T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Ambulance Victoria

Melbourne – Friday 20 June 2025

MEMBERS

Joe McCracken – Chair
Michael Galea – Deputy Chair
Ryan Batchelor
Anasina Gray-Barberio
Renee Heath
Ann-Marie Hermans
Rachel Payne
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Aiv Puglielli
Sonja Terpstra
Richard Welch

WITNESS

Naomi Bromley, Acting Deputy Secretary, Hospitals and Health services, Department of Health.

The CHAIR: Welcome to the public hearing of the Legal and Social Issues Committee. I declare the Legislative Council Legal and Social Issues Committee public hearing of the Inquiry into Ambulance Victoria open. Can we please make sure that all mobile phones are off or if you do have them on they are on silent.

I would first like to acknowledge the original custodians of the land, the Aboriginal peoples, and pay respects to elders past, present and emerging.

I will now go through and introduce the committee. I am Joe McCracken; I am Chair.

Michael GALEA: Good morning. Michael Galea, Member for South-Eastern Metropolitan.

Ryan BATCHELOR: Ryan Batchelor, Member for Southern Metropolitan Region.

Tom McINTOSH: Tom McIntosh, Member for Eastern Victoria.

Anasina GRAY-BARBERIO: Good morning. Anasina Gray-Barberio, Northern Metro Region.

Georgie CROZIER: Good morning. Georgie Crozier, Member for Southern Metro and Shadow Minister for Health.

Renee HEATH: Renee Heath, Member for Eastern Victoria Region.

Rachel PAYNE: Good morning. I am Rachel Payne from the South-Eastern Metropolitan Region.

The CHAIR: Perfect. Thanks so much for coming along. We have 5 minutes if you want to give a brief overview, and then we will go to questions from there. I have got my little timer here as well. I am going to be pretty tight on the timing today too because we have only got limited time.

Naomi BROMLEY: Thank you. I would also just like to acknowledge the traditional owners of the land that we are meeting on today and pay my respects to elders past, present and emerging and any First Nations people who are here with us today.

I thank the committee for the opportunity to talk about the Department of Health's role in supporting Ambulance Victoria. The Department of Health's role enables and supports Ambulance Victoria to deliver high-quality prehospital care and medical treatment. The key functions of my department with respect to AV operations are around advising the minister on the operations of the Act; developing policies and plans with respect to ambulance services; funding, monitoring and evaluating ambulance service operations; arranging for the provision of education and training; ensuring services are safe, patient centred and appropriate and foster continuous improvement; and the collection and analysis of data, including measures that allow for comparison between services.

The established governance requires that the AV board be accountable to the Minister for Ambulance Services, and the AV CEO and executive team engage with the department on matters relating to daily operations, including performance, finance and workforce. The department uses two key frameworks to monitor performance and drive accountability of all health services including AV. The first is AV's statement of priorities, or SOP, which sets out agreed expectations and outcomes for activity and performance, and that is translated into key performance metrics. Then there is what we call a performance monitoring framework, which articulates how, again, the performance of all health services including AV is assessed both in terms of delivery against the statement of priorities and monitoring health service risk, activity and outcomes more broadly.

The framework provides guidance on the intensity of oversight required for a service based on their performance. These levers enable the department to provide effective oversight of AV on behalf of the minister. The department also has a role in working with AV to drive health system change that supports AV to connect Victorians to the right care in the right place at the right time. Within the department and across government

there are a range of other areas that engage with AV. They include Hospitals Victoria in relation to finance, the department's emergency management branch where there is an emergency and that is necessary, and of course, and really importantly, Safer Care Victoria.

Victoria's paramedics are responding to more than a thousand code 1 lights-and-sirens cases every day, and that is a 23 per cent increase from over five years ago, when the number of cases was about 860 per day. I will say that is not unique to Victoria. That kind of increase in demand is being experienced across other jurisdictions in Australia and indeed internationally. We are seeing some improvements in performance metrics supported by some key improvement initiatives despite this record demand. In quarter three of this year 65.6 per cent of code 1 cases were responded to within 15 minutes. From a nationwide perspective we know that ambulance response times in Victoria compare favourably with other jurisdictions. We can also see that Victoria is performing well on patient outcomes, so specifically AV is equal to or better than peers in relation to pain management and cardiac arrest survival. But we absolutely recognise that there is still more work to be done and more improvement that can be achieved. So the department, AV and health services have all been working together to develop and test initiatives that are supporting sustained improvements.

