

TRANSCRIPT

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Budget Estimates 2019–20 (Ambulance)

Melbourne—Thursday, 13 June 2019

Members

Mr Philip Dalidakis—Chair

Mr Richard Riordan—Deputy Chair

Mr Sam Hibbins

Mr Gary Maas

Mr Danny O'Brien

Ms Pauline Richards

Mr Tim Richardson

Ms Ingrid Stitt

Ms Bridget Vallence

WITNESSES

Ms Jenny Mikakos, Minister for Ambulance Services,

Ms Kym Peake, secretary,

Mr Terry Symonds, Senior Deputy Secretary, Health and Wellbeing,

Mr Greg Stenton, Deputy Secretary, Corporate Services, Department of Health and Human Services; and
Associate Professor Tony Walker, Chief Executive Officer, Ambulance Victoria.

The CHAIR: I declare open this hearing of the Public Accounts and Estimates Committee. On behalf of the Parliament, the committee is conducting this inquiry into the 2019–20 budget estimates. Its aim is to scrutinise public administration and finance to improve outcomes for the Victorian community. The committee will now begin consideration of the portfolio of ambulance services. I welcome the Honourable Jenny Mikakos, minister for the said portfolio, and the officers appearing before us today.

All evidence given is protected by the Parliamentary Committees Act. This means that it attracts parliamentary privilege and is protected from judicial review. Witnesses found to be giving false or misleading evidence will have to sit and watch a full day of Parliament, either in the Assembly or in the Council, and may be in contempt of Parliament and subject to penalty.

Minister, I invite you to make a brief opening statement or presentation of not more than 5 minutes. In fact given the late start you have until 11.37—that is 4 minutes. Over to you, Minister.

Ms MIKAKOS: Thank you very much, Chair. It is a pleasure to be back once again to talk about the record investment in ambulance services that the Andrews Labor government has made in this year's Victorian budget. Before I take the committee through my presentation, I just want to take this opportunity to thank Victoria's paramedics, who provide comfort, reassurance and life-saving care to Victorians when they need it most.

Visual presentation.

Ms MIKAKOS: The 2019–20 Victorian budget invests nearly \$300 million in ambulance services, adding to the government's investment that has rebuilt Victoria's ambulance system. It delivers on our election commitment in full, backing our paramedics to keep saving lives. In fact we have gone way beyond our election commitment to ensure our ambulance service can meet rising demand for ambulance services and maintain improved response times. Our investment is ensuring Victorians get the best emergency care when they need it faster than ever before.

When we came into government it was very clear we were left with an ambulance crisis. We made a promise to the Victorian people that we would end the ambulance crisis, and we have done just that. We have given our paramedics the resources they need to do their job. Since coming into government the Andrews Labor government has invested a record \$1 billion in Victoria's ambulance services, a 485 per cent—let me repeat that; a 485 per cent—increase on the previous Liberal government. The difference is quite stark.

The Andrews Labor government investment during our term of office means an additional 720 full-time equivalent paramedics and on-road clinical staff have been recruited. We have also funded an extra 35 new and upgraded stations across the state and deployed 51 extra emergency vehicles on our roads. Thanks to our investment and hardworking paramedics, ambulances are responding to emergency cases faster than ever before.

Under the previous Liberal-National government Victoria had the worst ambulance response performance on the Australian mainland. The latest data shows paramedics reached 84.2 per cent of code 1 patients within 15 minutes—2 minutes and 50 seconds quicker when compared to the previous Liberal government's final March quarter. As we know, every second matters; every second, every minute saves a life. This is all the more

impressive given that ambulances are also turning out to more emergencies. More than 72 300 code 1 call-outs were made in the last quarter, just over 5700 more compared with the same period 12 months prior.

The 2019–20 Victorian budget provides \$108.8 million over four years with a specific focus on additional paramedic resources across rural and regional Victoria, fully funding our election commitment. It will see 23 cutting-edge response vehicles hit the road, new stations at East Bentleigh and Clyde North and upgraded stations at Gisborne and Ocean Grove. More than 90 paramedics will be recruited to support the upgrade of 15 single-crew stations to dual crew, increasing the availability of and access to our highly skilled paramedics across the state. New and/or additional paramedic resources will be deployed in the South Barwon and Bendigo regions, Clyde North, Churchill, Gisborne and Geelong, with additional MICA paramedic resources in Ararat and Bellarine.

