T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Ambulance Victoria

Melbourne – Friday 13 June 2025

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WITNESSES

Andrew Morrison, General Manager, Mobile Patient Care, Royal Flying Doctor Service of Australia; and

Rob McManus, General Manager, Transport Services, St John Ambulance Australia (Victoria).

The CHAIR: We are back on the Legal and Social Issues Committee Inquiry into Ambulance Victoria. This is the third session today. I welcome our witnesses here. Could you please just state your name and the organisation you are appearing on behalf of, just for the record on Hansard?

Rob McMANUS: Rob McManus. I am General Manager of Transport Services for St John Ambulance Victoria.

Andrew MORRISON: Andrew Morrison. I am the General Manager of Mobile Patient Care at the Royal Flying Doctor Service Victoria.

The CHAIR: Thank you very much. I am Joe McCracken, Chair of this inquiry. We will go around and introduce everyone else as well.

Michael GALEA: G'day. Michael Galea, Member for South-Eastern Metro.

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

Georgie CROZIER: Georgie Crozier, Member for Southern Metro and also Shadow Minister for Health and ambulance services.

Anasina GRAY-BARBERIO: Anasina Gray-Barberio, Member for Northern Metropolitan Region.

The CHAIR: And we have got a member online as well.

Rachel PAYNE: Hi, I am Rachel Payne from the South-Eastern Metropolitan Region.

The CHAIR: Excellent. 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 provide during the hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by this privilege. Any deliberately false or misleading evidence to the committee may be considered a contempt of Parliament.

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

What we will do is take questions from the committee, but first give each of you an opportunity, if you want, to make a quick opening summary of your submission and any comments like that, and then we will go from there. I will go over to Rob first, and then I will go to Andrew.

Rob McMANUS: Thank you, Chair and members of the committee, for the opportunity to speak today. I pass on my apologies from our CEO Gordon Botwright, who is unfortunately unable to be here today.

St John Ambulance Victoria, alongside our colleagues at RFDS Victoria, is proud to represent the not-for-profit sector in delivering non-emergency patient transport services across the state. Our vision is: more lives saved, exceptional care and greater resilience in communities. We welcome the opportunity to contribute to this inquiry into Ambulance Victoria. It is timely, with the review into non-emergency patient transport recently being released. We commend the leadership of the Victorian government and Steve McGhie in driving this review into non-emergency patient transport forward.

As one of the most trusted not-for-profit brands in Australia, St John Ambulance Victoria provides more than just transport; since 1883 St John Victoria has been providing care to Victorians. St John operated the first ambulance service in Melbourne. We are a trusted provider of non-emergency patient transport for Ambulance Victoria and others. Our services extend beyond non-emergency patient transport and include first aid at events

and disasters, programs for youth, free programs for school-aged children and community education programs like Defib in Your Street, equipping communities with life-saving skills and defibrillators and linking into the GoodSAM Responder program. These are funded through our commercial partnerships, with no recurrent government funding.

St John and Royal Flying Doctor Service comprise a significant proportion of the non-emergency patient transport services in Victoria. Non-emergency patient transport providers are also impacted by ramping, a health system wide challenge that requires a collaborative effort to address. Non-emergency patient transport provides a vital role in supporting Ambulance Victoria, providing care and transport for medium- and low-acuity patients and continues to play a critical role in reducing ambulance ramping and freeing up emergency ambulance crews as well as providing surge capacity when needed.

A stronger NEPT sector means a stronger health system. Our submission to this inquiry has included a range of recommendations to support the NEPT sector and support Ambulance Victoria and the health system more broadly, including how longer-term contracts provide more stability for NEPT staff, increase investment in facilities and communities and provide cost efficiencies; shared procurement to reduce costs; all NEPT vehicles being equipped with Ambulance Victoria communications equipment to benefit patients and staff; access to duress systems; workforce pathways and a strategy for staff to move between NEPT and AV and back to NEPT; and developing and retaining talented healthcare workers throughout their career.

