

TRANSCRIPT

LEGISLATIVE COUNCIL ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into Expanding Melbourne's Free Tram Zone

Melbourne—Thursday, 9 July 2020

(via videoconference)

MEMBERS

Mr Enver Erdogan—Chair

Mrs Bev McArthur

Mr Bernie Finn—Deputy Chair

Mr Tim Quilty

Mr Rodney Barton

Mr Lee Tarlamis

Mr Mark Gepp

PARTICIPATING MEMBERS

Dr Matthew Bach

Mr David Limbrick

Ms Melina Bath

Mr Andy Meddick

Dr Catherine Cumming

Mr Craig Ondarchie

Mr David Davis

Mr Gordon Rich-Phillips

WITNESS

Mr Todd Harper, Chief Executive Officer, Cancer Council Victoria.

The CHAIR: Welcome to the Economy and Infrastructure Committee's public hearing for the Inquiry into Expanding Melbourne's Free Tram Zone. We welcome any members of the public that are watching via the live broadcast.

Before I begin I would like to read out a short witness statement. All evidence taken at this hearing 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; however, any comment repeated outside the hearing may not be protected. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament. All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and posted on the committee's website.

We welcome your opening comments but ask that they be kept to a maximum of 5 to 10 minutes to allow time for discussion. Can I remind members and witnesses to mute their microphones when not speaking, to minimise interference. If you have any technical difficulties at any stage, please disconnect and contact the committee staff using the contacts you were provided. Can you please begin your presentation by stating your name for the benefit of our Hansard team and then start the presentation. Thank you, Mr Harper.

Mr HARPER: Thank you very much to the committee for your interest in this issue and your time today. My name is Todd Harper. I am the CEO of Cancer Council Victoria, a not-for-profit organisation focused on preventing cancer, empowering patients and saving lives.

As you know, we have presented a submission for the information of the committee. There are a few brief comments I would like to make. Firstly, can I indicate that cancer affects a large number of people throughout our community every year, about 35 000 people. Those numbers are growing as our population ages and grows over time, so we know that the impact of cancer will continue to grow for us all in the years ahead.

We also know that one of the most important things that we are trying to achieve in our cancer system is to take advantage of the wonderful advances that have been made in cancer treatment over recent years and recent decades. We have in recent decades gone from less than 50 per cent of people surviving beyond five years into a cancer diagnosis to that figure being about two-thirds today, and that has been achieved on the back of some really important initiatives in preventing, early detection of cancer and effective treatments. So it has become particularly important—it always has been I suppose, but particularly important today—to ensure that we are removing the barriers to enable people to access affordable, timely cancer treatment.

One of the barriers that the literature suggests can have an impact on those accessing treatment particularly can be financial travel-related barriers. It can be extremely costly for many cancer patients dealing with our healthcare system, and when we overlay barriers in terms of transport that can be particularly pronounced. I would like if I could to briefly mention the situation as it relates to people living in regional areas who already face significant barriers in terms of accessing treatment, particularly when many specialist services in fact are delivered in the metropolitan Melbourne area. Removing those barriers, whether they be logistical or financial, is particularly important for improving cancer outcomes for those living in our regions.

I think it is also important here to note that the hospitals that we are particularly talking about are those ones which are in many cases in metropolitan Melbourne one or two or not many more tram stops beyond the existing free tram zone, so I do not see it as a major expansion, but it would provide significant benefit.

We understand from our work that we have done with other cancer organisations and consultations with cancer patients that many regional people when they seek to access treatment are staying generally within 1 or 2 kilometres of the hospital where they might be being treated, so looking at the transport around those cancer treatment hubs is particularly important. Here we are talking about the precinct at Parkville, the Alfred and other hospitals that are also on the border. We know that for people receiving regular treatment those costs can be quite pronounced, particularly over a period of time, so anything that we can be doing to remove those

barriers is highly valued by patients, and it helps to break down those financial barriers, which we know are particularly pressing for some people, and ensure access to affordable cancer treatment.

I wanted to finally, if I could, Chair, reflect on some work that the Cancer Council did in 2019 where we sought to explore these issues further with both patients and clinicians. In 2019 we conducted interviews and surveys with 600 people—450 individuals and also cancer clinicians involved in the treatment of cancer. We conducted those consultations in metropolitan Melbourne as well as in the Latrobe region, the Bendigo region, the Loddon Mallee, Ballarat and Wangaratta, as well as receiving 344 survey responses from community members statewide. They confirmed to us very much the barriers around transport, availability and particularly the costs. Victoria does have what we know as the Victorian Patient Transport Assistance Scheme, which provides valuable support for cancer patients. We do think that there is scope to improve that system and again enhance the opportunities for people to access treatment.