This funding is in addition to \$190.8 million over four years to enable Ambulance Victoria to meet the ever-increasing demand for ambulance services, maintaining significant improvements in response performance. In the last 12 months we have seen demand for ambulance services increase by more than 6 per cent, well in excess of predicted demand, and in spite of this record, demand ambulance response times continue to improve. So this demand funding will provide additional ambulance resources to be activated as necessary at times of peak demand to ensure recent all-time-high response performance is maintained.

We will also continue to support the health and wellbeing of our paramedics, including the expansion of the Australian-first peer support dog program—hence the photograph of Bruce; I could not not put Bruce on the slides today—and the continuation of cutting-edge, virtual reality occupational violence training. Thank you, Chair. I look forward to the committee's questions.

Ms STITT: All hail, Bruce. I would also like to echo your thanks to our incredible paramedics who do such an amazing job in the community. Minister, can I take you to page 50 of budget paper 3 and ask you to outline the initiatives in table 1.11, with nearly \$300 million of investment, and just explain to the committee how that will ensure that Victorians get access to the best emergency care available?

Ms MIKAKOS: Thank you, Ms Stitt, for your question. The 2019–20 budget invests nearly \$300 million to meet growing demand, support improved response times and continue to back Victorian paramedics. This includes fully funding our government's \$109 million election commitment that will see 23 cutting-edge response vehicles hit the roads, new stations at East Bentleigh and Clyde North, and upgraded stations at Gisborne and Ocean Grove. These modern and fit-for-purpose facilities and equipment will help our paramedics to do what they do best and that is save lives. The 23-vehicle fleet will be deployed in high-demand locations to ensure patients get the right response when they need it. When paramedics are not on the road, they will have a modern and cutting-edge new facility with multiple ambulance bays, training rooms and rest and recline areas, and there will also be space for ambulance services to grow into the future as these local communities continue to grow. The new and upgraded stations will make sure local communities continue to receive the highest standard of treatment and care when an emergency strikes, ensuring an ambulance is there when it is needed most.

In addition more than 90 full-time equivalent paramedics will be recruited to support the upgrade of 15 single-crew stations to dual-crew and deploy additional mobile intensive care ambulance—that is, MICA—officers and paramedics across regional and rural Victoria. Dual-crew conversions, additional personnel and equipment and building upgrades will be staged throughout the forward estimates to 2022–23. This year's budget goes beyond our election commitment to ensure our ambulance services can meet rising demand for ambulance services and maintain improved response times.

\$190.8 million over four years has been allocated to enable Ambulance Victoria to meet the ever-increasing demand for ambulance services, maintaining significant improvement in response performance. This funding will provide additional ambulance resources to be activated as necessary at times of peak demand to ensure the recent all-time, high-response performance is able to be maintained. We will also support Ambulance Victoria's 24/7 secondary triage service, ensuring 24/7 coverage by expert staff to assess less urgent calls in order to respond to each patient's needs and the urgency of their situation. Our investment is ensuring Victorians get the best emergency care when they need it, faster than ever before.

Ms STITT: Obviously it is important to ensure that all Victorians have access to the very best emergency care. I am wondering if you could take the committee through the investment in this year's budget to support rural and regional communities?

Ms MIKAKOS: Thank you, Ms Stitt, for that further question. Absolutely, we want to ensure that our regional communities get the emergency care when they need it the most. This is why we are upgrading stations in Ocean Grove and Gisborne and recruiting more than 90 paramedics to support the upgrade of 15 dual-crew stations as well as the deployment of additional paramedics across regional and rural Victoria. These paramedics will support the upgrade of 15 currently single-crew stations to turn them into dual-crew stations across regional and rural Victoria, including stations in Avoca, Inglewood, Charlton, Beaufort, St Arnaud, Foster, Yarram, Camperdown, Terang, Rochester, Murchison and Rupanyup. The remaining three stations will be identified in consultation with Ambulance Victoria and paramedics.

