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THE PARLIAMENTARY SELECT COMMITTEE ON TRANSFER OF CARE DELAYS (AMBULANCE RAMPING) MET IN COMMITTEE ROOM 1, PARLIAMENT HOUSE, HOBART, ON THURSDAY 8 FEBRUARY 2024

The committee met at 3.00 p.m.

CHAIR (Dr Woodruff) - Thank you, Minister, for coming today to the Transfer of Care Delays (Ambulance Ramping) Committee. Online, we've got Michelle O'Byrne MP, Simon Wood MP and Anita Dow MP from the North. They are joining us by Webex. Simon Behrakis is here with me today. Do you want to start off with a statement?

Mr BARNETT - Thanks very much, Chair, and thanks very much for the invitation to attend and the opportunity to contribute to the committee's work. Certainly, the government is totally committed and working extremely hard to reduce the transfer of care delays in our hospital system. It's a top priority. It's a major focus for us and we take it very, very seriously.

We view this committee's work as a very important part of our ongoing response to this challenge and I want to reassure all Tasmanians that an enormous effort is being made to address this issue and we will not rest until significant improvements are made. On behalf of the government, I sincerely apologise for any adverse outcomes transfer of care delays have caused. My heart goes out to the patients, their families and the healthcare workers impacted.

I pay tribute to the healthcare workers contributing tirelessly on the frontline, behind the frontline and behind the scenes to improve health outcomes. Transfer of care delays are a challenge, right across the nation's health system, and in Tasmania they're exacerbated, of course, by the ever-increasing demand on our ambulance service and our emergency departments, particularly driven by the lack of access to GPs and the bulk billing crisis.

Delays are further impacted by the bed block in our hospital system caused in part by the backlog of NDIS cases who cannot be discharged due to delays in care plans, along with the aged care patients waiting for placement in an already overcrowded aged care system. Those challenges mean we must continue to employ a multi-dimensional response to transfer of care delays and we've introduced a number of significant measures to address this issue including important reforms announced in recent days. I'm more than happy to outline these measures and the details around that and the benefits that I see for the Tasmanian community in due course during the process of this committee hearing.

While significant process is being made, we welcome any research, investigation, and input that can assist and that's why the work of this committee is important and for which I'm grateful. My hope is that we can work together in a spirit of cooperation rather than be distracted by partisan politics to advance and outcome that we and I think all Tasmanians desire and deserve. Thank you, Chair.

CHAIR - Thank you for that. On behalf of the committee, I want to welcome some of the announcements that you've made in recent times, some of which were the things that have been presented as solutions by people who provided evidence to the committee. It's good to hear that you're listening. I think I can speak for other members of the committee - we haven't formally spoken about this - but I'm glad that you have announced an independent review into the gravely serious allegations that were raised in this committee this week.

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I think it's fair to say we all understand that you'll still be working through the details, but I'm keen to clarify some of the principles underpinning the investigation, especially around the integrity, transparency and rigour of the process. On the integrity of the process, we don't expect you to necessarily have a name right now, but who's going to run the process? Can you make a commitment it will be someone with no current or past connection to the Tasmanian Health Service?

Mr BARNETT - Firstly, thank you very much for the question and it is a very important matter. These are very serious allegations and are taken very seriously by me and the government. As you know, I've shared that publicly and outlined the details accordingly. In terms of the review that I've announced, there will be an independent clinical expert to determine whether these cases are reportable deaths. It's very important to start in that regard. In terms of if any deaths are identified as reportable, I want to make it very clear that they will be referred pursuant to the Coroners Act directly to the coroner and including, where relevant, to Tasmania Police if there's been any breach of law detected.

There's a second review that I've announced and has also been referred to by the secretary, but I'd just like to touch on that second review. That is that the secretary of my department will appoint an independent clinical expert to review all public hospital death reporting procedures and to ensure that the procedures meet all relevant legal and clinical reporting standards and have appropriate escalation protocols to allow clinicians to request a review of a decision relating to a death within a hospital. There will be a general review of all deaths data at the Launceston General Hospital. That's already underway.

The secretary has also put out a statement in the last 24 hours, which I draw to your attention. It's on the public record. We have more information to share with you in terms of the answer to the specific question about the name. If you would like, I would ask the secretary to share that with you if you would like that information brought to the attention of the committee.

CHAIR - Thank you. Drawing your attention to the question I asked, can you make a commitment that it will be a person who has no connection, either currently or previously, with the Tasmanian Health Service?

Mr BARNETT - Again, the secretary can assist you specifically in that regard, but there will be a number of people. As I say, there are two independent reviews. We're talking about bolstering the independent reviews with an independent panel and an independent reviewer. I think it's fair to say that one of those names is Professor Deb Picone, who has been involved in leading the independent review of the emergency department independent review that I announced last September. She has impeccable credentials. She's from the mainland and she is the highest calibre.

But there is further building in providing further robustness to the independent review that I've announced yesterday. The secretary would be more than pleased to fill you in on that in terms of how that process would work. That advice in getting those names together; that's already underway by the secretary. That work is being undertaken. And yes, they will have impeccable credentials and I'm sure they'll do an excellent job.

CHAIR - Thank you. We don't have time to go into the details unfortunately. That would be great, but there's so many other questions to ask you. I just wanted to return to the

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in-principle commitment of you because if you've been listening to the comments that people have made to us in this inquiry - on Monday and previously in many of the hearings, staff have said comments such as, particularly in relation to this matter, about concerns about doctors protecting doctors, about the culture in the LGH, the culture in the Tasmanian Department of Health, complaints have not been listened to. I'm not interested in hearing the details of an individual person. I want to make it clear I don't want to get into a conversation about an individual person. The question is, will you make a commitment that it will not be a person who is working or has worked in the Tasmanian Health Service?

Mr BARNETT - Thanks very much for the question. I've confirmed with the secretary, who's sitting behind me, that the answer is yes.

CHAIR - Fantastic.

Mr BARNETT - Can I just add that we do take this incredibly seriously. It's a very important matter. The answer is yes. Further details will be made available either today, if you would like them, or in due course. As soon as we have them, we will absolutely make that information available.

CHAIR - Thank you. I want to really put it on the record. This is not about me or this committee. This is about the people who have bravely and courageously come and made this information public. The quicker that they can all get information on the public record and understand it, the better. On another question about the process

Mr BARNETT - Can I just add one final thing - in terms of the first review, it is important that we identify which deaths are reportable. There's quite a bit of work to do in terms of that review. You need to identify which deaths are reportable so that they can be referred to the coroner or the relevant authorities.

