



# Legislative Council Legal and Social Issues Committee

**Hearing date:** 13 June 2025

**Question taken on notice**

**Directed to:** Royal Flying Doctor Service of Australia, Andrew Morrison

**Received date:** 8 July 2025

## 1. **Ryan BATCHELOR, p. 26**

### **Question asked:**

**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?

**Response:** Flying Doctor Community Transport (FDCT) began in 2018 as an entirely donor-funded service in Heathcote, and then an additional site in 2021 in Rochester. In 2022, we partnered with Western Victoria Primary Health Network (PHN), in collaboration with Gippsland and Murray PHNs, to expand FDCT to eight additional communities through a successful grant (provided to Western Victorian PHN) from the Commonwealth Government's Community Health and Hospitals Program. The \$4M+ grant began in January 2022 and was originally meant to run for two-years and was subsequently extended to December 2024 due to underspend. As of July 2025, RFDS Victoria is funding the service through majority donor funds for FY2025-26, with a small portion coming from underspend on the WVPHN grant. The organisation is committed to the impact of this program and is dedicated to continuing to support vulnerable Victorians access vital care through our partnerships with the communities we serve.

## 2. **Georgie CROZIER, p. 26**

### **Question asked:**

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.

**Response:** RFDS Victoria is a proud partner of the Victorian Government and Ambulance Victoria. As stated in our submission to this inquiry, we believe a whole of system approach to ambulance ramping is required to solve this problem, which non-emergency patient transport can and should play a key role in.

As stated in Ms Crozier's question, RFDS Victoria delivers a range of primary health care services outside of our leading role in the non-emergency patient transport sector. Our organisation receives a mix of funding from the Commonwealth, State, and from donors to deliver these primary health care services. As a not-for-profit, we are always seeking to secure and expand our sustainable funding models for these services. We do believe that there is a role for government to play and support our operations as an NFP and will continue to advocate for an increased role in primary and transportation health care services.