Chair, I might pause at that point. I would be very happy to answer any questions that your committee may have.

The CHAIR: Thank you. I do have one question myself but I will start with Mr Barton, Mr Tarlamis and then I will go myself, so reverse order from the last speaker.

Mr BARTON: Thank you, Todd, for coming in. You have already addressed one of the concerns about rural and regional people coming into Melbourne for treatment, because I have a friend doing that right now, coming into Peter Mac and staying very close to town and it is a cost. Just in another area, have you done any work in terms of how people like the nurses, the support staff—all of those—move between the hospitals, around the hospitals? How would a free tram zone impact that?

Mr HARPER: Are you talking here, if I can clarify, about patients who might be moving between hospitals to access treatment?

Mr BARTON: Yes, and staff.

Mr HARPER: Yes. Okay, good point. We did not address that issue in particular in the surveys that we conducted. A lot of the time I think patients, if they are accessing oncology or radiotherapy services, will often be accessing from one particular hospital, but there undoubtedly will be occasions where a specialist might be operating out of different centres and so that might necessitate some travel on those occasions. So I can absolutely imagine that for people in that situation something like the scheme that I am proposing would be extremely valuable if they were, for example, moving from Peter Mac to St Vincent's or to the Royal Children's, for example, which are all outside that zone. Then the sort of proposal that you push out I think would be extremely valuable.

Mr BARTON: A friend of mine was having treatment for cancer last year, and we were getting told that the car parking—the family would come in, bring him in while he was having the treatment, and we were talking up to \$60 a day or something for car parking.

Mr HARPER: Yes, this is a really pressing issue. We hear stories of people providing receipts for thousands of dollars over a period of their treatment. This is an enormous amount of money in addition to there being a huge demand on those limited car park spaces. So anything that I think can take the demand off those car parks has to be, I would suggest, a very efficient way of looking at the problem—rather than looking at continually expanding car parks, looking at opportunities to relieve some of the pressure on those car parks. That would be, I think, very valuable. It can be an incredibly stressful time going to see your cancer clinician, and then if you have to contend with very limited car park spaces, enormous costs associated with car parking, then anything that can relieve those barriers I think is not only an empathetic solution but it is also potentially a much more cost-efficient solution.

The CHAIR: My question you touched on already, because your submission referred to the Victorian patient transport assistance scheme. Can you elaborate on how you think the scheme can be improved? It is not necessarily directly on the terms of reference of this inquiry, but I am just curious since you raised it.

Mr HARPER: Yes, absolutely. So the scheme has been updated, and that has improved some of the payment rates. However, it is overdue for review and we know that there are five other states that provide

higher reimbursement rates for accommodation, and obviously, given that we are talking about the CBD of Melbourne, there can be limitations in terms of availability, particularly for patients who want to be close to their treating hospital. The current system is paper based and according to reports that we get from cancer patients can be slow to reimburse patients and their families. So the up-front full payment for travel and accommodation we often find is leaving people out of pocket as well. So what we would like to see also is more promotion of that scheme to people living in regional areas. So often we hear that people find out about it well into their treatment, or if they knew about that before they even started their treatment, it might make them more likely to take up some of the treatment options. So we would like to see some of those covered.

The other issue that I would say is that daily transport costs, if you are staying for an extended period of time, are not subsidised—only transport costs for initial arrival and departure days. So a regional patient and their carer who arrive at Benalla on a Monday and leave on a Friday—they need to pay three days worth of tram trips for treatment if staying in the city. So anything that we can be doing to make this scheme easier to access, easier to understand the scheme exists in the first place and provide options other than paper based and speeding up those reimbursement opportunities I think would go a long way to improving the scheme, which is certainly valued by people who do access it now.

Dr CUMMING: Hello, Todd. My name is Dr Catherine Cumming. I am a doctor of traditional Chinese medicine, so I have been working in the complementary space supporting cancer patients in oncology for a very long time. I also am a member for Western Metropolitan Region, so I look after western health in my area—but Western Private Hospital, which has been there since 1995, and obviously has the EJ Whitten Prostate Assessment Centre. I am very keen, looking at this committee's terms of reference, to look at making sure that the whole hospital network is actually looked after, especially inner Melbourne and inner western Melbourne and building the new hospital in Footscray, and the possibilities of making sure that the tram network—because currently the tram from Footscray takes an hour and half to get into the city.