In closing, we urge the committee to recognise the value of not-for-profit providers in the NEPT sector and the positive outcomes that come from the partnership with AV. We thank you for taking the time to review our submission and to hear from us today.

The CHAIR: Pleasure. Andrew, would you like to make any opening statements?

Andrew MORRISON: Thank you, Chair and members of the committee. As one of the two not-for-profit providers in the non-emergency patient transport in this state, RFDS Victoria welcomes the opportunity to contribute to this important inquiry.

RFDS Victoria and St John Ambulance opted to issue a joint response given our shared purpose is not-for-profit organisations which exist to serve Victorians. The Royal Flying Doctor Service is probably best known for our aeromedical services, but our work is increasingly focused on the ground and in primary healthcare spaces. RFDS Victoria is proud to contribute to key intersections of the patient transport ecosystem, whether it is through our community transport volunteer-led program operating across 10 sites to planned and unplanned NEPT transports, including specialist resources and high-acuity care, through to our air-based NEPT service which transports and repatriates more than a thousand patients per year.

Our capability also enables a dedicated end-of-life program called the Flying Doctor Memory Lane, transporting people to a place of personal significance one last time, with our crews volunteering their time. We operate a large fleet of ambulances working out of 21 bases across Victoria and New South Wales, including our aeromedical hangar at Essendon airport, with a dedicated patient transfer facility. Our work in NEPT is delivered by more than 400 skilled NEPT staff. Under the Ambulance Victoria contract, our work involves providing pre-hospital care for people at home and the community setting who have called 000. In these cases RFDS Victoria staff are assessing and treating and transporting patients with unplanned and urgent needs. This service operates 24 hours a day, 365 days a year. RFDS Victoria, together with St John Ambulance, hold productive and long-term partnerships with Ambulance Victoria and the Victorian government. Together we deliver a considerable proportion of non-emergency patient transport in this state, with RFDS Victoria the only aeromedical NEPT provider.

The NEPT sector is highly regulated and has advanced and matured over the last decade, providing a vital role in Victoria's healthcare system, with potential to play an even greater role into the future. As already stated, our response to this inquiry is based on our perspective as a not-for-profit NEPT provider, and I will now talk through some elements of our submission.

It is our strong belief that the issue of ambulance ramping requires a comprehensive, system-wide approach. This cannot fall to AV alone; the Department of Health, hospitals and non-emergency transport providers in addition to Ambulance Victoria all have a role to play. Though non-emergency transport providers can be instrumental when it comes to minimising ramping, offering essential capacity in surge periods and enabling

Ambulance Victoria's emergency crews to respond more swiftly to 000 calls, non-emergency transport ambulances are not exempt from ramping challenges.

RFDS Victoria supports the notion of separating planned and unplanned transport as described in the NEPT review; however, this still needs to be very carefully considered, and we trust that the government sees the value in the planned NEPT workforce continuing to provide valuable surge capability for Ambulance Victoria.

Our people are our most valuable asset in the NEPT sector, and as such we will always advocate for improvement to their working conditions. We commend the work of AV to improve working conditions for NEPT ambulances, with the same mobile data technology and radio communication technology resulting in crews being provided with timely and life-saving information and dispatch and monitoring managed through Triple Zero Victoria with Ambulance Victoria. We see this shared technology as having the ability to further enhance responsiveness to critical calls and ensure crew safety. This technology could also allow all non-emergency patient transport vehicles to be quickly diverted and respond rapidly to life-threatening events as required, especially in regional and rural areas where resources are limited.

Our position states that a formalised workforce strategy would enhance staff retention in the NEPT sector, as well as Ambulance Victoria. RFDS provides employment for a range of roles, including paramedics, ambulance transport attendants, patient transport officers and nurses. We also employ staff across the career continuum – for example, late-career paramedics who, in their transition to retirement, scale back their careers and workloads by returning to non-emergency patient transport services while continuing to contribute their skills to the healthcare system. At a career entry level we support new graduates entering NEPT, with a significant number of our staff transitioning to Ambulance Victoria as trained paramedics after working with us. As a not-for-profit with a remit to serve regional, rural and remote Victorians, we also actively work to find opportunities to grow the regional workforce. These examples demonstrate the strong career development pathways and collaborative relationships between our two organisations, with potential to formally recognise these pathways and partner to solve the workforce shortage, particularly in the regions. As per our recommendation, we believe this should form part of a workforce strategy involving Ambulance Victoria, RFDS Victoria and St John Ambulance Victoria, as well as other NEPT providers.

