Anne THOMAS:** What I can tell you is that sentinel events are taken very, very seriously by Safer Care Victoria, by our health services and by me as minister. Indeed it is my expectation that not only do we inquire into every sentinel event in this state but that we learn from every sentinel event, that we work closely with grieving families, that we listen to them and we take the learnings from our sentinel event investigations and we apply them across the system. We are on a journey of continuous improvement in the health department, and we work hard every day to ensure that we deliver the very best and safest care to all Victorians. This is something that healthcare workers take extremely seriously, and I might say that every time those in the opposition attack our health system they are attacking our healthcare workers. And let me tell you, they know it. Our healthcare workers know that you give them no respect whatsoever. That has been evident every step of the way. Our nurses and our paramedics know that you have no respect for their hard work, their skills, their qualifications and their dedication, and our government in contrast has continued to invest in our healthcare workforce to ensure that we continue to provide them with opportunities to upskill and develop –

**Bev McARTHUR:** Minister, okay, you have dealt with that. You have had plenty of time to answer the question, and you have not answered it. So I refer to budget paper 3, pages 211 and 212 and the outputs – ‘Admitted Services’. Looking at the 2022–23 targets and expected outcomes, excluding output cost, you have failed 15 out of 25 acceptable performance standards. That is, 60 per cent of admitted services are broken, by

your own measure, on your watch. Why is the admitted services hospital system so broken, and when can Victorians expect the freefall in services to stop?

**Mary-Anne THOMAS:** Thank you very much for that question. The answer is quite simply this: one, it is not acceptable to me that we have not met our outcome measures.

**Bev McARTHUR:** Okay. It is not acceptable. That is a good answer, Minister.

**Mary-Anne THOMAS:** Yes. And so that is why we are continuing to invest through the money of our \$12 billion pandemic repair plan. I need to make the point again, and I ask that you listen: COVID has had an incredible impact, a devastating impact indeed, on our capacity to deliver admitted services in the way that we want to and in the way that we aim to. Let us not –

**Bev McARTHUR:** Okay. Thank you, Minister. You have answered the question. You have said it is unacceptable. Let us go to budget paper 3, page 211, ‘Performance measures’, and I refer to the performance measure ‘Number of patients admitted from the elective surgery waiting list’. 42,647 Victorians fewer than you promised will have their elective surgery. Why have you failed 42,647 Victorians? What was the reason for those Victorians to miss out on this vital and necessary surgery?

**Mary-Anne THOMAS:** It is really important: I will use the words ‘planned surgery’, and I use them very deliberately. Of course this year’s surgeries are broken into different categories – category 1, category 2 and category 3 – depending upon the acuity and the complexity at the point in time, and I am conscious also –

**Bev McARTHUR:** They are life-threatening surgeries that are required.

**Mary-Anne THOMAS:** Firstly, can I just make this point: category 1 surgeries are indeed urgent surgeries and can be life-threatening surgeries. They have been performed consistently, even through the peak of the COVID pandemic, 99.9 to 100 per cent of the time – and can I tell you that that 0.1 per cent has either been because a patient themselves is not able to be operated on at that time or indeed their surgical lead has been unwell. I can again assure the committee that those patients are then operated on within days. The target for category 1 is 30 days – that is the clinically recommended time – and between 99.9 and 100 per cent of all patients are operated on within that time frame. Category 2 and category 3 are less urgent, but as Mrs McArthur pointed out – or indeed I think I might have pointed it out to Mrs McArthur, but nonetheless – conditions may change over time. That is why I am really pleased that our patient support units are now actively managing people who are on the waitlist and ensuring that they are getting the best healthcare support while they are waiting for planned surgery.

**Bev McARTHUR:** Okay. Thank you, Minister.

**Mary-Anne THOMAS:** I have got another point of course that I need to make, which is –

**Bev McARTHUR:** Of course you have.

**Mary-Anne THOMAS:** what I am really pleased about is that in the last reported quarter the number of planned surgeries that have been delivered here in Victoria is now approaching prepandemic levels. This is only due of course to the investments that our government has made that have enabled more surgeries to be delivered. Indeed we have been able to deliver those surgeries both out of hours – we have established specialist clinics – and we purchased two private hospitals –

**Bev McARTHUR:** Thank you, Minister. You have answered the question. You have said it was unacceptable.

**Mary-Anne THOMAS:** which once they are fully operational will be able to deliver an additional 15,000 surgeries. I might point out that this initiative of ours – and those surgical centres have already delivered 2000 surgeries – was called by the shadow minister a ‘socialist manoeuvre’. Well, if delivering more planned surgery to more Victorians in a timely manner is a socialist manoeuvre, then so be it.

**Nicholas McGOWAN:** Well, you have constantly demonised the private sector, Minister; you know that.

**Mary-Anne THOMAS:** Our government is very proud of this initiative, which will enable us to deliver more surgeries. Indeed in the last quarter we were able to deliver 28 per cent more than in the same quarter in the previous year. It shows that our \$1.5 billion COVID catch-up plan is working, but at its heart of course are our dedicated surgeons, our perioperative healthcare workforce, our anaesthetists –

**Bev McARTHUR:** Minister, you have acquired the Frankston Private Hospital and Bellbird Private Hospital to boost elective surgery capability. Are they operating anywhere near capacity – yes, no? If no, why not? Anywhere near capacity?

**Mary-Anne THOMAS:** They have delivered 2000 surgeries. When fully operational, they will deliver 15,000 surgeries a year. The Blackburn public surgical centre was unfortunately flooded earlier this year and that has caused –

**The CHAIR:** Apologies to stop you there, Minister. We are going to go to Ms Kathage for the next 13 minutes.

**Lauren KATHAGE:** Thank you, Chair. Good morning, Minister and officials. I would like to ask about women's health. Budget paper 3, pages 54–55, refers to the initiative 'Giving women's health the focus and funding it deserves'. Can you please explain these investments and how they will improve health outcomes for women and girls?