CHAIR - Of course, that's part of the process.

Mr BARNETT - That will take time, and it's very important to get that work underway as soon as possible.

CHAIR - It's important to do it well and thoroughly. On the rigour of the process, it was unclear from the language of your statement yesterday exactly what's going to happen. Can you confirm it will be an investigation that isn't just reviewing case files, but that will also include proactively finding witnesses and taking their evidence in relation to cases?

Mr BARNETT - The answer to that question is yes. Any reasonable and necessary efforts will be undertaken to ensure that the objective of identifying the reportable deaths will be undertaken. We take it very seriously. I draw your attention also to the secretary's media release of yesterday, which hasn't been reported in the public arena, to my understanding. I'm happy to table that media release because that does provide some of that information that might assist the committee, but it is on the public record.

CHAIR - Thank you. That's the reason I'm asking the questions. It wasn't clear to me from the media release so that's why it's important. We've had, to this committee, a number of people who've given evidence that they've made complaints in the past or observed things but were not listened to or that SLRS have not been activated or they were not part of root cause

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analysis, for example. Just to be clear from your statement then. Will you be making sure that anybody who wants to be part of a conversation to reveal instances or talk about the fact that they were not part of processes that they ought to have been part of, according to health system protocols, will those people be part of the investigation and be able to make their voices heard?

Mr BARNETT - The answer is yes.

CHAIR - Okay, thanks.

Mr BARNETT - Let's be very clear, we take it very seriously. The secretary has already referred in her media release and if she had the opportunity, she would emphasise this to the committee that we take it seriously. If further investigations are required to determine a reportable death, rather than just reviewing the paperwork as you've referred to, then absolutely. If the Secretary was able to say this, she would absolutely affirm that anybody who has a complaint: please make that complaint. The secretary has received anonymous complaints in recent days, and the secretary can give a further update to the committee on that if you had an interest. But we are determined to ensure that the process to get to the bottom of the allegations, which are incredibly serious, are made.

CHAIR - Thank you. We're also aware, from evidence that's been provided and from conversations I've had that locum doctors who are no longer in Tasmania were part of discussing and observing allegations and they will need to be followed up. Will there be a process to make sure that those people can be followed up? Obviously, they need to be known and identified but were names to be made available for people who are no longer in the state, would the investigation include reaching out and enabling them to give evidence as well?

Mr BARNETT - Just to confirm, as there are a few things to be clear, as I've said earlier, there are two independent reviews. Independent clinical experts will be involved. They are currently being identified and then to be appointed. Obviously, a terms of reference needs to be finalised and settled. That work is actively being pursued by my department, the secretary, and the team.

We want to get to the bottom of these allegations. That's the bottom line from my point of view. I must say, for and on behalf of the department, that they're having difficulties identifying which deaths may well be the subject of the allegations and for the record, I would like to make it clear that I wrote to you, Dr Woodruff, asking that if the committee has had access to any information that could assist in identifying the particular cases to which the claims refer, it would be helpful if that information was to be provided to my office, the health department or the relevant authorities. I'm happy to, and I would like to, table both your letter and my response to that letter now.

CHAIR - Thank you, minister. Just to be clear, you wrote that letter to me as the Leader of the Tasmanian Greens and not as the Chair of the ambulance ramping inquiry.

Mr BARNETT - Correct.

CHAIR - Just to be clear that is a matter that I will raise and discuss with the committee in a deliberative session after this. Just to be clear about that process, that was a separate conversation. On the rigour of the process and transparency, will you commit that the terms of

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reference will be made public and the final, or any other reports, on this will be made fully public?

Mr BARNETT - Yes, there are no issues with that, Madam Chair.

CHAIR - Okay, thank you. Do any other members of the committee have specific questions on this area before I move on to some other questions? Lara Alexander. Yes, Lara?

Mrs ALEXANDER - Thank you, Chair. A quick question for the minister: How long do you expect the review that you refer to in your media statement to take?

Mr BARNETT - Thanks very much for the question, Ms. Alexander. I was discussing this very matter with the secretary just in the last couple of hours, asking a very similar question. There were two reviews, independent reviews with clinical experts involved in both. Firstly, with respect to identifying reportable deaths, it was an expectation of four to six weeks, but of course the department, as I have said, does have difficulties in identifying which deaths may be the subject of these allegations. There have been a number of anonymous reports that have been considered. We're taking it very seriously. The department is taking it seriously and will act. The real answer is as soon as possible but there was an expectation of four to six weeks. But let me be very clear the answer is as soon as possible.

CHAIR - Thank you. Michelle?

Mrs ALEXANDER - One quick one. Has your secretary or the department ever received notifications in recent times about this issue of potentially falsified death certificates? Have there been any reports and is your inquiry going to highlight if reports have been made but not acted on?

Mr BARNETT - Thank you very much for the question. Through you, Chair, it sounds like a question specifically for the secretary and I can't speak directly on behalf of the secretary. The secretary, I'm sure, could answer the question.

CHAIR - If the secretary wants to come to the table, please do.

Ms MORGAN-WICKS - Ms Alexander, I am not personally aware of past notifications in relation to this issue. I can go away and have a look in terms of our complaints management system. But I am aware, through a conversation with, for example, Ms Amanda Duncan, is that she has informed me that staff have talked about issues in relation to reportable deaths or concerns in a corridor-style conversation and that has been informed to me, but that was yesterday. In terms of if there is a complaint in relation to a particular reportable death, I'd expect that to go through our complaint review process and we would have clinicians independently review and make a determination regarding a referral to the coroner.

CHAIR - Thank you. Michelle, you are next on this.

Ms O'BYRNE - Thank you, Chair. Minister, are you able to provide the committee with a list of all the inquiries that are currently being undertaken and the time frames around them, so when they were initiated, when you expect them all to be resolved. There's a number of inquiries and [inaudible] reviews going into health. Can you update us all on how many current reviews that we have outstanding in health at the moment?

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Mr BARNETT - I can refer specifically to the two independent reviews that I've discussed in the last few moments with the committee. I can refer to the -

Ms O'BYRNE - The two that are in preparation for today's appearance. What other what other reviews are currently still?

Mr BARNETT - Well, the one directly relevant to this committee is the independent review I announced in September for which I've got the interim report which is on the public record table just prior to Christmas. I'm happy to table that again, but it is on the public record, and we expect that to conclude in or around mid-March. But I'm not sure if you're talking about reviews into emergency department or reviews into Health.