Recruitment and retention challenges exist right across the healthcare sector, representing significant costs for not-for-profit organisations like our own, just as they do for government. We place a high value on collaboration in the development of the workforce and sector capability strategy, and we welcome the approach with the Victorian government. To enable long-term planning on a strong workforce, long-term contracts are essential. As a not-for-profit in the healthcare sector, we strongly advocate for long-term contracts of at least five- to 10-year periods, as is done in other jurisdictions. Longer term contracts provide the certainty that is required to plan and invest in staff, equipment and training. They drive economies of scale and advance our reach for healthcare services and training opportunities. In contrast, short-term contracts represent significant challenges. They raise costs for everyone, including the government, leading to higher staff turnover and elevated risks for contractors, and they stifle the investment in essential equipment, recruitment and workforce planning. With this in mind, we will continue to advocate for longer term contracts as a critical factor in the sector's stability and efficiency. Thank you, and I am happy to answer any questions.

The CHAIR: Thanks very much. I will start off. We have got about 3 or so minutes each, but there might be some more time for questions at the end. Andrew, you made a number of recommendations in your submission. One of them was about a system-wide response to ramping, which you mentioned in your opening. In your view, why is ramping still happening and what impact is it having on the system?

Andrew MORRISON: That is a really important question, and it goes to a much wider point of, as we have talked about, the system-wide approach. We see that you try to limit the amount of people that are going to the hospital in the first place. We have been working with Ambulance Victoria and the Department of Health and the virtual emergency department to try and give alternative care arrangements for people that have called 000, ultimately. That is one aspect – trying to reduce the people that need to be transported to hospital in the first place. Then the efficiency around patient transport and patient management once in the hospital environment is also really important.

The CHAIR: What do you think is the main cause of ramping, though? From your point of view, you obviously have experience in dealing with that. What is the cause of it? Because we are going to be giving

some recommendations at the end of this. We want to make sure that we deal with the issue, and you are not the only one that has mentioned it. From your view, what is the cause?

Andrew MORRISON: There are so many different parts of this. It is the amount of people that are attending the emergency department in the first place to being able to process those patients through the system. There is not just one area; I think it is really a multifaceted issue.

The CHAIR: Okay. Fair enough. You also mentioned longer term contracts and why that is important for certainty as opposed to shorter term contracts that are probably more prevalent at the moment. Can you just explain why that is a big issue for you?

Andrew MORRISON: What I would say is that the certainty for our staff is that they are going to be employed for a longer period of time, and what we have seen in the past is a short-term contract might mean that we do not actually get that area or that contract again in another three years time or two years time or one years time. Our staff therefore do not know that they have got a 10-year job in our location.

The CHAIR: So you would have to put them on contract for three years rather than have an ongoing permanent sort of –

Andrew MORRISON: Or a preference for a casual contract so they can be flexible with what work they have got, or the staff then move between each of the different providers, which means that they lose their long-term benefits like long service leave or something similar. They are some of the real challenges from a workforce perspective.

The CHAIR: And also it probably makes it quite difficult to build up skills required in a workforce that does not have certainty, I would imagine.

Andrew MORRISON: Look, the staff in the NEPT sector are highly driven and highly qualified, so I do not think that necessarily plays a role. I think that they will continue to develop their careers, it is just where they are going to be. I think that is a really key issue. I think the long-term investment for us as well. Because of the regulations that are placed on the NEPT sector, we know what we have got to do to meet the regulations, but it is a risk on the providers to be able to invest in the systems, the vehicles and the equipment that support the sector.

The CHAIR: Sure. Okay. Thanks very much. My time is up, so I am going to hand it over to Mr Galea.