I know that the members for Polwarth and South Gippsland would be particularly interested in the fact that Terang, Camperdown, Yarram and Foster locations in particular will go from being single-crew to being dual-crew stations.

Mr D O'BRIEN: Very interested. It is the only thing in the whole budget that affects Gippsland South, so I did pick it up, thank you—the only thing.

Ms MIKAKOS: Well, I am pleased that you are happy with the fact that we are investing in your local ambulance services there.

The current single-officer arrangements can delay responses to cases as well as risk patient care and the health and safety of paramedics. Dual-crew arrangements will ensure that paramedics can have confidence that someone has their back. In addition MICA officers will be deployed in Bellarine and Ararat, providing a higher clinical skill to perform more advanced medical procedures for patients in these local communities. More paramedics will also be provided to Churchill, Geelong, Gisborne, Bendigo region and South Barwon region.

This builds on our government's \$500 million investment during its first term, which included 12 paramedic community support coordinators that provide training support and response capacity in many of the more remote areas of the state, including Chiltern, Bethanga, Walwa, Mitta Mitta, Eildon, Marysville, Woods Point, Neerim South, Lavers Hill, Cobden, Harrow, Balmoral, Dartmoor, Glenthompson and Penshurst. Paramedic community support coordinators provide paramedic care within the community in support of existing emergency practitioners and health-care agencies when available and they also provide management advice and response to emergency and time-critical incidents.

Of course I cannot talk about Ambulance Victoria's commitment to rural and regional Victoria without mentioning its fleet of air ambulances—that is, five helicopter and four fixed wing, which provide vital links to make sure people from rural and regional Victoria can get transported to major hospitals when their lives are at risk. Just earlier this year I had the great pleasure of meeting Michaela Malcolm and Sarah Wells, Victoria's first-ever female MICA flight paramedics. MICA flight paramedics undergo a further 18 months of training, which includes winch training for rescues at land or at sea. So I was very impressed seeing the video of the training that these two women had to undertake to become our first female MICA flight paramedics. I was so impressed with these two women who have really been trailblazers, being the first female MICA flight paramedics having gone through gruelling training, and being able to undertake this life-saving work is just really impressive and really a credit, can I just say, to the leadership that Associate Professor Tony Walker has undertaken as CEO of this organisation.

One thing I am proud of—I am digressing for a moment, but I am very proud of the fact that the organisation has now achieved almost 50 per cent of its workforce being female, and that is really a credit to the inclusive culture that Professor Walker has built up at Ambulance Victoria in his time. It is really an organisation that really reflects the values of our government and is making sure that everybody in our community has opportunities to do well, and I am so pleased that so many women are choosing to pursue rewarding careers at Ambulance Victoria.

Ms STITT: Thank you, Minister. Obviously our paramedics are incredible professionals who are making life-saving decisions multiple times a day in some cases, and I know that you are personally committed to making sure that the government invests support in their health and wellbeing. So I am just wondering if you could take us through what those initiatives are.

Ms MIKAKOS: Thank you. I really welcome this question. Look, I am a huge fan of what our paramedics do every single day. They are dedicated, they are hardworking, they do an amazing job and they deserve all of our community's support. Our government's \$190.8 million investment in ambulance services in this year's budget has allowed Ambulance Victoria to continue and expand on its health and wellbeing programs for our hardworking paramedics. This includes vital, cutting-edge virtual reality training for paramedics to better protect themselves from occupational violence when responding to real-life volatile medical emergencies. Once immersed in the 360-degree virtual reality experience, paramedics are given real-life scenarios, treating patients at scenes where they are exposed to occupational violence. The training program is being delivered by a team of experts in hostage and crisis negotiation, critical incident management, special operations and personal protection. The government continues its public awareness campaign to make clear to the community that violence against healthcare workers is never okay. We have had ads run again earlier this year on television and on social media, and we will continue to get that message out. In addition, all Ambulance Victoria staff will continue to receive training to be better equipped to understand mental health issues, recognise and respond to those at risk of suicide and receive advice on getting the help that they need.