**Mary-Anne THOMAS:** Absolutely, and thank you so much for your question. I am so proud of our government's investment – our \$153.9 million investment – into women's health, and for that to be fully delivered in this year's budget. You only get this type of investment when you are a government that respects women, listens to women and indeed elects women. This commitment was off the back of a concerted effort by the many women members of our government who made it their business to work with community and understand the real issues and challenges that women were facing. Of course women and girls, as we all know, make up half of our population, but for too long our conditions, our concerns, the impacts of both our biology and our gender have had a significant impact on the quality of health care that we have been able to access. Conditions that have impacted women have either been dismissed, misdiagnosed or ignored, so we know that women continue to experience poorer outcomes as a consequence of both our sex and our gender. For women from multicultural backgrounds, our LGBTIQ+ community, Aboriginal Victorians, women with disability and those living in regional areas, these barriers to optimal health are compounded. So this transformative investment over four years will be utilised to improve access to services, upskill our workforce and bridge the medical research knowledge gap, and I will have a little bit more to say about that if I may in response to your question.

The 20 new comprehensive women's health clinics will be based out of or close to our public hospitals and provide women with improved access to specialists, including gynaecologists and urologists, in a multidisciplinary team setting. We know that not everyone is able to access these clinics because of geography, and that is why I am really excited as a regional Victorian myself to confirm that \$5.3 million will be used to establish a mobile women's health clinic to ensure that women wherever they live in Victoria have access to these services.

We are also expanding our women's sexual and reproductive health hub network. These are generally nurse led. We have got \$6.4 million to establish an additional nine hubs, raising the number of hubs to 20. These hubs provide treatment, information and support for contraception, importantly, ensuring that women wherever they live have the opportunity to take advantage of the latest research and development in contraception and indeed the ability to be able to access long-acting and reversible contraception. Our hubs are also working to provide more abortion care to women throughout Victoria, including medical termination services and referral pathways for surgical termination, as well of course as testing and clinical services for sexual health. In order to ensure that we have the health workforce that we need, we are delivering \$2 million to provide 20,000 scholarships for 100 additional women's health specialists. This is a really transformational investment. We need to ensure that we recruit and train these specialists so that we can also grow the knowledge of our other health practitioners. I think women in the room will probably agree that the more support we can give to general practitioners also to grow their understanding of our particular needs will be very welcome.

There is \$2 million in grants funding to establish support groups and mental health support for women living with challenging conditions, including chronic pain, endometriosis or indeed discomforting symptoms of menopause, because we believe that for too long women have gone through these health challenges alone and they have borne the stigma of these conditions despite them being experienced by so many of us. It is really important that we continue to talk about this investment and that we work to destigmatise women's health care in all of its elements. That of course is part and parcel of what our government has worked to do at every step of the way. Making pads and tampons free of course is part of destigmatising menstruation and facing straight into period poverty. Similarly, the investments that we are making into endometriosis are about recognising the real and lived experience of women and the pain that too often they have endured in silence – pain that I might say has precluded their full participation in society and community.

Are you right there, Mrs McArthur? I have a got a RAT test if you need one.

**Bev McArthur** interjected.

**Mary-Anne THOMAS:** Okay. Thank you. Of course there is \$64.8 million of funding that will enable an additional 10,800 laparoscopy surgeries over four years. I do not want to suggest that this is always the preferred treatment, and indeed it may not be, but what we want to ensure is that every Victorian woman suffering endometriosis has a greater opportunity of having her real health concerns appropriately managed. But that starts with believing women when they present with pain, and too often that has not happened. Women have often felt like health practitioners are indeed dismissing their health concerns. We have heard directly from women how challenging it can be and how they have felt undermined, and indeed they start to question themselves when it feels like no health practitioner will listen to their real concerns. I really want to take this opportunity to encourage all committee members to do everything that they can in their own communities to talk about women's health concerns to destigmatise our health care so that more women will access the care that we are making available for them.

Talking about pain, very important of course, Ms Kathage, will be the pain management inquiry, because as we have heard, women feel that their pain is not believed. So we need to do an inquiry to understand and hear from women, hear from clinicians – those clinicians that are working with women – to better understand care pathways for women experiencing chronic pain.

I talked a little bit about research. What has been very interesting to me in my role as health minister, and quite disturbing I might say too, has been fully understanding the degree to which women's bodies are not well understood. Indeed because of our biology and because of the facts of menstruation and hormonal changes, the science community has often seen us as unreliable or too complex to be an actual baseline subject. So in the history of medical research we see that so much research and indeed clinical trials and so on have used men as the base subject and women have always been considered 'other', as I am sure the women who are now in the room would well understand. We need to better understand the way in which different conditions present in women. Of course cardiac issues are front line; women present very differently with heart attack or the presymptoms of a heart attack than men do. We know that women are disproportionately impacted by multiple sclerosis, but we do not know why. So we have a wealth of Western health knowledge that has been skewed over centuries to have a very thorough understanding of the male body, but the same cannot be said for the female body. So I think that that is really exciting.

I talked earlier about sexual and reproductive health hubs. Again, as the Minister for Health and as a regional MP, ensuring that access to sexual and reproductive health services is widely available is something that is very important to me. Of course we know that women and rural and regional Victoria sometimes find it harder to access trusted health services to talk about sexual and reproductive health. Having grown up in a small, rural community myself, younger women and indeed older women may know, or their families may know, the local doctor, the local pharmacist and so on. And so it has sometimes prevented girls and women from accessing the health care that we need. Our nurse-led sexual and reproductive health hubs will go a long way to changing that, I hope. So I think that this is a really fantastic initiative, and it is one that I know will be well championed by members of Parliament.

**Nicholas McGowan** interjected.

**Mary-Anne THOMAS:** I hope that you will be championing this in your electorate, Mr McGowan. Thank you.

**Nicholas McGOWAN:** I am championing that we should not do your database, which is an absolute affront to democracy.

**Mary-Anne THOMAS:** Again, we have talked about women and girls as half of our population. I have told you a little bit about the research. I am really pleased, though, when I take the opportunity to visit our research institutes to see the increasing number of young women who are pursuing careers both in medical research but also in clinical services. Our budget also includes foundational funding for the planning and development of a women's health research institute. This will only build upon Victoria's reputation as being one of the leading medical research centres in the world.

But it really is time that women's health and wellbeing gets the attention, care and focus that it deserves. This budget delivers for all Victorian women and girls, and I know that you will join with me again in championing this investment, working with women and girls. And I am pleased of course that I will shortly be announcing my ministerial advisory council which will help us implement these women's health reforms, ensuring that our women's health hubs are well implemented.