The first of those that I want to touch on is referred to as the Standards for Safe and Timely Ambulance and Emergency Care for Victorians, or the standards, and they are taking best practice for ambulance transfers at the ED interface and making that the minimum standard across Victoria. This system-wide effort is improving patient flow and reducing pressure on our busy EDs. The second that I want to refer to is the timely emergency care collaborative program, which continues to bring the sector together to drive improvements in the health system from arrival at ED to discharge at home from hospital. The third that I will mention briefly is connecting Victorians to alternative care pathways for less urgent care. The key ones here are Victoria's secondary triage service and the Victorian Virtual Emergency Department.

If we had our slides up, I would have a slide on workforce development here. I have a couple of points on workforce. In recent years there has been significant growth in the workforce – a 53 per cent increase in on-road clinical staff over the past decade.

The CHAIR: I will give you a bit of time if you want to finish off your point there.

Naomi BROMLEY: No, look, that is okay. I am sure that we will get to pick up on the workforce and other key points during the rest of the hearing.

The CHAIR: Sure. We will just go through questions here now. Ms Crozier, you can go first.

Georgie CROZIER: Thank you very much, Ms Bromley, for appearing before the committee and for your evidence that you have provided. I am just going to ask a couple of questions that you might need to take on notice.

Naomi BROMLEY: Sure.

Georgie CROZIER: And I have got many questions for you.

Michael GALEA: Surely she can answer, though, if she has the answer, but yes.

Georgie CROZIER: No, no. Sorry, Mr Galea. These are on notice.

Michael GALEA: Surely you can give her the opportunity to answer.

Georgie CROZIER: When was the government or the department first made aware of the secret funerals that were held for two paramedics, and did you have that report provided to you from AV?

Naomi BROMLEY: Do you want me to answer it –

Georgie CROZIER: Yes.

Naomi BROMLEY: or do you want me to take it on notice? I was not in this role at the time.

Georgie CROZIER: I understand that. But was the department made aware and provided with that report?

Naomi BROMLEY: The department was made aware, and I understand – again, I was not in this role – that IBAC became aware of the funerals.

Georgie CROZIER: Yes, and they referred it back to the AV. But does the department have a copy of the report?

Naomi BROMLEY: I would have to take that on notice.

Georgie CROZIER: Thank you. Take that on notice.

Naomi BROMLEY: Yes.

Georgie CROZIER: Thank you very much. Last Friday the coroner handed down the findings of the death of Christina Lackmann that occurred in 2021, and Safer Care reported that as a sentinel event. Again, could you take on notice: in the past five years how many Ambulance Victoria sentinel events have there been, including deaths, because an ambulance did not arrive in time? Of course we have got today's story about the deadly mix-up, a shocking case, and last week the case of a man dying after he profusely bled out having rung 000 twice and there being no ambulances available because they were ramped at Box Hill Hospital. There are many cases like this, so could you please provide the committee with the number of sentinel events, because we do not get that in the sentinel event report? And Ambulance Victoria, in terms of Christina Lackmann, also conducted an internal, in-depth case review. Could you also provide that review to the committee if you have it?

Naomi BROMLEY: Yes. I will just cover off on a few of those. Obviously these are extremely distressing cases.

Georgie CROZIER: They are. But I think it is important for the committee to see.

Naomi BROMLEY: Yes.

Georgie CROZIER: There was also a root cause analysis done, according to the coroner's report that was handed down last Friday, where there were seven recommendations that were made to address the findings. Now, in a statement on 21 May of this year, the acting director of patient safety and experience reported that all seven root cause analysis recommendations had been implemented. Those recommendations include that AV and ESTA improve the provision of information to 000 callers at the conclusion of the call; another that AV identify and implement technological support for clinicians to monitor and manage cases pending dispatch; and another that AV investigate with emergency response partners the capacity for dispatch of welfare checks in circumstances where there is a high demand for ambulance services. So given all of those recommendations were implemented and given the case today that has been reported and the case last week, why are those issues still failing?