Ms O'BYRNE - What I want to understand is where this fits in with the raft of work that is being undertaken. It would be useful for the committee to know the range of reviews that are taking place because you can't isolate what occurs in our EDs from the structural systems and structural issues across the health system. What other reviews or work are currently being undertaken?

Mr BARNETT - I think the best way to answer that is to allow me to, through this committee, forward or give to your committee an update of the reviews that are currently underway and the time frames around that. I would be more than happy to deliver that to the committee as soon as possible.

CHAIR - Thank you. Ms Dow?

Ms DOW - Thank you, Chair, and thank you, Minister. Given that the allegations that this committee heard earlier in the week were just shocking and incredibly concerning, can you outline anything immediate, other than this review which you've implemented, that will be undertaken by the department? Changes in policy, protocol, any immediate actions that would be taken to address these very concerning allegations that were raised earlier in the week.

Mr BARNETT - Yes, thanks very much for the question. I'll take this opportunity to indicate with respect to the [inaudible] of the second independent review: the review of death notices and the reportable deaths across the state service. There's a current protocol in place that the department from the Tasmanian Health Service. I'd like to table that protocol for the committee members and indicate that as part of that review that will absolutely be updated. I know the Secretary is very keen to progress with that. With respect to the other part of the question, I'll see if the secretary would like to add anything else to the answer.

Ms MORGAN-WICKS - Thank you, Minister, and thank you, Ms Dow. We have taken immediate action to attempt to identify the patients or patient deaths that have been referred to by Mr Millen and Ms Duncan as witnesses to the committee. Since Mr Millen's evidence, we received two anonymous reports of inappropriate behaviour forms. That's our form that we have that's available to the public, all our members of staff, contractors, or past staff and contractors, to report inappropriate behaviour which comes through to the Office of the Secretary.

Those anonymous forms, however, did not identify any patient information so that we could check. We have received one form from a medical practitioner and a former medical

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practitioner at the LGH that has identified one patient. That is a matter that we're pulling all information at the moment, which will then be provided to the independent clinical expert to review to determine whether that was a reportable death. If it is determined as such, it will be referred to the coroner, noting that the coroner has then those powers to determine or call witnesses or further evidence in relation to that matter. We have, since Ms Duncan's appearance, also received another two anonymous forms, again supporting Ms Duncan's evidence but not identifying any patient information.

We've had contact from another medical practitioner that has identified eight patient matters and we are in the process of pulling all those records. However, at least one of those I'm informed has already been recorded to the coroner. We need to go through each matter, which illustrates to us that there may be some communication or closing the loop issues with staff who are involved in a patient death occurrence. That is a very good reason why we do need to do this review of protocols, to make sure that everyone who is involved or anyone who has a concern in relation to a patient death and who would like it to be reported to the coroner has that means by which to escalate that concern. Where a determination is made by a more senior doctor or someone else in the process, to refer or not refer that, that's communicated back to the staff members that have been involved.

CHAIR - Thank you. Okay. Unfortunately, we don't have very long and the committee's got other things that we need to move on to. Minister, do you accept that there's an impact on mortality at the population from the extent of ramping?

Mr BARNETT - There are deaths on a ramp and there are deaths throughout the community. That is absolutely accepted. Of course, what is important is the causality of that death. That's why this inquiry is important. That's why the work that we're undertaking, that's why the reforms that I've already announced and further work that will be undertaken to make change to ensure significant improvement in transfer-of-care delays are addressed as soon as possible.

CHAIR - Thanks. I'll put it another way. The question I asked you is word for word the question I asked your Health secretary, sitting next to you on Monday, and she gave a very clear answer in response. I asked the secretary, 'Do you accept there is an impact on mortality at the population from the extent of ramping?' And she said, 'Yes, I do accept that, Dr. Woodruff, which is why this is such a significant priority.' Can I ask you again, Minister, do you accept that there is an impact on mortality at the population level from the extent of ramping?

Mr BARNETT - There is an impact, absolutely. That's what I think I've just said. That's why we take it so seriously and that's why we're implementing reforms to make a significant difference for the people of Tasmania as soon as possible.

CHAIR - Thanks. Obviously accepting that fact means that you accept that as ramping increases, there is a greater impact on mortality and indeed morbidity or, in normal language speak, adverse health outcomes. In other words, more ramping occurring means more patient impact and more deaths where ramping is a factor. Given that we've seen such a huge increase in ramping in the past few years, are you concerned about this phenomenon and the impact that it's having on people's lives in Tasmania, on patients specifically on the ramp?

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Mr BARNETT - I am very concerned as the minister for Health and that's why I'm not waiting but acting. That's why through the department and through other measures we are putting in place reforms to make a positive difference to improve the health outcomes of Tasmanians who are approaching the emergency departments across Tasmania. I've been to countless health ministerial council meetings and it's the same across Australia. But in Tasmania it is a big concern for me, and bed block is a big concern for a whole range of reasons, when you have four out of 10 people who present to an emergency department who are not emergency.

There's a whole range of measures. It's not a one silver bullet fix. It's a multifaceted fix. I've announced in the last week a range of measures that will provide fixes, in fact improvements. Just as of today, I've spoken with the head of the HACSU (Health & Community Services Union) Robbie Moore, who was very pleased with the announcement today around the 60-minute protocol. I think everyone will be pleased with that outcome.

CHAIR - It's very pleasing to hear that you accept and understand the increased impact that ramping has on patients. On the 17th of January I made some public comments stating that an increase in ambulance ramping was a contributing factor to the increased harm being experienced by patients, including deaths. In response, one of your cabinet colleagues, minister Palmer, accused me of playing politics, saying my statements were, quote 'a new low'. Given what you've just said and given the statements of your secretary, do you accept that they were distressing and inaccurate statements for her to make?

Mr BARNETT - I haven't read all the statements that were made either by yourself or by my cabinet colleague. What I can say is that across the cabinet, across our government, we are totally committed to improving the transfer-of-care delay concerns so that Tasmanians get the right care at the right place at the right time. We are committed to that. We have put in place reform measures to make those improvements. I would hope -

CHAIR - Do you accept that there's not politics in just making such clear statements as that?

Mr BARNETT - I think there's a real chance of losing focus of what we're all here for, and that is focusing on solutions and getting better outcomes. I'm not interested in party politics. What I'm interested in is getting solutions and improved health outcomes for Tasmania. Then I would hope that we'd all be in that position across the parliament. As the prime minister correctly said when he was visited Hobart last year, health should be above politics. We're interested in outcomes for the community and I'm certainly in that position and prepared to step in and make a difference wherever possible. I've done that in recent times regarding the East Devonport GP practice, as an example.