**The CHAIR:** Thank you, Minister. Mr O'Brien.

**Danny O'BRIEN:** Thank you, Chair. Good morning, Minister.

**Mary-Anne THOMAS:** Good morning.

**Danny O'BRIEN:** Can I just clarify – we were talking before about Frankston Private and Bellbird Private hospitals, and you said, just correct me if I am wrong, they both had performed 2000 surgeries so far. So that is for this financial year, is it?

**Mary-Anne THOMAS:** That is for the period for which we have recorded those surgeries, which – of course the financial year is not yet complete.

**Danny O'BRIEN:** But that is since you took them over, basically.

**Mary-Anne THOMAS:** Yes.

**Danny O'BRIEN:** And their capacity was 15,000.

**Mary-Anne THOMAS:** Once fully operational.

**Danny O'BRIEN:** When will they be fully operational?

**Mary-Anne THOMAS:** We anticipate that that will be by the middle of next year, I believe.

**Danny O'BRIEN:** The middle of 2024. Okay. Thank you.

**Mary-Anne THOMAS:** Can I just add a little bit more?

**Danny O'BRIEN:** No, because I have got to move on. Sorry, Minister. I have got the answer, thank you. BP3, page 226, has the data on the Smile Squad performance, and in a media release on 27 April 2021 the Acting Premier at the time said:

In total, more than 500 schools will participate in 2021, offering free dental treatment to more than 200,000 Victorian students. This year there are only 177 schools being visited – not 500 – only 31,844 children being examined and a little more than 7000 receiving actual treatment. What is the explanation for these low numbers, which are far from the 200,000 promised by the then Acting Premier?

**Mary-Anne THOMAS:** Thank you very much for that question. Of course Smile Squad, with a \$321.9 million investment, is a groundbreaking investment and one that will improve the oral health care of young Victorians and indeed ensure their good oral health care into the future. As you would expect, there have

been disruptions to the delivery of Smile Squad as a consequence of COVID and the disruptions that it presented to our schools.

**Danny O'BRIEN:** I knew you would go there. This was literally announced in the middle of COVID, so that was well known at the time. The target was 200,000 students a year, and we are getting 31,000 actually seen. When will we actually see anything like the targets that you have set?

**Mary-Anne THOMAS:** We had school closures, as you would recall, through 2020–21, but indeed we have also been impacted by workforce challenges. Can I say: what I am really pleased about with Smile Squad is that, as we continue to roll out the program, we are seeing much greater take-up by students than was initially anticipated, so –

**Danny O'BRIEN:** Not compared to what the Acting Premier said in 2021. He said it would be 200,000, and we are treating 31,000.

**Mary-Anne THOMAS:** If I can answer the question, what we are seeing is indeed that the number of children at the schools that Smile Squad is visiting is higher than we originally anticipated.

**Danny O'BRIEN:** What, you have revised your original anticipation? Minister, can I ask then –

**Mary-Anne THOMAS:** Sorry, if I may – the target was 10,000 in 2022–23, and the actual number that we anticipate is 31,844. Indeed that is why –

**Danny O'BRIEN:** But when Smile Squad was actually announced, the target was 200,000.

**Mary-Anne THOMAS:** we have increased our target.

**Nicholas McGOWAN:** It was over 200,000, Minister.

**Mary-Anne THOMAS:** Again, I am pointing to what the budget papers say, and the budget papers have a target of 10,000. Indeed we have now seen more young people than we expected. Now, Smile Squad –

**Danny O'BRIEN:** No, no. Thank you, Minister. On that basis then, you are expecting 50,000 children to be seen this year.

**Mary-Anne THOMAS:** Yes.

**Danny O'BRIEN:** Again, when this was re-announced in 2021, the minister said at the time that it would be rolled out to all public schools by the end of 2023. I think 200 schools is the target this year.

**Mary-Anne THOMAS:** And it will be –

**Danny O'BRIEN:** There are 1613 public schools in the state. Will you meet that target by the end of this year?

**Mary-Anne THOMAS:** Every government school will have been visited by Smile Squad by the end of this year.

**Danny O'BRIEN:** So your target is 200 for this year; there are 1600 schools. You are going to see 1400 schools between now and the end of the year?

**Mary-Anne THOMAS:** At the end of this year every government school will have received a visit from Smile Squad.

**Danny O'BRIEN:** Just one.

**Mary-Anne THOMAS:** What we have seen of course is a greater take-up than we originally anticipated.

**Nicholas McGOWAN:** What about the low-fee Catholic schools you promised? How many visits will they get?

**Mary-Anne THOMAS:** I am sorry, I am answering Mr O'Brien's question. The take-up of Smile Squad has been good, but I do need to point out that there have been some workforce challenges. Indeed when we talk about –

**Danny O'BRIEN:** I remember asking whether you would be able to do that at the time.

**Mary-Anne THOMAS:** But when we talk about COVID, which is important to do, can we remember of course that our borders were closed for a very large part of the time, and indeed our healthcare workforce is a very mobile one. We have been impacted by healthcare worker shortages, and indeed that applies to Smile Squad. Smile Squad is a program of which we are immensely proud. I look forward to continuing to grow the Smile Squad program and working towards our aim that every child will receive a visit every year under Smile Squad.

**Danny O'BRIEN:** So every child in the state will receive a visit this year?

**Mary-Anne THOMAS:** No. As I explained to you, by the end of this year every school will have been visited by Smile Squad. To date 960 schools have been provided with dental packs, 426 clinical services have been provided and more than 52,000 children have received clinical care. This is a program that we will continue to invest in and support. It is the most significant investment in preventative health care that this state has ever seen.

**Danny O'BRIEN:** Okay. Thank you. I do not need more information about the program. I wanted the data.

**Mary-Anne THOMAS:** Well, I wanted to give you some data, if I may –

**Danny O'BRIEN:** No, no, I do not need the spin about how well it is going. I have asked about it. Thank you.

**Mary-Anne THOMAS:** the data being that we know that poor oral health is one of the most preventable conditions that lead to children being presented to our hospitals –

**Danny O'BRIEN:** Thank you. Thank you, Minister.

**Mary-Anne THOMAS:** and this will have long-ranging effects and drive down the number of children that are presenting to our healthcare services because of their poor oral health.