Naomi BROMLEY: In relation to the questions on notice, we will go away and have a look at what is available from the department and what is available from AV, and whatever can be provided to the committee will be provided. I cannot speak on any of the specifics of the case that has been reported today – or any of the specifics of any of the cases – but what I can talk to is the process around reporting and investigating sentinel events. Whether they occur in an ambulance or in the care of AV in a hospital or within our hospital system, all of those events will be investigated. In some cases, as you have said, that will end up being an investigation by the coroner. Otherwise sentinel events are investigated, reviewed and then reported on by Safer Care Victoria.

Georgie CROZIER: I understand all that, but what we just need to understand –

The CHAIR: I am sorry. That is time. I am going to go to Mr Galea.

Michael GALEA: Thank you, Chair. Good morning, Ms Bromley. Thank you for your time this morning. You mentioned in your presentation the role of the virtual ED, and this is a topic that has been of big interest to this committee in our previous hearings as well. Can you talk to me about how AV works with the VED, what work has been done to facilitate work between the two and also, if applicable, the urgent care clinics to both ease the pressure on the ambulance system but also ensure that they are able to become more responsive?

Naomi BROMLEY: Yes, and look, both urgent care centres and VVED are such an important part of making sure that our health system can absorb rising demand and rising complexity. Ending up in an ED is not

where everyone needs to be, and very often if people can access the right care in their community, whether that is their own GP or an after-hours bulk-billing GP, then that is a much, much better outcome than unnecessarily going to an emergency department themselves or leveraging AV for that purpose. So investing in alternative pathways to support people to access primary care but also to divert them from an emergency department where that is appropriate is a really, really important part of managing overall system performance.

The VVED is a pretty innovative solution here in Victoria. It is open 24 hours a day, seven days a week, and it provides virtual emergency care to people in the community wherever they are. That can be the residential aged care facility, it can be in their home, it can be connecting in through Nurse-on-Call, and as you have said, it can also include being connected via Ambulance Victoria. There are two ways that Ambulance Victoria works in with the virtual emergency department. One is through secondary triage. I think 20 per cent of people who call 000 will be assessed as being able to be referred to secondary triage where they will speak to a paramedic or a nurse, and they might end up with a different pathway than an ambulance and ED. The other is that paramedics can connect people with VVED in the field, so they have been called, they have attended someone's home et cetera or a residential aged care facility. That paramedic has assessed that that person might be appropriate for VVED and will support the patient to access that way. And then there are other ways that VVED can be accessed, including sometimes people who go to an emergency department, and we have what are called pods, a VVED pod actually within the emergency department, and the patient can be diverted to that rather than coming into the ED.

It is a growing service. At the moment I think about 550 cases are seen each day through the virtual emergency department. There has been some additional funding announced as part of this year's state budget, so $436.7 million has been announced over seven years, and the objective there is to build VVED. What we are aiming for is to have about 1750 calls per day, because there is a lot more capacity across the state. What we are seeing at the moment is people in the local area of the hospital that provides VVED are accessing it more than other people across the state. Just for example, yesterday I was talking to the CEO of Mildura Base Hospital and he was talking about how they could be leveraging that more in their local community because they have a very, very busy emergency department. It is also a service that has really been embraced by clinicians, both paramedics – Ambulance Victoria clinical staff – and also the clinical staff –

The CHAIR: We might have to move on; I am sorry. Apologies. Time is up.

Michael GALEA: Thank you, Ms Bromley.

The CHAIR: I am going to hand over to Ms Gray-Barberio now.

Anasina GRAY-BARBERIO: Thanks very much, Chair. Good morning, Ms Bromley. Thank you for your presentation. I am curious. You spoke about some of these initiatives that you are testing at the moment, and also you spoke about the record numbers in demand for paramedics. This standards-testing initiative that you spoke about, how is that helping to alleviate the surge in demand for paramedics?