CHAIR - Can we talk about some of those solutions? One of the difficulties that the committee has had, and that probably other members of the committee have had for years is trying to get data from the department on many matters related to the impacts of ambulance ramping - for example, on preventable deaths. We don't have any way of knowing how many preventable deaths ramping has contributed to because your government hasn't collected that information or tried to figure it out. There is information, however, from the Monash University, the Royal Melbourne Hospital and other research that shows that preventable deaths occur, and that if a patient is ramped for just more than 17 minutes, there's an increased risk of deaths in the next 30 days.

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This committee did request information from your department about the number of deaths that occurred within 24 hours of a patient being ramped. That data showed 136 deaths have occurred in the last five years. That's particularly concerning. What was very concerning was the increase we saw with 16 deaths in 2018, then going up to 44 deaths in the four years later, the most recent year. Do those numbers concern you?

Mr BARNETT - The health outcomes of all Tasmanians concern me. It's a top priority. I wanted to respond to the first part of your question on reportable deaths. Through the department we do collect the death data, but not always the location within the ED. I draw your attention to the submission from my department an answer to the question from the committee, Question 13. So that was an answer provided to the committee. I just draw that to your attention.

CHAIR - Just to be clear that these data are not available to Tasmanians. They're not reported, and they have not been available in the past to be provided to, for example, budget estimates committees. I've asked these questions in the past. There has, according to your department, been 136 people who have died after an extended period on the ramp within 24 hours. And there's been a steep increase in the number of people who have died year on year in the last five-year period. Do you accept that that's a concern and that's an increasing concern?

Mr BARNETT - Thank you for the question. I know this was deliberated in the hearing you had with the secretary in the department. I just draw your attention with respect to the 136 patients who died within those 24 hours of experiencing the delayed transfer of care in the five years. The median age of those 136 patients, I'm advised, was 82 years, which is more than twice the median age of 40 years of all emergency department patients over those five years and two-thirds of those 136 patients had complex multi-morbidity, which means that they had been living with three or more chronic conditions affecting three or more body systems prior to their deaths.

CHAIR - What are you trying to insinuate with that statement?

Mr BARNETT - I reject the word insinuation. I'm providing some further facts to the committee that might assist the committee in your deliberations.

CHAIR - What is the point you're trying to make with that information?

Mr BARNETT - I'm making the point that this evidence has been provided and I wanted to alert the committee of that evidence in terms of their age and the comorbidities that I think is relevant to the committee.

CHAIR - Wouldn't it be the case that the fact that there are a large number of people who are accessing the hospital for treatment who are especially vulnerable should not be left for an extended period of time on the ramp. In particular, can you accept that they are at increased danger if they're left on the ramp for longer periods of time, which is what the research for multiple jurisdictions shows us?

Minister, we have you at the table. We don't have the secretary of the department here. I'm asking you these questions. Maybe, Ms Kathrine Morgan-Wicks could just leave the table

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at the moment? I'm just having a conversation backwards and forwards. We really want to hear your views on this.

Mr BARNETT - I think I've answered the first question that you asked a few moments earlier. I've indicated the answer was yes, in terms of the transfer-of-care delays. I think I've answered that question already, concurring with the secretary that she responded to you earlier. The point I'm making in my most recent answer is that there are multiple causes that apply.

CHAIR - People die for lots of different reasons and they go to hospital because they need care. Particularly vulnerable people go to hospital, and they especially need care. Can I come back to the question? You've agreed already that being on the ramp is more dangerous and, yes, it does lead to an increased risk of adverse health outcomes. You accept, I assume, your own department's data that 136 people have died within 24 hours of being on an extended period on the ramp and there's been a steep increase in the number of people who are dying each year over that last five-year period. What we have in Tasmania now is a 16-fold increase in ramping than it was in 2016 - 16 times longer.

If you accept that ramping increases the rate of deaths, don't you believe that - seeing that Tasmanians patients are being ramped for 16 times longer, it is having an impact on the number of people who are losing their lives.

Mr BARNETT - You've shared a statement and I think I've already responded to both your questions and that's why we take this matter very seriously. We are focused on solutions. The reforms that I've announced in recent days and in fact recent weeks will make a positive difference. I believe they will make a significant difference to the health outcomes for those who are approaching and are in our emergency department across the state at all our hospitals. We are on a unity ticket in delivering better outcomes for the Tasmanian people. I am committed to that as Health minister. I know the secretary and the department is committed. Ambulance Tasmania is committed and that's why we've delivered the 60-minute protocol announcement today. This has taken a lot of work. These are experts in delivering this advice and recommendations. They've had reference groups, working with the unions, working with HACSU (Health and Community Services Union), working with ANMF (Australian Nursing & Midwifery Federation) and we're delivering solutions which will make a positive difference. We are absolutely on a unity ticket in terms of getting solutions.

CHAIR - Some evidence presented at this inquiry earlier in the week from Ambulance Tasmania's chief executive acknowledged that the challenges his service is facing in having ambulance available to respond to emergency calls is very substantial. He said 25 per cent of emergency incidents in the ambulance are not able to be assigned in the required time frame. There were 44 000 emergency incidences in Tasmania in the last year, which means 11 000 callouts for an emergency were not assigned on time; an ambulance was not assigned to them on time.

Do you agree that that's an unacceptable situation and that the evidence that we've heard before this committee from paramedics and dispatchers is that lives are being put at increased risk?

Mr BARNETT - I agree that we have a significant concern that needs to be addressed in terms of our emergency departments and that's why I announced in September last year the inquiry of experts to give us a report and recommendations accordingly. That's why I welcome

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this committee of inquiry and the work that you were undertaking, and I look forward to seeing the solutions that are delivered from your committee when that occurs. The answer is yes, I am concerned and that's why I'm focused on solutions. I am focused on working with the federal government in terms of addressing the GP crisis. I want to address the bed blocks in our hospitals, so to make a difference -

CHAIR - Thank you. Before you go further into the solutions and there are many. The committee has listened to many people and are taking that matter very seriously. I welcome the fact that you've made some steps down this pathway recently after this inquiry has brought some of these things to light.

You do accept that there is an increased risk of people in Tasmania, of people dying, or an increased risk of harm because of that - 25 per cent of emergency callouts not being able to be responded to on time. Last year your government received a report from health consultants ORH that analysed the future demand of ambulance services. They had comprehensive modelling and laid out what our ambulance service needs to deliver safe outcomes in the community going forward. I believe that was in the early part of last year. ORH said even if there are improvements in ramping, in the time that paramedics spend on the ramp et cetera, your government would still need to employ 87 new paramedics by July next year and 126 new paramedics in total. Is your government committed to delivering on those recommendations in full and on time?