Through our funding Ambulance Victoria is also expanding its successful and pioneering peer support dog program to help Victoria's paramedics better deal with the daily challenges they face in responding to emergencies and saving lives. I did particularly want to give you all good karma this morning as you are going to have a really long day ahead of you and put that photo of Bruce the peer support dog up on the screen just to leave you with those positive thoughts. I have had the chance really to see firsthand how Bruce makes a world of difference to the lives and mental health of our paramedics who need a helping paw to cope with the stressful and traumatic life-threatening emergencies that they see every day.

I had the great pleasure to attend, together with Associate Professor Tony Walker, a graduation ceremony at the start of the year for our latest batch of incoming paramedics. Bruce, our peer support dog, also graduated after having 12 months of training, and he was the only one to get a standing ovation from everybody in the room because it is clear that he is making a huge difference. So I announced that day at that event also that there will be another 12 dogs that will be made available by Ambulance Victoria to make sure that we are reaching every part of the state and that our ambulance stations in rural and regional Victoria also get the support from the dogs and the handlers as well. So I met Callie and Lexi as well, who had also been trained, but there are also other dogs.

The reason this program is so important—it is the first of its kind in an Australian ambulance service—is that it is raising awareness of mental health support and reducing the stigma attached to seeking help, encouraging paramedics to open up and talk to their peers. Again I commend Associate Professor Tony Walker for his enthusiasm in this program. I have seen, since, other states taking an interest in this program, and that is really a credit to the work Ambulance Victoria is doing. And I have been so inspired by Bruce and this program that I recently announced that we are going to pilot a similar program for our doctors. 'Dogs for Docs' is what I have called it colloquially, but we are going to do a trial probably involving Frankston Hospital initially, and we have just got to work out which hospitals will be part of the trial to look at the support we can offer to doctors as well. We know from our own colleague and others who have been open in talking about their mental health issues how difficult it can be, how much stigma there is in the community around these issues. Still this is what our mental health royal commission is all about. It is offering people in the community more support but breaking down the stigma, breaking down the barriers, making sure that people speak more openly about the challenges that they are facing in their life. We know particularly for our first responders that they face a lot of additional stress as well, and this is why we are providing this support.

The other thing that is just worth mentioning, finally, is that just yesterday my colleagues the minister for police and the Attorney-General made an announcement in relation to providing, more timely support to paramedics and other first responders through making it easier for them to access WorkCover payments for mental health injuries. This was an election commitment of ours which has been funded in the budget. As part of the first

rollout that will start, our paramedics are in the first tranche of workers, together with police, that will be able to access this provisional payment scheme pilot that will then be rolled out to include other Victorian public sector employees and volunteers as well. So this is just another way that our government is showing our support for our dedicated paramedics and making sure that they get support from a prevention angle, making sure of course that we educate the community around ‘It is never okay to assault an ambulance worker’—through that community messaging—the training that they receive, making sure that they are equipped to diffuse confrontations and difficult situations, making sure they have got the peer support programs so that things do not escalate. But then if they do experience a crisis, they do put in for a claim, they do need to take some time off work, we can make sure that they get access to these provisional payments as quickly as possible.

That is part of a \$14.5 million five-year investment to do a range of things—fund this provisional payment scheme pilot but also develop a centre for excellence in emergency worker mental health, develop a specialist network of clinicians with expertise in mental health emergency workers and establish an early intervention and prevention fund for Victoria Police. So there is a number of things in that fund. It is not a fund that sits in my portfolio, but I think it is worth mentioning because it does mean that our paramedics will be able to access the provisional payment scheme pilot as part of the first rollout of this.

Ms STITT: Thanks, Minister. It is all really fantastic work, and Bruce is a very good boy.

Ms MIKAKOS: Yes.

Ms STITT: Minister, I was struck by the slide in your presentation about the government’s investment in ambulance services, and I just wondered whether you might take a bit of time to detail how the government’s investment in this budget compares to previous years and what the additional resources will result in for our ambulance service.

Ms MIKAKOS: Thank you, Ms Stitt, for that question. It is a shame that the slides are not back up on the screen. We had to put the chart horizontally in terms of comparing us with the previous coalition government because if we put it the other way, it would have been off the chart—we would not have been able to fit it in. So just in terms of our proud investment for our ambulance service, this is demonstrated by investment in this budget but also over our entire first term in office. When we came into government it was very clear that we were left with an ambulance crisis. We made a promise to the Victorian people to end the ambulance crisis, and we have done that. We inherited the worst ambulance response times on the Australian mainland, which was putting lives at risk, and we have absolutely turned that around.

