PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the 2024–25 Budget Estimates

Melbourne – Wednesday 22 May 2024

MEMBERS

Sarah Connolly – Chair
Nicholas McGowan – Deputy Chair
Michael Galea
Mathew Hilakari
Lauren Kathage
Bev McArthur
Danny O'Brien
Aiv Puglielli
Meng Heang Tak

WITNESSES

Mary-Anne Thomas MP, Minister for Health; and

Professor Euan Wallace, Secretary,

Jodie Geissler, Deputy Secretary, Hospitals and Health Services,

Professor Zoe Wainer, Deputy Secretary, Community and Public Health, and

Daen Dorazio, Deputy Secretary, Health Funding, Finance and Investment, 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 with us today.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2024–25 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, any 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 officials 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 after this time committee members will ask questions. Your time starts now.

Mary-Anne THOMAS: Thank you very much, Chair. Can I join you also in acknowledging the traditional owners of the land on which we are gathered, and I want to pay my respects to elders past and present and acknowledge any Aboriginal or Torres Strait Islander people who may be joining us today. It is always very important as Minister for Health that I take that time to make that acknowledgement, understanding the great disparities that exist between the health outcomes of Aboriginal and non-Aboriginal people.

Visual presentation.

Mary-Anne THOMAS: Next slide, please. Victorians deserve a health system that will deliver the right care in the right place at the right time. Following the pandemic and the unprecedented impacts on our healthcare system, we have been focused on rebuilding and reforming our health system, and we are seeing some great successes. Our priority primary care centres have expanded to 29 and have reached over 380,000 visits. More than 274,000 patients have passed through Victoria's innovative virtual emergency department between October 2022 and March 2024, with 86 per cent avoiding an unnecessary trip to the hospital. Our COVID catch-up plan has worked; the waitlist now stands at 62,228, the lowest it has been since before the pandemic in 2019–20 and an almost 30 per cent reduction since the commencement of the plan. And between February 2023 and March 2024 the average emergency department length of stay for admitted patients has reduced by 55 minutes and for non-admitted patients by 14 minutes. We have signed an agreement with the Victorian Aboriginal Community Controlled Health Organisation to deliver better health and wellbeing outcomes for Aboriginal people living in Victoria, and Victoria remains a national leader when it comes to transforming the delivery of health care for women. We have launched our inquiry into women's pain, and we have already had over 7000 responses.

We have kept investing heavily in our workforce with nursing and midwifery scholarships and GP grants to cover the cost of study and the recruitment of more than 3000 doctors, nurses, allied healthcare professionals and midwives from overseas since April 2022. We continue to support ongoing delivery of at-home and virtual care programs, including our Better at Home program, which will continue to treat people in their homes without the need to go to hospital; 24,000 additional people are receiving hospital care in their homes each year through this initiative. Our community pharmacy pilot, which started in October 2023, is increasing access to affordable primary care for common conditions, and more than 700 pharmacies have joined our pilot.

It is two years since we announced the government's $1.5 billion COVID catch-up plan. We have a blueprint for surgery recovery and reform that has been led by clinicians and that articulates a clear system-wide aim, the pillars of change required and the reforms that will be undertaken to get us there. Our pandemic recovery continues to move in the right direction. Theatre activity for 2023–24 is projected to be 12 per cent higher than in 2018–19, with a steady year-on-year improvement following a COVID low in 2021–22. Our theatres have never been busier. Almost 51,000 Victorians received their planned surgery between January and March 2024, and we are on track to deliver a record-breaking 207,000 planned surgeries by the end of this year. Our reform is focused on addressing the backlogs, ensuring that they are a thing of the past and that we are focused on delivering treatment in time. I am pleased to say that 80 per cent of all patients on our waitlists are receiving their surgery within the clinically recommended times. This government continues to fund health care with record numbers: $13 billion in the 2024–25 budget will support the delivery of world-class health care and better facilities for all Victorians wherever they live. This budget also sets us on a path to much-needed reform. Let us be clear – COVID changed everything in the healthcare system, and we continue to negotiate with the Commonwealth for a fairer funding deal and more investment in the primary health system.

With the single biggest multiyear investment into hospitals that has ever been made, at $8.8 billion, we are fundamentally changing the way our hospitals are financed. The investment over five years will give health services the long-term financial stability they need and timelier budgets that are known in advance. This funding includes an uplift in the price we pay to hospitals for each occasion of care that they undertake in 2024–25 onwards, ensuring the modern cost of activity is accurately reflected in the price that we pay. But a reform like this and an investment of this size does come with a requirement for a renewed level of fiscal discipline and accountability from our health services.

Next slide. The Victorian government is delivering timely care close to home with a $146 million investment in the 2024–25 state budget to increase access to urgent care and help ensure Ambulance Victoria continues to meet the growing needs of the state. The timely emergency care collaborative brings together 14 health services and AV to progress clinician-led improvements across emergency departments in our wards and in fact the way in which our hospitals operate, and we have committed $3.3 million to continue that work. I have touched on Victoria's innovative virtual emergency department, which is reducing pressure on our EDs. A further $235 million over four years is being invested to enable the critical 24/7 service to double its capacity so it can assist more than 1000 patients every day, making it the biggest emergency department anywhere in the state by quite a margin. This budget commits $34.4 million to extend our state-funded priority primary care centres for an additional 12 months, and I know everyone has got a great PPCC story. This is in addition to the more than $90 million that was invested since 2022, and with ambulance we are continuing to reinvest in the secondary triage service and medium-acuity transport service.

Next slide. You cannot deliver great hospitals without the fantastic, dedicated staff to work in them, and Victoria's healthcare workers are amongst the best in the world. We have a 10-year strategy that outlines a program of work around critical and future roles for retention and staff experience. We will invest an extra $28 million to support Victoria's health workforce capacity through 1100 registered undergraduate students of nursing or midwifery positions, nurse practitioner development, transition to practice support and capability to develop resources for nurses and midwives in regional Victoria. The rural urgent care nursing capability development program has educated over 700 nurses from across 68 urgent care centres, and more nurse practitioners in the Victorian health system will create additional capacity. We are also continuing to look beyond hospitals to other parts of the system, and it is why we are establishing the paramedic practitioner role here in Victoria.

Next slide, please. Victoria remains a national leader when it comes to transforming the delivery of women's health, with an $18.3 million boost to help us continue unlocking the gender gaps in our health system. The investment will help raise awareness and improve women's health, supporting 12 women's health organisations

to deliver preventative health promotion and education to Victorian women, with a particular focus on sexual and reproductive health, including abortion care, chronic illness and family violence initiatives.

Next slide. Our work with the Aboriginal community controlled health organisations is critical in advancing self-determination. That is why this budget delivers $4 million for the Victorian Aboriginal Health Service to improve access to specialist paediatric medical and allied health services for Aboriginal children and $10.8 million to deliver the Victorian Aboriginal health and wellbeing agreement with the culture and kinship program.

Next slide, please. This government is investing record funding into Victoria's world-class public health system, making sure Victorian families can get great health care as close to home as possible as soon as possible, including $38 million for palliative care, $2.1 million to make sure trans and gender-diverse Victorians have the health care that they need and deserve and $4.4 million for refugee and asylum seeker health care. Plus we are helping more Victorians realise their dream of starting a family, investing nearly $2 million to support the vital work of our public fertility care egg and sperm bank, an Australian first in the public health system. And there is an investment of $7.5 million to help improve cancer outcomes through our Victorian Comprehensive Cancer Centre Alliance.

The health and wellbeing of Victorians will always be front and centre for this government, and this budget makes necessary investments to deliver the world-class health care that Victorians need and deserve no matter where they live. We will continue to rebuild and reform the health system to make sure that we can continue to support the health and wellbeing of all Victorians. Thank you, Chair.

The CHAIR: Thank you for that presentation, Minister. The first 13 minutes is going to go to Mr O'Brien.

Danny O'BRIEN: Thank you, Chair. Good morning, Minister and team. Minister, you wrote to hospitals on 8 May and indicated you were exercising your option under the *Health Services Act* to basically impose upon them a statement of priorities, which you said would not need to be countersigned by you as board chair, and that financial support was provided based on forecast financial information and no further funding will be provided. Why are you cutting off hospitals from being able to deal with deficits?

Mary-Anne THOMAS: I have to challenge the assumption in your question, Mr O'Brien. This year's statement of priorities comes with an additional $1.5 billion invested across the system as part of our record $8.8 billion investment into our health services system. We are fundamentally changing and reforming the way in which our health services are being financed, and of course when you make an investment of this size, an additional $8.8 billion – let us be clear that this is a portfolio that invests more than a third of the state budget – Victorian taxpayers rightly expect that there is financial accountability and transparency.

Danny O'BRIEN: That is not the question, Minister. The question is that multiple hospitals have multimillion-dollar deficits now and you are saying that you are not going to cover that next year.

Mary-Anne THOMAS: Let me be clear: we are investing an additional $1.5 billion this year –

Danny O'BRIEN: Will that cover the deficit?

Mary-Anne THOMAS: and indeed through the course of any given financial year we will see changes in the financial status of all of our health services. They might be carrying a deficit at some time or another, but my department works very closely with every health service during the course of the year. Indeed last year at the end of the financial year close we in fact had a $15 million surplus across the system.

Danny O'BRIEN: Fifteen million dollars in a system that is multibillions – $27 billion.

Mary-Anne THOMAS: Well, let us be clear, why would we want to see a surplus? We want the money –

Danny O'BRIEN: No, but for God's sake, you have got so many, particularly the big metro hospitals, with massive – hundreds of millions of dollars – deficits.

Mary-Anne THOMAS: We managed to achieve the end of financial year close with a surplus. We are working very closely with each of our 76 separate health services – with their boards, with their CEOs, with their finance teams –

Danny O'BRIEN: You are not working with them. You have told them this year, 'This is what you are going to get – too bad, so sad, don't ask for any more.'

Mary-Anne THOMAS: What they are going to get this year is an injection of $1.5 billion on top of the funding that they already have. This is record investment into our health service system, and what is more, we have now set our health services up to reform the way in which we finance them into the future, giving them much greater certainty and the ability to manage their budgets better than they may have been able to do in the past.