Mr BARNETT - Well, the first part of your question, first of all, there is massive demand in our community for healthcare services, including our ambulance services. That's the first thing. We have an increasing population. We have an older population. This is obviously a concern across Australia, but in Tasmania we have one of the oldest populations across the country. We have a GP crisis which is impacting on our health system. I've said that before. I won't go into it again now.

With respect to our investment, we have massively increased our investment in Ambulance Tasmania since we've been in government. We have increased by 220 the number of ambulance officers. In fact, the number of ambulance officers per head of population is 68.4 per 1000 Tasmanians. The national average is 55.7. You've asked me about the past years. When the previous government was in power, it was 43 ambulance officers per 1000 Tasmanians back in 2013. You can see that we've increased this, and we've got record funding for health because we see this as a really serious matter.

CHAIR - I'll just draw you back to the question. It's not what's happened in the past. Ten years is a long time that your government has been responsible for managing the health system. In that time things have changed enormously across Australia and in Tasmania. No-one would disagree with that. Commensurate with that, there needs to be an adequate response to keep Tasmanians safe. The ORH review last year said that that needed to be urgently adjusted to an increased number of 87 extra paramedics by July this year. It's not what's happened in the past. It's not what other state governments are failing or unable to deliver. It's what Tasmanians need and expect when they call 000 in Tasmania. The report said you need an extra 87 to be employed. Are you going to deliver that?

Mr BARNETT - Thank you very much for the question. I've had that question before in the parliament. That's why the report was commissioned by the former minister for Health and the premier, Jeremy Rockliff, and we appreciate that. We're obviously guided by that. It's

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important to note that ambulance responses in Tasmania have increased by 57 per cent since we've been in government. This has been matched with a 71 per cent increase in ambulance officers. As I've said, we've put on an extra 220. We take this very seriously. That's why we have record funding in our health system, \$8.3 million every day. We take it very seriously. Yes, we will be working with the Department of Health, we'll be working with Ambulance Tasmania, we'll be working with our federal colleagues to help make a difference to deliver better health outcomes and to ensure, as a result of the announcement I've made today, you will see more ambulance officers out in the Tasmanian community do what they do best, as a result of that decision today. You'll see that it's a multifaceted response that's required. There is no silver bullet.

CHAIR - There is no silver bullet. I'm aware that Ms Dow has a question, I'll just finish by asking you; This report was delivered to you a year ago, or approximately a year ago, before the last budget. You didn't act then, and you've had time to look at it and you certainly had the data to show it was incredibly serious, and you've accepted today that an increase in deaths and adverse outcomes are related to the longer ramping times, and they have been getting worse and worse. You've had a lot of time to make a decision about the recommendations from this report, are you saying that you don't accept them and that you're going to be providing different resourcing? You've talked about the resourcing you've done, but you haven't provided 87 extra paramedics as they say you need, so have decided not to do that but to do something else instead?

Mr BARNETT - In addition to the announcement today with the 60-minute protocol, I can confirm that next week there will be 13 new paramedics that will commence at Ambulance Tasmania after relocating from interstate. I can also confirm that -

CHAIR - Are they additional positions that were never there, or are they new people filling old positions?

Mr BARNETT - They are new paramedics that will commence next week. Next week, 13 new paramedics will commence at Ambulance Tasmania after relocating from interstate, and there'll be 15 paramedics in addition who were on fixed-term contracts who have taken up permanent employment with Ambulance Tasmania. That's 28 new Ambulance Tasmania personnel. I'm very pleased with that.

CHAIR - Thank you. Can you confirm to the committee that they are brand new positions, not moving into other places; it is brand-new money coming into Ambulance Tasmania?

Mr BARNETT - Yes. My understanding is that they're fully funded positions. It's part of the budget going forward.

CHAIR - That's not the - are they new money? Are they extra new positions?

Mr BARNETT - Yes, it's part of our budget, it's part of the budget process. We've announced the funding in the budget and they're new positions consistent with the budget.

CHAIR - This is last year? It's last budget, it's not new, extra -

Mr BARNETT - It's this year's budget, the current year budget.

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CHAIR - Yes, but it was additional, new, extra paramedics that you funded in the last year's budget?

Ms O'BYRNE - The fixed-term positions are in addition to the current - the people transitioning to fixed-term positions, are they in addition to the current fixed-term positions, or are they the existing fixed-term positions?

Mr BARNETT - I'm more than happy for the chief executive of Ambulance Tasmania to outline further details.

Ms O'BYRNE - I'm sure you should be able to answer that question.

Mr BARNETT - I've made it very clear, it's in the budget, they're funded.

Ms O'BYRNE - You haven't answered the question at all.

Mr BARNETT - I've announced that and it's on the public record.

Ms DOW - In the budget, Minister, were the COVID-19 positions that had been federally funded and there was no new money for additional positions, they were positions that were already existing, that's my understanding. Can you clarify that?

Mr BARNETT - Look, clearly -

CHAIR - I think you're talking about people who were on contract, but they weren't permanent positions, and you took the people who were people who were working in Ambulance Tasmania, and you said, 'Okay, you're not contract, you're a permanent position now'. So, you're not actually creating new people who are coming in, a brand-new person who's never been employed by Ambulance Tasmania in any capacity. Please let Ms Kathrine Morgan-Wicks answer the question, if you'd like.

Mr BARNETT - I would be delighted - you're asking operational questions - I'd be happy to keep answering, but you have the secretary here who can assist the committee.

CHAIR - I'm very happy to hear her answer.

Mr BARNETT - Thank you, Chair.

Ms O'BYRNE - Excuse me, Chair?

CHAIR - Yes?

Ms O'BYRNE - Could we just get the minister to give us the amount of people that were employed yesterday, the amount of people that would be employed next week, and the amount of people that would be employed in, perhaps, four weeks time, so we can see where this growth is? I'm asking for physical staffing numbers.

CHAIR - Okay, all right. We really want to know if there's a growth in numbers or not.

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Mr BARNETT - We can assist the committee accordingly, and we'll take it on notice. I think it would be nice if you could allow the secretary to answer the question that you asked.

Ms O'BYRNE - it would have been nice if you could have answered it, Minister.