Since November 2014 our government has invested a record \$1 billion in Victoria’s ambulance service, more than double the previous coalition. We have funded 720 full-time equivalent paramedics and on-road clinical staff. We have funded 35 ambulance branches, providing fit-for-purpose and modern facilities to enable our paramedics to do what they do best, and this is three times more than the number funded by the previous coalition government. We have put an extra 51 emergency vehicles on the road. We have set a statewide record on code 1 incidents responded to within the benchmark of 15 minutes. We brought an end to the long-running and bitter paramedic pay dispute, and we have been regularly reporting ambulance response times.

We know that unquestionably Labor backs our paramedics, and we know what happens under the coalition. It is important history for members to be aware of because it was in fact the Kennett government that privatised the emergency dispatch system that led to a royal commission, privatised the non-emergency patient transport system, privatised some ambulance branches like Cranbourne—I am sure you would be interested in that, Ms Richards, that particular history—and they slashed paramedic jobs.

The CHAIR: Minister, that is no doubt going to be a bone of contention for the next person who has the call, Mr O’Brien.

Mr D O’BRIEN: Yes, as much as we are all fascinated about what happened 25 years ago, Minister, we actually would like to abide by the Chair’s ruling that we talk about what goes forward in these budget hearings. Speaking of which, you talked about the ambulance dispute. Have negotiations begun for a new EBA 2019?

Ms MIKAKOS: Yes, they have.

Mr D O'BRIEN: Okay. Were you aware that yesterday the leadership of the ambulance employees association resigned en masse from United Voice, opposed to a proposed merger with the NUW?

Ms MIKAKOS: We value the work of our paramedics. We have always backed them and we always will. The government has already held positive and constructive conversations with paramedics and will continue to do so, and we stand ready to continue working with whoever is representing paramedics on the deal that they deserve.

Mr D O'BRIEN: That actually did not answer the question, Minister. I just wanted to know whether you were aware that it occurred.

Ms MIKAKOS: Of course I am aware.

Mr D O'BRIEN: Of course you are aware. Why didn't you just say that in the first place? It would be so much easier, Minister, if you would just answer the question to start with.

Ms MIKAKOS: I have responded to your question fully.

Mr D O'BRIEN: Thank you. Obviously this will have implications. What are the implications for negotiation of the new EBA given the likelihood of a further union to negotiate with?

Ms MIKAKOS: As I just explained, Mr O'Brien, I have already responded to your question fully, and the point that I have made is that we stand ready to continue working with whoever is representing paramedics on a deal that they deserve. We are ready and available and sitting at the negotiating table. Of course Ambulance Victoria themselves conduct those negotiations. As for what happens in the internals of any particular union or unions, that is a matter for those unions and their members.

Mr D O'BRIEN: Are you able to tell me how many employee representatives you will be bargaining with, or you are bargaining with, that are registered with FairWork?

Ms MIKAKOS: How many individuals?

Mr D O'BRIEN: No, how many registered representatives.

Ms MIKAKOS: I might ask Mr Stenton to go through these details.

Mr STENTON: Yes, Mr O'Brien, thank you for the question. United Voice were one of the registered bargaining agents through AEAV and there is another, which is APA, which is a registered bargaining agent.

Mr D O'BRIEN: So two at the moment.

Mr STENTON: Two at the moment.

Mr D O'BRIEN: And who knows what will happen in the future. Okay, thank you. I will cede the rest of my time to Mr Riordan.

Mr RIORDAN: Thank you, Mr O'Brien. My question is to the secretary. I refer you to budget paper 3, 2019-20, page 198, and the proportion of ambulance patient transfers within 40 minutes, which failed to meet its 2018-19 target of 90 per cent. It only achieved 83 per cent. The budget describes these increases as being due to higher patient acuity. Could you provide a description of the degree of acuity that Ambulance Victoria is responsible for and also the degree of acuity that transport NEPT, non-emergency patient transfer services, are responsible for?