Michael GALEA: Thank you, Chair. Thank you both for joining us today. I really appreciate both your submission and your presentations today. The previous witness as well spoke to us a bit about the challenges and the pressures placed on primary care and how services such as his and such as yours are responding to that. What role do you see both the RFDS and St John playing in responding to and supporting patients? Whether it is through primary healthcare challenges, whether it is access to the VVED, whether it is community pharmacy programs, urgent care clinics or any other sort of aspects of that, what role do you see your organisations playing in supporting people with those systems?

Andrew MORRISON: Rob, do you want to kick us off with that one?

Rob McMANUS: Yes, no problems. For a non-emergency patient transport provider, we have a very clear set of clinical practice protocols which are outlined by the Department of Health. The role for non-emergency patient transport is within those clinical practice protocols, which can include, to your point, access to VVED, and to Andrew's point before in terms of giving people alternative pathways as opposed to having to attend emergency to receive care. More broadly, there is a role for organisations like St John and RFDS, and RFDS is probably more established in that space in terms of primary health.

Andrew MORRISON: Thanks, Rob. I very much support Rob's comments there. Getting a clinical person onsite I think is really important as well. There is only so much that virtual assessments can undertake here, and I think getting a clinician onsite to be able to provide some vital information, maybe to VVED or to make an assessment ourselves, depending on the range of skills of the people that apply, is going to be really important here to determine what the best care pathway is going to be for the patient.

Michael GALEA: Thank you. Some of the submissions to our inquiry have advocated a greater NEPT role within Ambulance Victoria. How would you respond to that, as the leading NEPT operators in the state? Do you see AV having potential for an enhanced role, or would you see your services as being best placed to continue to deliver those services?

Rob McMANUS: The outcome of the review into non-emergency patient transport talked to that key point, and the finding from that review was that – and this looked at services across Australia and more broadly – the preferred method of operation is a separate non-emergency patient transport service that supports an emergency ambulance service. The findings of that review indicated that there was not a conflict between an emergency ambulance dispatch.

Michael GALEA: Thank you. And you would you agree with that?

Andrew MORRISON: I would. I would also say the NEPT sector provides really valuable support during surge periods as well. During the thunderstorm asthma event, during the bushfires and floods that we have seen, the NEPT sector has provided really critical support – even the major mass casualty events over the last few years. The NEPT sector is always supporting Ambulance Victoria at those major critical events.

Michael GALEA: Thank you.

The CHAIR: Thanks. I will now hand it over to Ms Crozier.

Georgie CROZIER: Thank you very much, Chair. Thank you both for being before the committee and providing very useful submissions to this important inquiry, and thank you for the work you do. Both of your organisations are very well known within the Victorian public and are very well trusted, I would have to say. Mr McManus, you made some points around what St John does – and similarly with the RFDS – around community education, the GoodSAM program, community events and first aid – all of those really critical areas – and providing the surge capacity in times of need when the community has emergency situations. But you said there is no recurrent government funding, so what is at risk?

Rob McMANUS: For us, for St John, what we do is try to obtain commercial contracts to provide services which align to our mission and vision.

Georgie CROZIER: Are they becoming more difficult to obtain?

Rob McMANUS: It is a competitive process.

Georgie CROZIER: Is there a massive shortfall that you are facing in terms of funding requirements to be able to conduct the work that you want to on behalf of the Victorian community?

Rob McMANUS: We work really hard to generate commercial returns through the services that we provide, which includes non-emergency patient transport. We are also well known as being a training provider. We have a very strong product business. Through those activities and others that we do we will contribute that back to communities and not for profit.

Georgie CROZIER: But given the government's regulations in relation to this part of the sector – the emergency response sector, ambulance sector – given those requirements that your training and your equipment are up to speed, how do you plan into the future if you do not have that certainty around that investment?

Rob McMANUS: Well, we do not know what the future will hold, obviously, but what we do know is when things are going to change. A good example of that is the *Non-Emergency Patient Transport Regulations*; they changed in November 2021, and they will change again into the future. So what we need to do as a provider is work with the customers that we serve to ensure that we can do that in a sustainable way.