Naomi BROMLEY: Thank you. The standards for safe and timely emergency care were introduced just in February this year, so it is quite a new initiative. Really what that work does is take best practice across the system. The way that they were developed was by looking at good practice across emergency departments, and where there is an interface between Ambulance Victoria and emergency departments, looking at what they were doing locally that was yielding the best results and the best performance and then packaging that up into a set of minimum standards. There are 10 standards, and they are all based on those best practice models that were already being implemented here in Victoria but just not consistently.

While it is very early days, we are seeing some really good results – some really, really promising results. I will give you a couple of examples. Sixteen of the 41 hospitals that have been engaging in the standards have improved their transfer times compared to the same time last year. A couple of examples: in quarter three of this year Austin Hospital, Frankston, Monash Clayton, Maroondah and Royal Melbourne all recorded more than a 10 per cent improvement from the same time last year, and it is really important to be mapping back against the same time last year because seasonality is hugely, hugely important in this space. As we all know, in the cold winter months when there is a lot of respiratory illness in the community, that is when we often see a decline in performance in the EDs and then the knock-on impact that that has on Ambulance Victoria. Others –

Box Hill, Mildura and Wodonga – have seen a more modest improvement, but it is still a 5 per cent improvement compared to the same time last year. I will give you some examples of –

Anasina GRAY-BARBERIO: Sorry to interrupt you, I just have another question following that. There has been a hospital in the north that has been reported for data manipulation. Does this standards-testing initiative capture, I guess, systems in hospitals to ensure that there are safeguards to prevent these sorts of things from happening? You are talking about best practice. Is that being factored into this?

Naomi BROMLEY: It is a really good question. I would say that the safeguards that are in place to address the allegations that have been made against that health service are almost the foundation upon which we use these standards to build on and improve best practice –

Anasina GRAY-BARBERIO: Great.

Naomi BROMLEY: and so I can talk a little bit to that issue that has been raised. I guess what I would say is that we take it very, very seriously. We take these allegations extremely seriously. We have got a number of –

Georgie CROZIER: Who is doing the report?

Michael GALEA: Sorry, this is not your time for questions. Please be respectful.

Naomi BROMLEY: One of the things that we are looking into, which we have we have done and we are going to continue doing, around those allegations is that we have engaged the health service CEO asking for written confirmation that they record and report their data appropriately and their details of internal policies and quality assurance processes at Northern Health. We have also asked for written confirmation of any additional actions that Northern Health has taken or intends to take to investigate the claims regarding data accuracy in relation to ambulance transfer times. We have also engaged with all of the chief operating officers all across the system to reiterate the expectations around data recording and reporting. By 30 June this year we will be publishing the refreshed ambulance handover –

Georgie CROZIER: The figures are unreliable.

The CHAIR: Hold on, hold on, one person. Ms Crozier, please.

Members interjecting.

Michael GALEA: On a point of order, Chair, Ms Crozier needs to allow Ms Gray-Barberio to have her questions answered without assistance, please.

The CHAIR: I uphold that.

Anasina GRAY-BARBERIO: Thank you.

The CHAIR: Time is up anyway, I am afraid. Would you like to have another 10 to 15 seconds to conclude your response?

Naomi BROMLEY: No, that is okay. I am happy to come back to it; if anyone else has any questions about this I am happy to talk more about it.

The CHAIR: Sure, okay.

Anasina GRAY-BARBERIO: Thanks, Ms Bromley.

The CHAIR: I will go to me now. You were in PAEC last week obviously, and you would have heard the minister's response to questions asked by Mr Welch regarding the shortage of MICA paramedics and the inequity of MICA paramedic coverage in rural and regional Victoria. What advice do you have, or what have you received, as to why the shortage is there in regional Victoria?

Naomi BROMLEY: I can speak to this at a high level, but Ambulance Victoria this afternoon will perhaps be able to speak in a little bit more detail about this. I guess at a high level what I can say is that – and I think I

mentioned really, really briefly in the presentation – the workforce has grown significantly in the last 10 years. At the moment there is a record recruitment of MICA paramedics, and I am sure AV will give you the details this afternoon. I think it is 54, from memory, we have got coming through this year to bolster the MICA cohort. I cannot speak in detail to the allocation of MICAs or the geographical spread, but there is a range of clinical staff, MICA s and advanced life support that will be spread across the state, and our advanced life support paramedics here in Victoria are the equivalent of MICAs in some other jurisdictions. So it is that combination of those two that AV will be looking at to make sure that there is coverage across the state.