Ms PEAKE: I am really sorry. It is very hard to hear you. Would you mind just repeating the last part of the question?

Mr RIORDAN: The description of the degree of acuity that Ambulance Victoria is responsible for and the degree of acuity of the non-emergency-type transfer.

Ms PEAKE: I will ask the CEO of Ambulance Victoria, Mr Walker, to give you that detail.

Assoc. Prof. WALKER: Ambulance Victoria has responsibility to respond to 000 calls in the community. We triage those calls through an initial triage process undertaken by the Emergency Services Telecommunications Authority to determine the initial level acuity and respond in accordance with that acuity. For certain types of cases we refer them to our secondary triage area where they are triaged further by a nurse or a paramedic who will determine the right resource for them based on their clinical condition. That resource may be back to the emergency response or alternatively other services in the community, including patient transport services where they have been clinically deemed to be appropriate for that service.

Mr RIORDAN: Also, Mr Walker, on how many occasions do non-emergency crews stand in for emergency crews?

Assoc. Prof. WALKER: Well, they do not stand in for emergency crews; they are dispatched specifically to cases that we have determined meet the clinical requirements.

Mr RIORDAN: So has there been a measure kept on that? Is there a record of how often—

Assoc. Prof. WALKER: Yes. Essentially—and I would have to confirm and take it on notice—with our new clinical response model around 90 per cent of patients still receive an emergency ambulance and I think about 5 per cent those patients will be accessed by patient transport services, but I have to confirm that for you.

Mr RIORDAN: So you will take that on notice. Okay. Are there occasions where, for instance, Ambulance Victoria would dispatch a code 2 case which requires attendance within 30 minutes to the NEPT service?

Assoc. Prof. WALKER: No, there is not.

Mr RIORDAN: So there are no cases at all.

Assoc. Prof. WALKER: No.

Mr RIORDAN: Okay. Mr Walker, are these dispatches included in the response times report? So are we recording in the NEPT component?

Assoc. Prof. WALKER: Our response time report for code 1s do not include the non-emergency sector because they are not dispatched to those cases. That is purely the emergency sector. For code 3 lower acuity patients, in our annual report they will include some elements of the non-emergency sector or the patient transport sector.

Mr RIORDAN: Could you give an estimate of the amount of work that the NEPT crews do that would have an impact on reducing response times for Ambulance Victoria?

Assoc. Prof. WALKER: I would have to take that on notice, Mr Riordan. I do not have that information with me available today.

Mr RIORDAN: You will take it on notice; okay. Further, without the NEPT crews attending the high acuity cases, the response times would be quite different. What is your estimate of the work that they do to reduce response times?

Assoc. Prof. WALKER: Importantly our non-emergency responses are not to higher acuity patients. They are patients in the community that we have determined are safe and appropriate for a patient transport crew to go to. These have been triaged by nurses or paramedics in our secondary triage area and determined that that is the right service for them. They do contribute to managing the overall 000 case load that comes through. I would have to come back to you with exactly what impact they have had. I would have to see whether we actually have enough information available to say what direct impact they have had on our overall performance. But in essence what they do do and the whole principle and concept behind our revised clinical response model is that we are freeing up emergency ambulances to be more available for those patients—

Mr RIORDAN: So they have been a valuable addition to the—

Assoc. Prof. WALKER: They have been a valuable addition in the context that they are managing a cohort of patients that historically we may have had to send an emergency ambulance to in a low acuity response.

Ms MIKAKOS: Mr Riordan, if I could just help with a number. In 2017-18 Ambulance Victoria responded to more than 297 000 non-emergency incidents, and that is in the Ambulance Victoria annual report. So it is taking away hundreds of thousands of non-emergency situations to enable Ambulance Victoria to focus on the most critical cases, those code 1 cases—people having a stroke, a heart attack. Every minute matters. This is exactly what is intended, and it has a good outcome.

Mr RIORDAN: I understand that. Just to confirm then that with those the NEPT services are doing code 3 or less—3 and 4.

Assoc. Prof. WALKER: That is correct. The non-emergency sector only manage patients that have gone secondary triage, which are those code 3 patients. They are not managed to any higher acuity patients.