Georgie CROZIER: But again I say, you made the point that there is no recurrent government funding, you provide all these services, there is greater demand – we hear that from witnesses: is this sector at risk because there is not that support from government that is required to assist Ambulance Victoria in their ability to do their emergency response?

Rob McMANUS: I think to Andrew's point and something that both organisations put into their response to the review, there is definitely opportunity to offer longer term contracts, which would provide more certainty, and that –

Georgie CROZIER: Have you had that feedback from government – that they will do that?

Andrew MORRISON: I think I can help you here. And thank you for the question, Ms Crozier. It is a real struggle. It is a commercial entity that we have entered into. However, the regulations are for good reasons as well: to make sure that the standards are the same across the industry.

Georgie CROZIER: I understand that. It is just the pressure in terms of the financial component that you require to be able to undertake the work –

The CHAIR: I am sorry, Ms Crozier. We have got to move on.

Georgie CROZIER: and are your services at risk?

The CHAIR: Sorry. We have got to move on.

Georgie CROZIER: Could they answer that question for me, please, Chair?

The CHAIR: Just 10 seconds.

Andrew MORRISON: The long term for the sector has got to be considered with any of the funding and any of the services that we are providing.

Georgie CROZIER: Thank you.

The CHAIR: Thanks. I will move on to Ms Gray-Barberio.

Anasina GRAY-BARBERIO: Thanks very much, Chair. And thank you both for your joint submission and being present today. I appreciate that non-profit organisations are often at the whim of precarious funding. One of the recommendations you make is around more investment and obviously longer term, sustainable funding. How are you finding this is affecting patient care with regard to accessing regional areas if the funding is so precarious? How is that having a flow-on impact on patients and obviously staff retention as well?

Andrew MORRISON: It is a really important question. Again it goes to the broader point here of the systematic approach. I think from a not-for-profit perspective, we maintain the high-quality services that we want to provide to the community, and it is that connection back into the community that is so important for us as well.

Anasina GRAY-BARBERIO: Mr McManus, did you have any additional comments you want to make?

Rob McMANUS: I think, just to Andrew's points, there is a very clear standard around the level of patient care. It is something that both of our organisations pride ourselves on. There is certainly opportunity in longer term contracts to achieve cost efficiencies which would flow back into the government.

Anasina GRAY-BARBERIO: And are you finding that is compromising patient care, or are you concerned that it might have that impact?

Rob McMANUS: There is no compromise to patient care.

Anasina GRAY-BARBERIO: Okay. Thank you. What are you finding is the flow-on effect? You spoke earlier about hospital ramping and your recommendations around resolving that. How are you finding it is affecting your organisations in the context of paramedics spending longer times at hospitals when the turnaround time could be coming back to service additional phone calls and things like that?

Rob McMANUS: I think the obvious response to the question is clearly if there is ramping then it means the crews are not able to go out and do other things. So that has an impact on the amount of time that a patient spends on a stretcher waiting for care in a hospital. It also means that that crew cannot be as productive.

Anasina GRAY-BARBERIO: But what does that mean for call-outs? Because RFDS and St John Ambulance get obviously consistent call-outs. What does that mean for the turnaround times to respond to other call-outs that come that require your services?

Andrew MORRISON: If I can, Rob, I think the impact here is known and managed by Ambulance Victoria. We can only do what our crews are allocated to do. If they are stuck in an emergency department for a period of time, we actually are not aware of necessarily what else is going on outside that. We are just tasked with the one task, and when we are clear from that, then we go to the next task. So we do not really know what is going on at that particular time.

Anasina GRAY-BARBERIO: Thank you.

The CHAIR: Thank you. I will now pass over to Mr Batchelor.

Ryan BATCHELOR: Thanks very much, Chair. Andrew and Rob, thanks so much for coming in today. In your opening statement and in your submission you talked about how your organisations working with Ambulance Victoria could develop a much more comprehensive workforce strategy because of the capacity that you have got to do intake from different skill points potentially or at different sort of workforce points and then moving people through the system, potentially providing a better and clearer pathway into Ambulance Victoria to deal with some of the workforce pressures. The job of this committee is to make recommendations to government. Are there any more specifics that you would suggest form part of such a workforce strategy? I do not know what it is – training, RPL. I am in your hands, but I want to get into a bit more detail of what you think we could do at a practical level.