Danny O'BRIEN: Speaking of certainty, Secretary, the minister also states in her letter that the department will, quote, 'provide funding levels and activity targets to you in June 2024'. How can hospitals possibly plan for the year ahead when they do not know how much money they are getting until June?

Euan WALLACE: The hospitals will get next year's budget in June this year.

Danny O'BRIEN: Yes, so a couple of weeks before next year starts.

Euan WALLACE: Yes.

Danny O'BRIEN: How are they meant to plan?

Euan WALLACE: Well –

Danny O'BRIEN: They have got to make decisions about staffing levels. They have got to work out what sort of activity they going to have.

Euan WALLACE: Yes. This is how the system has operated for a very long time. I think the letter that you refer to the minister wrote to services, and the department has been following up with services. As the minister suggested, it is a return to our normal business patterns. I think the challenge for our services during the years of the pandemic has been enormous unpredictability about activity and funding. We are now returning to business practices pre pandemic that have been in place for decades whereby we provide our services with their budgets in June for the coming financial year, and then we sit down with them to work through their statement of priorities.

Danny O'BRIEN: Okay. How many health services will have their additional funding cut off from 1 July?

Euan WALLACE: No services will have funding cut. As the minister said, we are increasing the funding to services next year.

Danny O'BRIEN: Okay. Minister, if hospitals are in deficit – and we know multiple of them are in deficit and have been in deficit this last couple of years, including the big metro hospitals –

Mary-Anne THOMAS: Mr O'Brien –

Danny O'BRIEN: No, can I ask the question, please. You have said yes, you are putting more money in but if they remain in deficit, too bad, so sad. There is no additional money. How do you ensure that patient care is not affected or that hospitals do not become insolvent?

Mary-Anne THOMAS: Well, firstly, patient care will never be affected. We will always deliver the health care that patients need and require. That has been our record in government and will continue to be so. But what we are doing, as the Secretary has said, is working with our health services to ensure that they exercise some financial discipline with the massive investment that they are receiving. Victorians rightly expect that in a portfolio of this size the funding that is provided is prioritised to frontline healthcare delivery, to frontline services, and that absolutely remains my expectation. I want to repeat again that last year we finished with a system-wide surplus of –

Danny O'BRIEN: System-wide is irrelevant to the individual hospitals, Minister –

Mary-Anne THOMAS: Well, no, it is not, because these are –

Danny O'BRIEN: when you have got hospitals with hundreds of millions in deficits.

Mary-Anne THOMAS: These are public health services. We have a $15 million surplus delivered last year. We will never not provide the health care that Victorians need in every single one of the hospitals that we have, because under this government there will be no hospital closures, unlike under previous Liberal–National governments.

Danny O'BRIEN: Secretary, the minister has been asked about improving efficiencies and finding savings and constantly refers to PR and consultancy costs being a major contributor. How much money is being spent by rural and regional health services on PR and consultancy firms?

Euan WALLACE: I do not have that number collectively for all rural and regional health services. What we have done –

Danny O'BRIEN: Could you take that on notice?

Euan WALLACE: If we have that information. What we have been doing, as we have always done, is sitting down with our services, ahead of the financial year and across the financial year, to identify opportunities for improved efficiencies, as you would expect of a system of this size.

Danny O'BRIEN: Yes, that is a related but different question, Secretary. I would be interested –

Mary-Anne THOMAS: I am happy to provide an example, Mr O'Brien –

Danny O'BRIEN: No, I do not want examples, I want actual data.

Mary-Anne THOMAS: of a health service in rural and regional Victoria that used a Melbourne-based PR firm to request a meeting with me. I do not know what was going on with that board –

Danny O'BRIEN: Well, maybe they cannot get hold of you, Minister.

Mary-Anne THOMAS: Well, no, that is absolutely not correct. It is very simple to arrange for me to visit.

Danny O'BRIEN: That is actually not the question I am asking, Minister. Secretary, I am happy for you to take it on notice if you can find out for me –

Euan WALLACE: If we have that information.

Danny O'BRIEN: and for metro hospitals as well, please.

Euan WALLACE: If we have that information.

Danny O'BRIEN: The department's budget estimates questionnaire, page 128, shows that the spend on consultancies in 2022–23 was $7.4 million and the figure in 2023–24 was $2.2 million. How can the minister claim that hospitals need to look at their use of consultancies when spending has already been cut?

Euan WALLACE: This is department expenditure on consultancy.

Danny O'BRIEN: That is separate to the hospitals?

Euan WALLACE: Yes.

Danny O'BRIEN: Okay.

Mary-Anne THOMAS: Mr O'Brien –

Danny O'BRIEN: The minister's letter, Secretary, states that the department has prepared a set of sector directives designed to enhance efficiency and manage cost growth effectively. What is included in these directives?

Euan WALLACE: Well, there are a number of directives. Again, it is really about, as the letter says, improving efficiency. We meet with the chief financial officers of our metro health services and regional services weekly, and over the last 12 months or longer and through those meetings, in collaboration with the

CFOs, we have developed our list of opportunities to improve efficiencies – things like reducing spend on agency, using substantively employed nurses and other healthcare workers.

Danny O'BRIEN: Can we get a copy of the sector directives, Secretary?

Euan WALLACE: Yes, we can provide that.

Danny O'BRIEN: Thank you. Minister, we know that you are moving to large-scale amalgamation of hospitals. If consolidated health services have benefited from improved efficiency, why did Grampians Health record the largest deficit of any regional Victorian health service in 2022–23, which is a merger of Edenhope, Ballarat, Horsham and Stawell health services?

Mary-Anne THOMAS: Thank you very much for that question, Mr O'Brien. I have to reject the premise of the question. At the moment I have, or the department has, engaged an expert advisory committee to meet with our hospital CEOs and boards to examine ways or to ask the question whether or not the health service system as it is currently designed is able to best meet the healthcare needs of Victorians wherever they live given the seismic changes that have occurred as a consequence of the global pandemic. If you will bear with me, there are four key challenges that our health service system is currently facing.

Danny O'BRIEN: We know the challenges, Minister. We have heard them a lot, and that is actually not the question I asked.

Mary-Anne THOMAS: Okay, but, Mr O'Brien, the rationale for the work that is being done by the expert advisory committee is to improve patient care.

Danny O'BRIEN: Is it or is it to save money?

Mary-Anne THOMAS: No, it is to improve patient care.

Danny O'BRIEN: How does it improve patient care, for example, merging all Gippsland hospitals into one and having people from Foster have to travel to Latrobe Regional Hospital?

Mary-Anne THOMAS: Again, unfortunately the Liberal-National Party are running –

Danny O'BRIEN: No, it is not about us.

Mary-Anne THOMAS: You are running a pre-emptive scare campaign on a process that has been designed to inquire into four of the key challenges that our health service system is facing. One, Victorians are living longer. We are an ageing population, and we are living with more comorbidities and chronic disease. Secondly, we are facing workforce challenges right around the state, and Mr O'Brien, as you know, these are felt most acutely in rural and regional Victoria, and as a regional Victorian, this is of great concern to me.

Danny O'BRIEN: Yes, so is the future of our local hospitals.

Mary-Anne THOMAS: Exactly. And third, we know that the cost of delivering health care has increased. Once again, that has been around the world. Fourthly, we are seeing new models of care, and I want to ensure that those models of care are able to be delivered better to people in rural and regional Victoria –

Danny O'BRIEN: Okay. That review, Minister, can I ask: has that review completed –

Mary-Anne THOMAS: Mr O'Brien, let me give you an example: as you know –

Danny O'BRIEN: No, I do not need examples. I am here to ask questions. Has the committee completed its review?

Mary-Anne THOMAS: Okay. Mr O'Brien, I have been to rural and remote hospitals where there are very few patients, and what I know is down the road in a bigger regional hospital there are patients that should be closer to home. The object of this work is to –

Danny O'BRIEN: So you want to merge them? How does that help?

Mary-Anne THOMAS: No, the object of this work is to ensure that people are receiving care as close to home as possible as soon as possible.

Danny O'BRIEN: By merging them all into one big hospital – how does that possibly happen?

Mary-Anne THOMAS: Again, no decisions have been made. We have underutilised resources –

Danny O'BRIEN: Okay, well, then can I ask a question: has the committee completed its work?

Mary-Anne THOMAS: We have underutilised resources across our smallest country hospitals. I want to ensure that –

Danny O'BRIEN: Minister, can you answer my question? Has the committee completed its work?

Mary-Anne THOMAS: those resources are being used to deliver health care to those people in those communities.

Danny O'BRIEN: This is not –

Mary-Anne THOMAS: Yes, it has, and they have delivered a report to my department. The department is assessing that report and will deliver advice to me, and at that time government will make decisions about the next steps, which will undoubtedly include consultation.

The CHAIR: Thank you, Minister. We are going to go to Mr Galea.

Michael GALEA: Thank you, Chair. Good morning, Minister, Secretary and officials. Thank you for joining us today.

Mary-Anne THOMAS: Thank you so much, Mr Galea.

Michael GALEA: Minister, I would like to start with something that has already been touched on in your presentation, the pandemic repair plan. I am also referencing budget paper 3, page 47. Can you talk to me, please, about the investment that the repair plan has already undertaken and what has already been delivered?

Mary-Anne THOMAS: Absolutely. Thank you very much for the question, Mr Galea. As you know, our government made a $12 billion investment into our pandemic repair plan and within that a $1.5 billion investment in our COVID catch-up plan. Our health service system has been stretched like never before. COVID has had an unprecedented impact on our health service system, as it has done, I might say, on health service systems right across Australia and indeed around the world. Increases in patients with COVID-19 are just one part of the picture. The pandemic also disrupted care. It slowed down recovery times and saw people putting off their visits to their GPs. As you may well recall, there was a time when if you had any respiratory symptoms, it was almost impossible to get a GP appointment, and access to primary care continues to be a real challenge in our health system. As a consequence of that, we have seen people presenting to hospitals who are sicker, they stay longer and they need more intensive care. But we have worked to ease that pressure, and we have made sure that we are investing in the staff and the healthcare facilities that we need in order to deliver first-class health care. I know that you will have all visited your local hospitals, and you will have seen the changes that have happened as a consequence of the pandemic. We have had to make sure that we have different infection control regimes in place. Negative pressure rooms, which were once something no-one had ever heard of, are now often a standard within our healthcare system. We have also had to address the impact of the delays to planned surgery that were a necessary consequence of making sure that our system was well placed to respond to the challenges that the pandemic presented.