I share the concerns that you have raised. I know what it is like for patients who have to come into the city but also come into the Western Private Hospital for treatment. We have a wonderful private hospital in Footscray, and it would be great that we could possibly look at that. So if you could give any insight into your knowledge obviously of the wonderful work at the Western Private Hospital and especially the EJ Whitten Cancer Treatment Centre that is there and the prostate assessment centre, that would be great for the other committee members.

Mr HARPER: It is a really good point, and I am glad you mentioned about the western hospital and the hospitals in the western region. One of the things that I would highlight too is that you have prompted for me that the western hospital does provide one of the better schemes that we have seen in terms of promoting the availability of parking arrangements—how that can be done. It is done in a very cost-efficient manner as well, which is much appreciated by cancer patients.

One of the things that I would highlight here is—and it goes back to the point that Mr Barton I think raised earlier—it is very difficult for someone who has been diagnosed with cancer, facing enough financial and emotional stress, to be able to navigate then the transport and parking systems that are in place at different hospitals, whether they be western, private or metropolitan hospitals or regional hospitals. So having an opportunity to bring those all together in one website—here are the parking policies, here are the costs, here is the availability for the hospital that I am being treated at—that would be enormously beneficial for cancer patients and indeed all other patients who are seeking treatment for chronic disease. That really would go a long way to addressing some of the stresses that we see, and also, given your role, I would not want to miss emphasising the important role that nurses and other healthcare professionals provide in providing support to people. They assist in providing them access to the information that they need to navigate the cancer care system.

Dr CUMMING: I guess, Todd, my point would also be around obviously Western Health, and we obviously in Footscray look after the whole of western Victoria and northern Victoria, all of the country patients that come in. Obviously navigating the city is hard enough, but having us here in Footscray has always been a wonderful option. I know that many people who use the health services that have to come into Footscray, because they cannot necessarily get into the city, find a lot of benefits, but it would be great if they had better public transport around their hospital in Footscray, so that it would be a better experience.

Yes, we are pretty good at parking, and anyone will say that we are very reasonable in that area if you compared us to the Royal Children's or others, but it would be great, when we build the new Footscray hospital, that there would be a proper public transport system for that hospital, rather than relying on buses and especially when people are so ill at that time and do not have those support networks.

Mr HARPER: Yes, I would wholeheartedly support that and the critical role of those major metropolitan hospitals in servicing people in those regions but also outside. I think it is really good point.

Mr QUILTY: So you talked already about the patient transport scheme. Do you think if, instead of a free tram zone, we had a very targeted system where people with scheduled treatment from wherever in the state they are coming could travel free to the hospital? Do you think that would be a better system than giving everyone free transport?

Mr HARPER: I am not sure that I am understanding. Are you suggesting that people with cancer accessing treatment would have free transport to their treating hospital?

Mr QUILTY: On public transport, yes.

Mr HARPER: Well, absolutely, if those options are available. I guess for some there may be limitations in terms of access to public transport. So the Victorian Patient Transport Assistance Scheme can probably assist with those patients who do not have ready access to public transport or for various reasons associated with health conditions may not be able to access those. The model that you are proposing sounds very sensible. If there was the opportunity to reduce those financial barriers, it would go a long way to encouraging people to take up those opportunities for treatment, particularly those in the regions who are already taking time out of work or caring or family responsibilities. So it can be a significant impost for some.

Mr QUILTY: I personally think having a targeted system is better than opening it up to everybody. My second question is around staff of hospitals who currently drive. If all staff were given free transport to work only and all car parks at the hospitals were reserved only for patients, do you think that would make a significant difference?

Mr HARPER: It is a very good question. I have not considered that. I would probably want to, if I could, take that on notice and give that further consideration. I can imagine a few complexities associated with that, but I think there is certainly something in what you are saying. So I would be very happy, if you are agreeable, to take that on notice and come back to you with a more considered response.

The CHAIR: Look, I do not have any further questions. I just want to thank you, Mr Harper, and Cancer Council Victoria on behalf of the whole committee for not only your submission but your presentation. It has been very informative. It presents a different perspective you are coming from, so I really appreciate it. As someone that has also experienced all the trauma of visiting cancer wards and paying for parking over a long period, it is not easy and it is expensive. So anything that can make it more affordable, more practical, is well appreciated. I appreciate your input.

Dr CUMMING: You never know when you are going to get sick, where you are going to get sick.

The CHAIR: Or your loved one.

Dr CUMMING: Or what hospital you will end up at.

The CHAIR: That is right. Thank you to everyone, and thank you for your contribution today.

Mr HARPER: Thank you, Mr Erdogan.

Committee adjourned.