Andrew MORRISON: Are you going to start?

Rob McMANUS: Sure. Good question. Practically what this can look like is that there are different levels that you go through. There is a certificate III level that is required to get into a patient transport officer role. A diploma plus some on-road experience is required to be an ambulance transport attendant and then a bachelor to be an APRA-registered paramedic. So that will take a series of years for people to go through. What we look for from a non-emergency patient transport perspective is if we are employing people, that we employ them for as long as possible to get a return on the investment around training and induction and skilling et cetera. So what we have proposed is how as a NEPT sector that can be looked at more broadly. As we have talked about in the submission, this happens kind of every day, but there is probably an opportunity to be more strategic about it.

Andrew MORRISON: Very good point, Rob. Just to add to that as well, there are multiple touchpoints. So grabbing somebody off the street, training them as a paramedic and them having the clinical skills takes a long time, and it is a big investment for the person themselves for their time and cost to go through that. What the NEPT sector, the N-E-P-T sector, can provide is the slow ramp-up to providing those clinical skills, and with that formal recognition what then tends to happen is that Ambulance Victoria recruitment will open up and we then lose a number of staff in a certain location to Ambulance Victoria.

Ryan BATCHELOR: What is your – 'leakage' is probably the wrong word – graduation along the career pathway from your sector into AV and those intake points?

Andrew MORRISON: It really depends on Ambulance Victoria's recruitment process, and you will need to speak to them about that. We really encourage our staff – a lot of them are coming in with a career goal to be an Ambulance Victoria paramedic, and we need to recognise that. We do recognise that, and we support it, but then there is the next flow-on from there. I think as well there is the mid-career break. For the paramedic that is either returning to work or maybe a little bit burnt out from emergency work or something like that there is an opportunity to come to NEPT for a certain period of time and keep utilising their skills. But also, as I have mentioned earlier, there is the end-of-career transition to retirement – their clinical skills being still supported in the NEPT sector, training or supporting the younger cohort or the –

Ryan BATCHELOR: Getting back and doing a mentoring and training role rather than being on the front line.

Andrew MORRISON: Exactly right.

Ryan BATCHELOR: Yes, great. Interesting, really interesting. Thanks, Chair.

The CHAIR: I will now pass over to Ms Payne, who is online.

Rachel PAYNE: Thank you, Chair. Many of my questions have been answered, but I just thought I would circle back to contracts as a critical factor. In your submission you suggested a five- to 10-year contract would be much more fruitful in retaining employees, reducing costs and such. Can you talk us through, as a committee, the current state of play and where you have landed on that recommendation coming forward?

Andrew MORRISON: I think for any particular contract work, that question needs to be referred to either HealthShare Victoria or Ambulance Victoria. Again, what we can say is that advocating for as long a term as possible gives us the surety that we would like and need.

Rachel PAYNE: So the current state of play is that contracts are based on a shorter term not-for-profit engagement level. Is that what you are saying?

Andrew MORRISON: The NEPT sector is made up of for-profit and not-for-profit services, and as far as I am aware, we have all got the same arrangements. So, again, additional details around specific contracts need to be referred back to those agencies.

Rachel PAYNE: But in your submission you suggest that five- to 10-year contracts would be of benefit. Do you want to discuss – as a committee we need to make recommendations – just taking off from your joint submission, what some of those benefits would be to longer term contracts?

Andrew MORRISON: Certainly for RFDS Victoria, a 10-year contract would mean that we can plan out the asset replacement cycle over that entire 10-year period. It would give, again, our staff that surety of a 10-year period in that work, doing the same sort of job. But also we would be able to utilise the workforce that we have just talked about – knowing that they can cycle through and maybe cycle back after that 10 years as well.

Rachel PAYNE: Okay. Thank you.