CHAIR - Thank you, Ms O'Byrne. I'll come back to you, Ms Dow. I think what the committee is trying to establish is the actual number of people available in Tasmania on a night to get rostered on to go out on a shift, and what everyone wants to know is whether there is an extra number of bodies - warm, human people - who are there doing that work, not just a changing in contracts or stuff like that. Could you please provide to the committee, on notice, the number of people who are employed at the start of the last financial year, as of today, as of next week, and what are the projected numbers - if there are any -extra ones that you are planning on employing by July of this year? Is that okay?

Mr BARNETT - Yes, we will get back to you in terms of that question.

CHAIR - Thank you. Ms Dow?

Ms DOW - Thank you, Chair. I have three questions for the minister. The first follows on from your questions. Minister, how many new positions will be funded in the upcoming state budget for permanent paramedic positions?

Mr BARNETT - That's a two-part answer to that question. We've employed 220 new paramedic positions since we've been in government. With respect to the future budget in coming months, that's a matter - as you would well know, Ms Dow - as part of the budget process.

Ms DOW - You can't tell me how many there's going to be?

Mr BARNETT - Ms Dow, you know the budget process, you know how it works, so I'm not sure why you're asking me that question. This is a very important matter. We see Ambulance Tasmania services as vital to Tasmania and improving their healthcare outcomes. We've announced reforms, we've announced increased funding for Ambulance Tasmania, we've announced increased funding for their offices, and we'll have more to say, which I'm sure will be very positive, when the budget is released.

Ms DOW - I look forward to that and any additional positions.

Mr BARNETT - Thank you.

Ms DOW - The second question that I have is in relation to your announcement today around the transfer of care protocol, that being the 60-minute time frame. My understanding through the witnesses who have presented to us is that there are concerns around the need for additional resourcing in the emergency departments post that point in time for the staff that will then be providing care to those patients. What additional resources are being provided alongside your announcement today for emergency department staff?

Mr BARNETT - Thank you very much for the question, a very important one. It's taken a lot of deliberation and careful assessment by the expert independent reviewers that I announced in September. This is one of their recommendations. However, it is also part of

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the discussions I've had with the reference group, which includes the unions, HACSU, the ANMF and others. Obviously, the department were very involved in that, with Ambulance Tasmania, and so there's been a lot of hard work of key stakeholders; I thank them all for their work. They support this plan, and this announcement today is my understanding in terms of the outcome, as I say, HACSU have been in contact with me today. I reached out to Robbie Moore, and he's pleased with the outcome. It has a flow on effect across the health system. We're well aware of that and in terms of the -

Ms DOW - The question was, 'Will there be any additional resources?'

Mr BARNETT - In terms of the resources, I'm sure that the Department of Health and Ambulance Tasmania will work that through the system, and if there's further to say, as part of the budget in coming months, I'm sure we'll be able to share that with you at the appropriate time.

Ms DOW - [inaudible] acknowledge, Minister, that there is a need for additional resources?

Mr BARNETT - I think there's an acknowledgement that we want solutions and that we're delivering on the solutions. We've got bed block, we've got problems with disability patients there taking up beds that shouldn't be there, and that's why we're engaging with the Federal Government. We have some 68 beds at the moment blocked as a result of the bed block that's happening across our major public hospitals. That's 42.3 on average for aged care patients and 26.4 on average for our disability patients because they can be discharged today, but there's 68 of those patients that cannot be removed or discharged today.

Ms DOW - This protocol doesn't go to that issue at all, and that's my question, was in relation to additional support and resources that will be provided to emergency department staff to provide care to those patients once that care is transferred, and you can't provide me with an answer, so I'll move on.

To bring you back to those Tasmanians that you spoke about before, those older, sicker Tasmanians whom you seem to think that it's okay because of that they're ramped.

Mr BARNETT - I totally reject that allegation. That is wrong, that is false, and I ask you to withdraw.

Ms O'BYRNE - We can go back to the *Hansard*, Minister, you did say they were average age of 82, implying that that was to be expected.

Mr BARNETT - It wasn't implied, they were the facts that were presented, that was not implied. I was sharing facts and I reject your allegation.

Ms DOW - I withdraw that.

Mr BARNETT - Thank you.

Ms DOW - But it could have been interpreted that way. To take you back to those Tasmanians, and one of those who did die alone on the ramp at the Launceston General Hospital, there was an extensive coronial inquiry into what happened during that person's care

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at the LGH. One of the recommendations was for there to be 24-hour pathology provided at the Launceston General Hospital. During questioning with the Department of Health officials earlier in the week, it was made apparent that those changes haven't been made. I would like you to provide to the committee a reason why that can't happen and what explanation will be provided to that family who raised that issue.

Mr BARNETT - Yes, thank you very much for the question, and I'm aware of the concern which you raise. Obviously, some time ago I've met with the daughter of that constituent to which you refer, and the CEO of the LGH has had an ongoing discussion with that person and I pass on my sincere condolences for the loss of her mother. I was able to listen to that experience and ensure that we're able to follow up. There has been an ongoing liaison between the CEO of the LGH and that constituent. In terms of getting 24-hour access to pathology and radiology services, that remains very important, and my understanding is that there is access to that on a 24-hour basis. But again, that's very much an operational matter and I'm happy to follow up and assist the committee with the CEO who's here in the room. If you would like further advice, I'm happy to arrange that to occur.

CHAIR - Thank you. Just to be clear, when you spoke - and I've been contacted by Ms Jennings, which I think is the case that Ms Dow was talking about - you told her that funding was not an issue in relation to the provision of 24/7 radiology and pathology services at the LGH. Can you confirm that funding is available and committed to providing those services?

Mr BARNETT - What I can advise and confirm is what I've shared, is firstly my condolences with respect to Mr Peddler's daughter, Stella Jennings, who I met with and her husband. And to confirm that I did follow up and have worked this through with the CEO of the LGH and that there is 24-hour access to pathology and radiology services. I've checked again earlier this week and that is my understanding, and I can have that confirmed, but I understand that is correct.

My understanding is that is through an on call up to 15 minutes to gain access to that service. In terms of the discussions at the time, I think hopefully that will assist the committee accordingly.

CHAIR - Thank you. I think Ms O'Byrne has got her hand up, but I have a question just before that. Earlier in this week you said you would have known that the head of Ambulance Tasmania, Jordan Emery, gave evidence to the committee. He wrote a letter previously in January to this committee. Can you please tell me whether you or anyone in your office suggested to Mr Emery that he might write a letter to this committee to correct or reinterpret evidence that had been presented to the committee by a paramedic?

Mr BARNETT - No, I can confirm absolutely no involvement of my office or me in that matter.