The CHAIR: On the advanced life support, I note that there is – in today's *Herald Sun* you would have seen that Danny Hill is reported is saying that overnight they have received many reports –

Members interjecting.

The CHAIR: That is fine. ASL crews have been calling for MICA backup and patients need intensive care. Who is right in this? Is the union right or is it the minister that is right, given the comments last week?

Naomi BROMLEY: I have not seen the *Herald Sun* this morning, so I cannot comment in any detail on that, but I think it is a question perhaps to put to AV, if it is a detailed question that you are asking about staffing and resources.

The CHAIR: I mean, we have had heaps of submissions about MICA paramedics not being available in regional Victoria. Do you think that is an issue, even?

Naomi BROMLEY: Well, I really could not comment on the specifics of that. I suppose what I can point to is the increasing investment in clinical staff for AV and that MICAs continue to be a really important part of that, and we see active investment happening at the moment. Again, the recent state budget did include additional investment in the rural and regional workforce in particular – I think there was $84.2 million over two years – and that is all dedicated to increasing and maintaining rural and regional crews, making sure there are two-up crews, for example. So I think that continues to be an area of focus, and of course we want regional Victorians to have access to the same level of care.

The CHAIR: My time is up I think anyway, so I will hand over to Mr Batchelor.

Ryan BATCHELOR: Thanks, Chair. I appreciate your questions. Ms Bromley, thanks so much for coming in today. One of the things that you mentioned in your presentation earlier is the sustained pressure that ambulance services and emergency departments are facing, not only here in Victoria but also in other jurisdictions and around the world – this is not a phenomenon that is unique to Victoria, unfortunately. I am interested to know how and what the department learns from other jurisdictions. What are we trying to learn by way of service improvement from other places and how is that helping to shape the response to these challenges here in Victoria?

Naomi BROMLEY: Thank you. It is a really good question. You are right that all jurisdictions are really grappling with this, particularly off the back of the pandemic. It is an increase in demand but also – and I am sure AV will talk about this this afternoon, and our health services talk about this all the time – an increase in complexity that our system is really grappling with. One of the important ways that the department has been working with AV to leverage interjurisdictional and international best practice is through the timely emergency care collaborative, which is an initiative that the department started in December 2022. This is a piece of work that the department has been doing in partnership with the Institute for Healthcare Improvement, or the IHI, and basically they are experts in exactly what you are talking about: what is best practice around the world? What is the evidence base and how do you operationalise that? How do you change practice in line with the evidence base to incrementally improve parts of the system? So that program is all about testing strategies to improve the timeliness of care in emergency departments, but it is really about flow through the hospital, because paramedics do not just get stuck at hospital because the ED is not working hard. It is actually the patient flow all the way through, and sometimes that backs all the way up to patients being discharged to their home or to an aged care facility, for example. If they are stuck in their beds, then the patients in the ED cannot be moved into a bed –

Ryan BATCHELOR: So the flow right through the hospital is impacting what is happening at the front door?

Naomi BROMLEY: It is absolutely about the flow right through the hospital, yes.

Ryan BATCHELOR: How much is the department working with hospitals and health services to try and fix that back end so that it is not just the ambulance service that is copping the criticism at the front door?

Naomi BROMLEY: Absolutely, the TECC program is all about that. It is all about the flow through the hospital, whereas the standards very much focus on that interface around the transfer time and the best practice there, so they kind of complement each other in that way. We have had TECC running since 2022 – we are into our second round of TECC now – and it is all about bringing clinicians together and sharing the evidence base with them, so picking up on your point about learning from other jurisdictions, but also getting them to identify what the local interpretation of that evidence is in their hospital –

Ryan BATCHELOR: It is local adaptation, really.