Some of the things that we have invested in include $986 million to help our hospitals and EDs meet growing demand and employ the staff they need, $521.7 million over two years to support our hospitals that were treating COVID-19 patients and $698 million for the Better at Home program. Better at Home is changing everything. Indeed Better at Home is something of a philosophy for me because we know it really is the future of health care. People being able to access health care as close to home as possible or indeed in their home will deliver better outcomes for them, particularly for ageing or older patients, because every day that you spend in hospital in a bed means that you are likely to lose mobility, independence and confidence. If we can deliver the care that people need in their own homes, it is a better outcome for everyone, and I can tell you that our patients

absolutely love it. Of course we are investing in training, hiring and upskilling the workforce that we need. We invested in more paramedics. We delivered more support to them and increased capacity for 000 call takers. There is an unprecedented package to recruit, train, upskill and support healthcare workers as well as investments in upgrades to new hospitals, including work to double the emergency department capacity in Casey and Werribee. They are just some of the investments and changes that we have made through that $12 billion pandemic repair plan.

Michael GALEA: Thank you, Minister. Specifically, the COVID catch-up plan – can you please talk to me about that?

Mary-Anne THOMAS: Absolutely. Firstly, I want to acknowledge the work of our surgical teams right across Victoria. It is the surgeons, the anaesthetists, the theatre staff and the nurses that undertook upskilling and additional training during the pandemic to increase their skills as perioperative nurses. The theatre technicians have done an absolutely extraordinary job, as per the slide that I presented earlier, to deliver the busiest year in theatres ever. That is all as a consequence of that $1.5 billion that we invested in the COVID catch-up plan. So we have never had busier theatres. But the plan has not just been about increasing throughput. It has also been about reforming the way in which we deliver planned surgery in this state. Again, I want to thank our clinicians, because this has been a clinician-led reform. What we have seen as a consequence of this investment is a greater uptake of same-day surgery. We have seen cohorting of patients in order to save precious time in our theatres and ensure that we are doing things like the Austin Hospital, which had a bone week where they got everything set up to be able to deliver a whole lot of orthopaedic surgeries over a dedicated period of time. The plan has worked; we have seen a 30 per cent reduction in the waitlist. It is now 62,000 – compared to when the plan commenced in April, when it was over 88,000. This equates to more than 26,000 fewer Victorians waiting, and indeed it is a tremendous achievement considering population growth over the last four years. A 7 percentage point improvement in the number of Victorians being seen in clinically recommended time, from 72 to almost 80 per cent, is also really, really impressive.

The key metric – the one that I like to keep my eye on – is whether patients waiting for planned surgery are being seen within the clinically recommended time. I am pleased to report that throughout the pandemic and beyond all category 1 cases have been seen within the clinically recommended time of 30 days, except for on the odd occasion where either the patient or a member of the clinical team, specifically the surgeon, has been unavailable due to illness – and then they are always scheduled as soon as possible following that. So this has been an absolutely incredible effort. For category 2, semi-urgent patients, the median waiting time has decreased from 100 days to 65 days, and the percentage treated in time has increased from 45.7 per cent to 62.8 per cent. For category 3, which are non-urgent patients, the median waiting time for surgery has decreased from 164 days to 124 days.

Another innovation of the COVID catch-up plan has been the establishment of patient support units across 23 of our busiest hospitals. They have contacted 102,584 people across Victoria to support their preparation for surgery. Once again, this is a really important message that we need to get out into the community. In order to ensure the success of planned surgery we have had an increased focus on ensuring that people are optimised for their surgery. This means that they are as healthy and well as they can be before going into surgery, because let us not forget that surgery always carries risks and we need to make sure that the benefits of any surgery are going to far outweigh the risks. Particularly it may be the case for joint surgery and so on that people do need to spend some time doing some physio, attending to their diet and so on just to make sure that they are best placed to undergo surgery. This focus on what is called prehabilitation is an enduring reform arising from this investment.

Of course the patient support units are also making sure that we see far fewer cancellations and so on and that people are ready on the day and are well prepared to undergo their surgery. Increasing same-day surgery rates of course is all about freeing up bed days and supporting better patient flow through in our hospitals as well as the rehabilitation of patients themselves. Again, what the COVID catch-up plan has done is give our clinicians the licence that they were seeking to think about ways in which they could improve the quality of care that is being delivered to all Victorians and give them licence to think about ways in which we could introduce efficiencies into the system – efficiencies that are always grounded in delivering world-class health care to all Victorians. 207,000 planned surgeries are estimated to be delivered this year. This is an absolute record and one that I am enormously proud of. We are also forecast to do even more emergency surgeries than ever before, with 72 000 and scope – so 117 000. Again, as advances in clinical care continue, we are seeing that this

massive increase in the number of endoscopies being delivered has meant that some people are able to have their health issues resolved with less invasive treatment or indeed be diagnosed sooner so that we can attend to their needs even sooner. These achievements have been made possible, as I said, Mr Galea, because of the hard work and dedication of the extraordinary healthcare workforce that we have in Victoria, to whom I am incredibly indebted.

Of course we also built eight rapid access hubs – we invested in those across the state – and they are supporting an additional 6000 planned surgeries annually. We purchased two private hospitals to turn them into public surgical centres. This was called a 'socialist manoeuvre' by those in opposition at the time. This is a government that is investing in building, buying and expanding our public health services. We are not in the business of cutting, closing or privatising. That is what the Liberal–National parties do. Again, the rapid access hubs have been a great success.

All in all, Mr Galea, the work of the COVID catch-up plan, the investment, has worked. It has been phenomenally successful, and the blueprint, which, again, is clinician led, will ensure that we embed enduring reform. You should never waste a crisis –

Members interjecting.

Mary-Anne THOMAS: which was the COVID-19 global pandemic, which changed everything. When I speak to healthcare workers around this state, they tell me that COVID changed everything, and therefore –

Michael GALEA: Yes. They do not want to admit that, but it did.

Mary-Anne THOMAS: No. Thank you.

Michael GALEA: Thank you, Minister.

Bev McARTHUR: COVID was helpful.

Mary-Anne THOMAS: No, I did not say that.

The CHAIR: Thank you. We will go to the Deputy Chair.

Members interjecting.

Nick McGOWAN: It sounds like you are lying, Minister. Minister, I think it is telling – I mean, I have got to pick up on this. We have got lots of questions to ask; I will be very quick. But for you to say that Victorians need the right care and the right service at the right time – you have jettisoned, you have abandoned, any desire. Once upon in Victoria we spoke about the best care.

Mary-Anne THOMAS: Yes.

Nick McGOWAN: You have jettisoned that. I cannot let your comments go without some comment.

Mary-Anne THOMAS: No, world-class care, Mr McGowan.

Nick McGOWAN: You did not mention world-class care. At no point did you mention that. Isn't that ironic, Minister?

Mary-Anne THOMAS: Well, I have – a number of times.

Nick McGOWAN: Secretary, in respect to the independent advisory committee that is supposedly providing advice to the government on the health services plan – which includes of course the amalgamations we are anticipating – has that committee completed its review?

Euan WALLACE: It has.

Nick McGOWAN: It has. This committee was done by Mr Bob Cameron, right? A former Labor minister?

Euan WALLACE: The committee was commissioned by the department. Bob Cameron, who was previous chair of Bendigo Health, chaired it; and there was Professor Alex Cockram, previous CEO of Western Health, psychiatrist by training and also on the mental health royal commission; also Professor Christine Kilpatrick, a neurologist by training, so another clinician, and as you know, previous CEO of the Children's and previous CEO of Royal Melbourne and now chair of the Australian safety and quality commission; Lance Wallace, who has previous experience in the department and is current chair of HealthShare Victoria; and Therese Tierney, who is a previous CEO of a service in Gippsland.

Nick McGOWAN: When did you receive that report?

Euan WALLACE: Almost two weeks ago.

Nick McGOWAN: Two weeks ago. Do you know when the hospital CEOs will see the plan?

Euan WALLACE: The expert advisory committee did work for almost 12 months. They had three rounds of consultations with stakeholders, including board chairs and CEOs of every Victorian health service. In the last round of consultations, which ran February, March, all CEOs and all board chairs saw the thinking of the expert advisory committee. Really they were playing back the advice from the CEOs and board chairs to them – 'This is what we've heard. Have we missed anything? Have we misinterpreted anything? – which then formed the basis of the final report.

Nick McGOWAN: Was there any consultation done with the public whatsoever?

Euan WALLACE: No.

Nick McGOWAN: No. Okay. That is fine.

Danny O'BRIEN: When will that report be released to the public?

Euan WALLACE: Well, my department is looking at it now, as the minister said previously, to enable me to provide advice to the minister.

Bev McARTHUR: How long will that take you?

Danny O'BRIEN: Can we get a copy of the report?

Euan WALLACE: I cannot give you a date today. As you would expect, it is a comprehensive piece of work. It is 12 months in the making from experts in the industry, so it would be a mistake for me today to give you a date. I need time to digest and my department –

Danny O'BRIEN: Will it be publicly released?

Mary-Anne THOMAS: Well, can I be clear on this: once I have received that advice I will then take that report to my cabinet colleagues.

Nick McGOWAN: Of course you will.

Mary-Anne THOMAS: Obviously.

Nick McGOWAN: And you will hide behind that.

Mary-Anne THOMAS: One would expect that if one were going to reform our world-class healthcare system it would be a matter of great interest to our cabinet.

Nick McGOWAN: Thank you, Minister. Secretary, can you please provide a breakdown of the new staff recruited in the health system in the past 12 months, including international recruits – how many nurses, midwives and doctors and their specialities?