The CHAIR: Thanks very much, Ms Payne. I understand that Dr Mansfield is online as well. Are you there, Sarah?

Sarah MANSFIELD: Yes.

The CHAIR: Yes. I will hand it over to you now if you would like to ask any questions at all.

Sarah MANSFIELD: Great. Thanks very much. Thanks both for appearing and for your submissions. We have heard from other witnesses and in some of the submissions to this inquiry about a lot of the different inefficiencies across the system that all contribute to the ramping issue. One thing that was highlighted in terms of non-emergency transport is that you can end up with a situation where, depending on who has got the contract, you have got non-emergency transport going to one hospital to drop someone off, then leaving empty despite another patient needing transport because there are different providers with the necessary contracts. And so you will have someone sitting in hospital waiting for that transfer for a lot longer than perhaps is necessary. Do you have any suggestions for how some of those inefficiencies across the sector could be better managed? We heard Mr Galea, earlier, talk about how some have suggested a bigger role for Ambulance Victoria, but is there a way that some of that inefficiency can be managed otherwise?

Andrew MORRISON: I think the NEPT review certainly highlighted some of these inefficiencies as well. From our view, we do see that as well. The NEPT review talked about a coordinated approach – central booking, streamlined contract management and contracts and KPIs across the sector as well. I think all of those things that have been highlighted in the NEPT review will go some way to addressing what you are talking about there. Rob, anything else to add?

Rob McMANUS: Yes, I completely agree with Andrew's comments.

Sarah MANSFIELD: And would you say you support the outcomes of that review and the recommendations?

Andrew MORRISON: I do not think there is enough detail in there to provide full support, but I certainly commend the work that has been done and really look forward to working with the Victorian government on the detail I guess that comes out of that review.

Sarah MANSFIELD: Great. Thank you.

The CHAIR: Thank you, Dr Mansfield. We have finished the people in the time slot for questions, so we are just going to open it up to everyone else. I know, Ms Crozier, you have got some questions that you would like to continue on, so I will hand it over to you.

Georgie CROZIER: Thank you, Chair, and I do. I am just wanting to pursue a little bit more around this issue around government funding. I was at the RFDS gala charity dinner last Wednesday night, Mr Morrison, which was a wonderful event, and at that event it was raised that there is no government funding for community transport. Given there are those pressures on your organisations working as not-for-profits – you have got, what, HealthShare providing five-year contracts, I understand, but you do not have longer term contracts, and you have got all of those commercial entities that you are working with, as Mr Morrison said – what pressure is that putting on your organisations to be able to deliver those very vital services, especially in regional Victoria, where there is not the same capacity as in metropolitan areas for people to be able to get to health services and have the health care that they need?

Andrew MORRISON: Again, it is a really important question, Ms Crozier, and I really appreciate you asking it. Again, it goes to that wider point as well. Community transport is a volunteer program, as you are well aware, and again, it goes to the entire ecosystem of patient transport and the healthcare system as well of being able to move people around. Patients have different requirements from a clinical perspective versus a support to access the care. For RFDS Victoria, again, just that longer term commitment in an area will provide a better investment back into our organisation to be able to plan better and be able to then provide the services that we have got ongoing as well.

Ryan BATCHELOR: Just to clarify: on the patient community transport program, does that receive Commonwealth funding?

Andrew MORRISON: Commonwealth? It has previously provided some funding through some of the networks, but I understand not for the next year. But I can definitely come back to the committee if there is.

Ryan BATCHELOR: Can you come back to us on notice: if that program has received any Commonwealth funding in the past, how much that was and if it is continuing or when it stopped?

Andrew MORRISON: I will take that on notice if that is okay for the committee.

Ryan BATCHELOR: Thank you.

Georgie CROZIER: Are your organisations worried about the ability for Victorians to be able to access the care – and RFDS is doing some work around that primary care service delivery – if these programs are not in place or they cannot be sustained because you do not have the ability to do so because the funding is just not there? I mean, you go out to the community and shake the can, like you did last Wednesday night, and there was great generosity in that room, but doesn't government have a role to play here in terms of this being a whole of health system wide issue, given we have got hospital ramping, we cannot get patients flow through the system, there is bed block? You are very critical in moving those patients out of those acute beds back into their homes or back into aged care facilities or wherever they need to go. So given all of that, isn't there a responsibility of government to be providing some level of support at this very basic level?