**Danny O'BRIEN:** Thank you, Minister. On the same page, page 226, is the waiting time for general dental care. On your government's watch this has ballooned out now to 23 months. Twenty-three months is the waiting list for general dental care there on page 226. It was 11.8 months when you came to government, so at the end of the previous coalition government. When will you get this figure back to 12 months or better, as it was when you came into government?

**Mary-Anne THOMAS:** Okay. Well, thank you very much for that question, Mr McGowan.

**Nicholas McGOWAN:** No, that is not me. I am over here, Minister. I will wear a name tag next time.

**Mary-Anne THOMAS:** Sorry, not Mr McGowan, Mr O'Brien. I am sorry. Well, we are not that familiar with one another, being in different houses. But Mr O'Brien I know well. So, Mr O'Brien, let me be clear: our government was left to contend with the former federal Liberal-National coalition government walking away from public dental care.

**Danny O'BRIEN:** What, in 1996?

**Mary-Anne THOMAS:** No, what I am trying to explain to you is that in the current environment we have worked through a cut to Commonwealth investment by 30 per cent in 2016–17, and that cut that was made in 2016–17 was maintained throughout the rest of their time – that is the federal National-Liberal parties government in Canberra – throughout the entire time that they were in government. So I welcome the Albanese government's budget announcement of a new two-year federation funding agreement. This will ensure that our public dental health services have more funding certainty, which of course makes a big impact on their ability to access the workforce that they need.

**Danny O'BRIEN:** So when will you get it back to less than 12 months, as it was when you came to government?

**Mary-Anne THOMAS:** Okay. What I wanted to be clear with you about is that emergency –

**Danny O'BRIEN:** No, I want her to be clear on an answer, Chair.

**Mary-Anne THOMAS:** Emergency dental care –

**Danny O'BRIEN:** Just general dental care is what I have asked about.

**Mary-Anne THOMAS:** Well, I wanted to just make sure that you were aware. A little bit like category 1 surgery, for urgent dental care there is no waiting list.

**Danny O'BRIEN:** Point of order, Chair.

**The CHAIR:** Excuse me, Minister. Point of order, Mr O'Brien.

**Danny O'BRIEN:** On the question of relevance, the minister is now answering a completely different question to what I asked. Can I move on, please?

**The CHAIR:** Yes.

**Danny O'BRIEN:** Thank you. Minister, in relation to non-admitted services, your targets on page 213 show that you are missing 60 per cent of the targets there. Three out of five are far below the targets you have set: 'Community palliative care episodes', 'Health independence program direct contacts' and 'Patients treated in Specialist Outpatient Clinics'. I want to know when that is going to improve. There is such an underperformance in those three in particular. When will those actually get back to meeting the targets you have set?

**Mary-Anne THOMAS:** Okay. Thank you very much for that question, Mr O'Brien. I do want to put on the record, if I may, that the current waitlist – this is in reference, I am sorry, to your earlier question – is now 14.8 months, and we will continue to work to drive that one down, for dental care.

**Danny O'BRIEN:** It says 23 in the budget paper, Minister.

**Mary-Anne THOMAS:** In response to the question that you have raised, I know that you do not want to hear this, but I have to tell you because it is in fact a fact: with our BP3 measures, we have faced challenges meeting those and this is as a consequence of the very real impacts that are still being experienced in our health system as a consequence –

**Danny O'BRIEN:** Of COVID.

**Mary-Anne THOMAS:** of COVID.

**Danny O'BRIEN:** Which you have had three years to prepare for. You told us that we would be locked down to help prepare the health system. You told us last year there was \$12 billion in the budget – I remember it very clearly – to fix the system and get it back on track. We are 12 months down the track and the figures are getting worse, Minister. When will they actually get better? When will you meet your targets?

**Mary-Anne THOMAS:** What we are seeing is that there are steady improvements occurring every single day in our healthcare system and we have seen a stabilisation of some of our data. But let us be clear: our healthcare workers have been working for three years non-stop during the peak of COVID. They are still managing –

**Danny O'BRIEN:** We know that. This is not a question about healthcare workers, Minister.

**Mary-Anne THOMAS:** Well, it is always a question. With respect, it is always a question about healthcare workers because healthcare workers deliver the health care to the patients.



**Danny O'BRIEN:** I do not want to talk about that. I want to talk about the patients who are failing to get the services that you have promised. You have promised for three years now that we are fixing the health system, we are dealing with COVID and we are recovering.

**Mary-Anne THOMAS:** And we are. Yes.

**Danny O'BRIEN:** Secretary, can I ask you with respect to patients treated in specialist outpatient clinics, there were 26,000 fewer patients seen in specialist outpatient clinics than expected this year: how many Victorians are waiting for a first urgent appointment as at 30 March and how many are waiting for a routine appointment? Are you able to give us that data?

**Euan WALLACE:** Which budget paper?

**Danny O'BRIEN:** It is BP3, page 213, 'Patients treated in specialist outpatient clinics' – 26,000 less than the target.

**Mary-Anne THOMAS:** While the Secretary is finding that page –

**Danny O'BRIEN:** I have got very limited time, Minister.

**Mary-Anne THOMAS:** Thank you, but what I wanted to let you know is that 90 per cent of patients –

**Danny O'BRIEN:** It is not what you want to let me know, it is a question that I have asked.

**Mary-Anne THOMAS:** are seen within the recommended time, and that information is publicly available on the VAHI website. That is of people waiting for their first appointment, 90 per cent of those looking for their first appointment receive it in the allocated time.

**Danny O'BRIEN:** Well, maybe, Minister, if you want to talk you can explain why you are not meeting your targets for people getting a specialist appointment. People are waiting for appointments. They are not even on the elective surgery waiting list because they cannot get an appointment with a specialist.

**The CHAIR:** Apologies, Mr O'Brien. Your time is up. We will now go to Mr Hilakari.

**Mathew HILAKARI:** Minister, I might take you to priority primary care centres. I refer to budget paper 3, page 58. These priority primary care centres have been open for just a little while now. There is one actually just down the road from me in Werribee that assists the community that I represent. Could you please tell us about some of the learnings that we have had so far and some of the outcomes as well?