Euan WALLACE: A breakdown of the –

Nick McGOWAN: A breakdown of the new staff recruited to the health system in the past 12 months.

Euan WALLACE: Across all of our health services?

Nick McGOWAN: Yes. I do not need them by health service necessarily, but if you can provide that, that would be useful. I am keen to understand –

Euan WALLACE: Obviously apart from our international workforce recruitment campaign, which the minister alluded to, which has now finished, we have recruited over 3000 healthcare workers to the system. The governance of our system is that they are employed, as you know, by health services, so we do not run recruitment for our health services. They do that themselves. We do not retain month-by-month recruitment numbers health service by health service. We have total numbers of nurses, total numbers of doctors, total numbers of allied health across the system year by year.

Nick McGOWAN: Can you provide those?

Euan WALLACE: I can provide those to you now if you would like.

Mary-Anne THOMAS: Mr McGowan, that information is available in the hospital annual reports. As the Secretary has alluded to, we do not employ the doctors and nurses, the health services do.

Nick McGOWAN: In addition to those figures, Secretary, can you provide the international recruits, because clearly you have some overview of that?

Euan WALLACE: Yes. So I can tell you as of 30 June last year in the public system across the whole state there were 48,522 nurses and midwives, there were 14,993 doctors, there were 21,118 medical support and ancillary staff and there were 29,745 others, so a total of 114,379. I think the minister in her presentation alluded to the increase in the workforce. So over the last eight, nine years there has been a 33 per cent increase in nursing and midwifery employees, a 59 per cent increase in medical staff, a nearly 40 per cent increase in medical support and ancillary staff and a 32 per cent increase in other staff.

Nick McGOWAN: Okay. Thank you very much. Separately here, page 63 of the 2024–25 'Department Performance Statement', under the performance measure titled 'Number of patients admitted from the planned surgery waiting list', six months ago, in November 2023, in relation to the target of 240,000, Minister, you told Raf Epstein on ABC Radio, and I quote:

> … we will not stop until we are able to deliver those 20,000 surgeries every month … We will get there … 240,000 surgeries every year by mid-2024.

And:

> I can't accept anything less …

Minister, how did you come up with a figure of 240,000 surgeries per year?

Mary-Anne THOMAS: Again, that was a figure that predated my appointment as the minister.

Danny O'BRIEN: You said you could not accept anything less.

Mary-Anne THOMAS: But as I told Raf on the day, having an ambitious, bold target meant that our health services are on track to deliver the busiest theatre period we have ever, ever seen –

Bev McARTHUR: 240,000?

Mary-Anne THOMAS: the most number of planned surgeries ever delivered here in our state, 207,000.

Bev McARTHUR: Not 240,000?

Mary-Anne THOMAS: Well, of interest, Mrs McArthur, has been, as I said earlier in my response to Mr Galea, we have also had the busiest year ever for endoscopies. What that focus on scopes has meant is that indeed people are able to receive earlier diagnosis and treatment, which will sometimes mean that they do not then require more invasive surgeries. So this is actually a good thing. Our theatres have never been –

Danny O'BRIEN: It is a good thing that you have dropped the target?

Mary-Anne THOMAS: Our theatres have never been busier. It is a good thing that people are receiving less invasive care.

Danny O'BRIEN: You are dropping the target but you said you could not accept anything less.

Mary-Anne THOMAS: The most important metric is always the treat-in-time, and again, that is heading in the right direction. So I am really, really proud of what has been achieved in the health system. I am really proud of what our surgical teams have delivered. We have a world-class healthcare system here in Victoria. Indeed it was great recently –

Danny O'Brien interjected.

Mary-Anne THOMAS: Well, it was great to be able to host the Irish health minister, who was actually in awe of what he saw here in Victoria and had many lessons to learn from what we have been able to achieve. That target focused our teams on delivering in ways that they have never delivered before.

Nick McGOWAN: Okay. I think we have strayed somewhat, Minister. Minister, the Australian Medical Association president said, on workforce shortages in respect of the targets, and this is a quote:

> This is the fifth year in a row that the Victorian government's targets on elective surgery have not been met and Victorians have a right to answers as to why we're not achieving those targets …

That was on ABC News online on the 12th of the 5th this year, so just a number of days ago. Minister, what discussions had you had with the AMA prior to setting the targets you are establishing?

Mary-Anne THOMAS: Well, firstly, can I just point out that during that period of course we had a global pandemic.

Bev McARTHUR: What? You cannot keep rolling that out.

Mary-Anne THOMAS: Every time –

Nick McGOWAN: Is this the crisis you were just welcoming, Minister?

Mary-Anne THOMAS: Every time those on the other side –

The CHAIR: Excuse me, Minister. Minister, if you will pause there.

Bev McARTHUR: This is the crisis you were looking for.

The CHAIR: Mrs McArthur, Deputy Chair and Mr O'Brien, the minister is genuinely trying to answer your question. You are asking the questions. She is providing the answers. If you could please respect the committee members here that are trying to listen to the answers the minister is giving and cease the interjections – it is getting a bit too much. Minister.

Mary-Anne THOMAS: Thank you very much, Chair. There were a number of interjections. I am not sure who was asking the question. Could you ask them to repeat – I am not sure whose question that was.

The CHAIR: This is the problem, Deputy Chair. Please ask the question again.

Nick McGOWAN: What I asked, Minister, is why the AMA – well, I asked actually whether you had discussed with the AMA the skills shortages and the targets that you have set and failed to achieve.

Mary-Anne THOMAS: I am in regular contact, as you would expect, with the AMA, and we all recognise that COVID changed everything – something, I might say, that the Liberal–National parties seem determined not to accept and, in doing so, are insulting all of our healthcare workers. What we have seen is workforce challenges are being experienced right around the world, but I do not shy away from that ambitious target, and a target that has delivered –

Danny O'BRIEN: Well, you actually have. You have dropped your ambitious target.

Mary-Anne THOMAS: It is a target that has delivered more planned surgery than ever before, a target that has seen a 30 per cent decrease in the number of people that are on the planned surgery waitlist, a target that has seen embedded reforms and new models of care, making sure that Victorians are receiving the care that they need sooner, a target that has seen real improvements in our treat-in-time metrics.

We have now recalibrated, as you know. The AMA go on to say that they support the recalibration of our target given the success now of the COVID catch-up plan. It has achieved what it set out to achieve, and they have now endorsed the new target.

Nick McGOWAN: Minister, I am glad that you referred before to the need to prioritise frontline services, and that brings me nicely to the Maroondah Hospital, which was inappropriately and, I would say, very poorly renamed to another name, which I will not repeat here – but Maroondah Hospital. Secretary, where are we at with the build of the new Maroondah Hospital?

Mary-Anne THOMAS: Sorry, if I may, Mr McGowan, I am very happy to answer that question, but that is a health infrastructure portfolio question, which I am very happy to take in our next session. It is a different portfolio responsibility.

Nick McGOWAN: Okay.

The CHAIR: That will be coming up next, Mr McGowan. Save that one for next.

Nick McGOWAN: Minister, clearly the EBA with the nurses has failed to eventuate at this point. Are you concerned that there is a disconnect between the nurses of this state and their leadership and what you are agreeing with in the current –

Mary-Anne THOMAS: Well, firstly, I want to acknowledge our hardworking nurses and midwives. Our government continues to support our frontline health workers. We have always had their back, and we always will.

Nick McGOWAN: I do not think they feel that right now, Minister.

Mary-Anne THOMAS: The Victorian Hospitals Industrial Association and the ANMF were working on the negotiation of the EBA. Clearly there is more work to be done, and we will continue to do that work. I look forward to a resolution of that EBA as soon as possible. But quite frankly, I will not be taking industrial relations advice from members of the Liberal or National parties, who went to war with our ambos and who disrespected our nurses. We will continue to work with the ANMF –

The CHAIR: Thank you, Minister. We will go straight to Mr Tak.

Meng Heang TAK: Thank you, Chair. Morning, Minister, Secretary and officials. I want to talk about the easing of pressure on our health system due to the pandemic. Minister, budget paper 2, page 9 outlines the record funding in our systems, and in your presentation you also talked about how the pandemic has changed the way that we deliver our care. Minister, what are some of the initiatives funded to ease pressure on our health system?

Mary-Anne THOMAS: Thank you very much for that question, Mr Tak. Recently I was at Bairnsdale hospital; I also visited Orbost hospital. I said to one of the nurses that I met along the way, 'Is it true that COVID has changed everything?' and she said to me, 'Well, that's the understatement of the century.' So I think our frontline healthcare workers know and fully understand that COVID has changed everything, not just here in Victoria – right around Australia and indeed around the world. And what we have done, as I said before, is given licence to our workforce to tell us about their ideas for reform, their ideas for change, their ideas on how we can improve patient care. Let us be clear: our healthcare workers are focused entirely on delivering the very best health care to all Victorians, no matter where they live, and it has been our healthcare workers that have driven some real innovation in the system – things like Better at Home, the Victorian Virtual Emergency Department, priority primary care centres and patient support units.

So maybe I can talk to you in a little bit more detail about some of those. The Victorian Virtual Emergency Department was designed and delivered by clinicians at the Northern Hospital. Dr Sher at the Northern was the instigator of this incredible innovation. The Victorian Virtual Emergency Department is meeting the needs of

Victorians right across the state and indeed is a particular bonus to families, people who have young children – I know I am looking at one now – who may find themselves concerned about the health of their child and not sure whether or not they need to head to hospital. A quick call to the Victorian Virtual Emergency Department can ensure that Victorians can receive world-class care in the comfort of their own home. Of course this was a pilot that started back in October 2020. It rolled out statewide in April 2022 and indeed has now met the needs of more than a quarter of a million Victorians. What patients accessing the VVED have told us is that for 86 per cent of them it has meant avoiding a trip to an emergency department. As you all would know or should know, in our emergency departments you will be treated according to clinical need. Now, our most urgent patients – category 1 patients – are always seen immediately, but if you are not in that category, you may have to wait. The Victorian Virtual Emergency Department is delivering a whole new model of care.