Andrew MORRISON: We can take the question on notice to come back with a far more detailed response to the committee. However, again, I just reiterate the point that I think a longer term contract would provide that consistency that we are looking for to know what we are delivering over that period of time.

Georgie CROZIER: Can I ask about those contracts and being able to plan? It goes back to my earlier question about investment and planning. Given the regulations are there for a reason, for the safety of patients and the NEPT workforce, but there is stipulation around ageing vehicles and things like that, how do you manage that? Given many of the transport vehicles, especially in regional areas, can get up to a couple of

hundred thousand kilometres very quickly and then there is a stipulation that there is new equipment required, how are you going to manage that?

Andrew MORRISON: I think for RFDS Victoria the way that we manage that is by having a range of services – so metropolitan services, where the vehicle kilometres are lower, versus a regional vehicle, where the kilometres can get high very quickly – and being able to move around the vehicles to suit and get the most out of that particular vehicle and the life span of that vehicle.

Georgie CROZIER: Does that need to be reviewed? If a vehicle gets to a certain level in kilometres and it is being maintained and serviced properly, it does not mean it should be out of the system. It is quite capable of working in the system. Is that a fair assessment?

Rob McMANUS: I think the difficult thing is there needs to be a standard or a benchmark, and that is where the benchmark has been set. As a provider now what we need to do is factor that into our planning, so in terms of the cost modelling and the replacement cycle and, as Andrew said, recycling.

Georgie CROZIER: It is an expensive cost model.

Rob McMANUS: What has been outlined by the department is that this is part of a patient safety initiative, so obviously we support anything that supports patient safety and patient experience.

Georgie CROZIER: Given that it does not take long to get those kilometres up, that is going to put pressure on a whole lot of non-emergency patient transport providers across the system who do this incredible work to assist the entire service. Does the rigidity of the government regulations need to be reviewed slightly given the nature of the demands that we have got and the issues in the system? Ambulance ramping is rife. Look at today: a man died waiting 5 hours because ambulances were ramped at a hospital. They cannot get the patients through the system, so we have got a really big problem here. This is inexcusable. But the rigidity of what is being asked and the pressures that are being put on your sector I say are not going to be sustainable for the long term, given the financial pressures and the regulatory pressures, so I am asking: does that need to be considered at some point in time?

Rob McMANUS: Regulations are reviewed I believe every five years, so the current regulations run through to November 2026. There may be a change.

Georgie CROZIER: Election time.

Rob McMANUS: I think we are more than happy to talk to the government around any ideas throughout the sector, but it is important to have the regulations.

Georgie CROZIER: Did you get that through the NEPT review? It took a long time for that review to be released by government, and you were a critical aspect of providing input into that review. The delays by government for that review to be released were a ridiculous amount of time. I was calling for it to be reviewed. So were a whole lot of other people.

Ryan BATCHELOR: Take that as a comment?

Georgie CROZIER: No, I am just making the point. RFDS and St John are a critical part of this sector. I know that you may not understand the significance of the work that they do, but I say –

Ryan BATCHELOR: Steady on. No need to be rude.

Georgie CROZIER: I am not being rude.

Ryan BATCHELOR: You are being rude. You are saying we do not understand the sector.

Georgie CROZIER: Mr Batchelor, the government did not release that review for over a year. It was being called upon. I am just wondering if St John and RFDS had concerns around the government's delayed response in the context of the next review that is being undertaken, given the rigidity of what is required and, as the witnesses have said, no recurrent government funding, and these services are potentially –

The CHAIR: We have to finish up. I am thankful for the witnesses.

Georgie Crozier interjected.

The CHAIR: I know you were. Thank you for appearing today. We really appreciate your time and your responses. We will close this session now. Good luck and thank you.

Witnesses withdrew.