Mr RIORDAN: Minister, a question for you. Minister, the NEPT contracts are set to expire on 1 July. We have heard that they are an important part of the Ambulance Victoria mix at the moment, which will displace hundreds of ambulance workers across Victoria and importantly in rural and regional areas. What has the department done to support the dedicated NEPT personnel who are set to lose their job on 1 July?

Ms MIKAKOS: Well, there was a competitive tender process in 2018, and the new Ambulance Victoria NEPT contracts will commence on 1 July 2019. The point that I would make to the member in terms of his question is that these arrangements have been in place for a long time. In fact it was back in 1993—and Mr O'Brien thinks that history does not matter, but it does—that the former Metropolitan Ambulance Service commenced contracting with the private sector for non-emergency patient transport. So these arrangements have been in place for decades, and every few years they do go out to tender and what happens is that the staff will either remain with their existing employer or apply for those opportunities.

Mr RIORDAN: So are Health Purchasing Victoria managing the new contracts?

Assoc. Prof. WALKER: No, they do not. These are contracts that have gone out for tender by Ambulance Victoria.

Mr RIORDAN: So Ambulance Victoria has handled it directly?

Assoc. Prof. WALKER: That is correct.

Mr RIORDAN: And that is part of the processes of managing that transition?

Ms MIKAKOS: So there are six current Ambulance Victoria NEPT providers who have been awarded new contracts, along with one new provider. I am happy go through some details as to who they are.

Mr RIORDAN: The only other question that I have is: how many providers have not been renewed?

Ms MIKAKOS: I would need to take that on notice. But the point to make to Mr Riordan—this is a really important point—is that there are 19 private NEPT providers licensed with the department. A lot of them do not do Ambulance Victoria work. They might do private transports for private nursing homes. They might do private transport with contracts directly into hospitals. They might be doing a range of work. It is not necessarily work dispatched through our ESTA service. So it is really important that you understand that—

Mr RIORDAN: So of the 19—

Ms MIKAKOS: the NEPT providers and the tender process that we are talking about is just one small number of the total number of NEPT providers in the whole state and only relates to very specific work—

Mr RIORDAN: So the 19 figure is what we have had up until this July?

Ms MIKAKOS: No, no, there were 19 providers doing a range of work in Victoria, including the work that is tendered out by Ambulance Victoria. We have got six current NEPT providers who have received the new contracts along with one new provider, so that would be a total of seven providers.

Mr RIORDAN: In the new range of contracts?

Ms MIKAKOS: In the new arrangements, yes. But there is a lot of continuity.

Mr D O'BRIEN: There cannot have been that many who are not going forward if there are only 19 registered.

Ms MIKAKOS: So they do a range of work with private nursing homes and with hospitals, including private hospitals.

Mr D O'BRIEN: No, I understand that, but the ones that are doing the Ambulance Victoria work, you said you would take that on notice. There cannot be that many. Surely you know which ones have missed out? How many have missed out?

Ms MIKAKOS: We will have to confirm the number that have missed out because we want to make sure that we give you the right information. But the point is that there is continuity with a lot of these, in terms of the question that you are asking.

Mr RIORDAN: Thanks, Minister, we need to just move on because we have got a couple more questions to get through. My question is back to Mr Walker again, please. I refer you to the recent drug tests conducted on 60 staff across the Gippsland region by Ambulance Victoria. What was the outcome of those investigations?

Assoc. Prof. WALKER: That investigation is still ongoing. It has not been concluded as yet.

Mr RIORDAN: Have there been requests by union representatives or others to stall that process or to halt that process?

Assoc. Prof. WALKER: Not that I am aware of. Obviously it has been in the media that there were issues associated with the testing that was undertaken at the time. We have subsequently changed the testing regime and have continued that testing, but I am not aware of any issues that have been brought up that have attempted to stall the process, no.

Mr RIORDAN: So for example—

The CHAIR: We are now into Mr Hibbins's time, but I am happy, as you know, for you to put those questions on notice.

Mr HIBBINS: Thank you, Minister and team, for appearing. I would like to ask about fee-for-service ambulance call-outs and ask: in the financial year how many ambulance call-outs actually attracted a fee for service and what was the total revenue raised from that fee for service?