Priority primary care centres: as you know we have had a primary care crisis here in Victoria. Primary care of course is the responsibility of the federal government, and after 10 years – almost a decade – of neglect under the former Liberal–National federal government –

Danny O'BRIEN: Why have bulk-billing rates gone down under the new Labor government then?

Mary-Anne THOMAS: Well, because we saw a freeze on the Medicare rebate under that former Liberal–National government. We have invested in priority primary care centres. This was an initiative announced by our former Premier of Victoria Daniel Andrews and of course the former Premier of New South Wales Dominic Perrottet. So we had Liberal and Labor governments both committing to the delivery of this new model of care. I am pleased to say of course we actually deliver them here in Victoria. We have 29 now. We provided the model that the Albanese Labor government then took to the people of Australia at the last election, and we are pleased to see that they have now funded 10 of those 29 services and indeed have committed to delivering another seven in the last budget.

Priority primary care is absolutely delivering care that families need. Indeed I was only a week or so ago at the Moonee Ponds priority primary care centre with the local member of Parliament there, the Member for Essendon, who has been to the PPCC a number of times himself with his children. I was happy to learn that indeed 40 per cent of their patients are children – it is really meeting the needs of families – and 20 per cent of their patients are under five. Everyone knows how stressful it can be having a sick baby and being not quite sure what is going on. PPCCs are delivering care close to home. It is what our government is absolutely, relentlessly focused on – delivering world-class care as close to home as possible as soon as possible.

I talked also before, Mr Tak, about the patient support units. Again, of interest to you, I talked about the way in which they are staying in touch with communities, making sure that people have the information that they need so that they are well prepared for their planned surgery. We are seeing an absolute decline in the number of cancellations because people are optimised for surgery. They are in the best place that they can be in order to undertake surgery. The patient support units have helped to optimise more than 42,000 patients, because of course what we want to make sure when planned surgery is undertaken is that surgery is successful and that we do not need a readmission. That is why a focus on optimisation is so important. Mr Tak, I hope I have been able to answer your question.

Meng Heang TAK: Thank you, Minister. You also talked about care close to home. I would like you to take us to Better at Home. Can you please provide the committee with more information about the Better at Home program?

Mary-Anne THOMAS: Absolutely. Again, this is a fantastic program. We know from patient experience that it is very warmly welcomed. No-one wants to be in hospital unless they really need to be there. We know that the sooner we can get people home with appropriate nursing care and support, the faster the recovery they will make. Obviously they are much more likely to be healthier when they are home, and people want to be home, close to family and friends. The older patients that I have spoken to who have been able to tell me about their experience want to get home to be with their pets, to be close to their neighbours, to eat their own food, sleep in their own bed – all of these things help patients recover sooner. The program supports the delivery of acute rehab, geriatric evaluation and management, a health independence program and specialist clinic services in the home. Forty-seven hospitals are participating in the program, including 15 metro services, six regional services and 26 rural services. The program has had a real impact on our health system, with more than 1 million bed days being delivered at home in 2021. As I said, the Victorian Virtual Emergency Department is

our busiest emergency department; Better at Home is our biggest hospital. In 2023 the Better at Home program also helped free up bed days for those people that need to be in hospital, receiving care in a hospital bed. We know that care at home enables patients to avoid the physical deterioration, sleep disruptions and social isolation that can be associated with hospital stays. Again, as a regional Victorian myself, I make the point that this is particularly important for people in rural and regional Victoria, whose families may well live at some great distance from the hospital. The sooner we can get those patients home, the better for everyone – better outcomes for patients, people who we know, the evidence tells us, are less likely to be readmitted, which again is all about improving patient flow. Thank you, Mr Tak.

Meng Heang TAK: Thank you, Minister. Given the time remaining, I can confirm in the case of my mum, no way that she wants to stay at hospital. Home is a better place, even though Monash Hospital is not a long distance.

Mary-Anne THOMAS: I am very happy to hear that, Mr Tak. Please send my regards to your mother.

Meng Heang TAK: Thank you, Minister. You already talked about initiatives, but what are some of the other initiatives that health services have implemented as part of Better at Home?

Mary-Anne THOMAS: Let me tell you about Northern Health's maternity in the home and medical obstetrics programs, which contributed to a 50 per cent reduction in hospital readmissions, with care in the home providing care for more than 1400 women last year. Austin Health is delivering cancer therapies at home to more than 1800 patients through its day oncology at home program, and Peninsula Health has had overwhelmingly positive feedback from the nearly 1800 patients who have received care through their program. St Vincent's has expanded its home care with the launch of cancer care at home and palliative care at home, reducing the need for cancer patients to attend the chemotherapy day unit. Grampians Health's home-based cancer care service is expanding and ensuring that more people in rural and regional Victoria are receiving their cancer care at home. In fact it was fantastic recently to visit Stawell and to see that, as a consequence of the voluntary amalgamation to form Grampians Health, cancer care services have now restarted at Stawell; they were not previously available. Barwon Health launched two new services in July of last year, including a specialist midwifery postnatal care program. That has supported the home recovery of 500 women from caesarean sections at home, and I think we could all agree that if you have just had a new baby, then you want to be at home. You want to be at home with your baby, you want to be establishing routines and sleep patterns at home. You do not want to be transferred back to hospital.

As I have said, the thing about Better at Home is it is about delivering the appropriate care, making sure that highly qualified, experienced clinicians are visiting people in their own homes. This is transforming the way we are delivering care in the state, and I am really proud that Victoria is a nation leader when it comes to the delivery of this care. I would really love to talk about the HoloLens headset in East Gippsland, but I will make sure I let Mr O'Brien know about that at another time.

Meng Heang TAK: Thank you, Minister.

The CHAIR: Thank you, Minister. Witnesses and committee members, we are going to take a very short break before resuming at 9:45 am. I declare this hearing adjourned.

The committee will now resume its consideration of the health portfolio. I am going to go to Mrs McArthur.

Bev McARTHUR: Thank you, Chair. At the outset, for those of you who have not cottoned on – the minister and I have – it is WOW Day –

Mary-Anne THOMAS: Yes.

Bev McARTHUR: Wear Orange Wednesday, and I want to pay my respect to the 4800 SES volunteers in this state and the 25 units in my electorate. We all should know that they contribute nearly 288,000 voluntary hours, which is an economic value of about $503 million, so respect to the SES volunteers in this state on WOW Day. Now, the minister and I are from regional Victoria, and the minister would know very well that many local communities in country Victoria spend an inordinate amount of time raising money for their local hospitals, and they do it very well and provide fantastic extra facilities. I know I have just been asked to provide the money for a hairdressing unit in the Merindah Lodge rebuild in Camperdown. But, Minister, what they

need to know is: will the money that they have raised, that might be sitting in a bank account, and the money they might raise in the future stay hypothecated to that hospital in the event of amalgamations, or will it go into the conglomerate that might be the big operation that becomes an amalgamated health service?

Mary-Anne THOMAS: Thank you very much for your question, Mrs McArthur. And very good pick up – I am deliberately wearing orange today because, yes, it is WOW Day. Again, I want to pay tribute to my SES volunteers across my electorate, who do an extraordinary job. Of course as we see an increase in storm events, our SES volunteers have never been busier. But I can assure you, Mrs McArthur, that the funds that are raised by our individual health services – by communities – will remain with those health services. I am not going to pre-empt any decisions that may or may not be made by government, but let us be clear: I am very well aware of, and indeed have been to them myself, community fundraisers in support of local health services. Victorians have a long and proud tradition of raising funds to deliver that little bit extra at their health service. Those funds are kept in various trust accounts and so on for expenditure in those communities, but I can assure you there will be no change.

Bev McARTHUR: Thank you, Minister. I will go to the Secretary now, and I refer to the 2024–25 'Department Performance Statement', page 64, which states there is 'continued high demand for emergency surgery'. With emergency departments at capacity and, as the budget papers state, under increased demand, has the department modelled the impact of the government's decision to impose payroll tax on GPs, which according to the RACGP and the AMA will end bulk-billing and close down medical clinics?

Euan WALLACE: Thank you. Payroll tax of course is not a matter for my department.

Bev McARTHUR: Just the impacts on your services.

Euan WALLACE: What we have modelled and what I can tell you: as you know, the presentations at the state's emergency departments and urgent care centres in a rural setting are at record levels. We see nearly 2 million presentations across the state across our EDs. Through the pandemic and since the pandemic the proportion of risk categorisations – as you know, there are five risk categorisations of ED presentations – have skewed to categories 1 and 3, just telling us that not only are the total numbers going up but the severity of those presenting has also gone up, so we do model that. I think, as the minister referenced before, one of the many responses to managing the increasing urgent care needs for the population has been the establishment of the 29 priority primary care centres, the 29 PPCCs. They are principally dealing with category 4 and 5 care. Collectively they are now seeing 7000 Victorians a day and taking that category 4 and 5 workload off our EDs and urgent care.

Bev McARTHUR: Can we see the modelling, Secretary? Are we able to see the modelling?

Euan WALLACE: I am not sure what your reference to the modelling is. What we track –

Bev McARTHUR: The modelling that you have just said you have done in relation to how payroll tax effects will be –

Euan WALLACE: No, sorry. Again, I referenced that payroll tax is not a matter for me or my department. What we do track are the trends in urgent care and ED presentations. But again, I think those trends have been going for many, many years, and I think, as the minister referenced, not just in Victoria but elsewhere in Australia they have been due primarily to falling utilisation of primary care.

Bev McARTHUR: If you listen to the AMA and others, Secretary, the increase in payroll tax or the application of payroll tax to GP clinics is going to make the matter much worse. So have you done –

Euan WALLACE: There is no evidence for that.

Bev McARTHUR: You have not done any modelling on that matter?

Mary-Anne THOMAS: Mrs McArthur –

Bev McARTHUR: I am just talking to the Secretary.

Mary-Anne THOMAS: Well, I am happy to provide some information.

Bev McARTHUR: Well, the Secretary can answer.

The CHAIR: Mrs McArthur, let me make this very clear: you can ask the questions but not necessarily direct who is responsible for answering them.

Danny O'Brien interjected.

The CHAIR: Actually, Mr O'Brien, the minister has information to answer the question. I am assuming you do actually want answers to these questions.