CHAIR - You had no conversation with anyone else at the LGH, for example, secretary or assistant secretaries of the department at all?

Mr BARNETT - No.

CHAIR - Were you aware of that letter?

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Mr BARNETT - No.

CHAIR - Okay, and you don't believe anyone else in your office was involved in or aware of that?

Mr BARNETT - I'm not aware of that at all.

CHAIR - Okay, thank you. Ms O'Byrne? Then we have to wrap up, but you've got a question?

Ms O'BYRNE - I just wanted to know, Minister, if you can update the committee, you keep talking about the acute beds that are filled with people that fall into the realm of the Federal Government. How many sub-acute beds aren't staffed in regional hospitals at the moment, and how many could be made available to remove that whilst you negotiate with your federal counterparts - appropriate funding in those areas? For the 60-odd patients, how many of them could be moved to a sub-acute facility or a regional hospital, if the beds were open? Knowing that there are some 30 beds in Scottsdale, for instance, gathering dust.

Mr BARNETT - Yes, thank you for the question. Let me make it clear I take this matter very seriously, and the role of our rural and regional hospitals is a top priority for our government, and that's why we've increased our funding for our hospitals, for those that work in the hospitals, in terms of extra funding in the budget, including extra support for equipment for those rural and regional hospitals.

Ms O'BYRNE - And how many beds?

Mr BARNETT - This is something that is reviewed on an ongoing basis every day by the department, in terms of ensuring the best use possible and the highest use possible of our rural and regional facilities. It's very important that we take it seriously.

Ms O'BYRNE - Minister, that's for staffed beds, and certainly, those calls are made around [inaudible], but the beds that are physically not open because they're not staffed. For instance, the 30 beds in Scottsdale gathering dust, what work are you undertaking to make those available to move people into sub-acute opportunities to take that pressure off the acute beds and the cost of the acute beds?

Mr BARNETT - We've increased funding in our budget -

Ms O'BYRNE - That wasn't my question.

Mr BARNETT - for staffing in our rural and regional hospitals - say?

Ms O'BYRNE - Physically, how many beds currently aren't open?

Mr BARNETT - We can assist the committee, if you want to put something on notice, please feel free to do so. These are these are operational questions in terms of how we operate those facilities, but I've highlighted how important they are to this government.

CHAIR - Michelle, do you want to put that question on notice?

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Ms O'BYRNE - The number of physical beds in regional health facilities that are not open and not staffed at the moment, including the 30 in Scottsdale.

CHAIR - Okay.

Ms O'BYRNE - The only other thing, minister, do you have a budget submission for additional staff, additional resourcing for paramedics, ED and hospitals? Do you have a budget submission in?

Mr BARNETT - As you would know, Ms O'Byrne, from your past experience in a Labor-Green government, you know how the budget process works, and be assured that I am taking my role as Minister for Health very seriously, and I'm absolutely going to do everything I can to advance building better health services and delivering better health outcomes for Tasmanians. That's what I'd expect, and I know Tasmanians deserve it.

Ms O'BYRNE - We're expecting a budget increase then?

CHAIR - Thanks, Ms O'Byrne.

CHAIR - We're very much out of time now. I have one final question for you, minister, if that's okay. You've mentioned in the media a number of times when asked about the ramping situation, you've suggested that 40 per cent of emergency department presentations don't need to go to the emergency department and could be seen by a GP instead. We've had a number of people presenting to our inquiry that refute that statement very strongly; people with medical expertise, researchers and a person that I will read you a quote from, the acting director of the Royal Hobart Hospital Emergency Department. He said,

When we look at the data on patients who you would say have injuries, illnesses or medical requirements that could be handled solely by a specialist GP in the community, the numbers are extremely small. When I have looked at it, it is less than five patients per day out of 210. These types of patients are managed at national KPIs. They are seen within time. They are discharged within time. They are not the patients who contribute to access block. The people contributing to access block are the patients needing admission into hospital.

Minister, that was his quote.

Mr BARNETT - Who was that, sorry?

CHAIR - That was the current acting director of the Royal Hobart Hospital Emergency Department. Less than five patients out of 210 that could be handled solely by a specialist GP in the community you'd have to agree is tiny. Doesn't that evidence show that your claims about 40 per cent of patients being able to avoid the ED entirely misleading and it's not those people that are contributing to access block.

CHAIR - Thank you very much for the question. What I have said publicly and privately is that 4 out of 10, based on the information that's available to the Department of Health and is on the public record, are non-emergency. That's what I've made clear; it is 4 out

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of 10. That remains the case, and we can send you more information with respect to that figure. I've also highlighted on an ongoing basis the GP crisis, the bulk billing crisis that we have, and everybody knows that if you can't get to see your GP and or you don't go because of financial or cost of living reasons, it does have a flow on effect to your health.

These are the concerns that I have, that's why I've raised it with the Federal Minister, my state and territory colleague ministers are raising it with the Federal Government. It's an issue all around Australia. I would table for the committee the most recent percentage of GP patients in each state and territory who are always bulk billed by the Department of Health. I'll table that document, it shows that all states and territories have pretty much between 60 and 70 per cent, Tasmania 44.8 per cent, it does have a flow on effect to the health and welfare of all Tasmania.

CHAIR - Thank you. No one is denying that the situation with the lack of GPs in Tasmania and across Australia is anything but deeply concerning, and no one would pretend that there's no relationship between receiving timely preventive healthcare, primary care contributes to a person not going on to have more serious infections. Everyone on the committee would agree and that is evidence that we've received. Nonetheless, your statement still stands. I want to draw you to some evidence that your department doesn't seem to have or is possibly more concerningly purposely not taking a notice of.

This was the research provided by the *Medical Journal of Australia* in August 2023 last year. It looks specifically at the number of people who could avoid hospital by going to a GP instead. The claims that you've made about people going to hospital have been based on the number of patients in what's called triage categories 4 and 5, but that research that was done on the Australian Institute of Health and Welfare data show very clearly that 80 per cent of patients in those categories would not have been suitable for GP care.

It's clearly research that backs up Dr Scott's evidence to the inquiry. With the evidence before you and with this *Medical Journal of Australia* information and the evidence from the committee, do you agree that you should stop using that misleading figure without doing further investigation?

Mr BARNETT - The 4 out of 10 figure is a Department of Health figure.

CHAIR - It's incorrect, minister.

Mr BARNETT - It's not something that's -

CHAIR - It is incorrect data, it's misleading data, and Tasmanians deserve to understand the real evidence.