**Mary-Anne THOMAS:** Thank you very much, Mr Hilakari, for that question. It is a really important question. We are very proud of the decision that our government took to establish priority primary care centres. It is important for me to take this opportunity to remind the committee and indeed everyone that primary care is the responsibility of the federal government. What we saw following almost a decade of neglect from the previous federal Liberal government was that Victorians were finding it harder than ever before to see a general practitioner. Not only that, because of their failure to address the flaws and the funding through the MBS, we also saw fewer young doctors wanting to take up the general practice specialty. This is a travesty, and it is a terrible outcome indeed for all Australians. It is a direct consequence of deliberate decisions that were taken under prime ministers Abbott, Turnbull and Morrison, and Victoria and all the other states are bearing the brunt. What we have done – and indeed we did this in partnership with New South Wales – was we made a decision that we would establish priority primary care. What priority primary care delivers is urgent but not emergency care. I know that can sometimes be a little bit difficult to distinguish, but that is why our priority primary care centres are located very close by and have relationships with acute care hospitals, which enables referrals both back and forth.

But let me tell you, priority primary care has been enormously successful. Our PPCCs have seen more than 71,000 patients already since the first clinic opened in September 2022. I have got to tell you that the GPs that are working in priority primary care are really loving the opportunity to utilise all their skills, because of course some of those around the table may well remember that in days gone by it was GPs who always attended to lacerations and broken arms and so on, and the GPs are enjoying that opportunity to see some of the more complex cases that present themselves. We all know – those of us who have children – that it can be very

stressful having a little one who seems to be getting sicker throughout the day, perhaps with an infection or a temperature, or indeed someone who has fallen off a swing at the park or something. Priority primary care centres are all very well equipped to deal with childhood illnesses and injuries. What this means of course is that Victorians can save themselves a very long wait or potentially a very long wait at an emergency department. And why will there be a long wait at the emergency department – because the role of emergency departments is to treat those with life-threatening emergencies and significant trauma, and those patients will always be seen ahead of those that can be stabilised. This is meeting the needs of Victorian families, it is giving GPs an opportunity to continue to utilise their skills and of course it is taking pressure off our emergency departments, so this has been a fantastic initiative.

Of course we also welcome the federal government's announcement of its urgent care centres, and they will assume responsibility for some of our established priority primary care centres. We got ahead of the game by introducing the priority primary care centres. I must say they have been so successful that Monash Health has taken a decision to establish its own. I talked a little bit earlier about children, and I do want to again let parents in the room know that both Monash Children's and the Royal Children's have their own priority primary care centres. The thing about the children's hospital PPCC that you should know of course is that you will be referred to it via the emergency triage service at the hospital, so it operates a little bit differently. But all of our PPCCs are equipped to deal with some of those urgent childhood presentations.

Again, if we talk about primary care, I want to take this opportunity to acknowledge the RACGP and the Victorian president Dr Anita Muñoz, whom I have worked with very closely. Primary care is at the centre of our healthcare system. But it is run by the Commonwealth, and we welcome the Albanese Labor government's Strengthening Medicare Taskforce and recent budget announcements, particularly those that go to making amendments to Medicare, which of course should always be free, fast and local. That was the promise of Medicare. It has not always been delivered, but we welcome the investment particularly that will enable general practitioners to spend an hour on their most complex patients. This will only deliver better health outcomes for those in our state who need it most. As I have said, the priority primary care centres are making an enormous difference in the lives of all Victorians.

But I talked a little bit about the challenges of having the GP workforce that we need. Once again our government has led the nation, leaning into primary care, because of the underinvestment and neglect of the former federal Liberal–National government that actually led to a crisis in general practice care, in primary care – an actual crisis. What we are doing and what this budget delivers on of course is a commitment – \$32 million – to provide financial incentives to junior doctors who want to take up general practice as a career. This will enable 30,000 top-up payments for trainees enrolling in GP training and up to \$10,000 to reimburse student general practitioners for their exam costs. Again, general practice is at the heart of health care, but it is a Commonwealth responsibility. It is refreshing to have a government in Canberra that is willing to face the challenges that it has inherited, and we look forward to continuing that relationship. I might say that across the nation, health ministers, including those from states governed by the Liberal–National parties, very much welcomed the change in direction under the Albanese Labor government when it comes to investing in primary care. We were also quick off the mark in terms of the general practice respiratory clinics, because – I am sure there are members of the committee who will recall – there was a time during COVID when you could not see a GP. GPs of course run their own practices. As well as being healthcare professionals, they have to run a small business. GPs were reluctant to see people with respiratory illnesses for the very real concern that they may spread COVID amongst their staff and indeed themselves, so GP respiratory clinics were set up specifically to support patients with COVID but also other respiratory illnesses, because – you might recall – even if you had a negative RAT, GPs were still a little bit reluctant to see anyone with any symptoms of coughing, sneezing, headaches and so on. So the GP respiratory clinics provided, again, a very real and helpful service.

Once again I reflect on how important this is for Victorian families and those with little children. Anyone that has had an asthmatic child or a child with RSV or indeed any of the number of respiratory viruses that little children are susceptible to will know, again, how anxious that can be and how that peak time really is early evening, and that is just when your GP is closed. But our respiratory clinics, our PPCs, are open up to 16 hours a day, seven days a week, and they have filled a really important and vital role.

Again I want to also thank all of our general practitioners but take the opportunity, if there are any junior doctors listening, to encourage them to look into general practice. GPs will tell you it is an extraordinarily rewarding profession, but we look forward to continuing to work with the federal government on ongoing

reform of Medicare. Medicare was broken under the previous Liberal–National government. It is a national disgrace. Our government leaned in –

*Members interjecting.*

**Mary-Anne THOMAS:** as did the Liberal New South Wales government at the time, because the Liberal New South Wales government was experiencing the same poor outcomes for their community as a consequence of the underinvestment of the previous federal Liberal–National government.

**Mathew HILAKARI:** Thank you so much. Certainly the priority primary care centre in Werribee is open from 8 am till 10 pm, particularly for those late-night purposes, and certainly my family made use of those respiratory clinics during COVID. It was such great care that was delivered, and it was quick. My son got seen really urgently. So it was so great for the community that I was in.

You have gone through some of those elements around GPs not being available. I have heard that so many times, so I was so pleased that we leaned in as a government to actually say to the federal government, ‘Do something about this.’