Mary-Anne THOMAS: Thank you, and thanks, Mrs McArthur. There are a couple of things I would like to say in relation to this matter – firstly, to reinforce that the application of payroll tax in the state is a matter for the Treasurer. I know he has already been before the committee and you had an opportunity to speak with him there, but there are a couple of things I can tell you that I think might provide you with some advice. The latest bulk-billing data from the federal department of health makes it clear – of course, it is the federal government that is responsible for primary care – that GP bulk-billing rates – sorry, I will start again. The latest bulk-billing data from the federal department of health makes it clear – in fact released in April this year – that the bulk-billing in Victoria is second in the nation and it is ahead of Queensland. The other point that I think it is important –

Bev McARTHUR: Sorry, Minister. We will –

Mary-Anne THOMAS: But there is one more point that I wanted to make to you, which is Dr Nicole Higgins –

Bev McARTHUR: I want the questions answered, but clearly we are not going to get an answer to the question, so I will move on. Secretary, I refer to the 'Department Performance Statement', page 63, and the numbers of patients admitted from planned elective surgery waitlists. In November last year you told this committee that you could not provide any timelines on waitlists for regional hospitals such as Bairnsdale, Mildura and Wangaratta. Given that forced amalgamations will occur, can you provide the current numbers of patients on the waitlists in those hospitals – that is, Bairnsdale, Mildura and Wangaratta?

Euan WALLACE: With respect, the premise of your question around forced amalgamation – I think the minister has made the point that –

Bev McARTHUR: Are there not going to be any?

Euan WALLACE: I have not yet provided advice to the minister –

Bev McARTHUR: And no decisions have been made?

Euan WALLACE: No decisions have been taken.

Bev McARTHUR: Hang on, let us be clear: there are going to be no forced amalgamations?

Mary-Anne THOMAS: Again, Mrs McArthur, we have been very clear and transparent with you. Government has not made any decisions about the way in which it will seek to reform our health service system so it better meets the needs of Victorians wherever they live, with a particular focus on people in rural and regional Victoria.

Bev McARTHUR: Okay. Can we have the figures for those, please?

Euan WALLACE: I think we discussed this last year. There are broadly two sets of planned surgical waiting lists: so-called ESIS waiting lists, which we have visibility of, and non-ESIS lists. Traditionally our smaller services – so rural services, and some regional services in the past – have been on non-ESIS lists. Those lists have sat with individual surgeons in their rooms, so when she lists a patient for a hip replacement, the hospital actually does not see it and therefore the department does not see it. One of the components to the surgical recovery and reform blueprint that the minister referenced earlier is progressive onloading of non-ESIS lists onto ESIS. So work that the department continues to progress is to bring hospitals who are currently non-ESIS into ESIS lists so we will be able to see them. But today you asked about Bairnsdale. It is a non-ESIS list,

and the department does not have those numbers. The number of patients waiting for surgery in Bairnsdale will be on the room's lists of individual surgeons. It is the intent of the department progressively to bring all planned surgery onto ESIS waiting lists that we have, transparency and visibility –

Mary-Anne THOMAS: We need to have eyes on the people that are waiting on planned surgery so that we can best attend to their needs, so that we can see where there are pinch points in the system. As a regional Victorian –

Danny O'BRIEN: We got told that last year, Minister, progressively, and we still progressively have not seen it.

Mary-Anne THOMAS: As a regional Victorian myself, Mrs McArthur, it does concern me if patients do not understand that they may have choices to get their surgery sooner, and that is indeed something that I am very focused on being able to deliver.

Bev McARTHUR: Secretary, you resolved the issue you mentioned to this committee in November when you said:

> … we are working with Grampians, who have brought Horsham and Stawell into their health service, and we are working … on how we might do this most efficiently.

What are those efficiencies?

Euan WALLACE: I think referencing how we might bring the ESIS lists on more efficiently. I mean, Grampians are a great example because Grampians have been able to realise efficiency across the system, and when Grampians amalgamation almost two years ago –

Mary-Anne THOMAS: A voluntary amalgamation. They chose to do it.

Euan WALLACE: was undertaken, they had five main aims.

Danny O'BRIEN: Chose to!

Euan WALLACE: One was about improving inequitable health outcomes, as the minister has referenced. With non-ESIS lists there is no visibility of who is waiting for surgeries that might have those surgeries done earlier, and an independent review of Grampians, including consumer feedback as part of that review, endorsed that they had achieved that. So they continue on a journey, they are only two years in, but the Grampians amalgamation has delivered improvements in inequities across the system.

Danny O'BRIEN: The biggest budget deficit in the state.

Bev McARTHUR: Yes.

Danny O'BRIEN: Can I just ask a quick question?

Bev McARTHUR: Yes.

Danny O'BRIEN: Minister, you said you will take the health services plan to cabinet: will you consult with the community at all before you make any decisions?

Mary-Anne THOMAS: Yes.

Danny O'BRIEN: How?

Mary-Anne THOMAS: Again, I have not seen the reports, so it is a bit –

Danny O'BRIEN: You clearly know about it.

Mary-Anne THOMAS: No, no, no. It is a bit early to detail exactly how, but of course we will consult with the community.

Bev McARTHUR: Minister, didn't you say last Wednesday that the amalgamation plans were with the department? Have you got them, Secretary?

Euan WALLACE: Have I got –

Bev McARTHUR: The amalgamation plans.

Mary-Anne THOMAS: We have been over this before.

Euan WALLACE: I got the report from Bob Cameron and the expert advisory committee.

Bev McARTHUR: Okay. Let us move on to budget paper 3, page 135: the Victorian government put an EBA proposal to the nursing and midwifery federation which would have seen a pay increase for nurses of up to 23 per cent over four years. Why is a pay increase being offered almost double the government's 3 per cent wages cap?

Mary-Anne THOMAS: Well, again, as you know, that EBA agreement has not yet been reached, and the offer that was made to our nurses was compliant with government's wages policy. It included cost and non-cost items, and there were some changes to allow offers in relation to allowances.

The CHAIR: Thank you, Minister. We will go straight to Ms Kathage.

Lauren KATHAGE: Thank you, Chair, Minister, officials. I want to ask about Aboriginal health. I am looking at page 3 of budget paper 3, and I can see there is new investment there for the cultural safety accreditation scheme in public hospitals. Can you explain: how is this going to deliver meaningful change for Aboriginal Victorians and how will they be involved in setting this up?

Mary-Anne THOMAS: Thank you very much, Ms Kathage, for the question. Again, I do acknowledge that we are on the unceded land of the Wurundjeri people and pay my respects to elders past and present, and I also want to acknowledge any Aboriginal or Torres Strait Islander people who are joining us today either in person or online. We have some real work to do here. Our government acknowledges that the health outcomes for Aboriginal people in this state are not acceptable, and as I prepare to attend the Yoorrook commission I have had the opportunity to reflect on the challenges that we continue to face in ensuring that Aboriginal people in this state can access the health care that they need and deserve. We know, for instance, that it is an unfortunate fact that Aboriginal Victorians continue to experience racism in our healthcare system. They experience that racism from people working in our system. They experience racism from other patients. Aboriginal healthcare workers experience racism from their colleagues and from patients. This is clearly unacceptable. However, we have made some good progress with the establishment of the Aboriginal Health and Wellbeing Partnership Forum in 2021. This is a forum that is co-chaired by me and Mr Michael Graham, who is the CEO at VAHS and on the board of VACCHO, and the forum's agreement and action plan really give us a pathway forward as we move to do more to put Aboriginal health in Aboriginal hands.

As I said before, the lack of cultural safety in our health system is not exclusive to Victoria. Last year's national Aboriginal and Torres Strait Islander health survey indicated that 32 per cent of Australian Aboriginal people did not access health services when they needed to for cultural reasons such as language problems, discrimination and lack of cultural appropriateness. Noting the importance of self-determination, the Allan Labor government has supported VACCHO to develop a cultural safety accreditation scheme for some time. There was an initial investment of $370,000 in 2021–22 and a further investment last year of $300,000, and that enables the scheme to be piloted and finessed in a handful of public hospitals. This year's significant investment will enable VACCHO to scale up the rollout, embed the accreditation system in the organisation and really operationalise this important work.

Since being appointed Minister for Health, cultural safety has been the most consistent issue raised by community leaders, by VACCHO and by all of our ACCOs on the ground, and this work is long overdue. I might point out also that it has been a ministerial priority for me in my first round of statement-of-priority negotiations with our health service system. The establishment of Australia's first cultural safety accreditation program will ensure that Aboriginal people here in Victoria will have some certainty that they can access culturally safe health care.

I do want to take a moment just to acknowledge some of our health services that are really doing a great job in this regard through their employment of Aboriginal health liaison officers and the determination their boards, CEOs and senior leaders have shown to address some of that systemic racism that does happen in our health service system. I was recently at Echuca health service, and to see joint naming of signage throughout the system was quite extraordinary. Aunty Sonya, a proud Yorta Yorta woman at Echuca, is a legend and has done extraordinary work there to make sure that that system better meets the needs of the large Aboriginal population in that region. There are other health services that are doing really great work as well, but to be frank, some have got to lift their game.

Lauren KATHAGE: Thank you, Minister. I know we have got a specialist maternity unit at the Northern, and it is great that people can give birth in a place that they feel comfortable – that is really important. I am sure I speak for many members of the committee when I say how pleasing it is for us to hear – from multiple ministers now – how important self-determination is and how it is guiding the work and how there is sort of structural and systemic change happening in departments. It is really pleasing to hear.

In the same part of the budget, I can see – and you mentioned it also – the Victorian Aboriginal Health and Wellbeing Agreement. What is that really? How is it going to improve investment, services and outcomes for Aboriginal Victorians?

Mary-Anne THOMAS: The agreement seeks to set in place a process whereby we meet as equal partners to transform Aboriginal health outcomes in Victoria. We are on a pathway to self-determination, but I again need to be frank. Self-determination should be uncomfortable for government. It should be uncomfortable for ministers and bureaucrats, because true self-determination for Aboriginal people means giving over control and decision-making to Aboriginal people, and again, to be frank, our systems are not very well designed to enable that. That is why our government's ongoing commitment to truth-telling, to a voice and to treaty are so important.