Naomi BROMLEY: Exactly, and then using a very structured approach through 'plan, do, study, act' cycles. So they come up with a local interpretation of the idea, they go away and test that and they use data to measure whether or not that has worked. Sometimes it will not work; sometimes there is a hypothesis that proves not to be true, and sometimes it will, and then it is about embedding that into practice. That is a program that is about both Ambulance Victoria – they are also doing these 'plan, do, study, act' cycles – but also about our health services who participate, and then they bring those learnings back to the whole group and share that. So what we then see is that other health services might say, 'Well, that worked really well at the Austin, we're now going to try that at Monash,' for example.

Ryan BATCHELOR: I think my time is up.

The CHAIR: Yes, it is. Thank you, Mr Batchelor. I will hand over now to Ms Payne.

Rachel PAYNE: Thank you, Chair. Thank you, Ms Bromley, for presenting before us today. I want to talk a little bit about the department's role in oversight and particularly looking at the flexible rosters and reform in that space. AV undertook a review of that – it has been the biggest review they have done of rostering in 50 years. What sort of role does the department have in ensuring the oversight so that that reform is fit for purpose and that it is actually accessible for the workforce?

Naomi BROMLEY: Yes, thank you. I will speak really briefly. The department's overall role, as I talked about in the presentation, is about working with AV around obviously funding and obviously the safety and quality parameters but also about these improvement projects. Rostering is a hugely important and influential part of making sure that the ambulance service is running effectively. There have been some reforms in rostering not just here but in other jurisdictions as well in recent years – moving away from those very traditional four-on, four-off 10-hour shifts and 14-hour shifts that have been in place for a really long time – for a whole range of reasons. One is that they are just incredibly unfriendly to women with young children, for example. Essentially you cannot work as an on-road paramedic with that kind of rostering – most people – but for other reasons as well. So roster reform and looking at different kinds of shifts, looking at shorter shifts and looking at trying to insert shifts into really busy periods are all initiatives. The department obviously supports AV. We are not in the detail of dictating what those rosters would be or what sorts of changes they should necessarily make, but we do work with them around understanding the work that they are doing, understanding the rationale and then monitoring the implementation of those and the impacts that they are having.

One of the really important parts of that is making sure that we have the right coverage across the week so that as much as possible peaks in demand, which can happen for a whole range of reasons, are being predicted as much as possible and that there are appropriate rostering strategies that are put in place to try and manage that. A really good example is – and again, AV can speak to this much more than I can – very hot weekends during summer, which often create really significant peaks in demand. A really hot Friday night or a Saturday night, particularly in the lead-up to Christmas, for example, can really see significant peaks in call-outs. It would not be right to have the same number of crews rostered for that period as we might have for a temperate Tuesday morning. So the rostering reforms are really looking at how AV can try and meet the needs of the workforce and try and have an inclusive workforce where people can become paramedics and can continue in that career throughout their different life stages, but also I think it is a more modern and a more sophisticated way of trying to understand the way the community needs to access ambulance services and then using rostering strategies to try and predict and to manage that flow.

The CHAIR: I have to call time, I am sorry. I will hand over to you, Dr Heath.

Renee HEATH: Thank you, Ms Bromley, for coming in today. This is a question you may need to take on notice, I understand, but what are the numbers of paramedics on WorkCover or long service leave?

Naomi BROMLEY: I would definitely have to take that on notice, but it might also be something that we would not have at the department. Only AV would have that, I think. But I am sure, between us and AV, we can take that on notice.

Renee HEATH: Thank you. You spoke of the increase in demand. What advice has the department given the minister in relation to the need for sustainable funding for non-emergency patient transport?

Naomi BROMLEY: I can talk a little bit about NEPT, or non-emergency patient transport, which is obviously an area that is in a reform phase at the moment. There was a review and a report into NEPT, which I think was handed down mid last year – I am sorry, it has just slipped my mind. We are working through the implementation of the recommendations into NEPT. A big part of that, a very significant part of that reform agenda, is looking at the re-tendering of NEPT services. There is no change to funding as such, but we are looking to centralise the tendering of NEPT through HealthShare Victoria, which is the centralised procurement logistics organisation agency for our whole health system. It is an ongoing process at the moment, but the intent of that retendering, which is really quite central to the whole reform agenda for NEPT services off the back of that review, is around making sure that we have got good coverage across the state so we do not have deserts or gaps anywhere in the state, because NEPT is a service that is just as important in regional Victoria as it is in metro.