**Mary-Anne THOMAS:** Yes, absolutely.

**Mathew HILAKARI:** And I am so sad that they actually failed on that.

**Mary-Anne THOMAS:** And you can be assured that I will continue to champion the need for greater investment into Medicare for the health and wellbeing of all Victorians, indeed all Australians. I am also pleased, as people know, national cabinet is prioritising health. There is a lot of work to be done to support our health system to recover from not only COVID but almost a decade of neglect, wilful neglect, by the previous federal Liberal–National Party government.

**Nicholas McGOWAN:** Your government has just ripped a billion dollars from Victoria and you sit there and say that.

**The CHAIR:** Thank you, Minister. The next 13 minutes belong to Ms Sandell.

**Ellen SANDELL:** Thank you, Chair. Good morning, everybody. Secretary, first of all, I might just take you back to a question that I started in the mental health portfolio. You mentioned that the health department’s share of the efficiencies, or job cuts, is about \$20 million. Can you talk about what functions you think will be lost or how that might affect the health department?

**Euan WALLACE:** We are still working through those functions. The government will have a workforce transition plan that will apply across all of government, all departments, and when that has been prepared by IRV and DPC and when that is ready, we will obviously use that to guide our decisions. I would say, though, up-front, that these are savings for the department – these are not savings for the system. So there are no losses of jobs of nurses or doctors or physios et cetera. These are savings I will find within my own department.

**Ellen SANDELL:** And do you know what to expect on the time line on that? You talked about the DPC process.

**Euan WALLACE:** So we are expecting the workforce transition plan very soon, and then we will begin working with my own department and with CPSU around meeting those savings. But it will be the second half of this year and into next year.

**Ellen SANDELL:** Obviously during the pandemic we saw the importance of having a really well-resourced public health team and how important health bureaucrats actually were. So, I guess, how do you reconcile that with having to perhaps cut back on some of that workforce within your department?

**Euan WALLACE:** Good question. So two things have happened: I think the first is that, as you recall, in 2020 we established local public health units. The new local public health units, under Professor Wainer’s leadership, are increasingly doing more and more work. Obviously we set them up in 2020 with a very tight focus on COVID, and their very early function was around contact tracing. Those functions then became more elaborate, reaching into industries – those in rural settings and abattoirs et cetera. But over the past 18 months

the functions have elaborated even more. So our public health units in northern Victoria – so in Shepparton, for example – were fundamental to managing the floods and the mosquito-borne diseases. They also led mpox responses. I think there are about 32 notifiable diseases, communicable diseases, that they are managing now. Over the next 12 months that will grow to 81 diseases. So we have moved functions because we had to, and it was appropriate. We have moved functions that used to lie entirely at 50 Lonsdale Street with a small team out into these now diversified teams out through our PHUs.

Then the second thing of course is there is money in this year's budget to continue our public health functions, including PHU funding.

**Ellen SANDELL:** So you are not expecting any reduction in those services due to these cuts.

**Euan WALLACE:** No.

**Ellen SANDELL:** Okay, thank you.

**Mary-Anne THOMAS:** Ms Sandell, could I add to the Secretary's response? I just want to make that point about the importance of the LPHUs.

**Ellen SANDELL:** I really want to hear what you say, but I have only 9 minutes. I have got a few topics if that is okay.

**Mary-Anne THOMAS:** Sure.

**Ellen SANDELL:** I just want to talk about, Secretary, perhaps following what you said about some of the mosquito-borne diseases that we are seeing, the health challenges we are going to see with climate change – it has been pretty scary to see the incidences of encephalitis, for example – and how the health department is managing those and the coming risks.

**Euan WALLACE:** So managing the mosquito-borne diseases or –

**Ellen SANDELL:** Well, I guess what kind of work is being done to think about the health challenges we will face with climate change, but mosquito-borne diseases are obviously one of the most kind of pressing examples of that.

**Euan WALLACE:** Yes, I think it is a very, very important topic. I might start, and then I might ask Professor Wainer, who heads our public health division, to elaborate. So we have established what we call a health sustainability unit, for the moment. It is essentially a unit that is focused on two aspects of climate change: one, the contribution the health industry makes to climate change – we have a very large carbon footprint.

**Ellen SANDELL:** I can ask about that in health infrastructure.

**Euan WALLACE:** And then secondly, so what are the emerging and growing health challenges – not just heat health, but as you have referenced, mosquito-borne viruses and infections. Again, the elaborate infrastructure that we have built through our PHUs places them well to be the effector arm, if you like, of the actions that we have taken in response to JVE, as an example, but also in consultation with Professor Wainer's group, our CHO and deputy CHOs in public health to plan, well, what are these emerging risks? I might ask Professor Wainer just to elaborate more on those.

**Ellen SANDELL:** Just briefly if you could. I have got some other topics too.

**Zoe WAINER:** Of course, of course. I also wanted just to raise that we are doing a lot of work around emergency preparedness. We are very aware that we are witnessing increasing numbers of events that are impacting our communities. Obviously floods, fires and storms are what we are prepared for in our emergency team at the moment.

**Ellen SANDELL:** Okay. Thank you very much. And you mentioned the CHO, and we pass on our regards to him and congratulations for his career. I think we are all very grateful for what he has given us.

I want to ask about public dental as well. Could you just clarify, Minister: so the target in the budget papers is 23 months wait. Did you just say it is actually 14.8 months? Is that what you were referencing before? So currently the waiting time for public dental is 14 months. Is that correct?

**Mary-Anne THOMAS:** I might ask the Secretary to clarify that for me.

**Louise McKINLAY:** So that was the last quarter.

**Ellen SANDELL:** The last quarter. So my understanding is the voucher scheme brought down that waiting list. So is the government committing to continuing the voucher scheme?

**Louise McKINLAY:** So it is a range of interventions that actually brought down the wait time. So there was an additional investment last year which helped to allocate another 40,000 clients to access public dental. Some of that was done through waitlist management improvements, so centralising the waitlist to then be able to get people to the right care at the right time. I might point out actually 80 per cent of the clients of public dental never get on a waitlist because they are treated urgently and as a priority. And then, yes, we do use vouchers and, yes, where it is appropriate we will continue to do that.