The forum determined to develop an agreement and an action plan, and both documents recognise holistic Aboriginal health and wellbeing and Aboriginal ways of knowing, being and doing. This is important because our health services in hospitals are not necessarily responsive to this and do not necessarily have that deep cultural understanding to be able to deliver care in appropriate ways. It does set the long-term direction for improving Aboriginal health and wellbeing outcomes and all other commitments, like closing the gap, are worked through the agreement. I know those of you who, like me, have a background in the feminist movement will know the saying 'Nothing about us without us'.

Danny O'BRIEN: Stop talking about the background, Minister.

Mary-Anne THOMAS: 'Nothing about us without us', and the same is very true for the delivery of health care for Aboriginal Victorians. I note the interjection from Mr O'Brien, who represents a community with again a significant First Nations population. I want to put on the record the absolute dismay and disappointment that so many First Nations people feel at the way they have been abandoned by the National–Liberal parties in this state walking away from their bipartisan commitment to the First Peoples' Assembly, to Yoorrook and to treaty.

Danny O'BRIEN: Are you speaking on behalf of them, Minister?

Lauren KATHAGE: Thank you, Minister.

Members interjecting.

Lauren KATHAGE: Excuse me – sorry. For our littlest Aboriginal Victorians, I see there that you are expanding the culture and kinship program. What does that program do, and how does that relate to ACCHOs developing solutions and programs themselves? How does that link to self-determination?

Mary-Anne THOMAS: Thank you very much for the question. The culture and kinship program is designed to further strengthen the role of Aboriginal community controlled health organisations as prevention hubs by drawing on principles of First Nations self-determination in prevention and wholistic health promotion. The pilot version of the culture and kinship program, which was run from July 2021 to June 2022, supported

four ACCHOs – Rumbalara, Goolum Goolum, Budja Budja and another service – to design and implement programs in their communities.

I had the good fortune to be able to visit the Goolum Goolum Aboriginal Cooperative only recently and to see this work in action. Rather than a top-down program, the initiatives delivered under the program reflect the needs and priorities of each different program. Programs include on country youth camps, women's possum skin cloak workshops and health and wellbeing yarns. We know, because Aboriginal and First Nations leaders tell us, that strengthening young people's ties to culture and kinship improves their health outcomes. It improves their wellbeing outcomes. I have read in some of the Yoorrook testimony about the healing effects of young people being on country and being on country with elders. Growing pride in their living culture is so significant and important and does deliver health outcomes. Goolum Goolum, which of course is located in Horsham, designed and delivered a workshop focused on gathering and connecting through art and cultural practices to design and create a possum skin cloak course for communities in Horsham and Stawell. Held on a weekly basis, young mothers and pregnant women gathered to learn how to make possum skin cloaks, from their female elders. Again, this opportunity to connect to culture is just so important – and to strengthen kinship ties. Every community has a different way of making possum skin cloaks, and each group member burnt their story into a cloak skin to represent their journey and their cultural knowledge. These cloaks will be used for community events and ceremonial events by future female community leaders. Goolum Goolum has told us that since the workshop several women have accessed at least four other woman-focused services run by the ACCHO.

Across the pilot we found that focusing upstream on connection to culture, kin, community and country had real downstream benefits for health and wellbeing, including improved healthy behaviours and improved and increased engagement with Aboriginal community controlled health organisations. Again, this is an example of how Aboriginal health in Aboriginal hands is the best way to improve the health and wellbeing outcomes of Aboriginal people in this state. Can I just acknowledge, Ms Kathage, your genuine interest in and commitment to our First Nations community, as demonstrated by your question to me today.

Lauren KATHAGE: Thank you, Minister.

The CHAIR: Thank you, Minister. We will go to Mr Puglielli.

Aiv PUGLIELLI: Thank you, Chair. Good morning. Minister, how often do you see the dentist?

Mary-Anne THOMAS: Me? Well, slightly irregularly until I had some dental problems.

Aiv PUGLIELLI: 'Irregularly' I can definitely relate to. Could maybe someone from the department update me: what is the average wait time for someone trying to access public general dental care in Victoria?

Mary-Anne THOMAS: I am happy to give you some updates on that if you –

Aiv PUGLIELLI: If you have that stat to hand, that would be great.

Mary-Anne THOMAS: Yes, I do. Just bear with me for a moment. What we have seen in our public dental program is that wait lists are heading in the right direction, but there is still a way to go. The average wait time for general dental care is 15.3 months, and that is in quarter 3, 2023–24. But if I may, just to give you a little bit of an overview, obviously our government backs public dental and has always invested in it, but public dental care cannot be done alone. Again, we rely on our colleagues in Canberra for their fair share of funding to support our public dental health system here in Victoria.

Aiv PUGLIELLI: Okay.

Mary-Anne THOMAS: I am sure you would be interested to know that the previous federal coalition government cut public dental funding to Victoria by 30 per cent in 2016–17, and they have maintained those cuts. Had this funding cut not been made, Victoria's public dental system would be nearly $100 million better off and be able to deliver treatment to 14,000 more adults every year.

Aiv PUGLIELLI: I appreciate the clarification, and I assure you I was no fan of that government either. What is the government's latest public health advice on how regularly people should see a dentist?

Mary-Anne THOMAS: I might ask the Secretary to answer that question.

Euan WALLACE: I do not think the department issues public advice on how frequently one should visit a dentist. As you know, the government introduced a dental schools program – both a prevention and an education program – I think reflecting the importance particularly of regular dental attendance in childhood as our teeth are establishing. The normal advice about attending your dentist annually has come from industry itself rather than the department.

Aiv PUGLIELLI: Right. Thank you. I understand the current policy for public dental care in Victoria is that a patient has to wait 12 months after their last visit to be put back on that waitlist, so that means that while someone might report on the waitlist that they have been there for, say, 16 months, as it was in 2022–23 from the measures, in reality that is adding an additional 12 months longer onto what they have reported. Minister or Secretary, do you believe that waiting in that instance 28 months to see a dentist is an adequate healthcare provision?

Mary-Anne THOMAS: So, let us be clear: here in Victoria those requiring emergency dental treatment receive that treatment. There is no waitlist for public emergency treatment. Again, the most important investment that we can make in public dental is through our Smiles 4 Miles and Smile Squad programs, which of course are about ensuring that children and their families are able to access information and dental care where and when they need it as their permanent teeth are coming in, to set them up well for the future. Because quite frankly if we can establish good oral health habits they will deliver good oral health care. You asked me about my own personal circumstances, which I do not want to go into in too much detail, except that I might say there are probably others in the room like me who are the first generation to keep their own teeth – unlike my mother, who had her teeth all taken out as a preventative measure, which is horrible to think about, isn't it, but anyway. But it is the good oral health care that was instilled in me as a child, the fluoridation of our water and regular visits as a child that have set me up for good oral health as an adult.

Aiv PUGLIELLI: Sure. I appreciate that anecdote that you are sharing with us. With regard to the performance statement targets for public dental care, in 2024–25 the target for persons treated is 322,150 and the priority and emergency clients treated' is 249,100. Just a technical question: is the 'persons treated' target inclusive of the emergency and priority target?

Mary-Anne THOMAS: I might just check with one of my officials. We will take that on notice. Professor Wainer will take that.

Aiv PUGLIELLI: On notice, that would be fine. I suppose on notice it would probably be as well: if that is the case, does that then mean that for our public general dental care the figure should be 83,050 that you are actually treating if you discount those emergency numbers? I am happy for that to be clarified with that information on notice.

Mary-Anne THOMAS: Yes, we can clarify that for you.

Euan WALLACE: I suspect the number of persons treated will be the total number of persons treated, mindful, as you know, that the majority of dental care in the public system is people receiving care through emergency, so no waiting list. So I suspect that number of 332,000-odd is inclusive of all dental care in the public system.

Aiv PUGLIELLI: Okay. Thank you. I understand there are around 300 oral health therapists working across our community in public health in Victoria. Oral health therapists, I understand, get paid a mere $6 above the minimum wage and yet they are performing oral surgeries and working with children, which usually is considered a specialisation in other health professions. I also understand Victorian OHTs are actually the lowest paid in the country. Does the costing of the Smile Squad program rely on an underpaid workforce?

Mary-Anne THOMAS: Well, no, I do not accept that. I am not responsible, my department is not responsible, for setting these salaries.

Aiv PUGLIELLI: Who is, sorry?

Mary-Anne THOMAS: Well, again, it will be the service that employs them and the negotiation of enterprise agreements or the awards that exist within those professions.

Aiv PUGLIELLI: Sure. And that is also for Smile Squad? That is the same?

Mary-Anne THOMAS: Well, Smile Squad is a program that is run by Dental Health Services Victoria on behalf of the government, and then they contract and work with a variety of community health services around the state.

Aiv PUGLIELLI: Thank you. I might move on. In your opening presentation, Minister, you spoke about sexual and reproductive health care. This might be a department question: could someone tell me how many sexual and reproductive healthcare providers there are in the state?

Mary-Anne THOMAS: Okay. Thank you for the question. It is one which I welcome. That may be a little bit difficult to assess because of course the definition of sexual and reproductive health is quite a broad one and we deliver sexual and reproductive health services through our public hospital system, in our sexual and reproductive health hubs, through our women's clinics that we are standing up. They are delivered through ACCOs, through community health, through private hospitals, through GP practices. So I think it would be somewhat hard to quantify.

Aiv PUGLIELLI: And there is not a definition that the government currently uses when they say 'sexual and reproductive health provider'?

Euan WALLACE: No, as the minister said, they are very diverse. Obviously there are medical and non-medical providers – you know, we have nurses involved in some of those services.

Aiv PUGLIELLI: Okay. But not like a set sort of guideline you are working to determine –

Euan WALLACE: No. As the minister has referenced, government has invested in the creation of up to – well, once we have finished – 20 sexual and reproductive health hubs. There was an investment in last year's budget in the new women's clinics and then we have got existing services, both outpatient services like Melbourne Sexual Health clinic et cetera but also inpatient services in our hospitals – our gynaecology clinics that have specialist sexual and reproductive health components to them. I mean, the workforce is very diverse – even within the medical frame we have got GPs, we have got sexual medicine specialists and we have got obstetricians and gynaecologists.