Ms MIKAKOS: I think we will probably need to take that detail on notice and provide that to you.

Mr HIBBINS: All right. I have got a series of questions on this so perhaps if you cannot answer them, just take them on notice. What is the number of fee-for-service call-outs that have had to access a hardship program or flexible payment arrangements?

Assoc. Prof. WALKER: Again, I have to take that on notice. I do not have that with me today.

Ms MIKAKOS: But if I could just add, Mr Hibbins, there are many exclusions for payments by Ambulance Victoria in terms of the policies, and particular concession card holders and people with healthcare cards are not required to make a payment.

Mr HIBBINS: Great. If I could get details around those—

Ms MIKAKOS: We are more than happy to provide you with those details.

Mr HIBBINS: And what is the current figure now sitting in terms of unpaid ambulance bills, and what is the quantum of the figure that is now sitting that has been referred on to debt collectors?

Assoc. Prof. WALKER: Again, I have not got that with me today but I am happy to take it on notice.

Ms MIKAKOS: Sorry, the question is around debt collectors, is it?

Mr HIBBINS: Yes, what is the figure for unpaid ambulance bills and what is the figure that has been passed on to debt collectors?

Ms MIKAKOS: So there was an issue that came to light. If I could just take you through a few things just to help with payment issues. Of course we are committed to providing a service to the community. There are several options for individuals to cover the costs of these services. One is membership of Ambulance Victoria. There is private health insurance and there are concession entitlements for pension and healthcare card holders, as I explained; fees are not payable by people who have a relevant healthcare card or concession card. Also in certain circumstances the Transport Accident Commission or WorkSafe Victoria or the Department of Veterans' Affairs might make a payment as well. So if someone has been involved in a motor vehicle accident, the Transport Accident Commission would cover that cost, effectively making that payment to Ambulance Victoria on behalf of the patient.

Mr HIBBINS: Yes, if I could get information on those figures as well that would be great.

Ms MIKAKOS: We are happy to provide you with details, but just in terms of the issue around debt collectors, there was a previous media story, as I recall, around this issue and the previous minister wrote to Ambulance Victoria about this last year and sought a review of the debt collection processes. The immediate action that was taken was that Ambulance Victoria ceased using information from the 000 system for the purposes of billing and debt recovery. That change has already been put in place in response to that particular issue that came to light.

Mr HIBBINS: And the status of the review?

Ms MIKAKOS: And the status of the review is it is being considered by Ambulance Victoria. If there is anything more we can add to assist you with your questions, we are happy to provide that.

Mr HIBBINS: Probably one last stat I am interested in is how many fee for services are Victorian residents versus non-Victorian residents? If that would be another piece of information that you could take on notice, that would be great. How long have I got, Chair?

The CHAIR: You have 40 seconds.

Mr HIBBINS: Forty seconds. Well, perhaps you will take this one on notice as well.

Ms MIKAKOS: I think Mr Hibbins is showing a far more efficient way of doing business.

Mr HIBBINS: Well, I have to, due to the time. Perhaps you could take this on notice. I am just keen to hear what Ambulance Victoria's approach to heatwaves is and what strategies you have around being equipped to deal with heatwaves and the increasing number of them.

Assoc. Prof. WALKER: I am happy to take that on notice.

Ms MIKAKOS: It is a question that goes to the whole health portfolio because we do have a range of strategies that get put in place, and we work with local government and others around heatwaves to get the messaging out around people staying cool. You probably recall me speaking in the media about these issues, about making sure kids are not locked in cars, and there is a broad campaign. So we are happy to provide you with some information that does not just go to Ambulance Victoria but the broader strategy about what we do to keep people safe.

Mr HIBBINS: Yes, broad information on ambulance—

The CHAIR: What a note to finish your time with, Minister. Your generosity knows no bounds. 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 will be required within 10 working days of the committee's request. The committee will now take a recess of 1 hour, resuming at 1.15 p.m., in order to have consideration of the next portfolio, the prevention of family violence.

I declare this hearing adjourned.

Witnesses withdrew.

DRAFT