**Ellen SANDELL:** Okay. Thank you. I would like to ask the minister about women's health –

**Mary-Anne THOMAS:** Yes.

**Ellen SANDELL:** and also maternity and perinatal care services, something I am very passionate about, you are passionate about and I know Professor Wallace is also very passionate about. So the recent Auditor-General's audit into sexual and reproductive health released last month stated there are 17 regional and rural local government areas in Victoria where there are no registered medical or surgical termination providers. Do you have a list of which local government areas actually lack these services, and could you provide it? It was not in the VAGO report.

**Mary-Anne THOMAS:** Look, thanks very much, Ms Sandell, for that question. You and I share a commitment, I believe, to the expansion of access to medical and surgical termination of pregnancy. The availability of medical termination is something I know that the federal government is working on, because it will need some regulatory reform. In terms of surgical termination we are also impacted by availability of workforce and, I might say concerningly, also by the concern of some health practitioners to identify their readiness and willingness to undertake surgical termination, particularly in rural and regional towns, because of the stigma that still attaches to abortion care in our state. The 1800 My Options number of course has been a game changer for so many girls and women, but what I wanted to let you know is that I have a very strong commitment to improving this access. What I undertake to do is to provide you with all the information we have on where women can access either surgical or medical termination across the state.

**Ellen SANDELL:** Thank you. The ACT has just made it free; do we have a similar commitment to doing that?

**Mary-Anne THOMAS:** Well, all health care in our public health services is free.

**Ellen SANDELL:** And just in terms of sexual and reproductive hubs – a number of them provide services at no cost to patients, but as I understand it, some others, such as the Bendigo hub, have an out-of-pocket cost, for example, for IUDs. Why do they differ across the hubs in terms of the cost?

**Mary-Anne THOMAS:** So the sexual and reproductive health hubs are currently, as I say, nurse led and will often be located with community health, and there may well still be these discrepancies where people are being asked to pay for contraceptive devices. Again, the principle behind public health is that it is free, but – unless the Secretary or Professor Wainer had something they wanted to say in relation to that.

**Ellen SANDELL:** Maybe you could look into that and come back to me on why those costs differ. I want to ask about maternal and perinatal care services. So there was a parliamentary inquiry in 2018 that made a number of very good, I think, recommendations about how to improve our services. I have had three babies in the public hospital system and have had excellent care but have also seen the pressures that it is under. I know that there are workforce issues. I do not necessarily want to go to that, because I know you are trying to address some of those, but there were some other recommendations around expanding midwifery-led continuity of care,

campaigns to promote breastfeeding, day-stay lactation clinics and advocating for Medicare rebates for lactation consultants. I am just wondering if somebody – the Secretary or you, Minister – could talk about whether we are actually looking at some of those things, particularly the continuity of care and some of those allied services that people need when they give birth.

**Mary-Anne THOMAS:** Yes, absolutely. I can tell you that we are very much looking at continuity of care, because the data is in, and we know that both mothers and babies do better if they are able to access consistent midwife care with one midwife through their pregnancy and indeed in those very important first few days before transitioning to maternal and child health nurse care. There is funding in our package for lactation consultants and the early parenting centres, of course, which is something different, but I know you would share an interest in that. Certainly both Professor Wallace and I are committed to a program of continuous reform and improvement of maternity care services here in Victoria – and that is not to concede that there is anything wrong with them, but we believe we can do so much more to ensure that women are feeling as much sense of control over their birth and the care plan as possible but also that we work to support women to have the best pregnancy possible and the optimal pregnancy for their baby. What we know and what our BP3 measures tell us is that this is still not the case for First Nations women in Victoria – and again, both the Secretary and I share a determination to do something about that, and we believe that midwifery care is critical to that.

**Ellen SANDELL:** Is there funding particularly to expand places in – you know, I am thinking about the Cosmos program, for example, at the Royal Women's, or other similar continuity-of-care programs? Will they be expanded?

**Euan WALLACE:** Yes. There is a whole suite of initiatives. For example, Western Health lead a Maternity Connect program, where they get rural midwives in from the country to spend some time at Western Sunshine at the Joan Kirner hospital and then go out, and then we have worked the last couple of years at Portland and Castlemaine to build these maternity-led models of care.

**Ellen SANDELL:** Thank you.

**The CHAIR:** Apologies, Ms Sandell. We are going to go to Mr Hamer for the last 13 minutes.

**Paul HAMER:** Thank you, Minister. Thank you, officials. I would like to ask some questions about the health workforce. As you mentioned before, Minister, you cannot have great patient care without a great workforce – and as you recall, we went out to Deakin Uni very recently to see some of our nurses in training coming through the system. I would particularly like to talk about budget paper 3, pages 54 and 55. Page 54 talks about the health workforce training and development initiative, and I was just wondering if you could clarify how this is going to assist some of our ongoing health workforce issues.

**Mary-Anne THOMAS:** Thank you very much, Mr Hamer, for your question, and thank you for your ongoing interest in our public health system and indeed in our healthcare workforce. It has been a real pleasure to visit with you at both Deakin University and indeed Eastern Health. Thank you for that and, as I said, for your interest. This budget has allocated \$15.3 million to our 10-year health workforce strategy, and that strategy is about ensuring that we are maintaining and building the workforce Victoria needs now and into the future through increasing workforce supply. This investment will fund the implementation of various initiatives that are focused on increasing supply, including program funding of \$13.7 million over 2023–24 to attract a further 1100 international healthcare workers by June 2024, including 440 in regional and rural health services. I want to make the point that Victoria is a very attractive place for international healthcare workers, and we know that there are many highly qualified and experienced healthcare workers who want to come and join us. One of the key challenges that we have faced in recruiting healthcare workers has been the cumbersome and no longer fit-for-purpose immigration procedures that, again, were a legacy from the federal Liberal-National government, who failed to address the need to have an immigration system that is fit for purpose and enables us to recruit people that want to come and work here in Australia. To hear stories from highly qualified clinicians from Israel, England, Ireland and so on, where it takes between 18 months and two years to be able to transfer to come to Australia, is a real challenge, so I welcome again the Albanese government's commitment to work to reform this.

As I said, we are a very attractive place for international healthcare workers for a range of reasons. Not only do they have the opportunity to participate in world-class care but the learning and the research environments in our public health hospitals are second to none, and this in itself is a great drawcard. For nurses, our enshrined-in-law nurse-to-patient ratios make Victoria a very attractive proposition, and we welcome the many nurses who have chosen to come to Victoria to work.