Aiv PUGLIELLI: It is the breadth – I am getting that sense from what you are describing to me. Thank you. Regarding accessing abortion services, the ABC ran an article today detailing reports that Victorian women are struggling to access abortion services amid conscientious objectors. In it the manager of 1800 My Options, a phone service run by Women's Health Victoria, said:

> … every week, staff spoke to women who had experienced conscientious objection from doctors, receptionists … pharmacists and others in the health system.
>
> "Sometimes the objection is blatant … 'we don't do that kind of thing here' …
>
> "Sometimes it's more subtle, like refusing to provide a referral … referring to services that are known to be anti-choice … suggesting that 'there are no abortion services in this area' when in fact a nearby GP or hospital regularly provides a service.

Minister, what are you doing to address this issue?

Mary-Anne THOMAS: Look, thank you for that question. This is a key concern of mine, and it is why we are expanding our sexual and reproductive health hubs so that we will have 20 across the state. They are nurse led, and of course with changes that have been made by the Honourable Ged Kearney, leading those in the federal sphere, we are now able to see greater access to medical termination of pregnancy in those nurse-led clinics. We are also establishing our 20 women's health clinics and they too will be expanding access to both medical and surgical termination of pregnancy. You talked about 1800 My Options. Of course this is funded by our government and was a key initiative out of the first of our sexual and reproductive health plans that was delivered by the Honourable Jill Hennessy when she was the Minister for Health. Sexual Health Victoria has recently established a telehealth medical abortion service, which I was thrilled to launch earlier this year, and that is improving access, particularly for regional and rural women.

I want the committee to be in no doubt about our government's commitment to expanding access to abortion care right across Victoria, no matter where girls and women live. As a regional Victorian myself, I am well aware of some of the challenges that can be experienced in rural and regional Victoria. You would be interested also, I am sure, to know that my department, at my direction I might say, has worked with Peninsula eastern and western health services in order to increase access to surgical termination and create additional capacity for the Royal Women's, who of course focus on providing more complex termination and other gynaecological services. These services have now been running since November last year. Under our government, we see that abortion care is health care, and we are focused on delivering and expanding access.

The CHAIR: Thank you, Minister. We will go to Mr Hilakari.

Mathew HILAKARI: Thank you, Minister, for that previous response, because I might follow up but also come back to that in a moment. I would first like to start a little bit more broadly at budget paper 3, pages 46 and 48. This goes to outline the additional funding for women's health services across the state. I am just hoping you can talk a little bit at the start on what this means for women across our state.

Mary-Anne THOMAS: Thank you very much, Mr Hilakari. I noticed you also nodding along in response to that earlier question, because I know that as a representative and a member of this Parliament you have been a fierce advocate also for increasing access to termination of pregnancy, both medical and surgical, for women in your own community. Now, this year's budget includes $18.3 million in additional funding for 12 women's health organisations, and indeed they are the health services that Mr Puglielli referenced in his question. These health organisations exist around the state, and this funding will enable them to continue their work providing preventative health promotion and education to Victorian women. Now, these health organisations work primarily in the area of the social determinants of health when it comes to women being able to access the health care that they need and deserve. So their work is very much focused on gender equality and on sexual and reproductive health, including abortion care; chronic illness, as it disproportionately impacts women; family violence, which of course is one of the leading causes of harm to women and hospital presentations by women; and other health promotion initiatives. Of course this investment in this year's budget builds on last year's investment, which delivered on our election commitment: the $153 million to transform women's health in our state, including these 20 new women's health clinics; an additional nine sexual and reproductive health hubs, bringing that to a total of 20; our workforce scholarships to make sure that we are building up that workforce that we need; and delivering Australia's first inquiry into women's pain. This year's budget also delivers an additional $2 million for our nation-leading public egg and sperm bank, and of course this builds on our $120 million investment to establish and deliver public fertility care for Victorians who are wanting to start and grow a family. In addition to this of course is the $5.7 million into the Healthy Mothers, Healthy Babies initiative for mums in rural and regional Victoria who are at risk of experiencing disadvantage, to make sure that they get the help that they need.

Mathew HILAKARI: Thank you, Minister. The women's health package I am particularly interested in as well. You mentioned a moment ago the $153 million which has been delivered previously. I am just hoping you could unpack and expand on that.

Mary-Anne THOMAS: Yes, absolutely. As you know, Mr Hilakari – and I am sure committee members wherever they are from will know – our government's commitment to addressing the healthcare needs of women, facing into the inequities that exist and facing into women's lived experience of our healthcare system, which is one where their conditions and pain have been diminished by the medical profession and where they have felt that they have been not believed and not respected, has been warmly welcomed by women and girls right across the state. This has been evidenced in the response that certainly I know that I get as a local member, and I am sure many of you have that same experience. This $153 million investment has enabled us to launch the first five women's health clinics, to establish an extra three sexual and reproductive health hubs and to deliver women's health and wellbeing support grants to 13 organisations. We have launched the women's pain inquiry, we have run the women's health survey and we have established the women's health advisory council, delivering a pelvic pain symposium and rolling out women's health scholarships. So already we are really getting on and delivering. Work is progressing on the women's health research institute business case, on a mobile clinic and on the Aboriginal women's clinic. And broad system work, including the development of new models of care service, demand mapping and cultural change, has already commenced.

Mathew HILAKARI: Thank you. I certainly know how important it is to the community that I represent, but also one of the things that has been a big topic of conversation is addressing the women's pain gap, and I really appreciate the work that the government is doing in terms of pushing that as of real importance. I am just hoping you could talk to some of the actions the government is taking around that, and I reference, of course, the 'Gender Equality Budget Statement', which is the first of its kind anywhere in the country, which speaks to that work.

Mary-Anne THOMAS: Thank you very much, Mr Hilakari. Again, we all know about the gender pay gap, but our government is focusing attention on the gender pain gap. Late last year we ran a preliminary survey to help inform the design of the women's pain inquiry, and the outcomes of that survey were profound. We know that many women and girls across our state are living with chronic pain. Fifty per cent of the respondents to that initial survey indicated that their pain was as a consequence of unresolved issues from pregnancy and childbirth. Fifty per cent again told us that their pain was as a consequence of menstruation – period pain and other associated pelvic pain conditions. So the work that we are doing responds to historical inequities in our Western system of care. Again, when I discuss these matters, they are not unique here to Victoria or Australia; this is around the world.

I am sure members of the committee know that historically medical research has only been conducted on men. Women have not been seen as reliable subjects by virtue of the fact that we menstruate and that our hormones are in flux. With actual medical professionals sitting beside me, I am conscious of only saying things that I know to be true, and I know Professor Wainer can jump in if I get anything wrong here. But as a consequence of that, what we know about various ailments and disease, we only know about through research that has been conducted on men. As a consequence we have a very poor understanding of the particular concerns that women may face in their life, and the classic example of this is endometriosis. It was not that long ago that endometriosis was seen as being entirely in the heads of women, where women were told that their pain was just normal: 'Get over it. Have a Panadol. Have a lie down. It's normal; you'll be fine.'

The CHAIR: 'Do meditation'.

Mary-Anne THOMAS: 'Do meditation. Have a baby' – this is some of the medical advice that was dispensed to women. We know that it still takes on average around seven years to diagnose endometriosis, and for many women the diagnosis of endometriosis comes too late, because they discover they have endometriosis when they experience challenges with their fertility. This is simply not good enough.

I have talked about the fact that the medical research profession has not built up an understanding of women's bodies and the sex and gender impacts that we experience in our healthcare system. They did not even experiment on female mice – just to be quite clear about the degree of medical misogyny which has existed over time. We want to transform that here in Victoria. This means listening to women and girls, taking our pain seriously, but it also means – and the pain inquiry will be very much focused on this – developing new models of care and of training and educating our workforce, ensuring that through our government's commitment to a women's health research institute we do more research to better understand the concerns that women express.

I have talked about conditions that, if you like, are as a result of our sex – things like menstruation, endometriosis and so on – but we also know that women's health outcomes and women's experiences of our healthcare system are impacted by other conditions, including cardiac care. Women present quite differently with symptoms associated with cardiac arrest. Indeed there are some fabulous female clinicians and researchers here in Victoria, including at the Alfred, who have been working in this field in order to understand the symptoms that a woman may experience, to be able to identify those symptoms and to be able to educate other clinicians about the symptoms that women may well present with when they are experiencing cardiac arrest. We know, for instance, that women are much more likely to suffer from the impacts of autoimmune diseases, and quite frankly we do not fully understand why. This highlights for us the many research gaps. I think our focused attention on women's health care, on the gender pain gap, is going to bring all of these issues to the fore.

Once again, I know from my own experience as a local member that women are feeling for the first time that they can talk about some of these concerns, because let us be frank, our health care and our health conditions have too often been shrouded in shame and stigma. It is why initiatives like making pads and tampons free or freely available are so important. It breaks down the shame and stigma associated with menstruation, and we all

have a role to play in doing that. Again, I thank you very much for your interest in this matter and your ongoing commitment.

In terms of the gender pain gap and the pain inquiry, submissions are currently open until 31 July. I know that we will hear from researchers and from clinicians and academics. We will get all of those. But I want to use this opportunity to ask each and every one of you to encourage women and girls in your own electorate to share their stories, their experiences, because that will inform the work that we are doing. The next phase of the inquiry will include in-depth, face-to-face consultations with women, including from priority populations like women with disability, Aboriginal women and multicultural women, who we know face many additional barriers when it comes to accessing the care that they need. The inquiry is expected to report back at the end of the year, and it is going to transform the way health care for women is delivered in this state.

Mathew HILAKARI: Thank you.

The CHAIR: Thank you very much, Minister.

Minister and department officials, our time for the health portfolio has come to an end this morning. 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 will now take a break before beginning its consideration of the health infrastructure portfolio at 11 am.

I declare this hearing adjourned.

Witnesses withdrew.