Renee HEATH: Very important, yes – more so.

Naomi BROMLEY: In some cases you could argue that it might be more so, yes. When retendering, the objective is that we achieve good coverage all across the state but also that we do not have unhelpful localised competition. We do not want providers falling over each other in some places and then no access to service in other locations.

Renee HEATH: Thank you. The committee has heard evidence of the value of NEPT in supporting Victorian patients, health networks and AV. Given the new regulations that have come into place requiring the vehicles to be changed over at 400,000 kilometres, what support is the government considering for those regional NEPT providers so that they can do this amount of mileage in a very short period of time compared to a counterpart?

Naomi BROMLEY: Yes, absolutely. Again, I guess this is where, for the reform and the retendering, what we really want to do through that is set the providers up so that they can have sustainable business models for this exact reason, and for other reasons. Part of that is making sure that every provider has got the right volume so that they can run a sustainable business model. So with all of these overhead costs, whether it is their stations, their vehicles, having the right staff and being able to give their staff certainty, all of that comes back to having a good centralised tender that gives us providers where we need them but also allows them to build a sustainable business model so that all of those kinds of things can be addressed and they can do the right planning and then run a viable business.

The CHAIR: I will just call time now, I am sorry. I will pass over to Mr McIntosh.

Tom McINTOSH: Thanks very much for being here this morning. You just touched on before about awareness of the VVED. Particularly up north, as an example, covering country areas and getting awareness out for programs can be a bit of a challenge sometimes. You talked about men's health and this sort of stuff, typically country men and whatnot. But as far as getting the awareness of this out into the regions and rural areas goes, is there work that the department is doing on that front?

Naomi BROMLEY: As I just spoke about, VVED has in some ways been in a pilot phase for a couple of years, as we have really tested out the concept. But it has really grown to the point where I think it has received over 500,000 calls now and has been proven to be effective in diverting patients away from physical emergency departments, which is the objective. I think that the current data indicates that 82 per cent of patients engage with VVED and then they do not require transport or care at an emergency department. Really off the back of

that success, the new funding that I spoke to earlier, which is I think $437 million over four years, is what is going to allow us to build off the base that we have now to increase the access.

Tom McINTOSH: It is a pretty solid base already. There are obviously a lot of people that know about it and are using it.

Naomi BROMLEY: It is a good base. We have got about 550 people a day. What we are aiming to build to over the next four years is 1750, so that is a threefold increase obviously. We are thinking about how we raise awareness or continue to raise awareness in the community through our health services, because they are a really important part of directing people to VVED, as I said, and are continuing to work through AV both at secondary triage but also the paramedics in the field continuing to divert and really starting to reinforce the message that this is the Victorian Virtual Emergency Department. It does not matter where you are; everyone can access it in the same away from their home, and in some cases through those pods that I mentioned that actually sit in emergency departments. So patients can come in and they might be assessed and then directed. They can go on and sort of – it is hard to explain, but you sit in the little pod and do your virtual engagement there. That is another way that patients can be diverted.

Part of the investment for the next four years does include some funding set aside – and I am sorry, I cannot tell you exactly what it is from memory – for this awareness raising and for the comms and engagement with the community to continue to build that awareness and understanding all across the state. So yes, we will be looking at all of the different channels that we can leverage over coming months and years to build that.

Tom McINTOSH: I think it is something we can all play a part in. All right. Thank you very much. Thanks, Chair.

The CHAIR: We have got about 5 seconds left, so well done on timing Mr McIntosh. You have done it better. We will leave it there now. I failed to read this out at the start. That is my fault. I should have read this out. It is about your protections when you come in here, but I have got to read it out so you know your rights and everything.

All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you have provided today is protected by law, and you are protected against any action for what you said, but if you go anywhere else, you are not necessarily protected by those same protections.

All evidence is being recorded, and you will be provided with a proof of the transcript following the hearing. They will ultimately be made public on the website.

Thanks very much for your time today, Ms Bromley.

Witness withdrew.