We are also investing money to increase supply of clinical workforces through increased student graduate programs. The funding will cover 40 enrolled nurses to transition to practice-funded places, and we have funding also to extend multidisciplinary public health training programs. Of course there is funding also to build regional and rural nursing and midwifery capability by funding 60 clinical placements in the Maternity Connect Program at Western Health, and that is one that supports nurses and midwives working in public rural maternity services to develop and maintain their skills and competence through a clinical exposure placement at a higher acuity service.

This is one of the great opportunities that I see within our public health service system. Despite the fact that we have 78 separate public health services, the opportunities for those services to work better together to expand the clinical skills and opportunities for our health workforce are really vital. To be able to take those newly developed skills back into rural and regional communities is our government's focus. It has always been part of our Labor government's focus – improving health equity across our state.

Of course our health workforce has put in a mammoth effort for over three years now. I cannot overestimate the value of the work and the dedication and commitment, and I take an opportunity whenever I am out of course to thank our hardworking healthcare workers. While others choose to go to war with them or indeed attack them, I have made a point of thanking our healthcare workers. Indeed I make the point that while others in the community will say that COVID is over, our healthcare workers know that 2022 was the most difficult year of all, because while everyone else in the community was getting about life and life had returned to normal for so many people, that was not the case in our health system as our healthcare workers managed record COVID hospitalisations. Indeed they also managed the stress associated with furlough and indeed their own tiredness. Again I take this opportunity to thank our healthcare workers for leading us through those really, really difficult times.

Since we came to office in 2014 our healthcare workforce has grown each and every year. In fact between 2014 and 2020 the healthcare workforce grew by 32.6 per cent, or 26,662 full-time equivalent healthcare workers, including 8500 who joined our workforce during the pandemic. There are 26 per cent more nurses and midwives and nearly 50 per cent more doctors in our hospitals today than there were when we came to office in 2014. We have invested over \$2 billion in the training and development of our healthcare workforce, and we will keep working with and investing in our workforce. You know what? The difference is that we listen to our healthcare workers, we engage with their industrial partners, we take their great ideas and we listen to the experts when it comes to what healthcare workers need and want in terms of being best prepared to deliver world-class health care to their patients. You can only run a world-class healthcare system if you work with our healthcare workers, and that is what our government has always committed to do.

In 2022–23 the government's commitments included the following initiatives to support 17,000 nurses and midwives and other healthcare workers to get the training and support that they need. I am really pleased that our commitment to making nursing and midwifery free to study is paying off. Of course nursing and midwifery are absolutely critical to our healthcare system. By making it free to study we are ensuring that the very best and the brightest are taking up the opportunity to train as nurses. What is more, we have an incentive in place to encourage those graduates to deliver for and work in our public health service.

**Bev McARTHUR:** Only in the public system – no help for the private system.

**Mary-Anne THOMAS:** It has been a real pleasure of mine to be able to visit – as we did – out at Deakin, where you were able, Mr Hamer, to show your prowess as a midwife in training. It was fantastic to meet with students to see how well trained and prepared they are and how excited they are about the opportunity to work in our health system. We also have introduced a \$5000 sign-on bonus, and that is about ensuring that nurses that are entering graduate training positions this year and next year will be rewarded for taking up a job in our public health system.

I might take on some of the interjections I have heard –

**Nicholas McGOWAN:** Please do, Minister.

**Mary-Anne THOMAS:** and say that we would welcome the private health system taking a lead from our government and offering similar incentives to their own workforce.

**Nicholas McGowan** interjected.

**Mary-Anne THOMAS:** But of course making nursing free to study and ensuring that students can receive –

**Paul HAMER:** On a point of order, Chair –

**The CHAIR:** Excuse me, Mr McGowan. Minister, there is a point of order.

**Paul HAMER:** I asked the minister the question, and I would like to hear the minister's answer in silence.

**The CHAIR:** Thank you, Mr Hamer – so would I.

**Mary-Anne THOMAS:** I will make the point that students can receive \$9000 while studying. They can choose where they work. We make no apologies for having an additional incentive to come and work in our public health system – a system that is critical for all Victorians because it delivers free and top-quality health care to Victorians.

One of the other initiatives that has worked really, really well has been the RUSON and RUSOM program. That stands for registered undergraduate student of nursing and registered undergraduate student of midwifery. This is a really great innovation, and one that was worked up I might say some time ago by a previous Minister for Health, who now happens to be the Premier, with the nursing workforce. It was scrapped under the previous Liberal–National government but reimplemented by the Andrews Labor government. What that does is enable nurses and midwives in training to be registered as being in training and be able to perform certain roles in our health system. That means that instead of taking up a casual job – perhaps at Maccas or in a local pub or bar – to help support their way through university, students can actually work in healthcare settings. And let me tell you that our hospitals love our RUSONs and RUSOMs. Our midwives and nurses love them, and indeed it is a really great opportunity for these young people to make a decision about whether this is the career for them. But they make themselves highly employable of course by already having had that experience. We have funded 1125 RUSONs and around 400 RUSOMs during the year.

I wanted to mention our Aboriginal workforce. Of course our government is committed to truth, justice and treaty and 'Aboriginal health in Aboriginal hands' means making sure we are putting in the investments that are needed to grow our Aboriginal healthcare workforce. You will find undergraduate cadetships, postgraduate scholarships and training for up to 160 Aboriginal health students and workers in the budget.

**Paul HAMER:** Thank you, Minister.

**The CHAIR:** Thank you, Minister. Minister and department officials, that is the end of –

**Euan WALLACE:** Chair, sorry, with your indulgence, I have got an answer to Mr McGowan's question related to the questionnaire. He asked about question 19B, page 112, of the questionnaire. The year-to-date is the end of March.

**Nicholas McGOWAN:** The date?

**Euan WALLACE:** End of March.

**Nicholas McGOWAN:** The last day of March. Okay. Thank you.

**The CHAIR:** Thank you, Professor Wallace.

Thank you very much for appearing before the committee today. The committee will follow up on any questions taken on notice 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 health infrastructure portfolio at 10:45 am. I declare this hearing adjourned.

**Witnesses withdrew.**