Mr BARNETT - I disagree with you, and the secretary of the Department of health disagrees with you. Secondly, I would say - with respect to your medical journal remarks and the proposition you're putting - it sounds like you're trying to defend the Federal Government. I am not, I'm trying to get solutions and outcomes and improve the healthcare of Tasmanians. We have worked with the Federal Government to get more urgent care clinics and we now have four in Tasmania; 11 000 people have been seeing our urgent care clinic rather than going through our emergency departments or going elsewhere. I think it is clear that they are and

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have made a difference, to what extent remains to be seen. We will measure that, we'll review that.

I think that's been seen as a positive and we are making a positive difference. We're working with the federal government to get solutions, urgent care clinics, single employer models with Stepping In, with St Mary's, Bridgewater, East Devonport, we are getting outcomes as and where required to improve the health outcomes of Tasmanians.

CHAIR - I don't think anyone disagrees with that.

Mr BARNETT - Well, thank you, because that would be a wonderful endorsement if you could publicly say that, rather than - from what your proposition - it sounds like you're defending the Federal Government.

CHAIR - Well, here I am recording the evidence of other people to this inquiry and the concern is that there's a difference between a lack of GPs in the community and people needing GP type care and the pressures on the ambulance ramp and the fact that people who need an inpatient bed are not getting it in a timely fashion. I want to draw your attention to the fact that people who work at the hard end in emergency departments, at the most stressful places; the clinical doctors and specialists, the nurses and the paramedics and the patients who are affected by adverse health outcomes - want you to understand that the issue that we're talking about here is not solved by having urgent care clinics and GPs. That is not the simple solution - or it should not be presented as the simple solution - and the simple problem in this situation. It does involve attention to the fact that as Dr Scott has said, it is not those triage categories who could go to GP that are causing bed blocking in the department. Can you agree with what Dr Scott has said to you, Minister?

Mr BARNETT - Can I concur with your remarks that it's not a simple solution. As I said earlier, it's no silver bullet, it's a multifaceted effort. There is no one solution. New CCs is not one solution. It's part of a multi-pronged approach that our government is taking to do what matters most for the people of Tasmania, working with the federal government where it needs to get the results. We're into results, we're into solutions, that's why I really welcome your inquiry, your report, and your recommendations - looking forward to that.

I never said it was simple. We want solutions, and we will keep fighting to ensure solutions.

CHAIR - You do agree with Dr Scott's statement that the people contributing to access block are the patients who need admission into hospitals, not who need GP care?

Mr BARNETT - Look -

CHAIR - That's the point that is being made repeatedly.

Mr BARNETT - I know, but you were disputing the 4 out of 10 figure and saying it was misleading. It is not misleading, it is accurate.

CHAIR - It is, actually.

Mr BARNETT - We stand by it.

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CHAIR - I'm an epidemiologist, and that is research, and obviously, the department needs to be updated by that research. But that's a separate matter. The matter that I'm drawing your attention to is will you please let the committee know whether you agree or don't agree with the statement by Dr Scott that the people contributing to access block in our hospitals are the patients who need admission into hospital? By definition, they are not people who need GP care alone.

Mr BARNETT - I think the point that I was trying to make is that what's stopping those people getting into the hospital beds is the bed block. And we've got some 60 to 70 of them right here, right today. And that's because of the lack of opportunity for aged care beds, disability beds. Right here, today, there's the Mersey, it's nearly two thirds, three quarters of the Mersey Hospital is blocked from getting to the care that they need in the community because of the Federal Government's inability to provide that support.

CHAIR - It seems like it's everyone else's problem except your problem, Minister.

Mr BARNETT - That's the opposite. I'm taking it on board and intervening as and where required to get better health outcomes. I've said that before with East Devonport, Bridgewater, St Marys, we'll do what's necessary to get good health outcomes, improved health outcomes. You will see from these reforms that I've been announcing in recent days and weeks that we're not waiting, we're getting on with the job and we're delivering, and we'll continue to do so. I want to see improved health outcomes and I hope that we can work together across the political divide to deliver solutions.

CHAIR - I don't think it's such a political divide on this issue, actually. Thank you, Minister. I am aware, Ms Dow and Ms O'Byrne, if it's a very urgent question, we are quite overtime.

Ms DOW - Yes, I just have one last question, Chair, that the minister should be able to answer pretty quickly. Minister, one of the other things that you're not delivering is a co-located private hospital in Launceston. When were you first made aware that this very important project wouldn't be proceeding?

Mr BARNETT - Firstly, thank you very much for the question. I know it's not relevant to the terms of reference but I'm more than happy to answer that.

Ms DOW - Point of order, Chair, it is, actually. What we've been speaking a lot about is the need for more bed capacity across the state.

CHAIR - That's true, Ms Dow.

Ms DOW - It's been brought up in private and public data, so it is relevant.

Mr BARNETT - I'm more than happy to answer the question. There's a two-part answer to that, is that we've made a commitment to a co-located hospital in Launceston. We are disappointed with the Calvary decision. Those discussions with the Department of Health and the government have been ongoing for some time and we're focused now on the future. We're very committed and we'll work shoulder to shoulder with the private sector, the key stakeholders, and the department to deliver a co-located hospital for Launceston.

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Ms DOW - When did you know, Minister?

Mr BARNETT - As I say, those discussions with the department and Calvary have been ongoing for quite some time. We are very focused on getting solutions. I'm committed to a co-located hospital for Launceston, and I'm committed to delivering that, working with other cabinet members, with the Premier and others across the government to ensure that we can deliver better health outcomes for northern Tasmania.

Ms O'BYRNE - You won't the answer to the question?

Ms DOW - I'm sure we can wait till the Ministry can answer that.

Ms O'BYRNE - It's pretty important.

Mr BARNETT - I think I've answered the question, through you, Chair, but the discussions have been going on for some time with

Ms O'BYRNE - When was the minister [inaudible].

Mr BARNETT - Calvary has made an announcement last Saturday, last weekend, with myself, and we've expressed disappointment in the Calvary decision. That's a commercial decision. They talked about the building escalation costs and the like, and they have made that decision. We are disappointed in that, notwithstanding we remain committed to the co-located hospital. I'm interested in solutions rather than petty politics and a partisan politics.

Ms DOW - It's about transparency, Minister.

CHAIR - I think the minister is not going to tell the committee when he found out, is that right?

Mr BARNETT - This will be the fourth time you've asked that question. As I've said, the discussions have been ongoing with Calvary and the Department of Health, they've been ongoing for in fact many years. But in more recent times, the announcement was made on Saturday - Calvary outlined that in a public statement - I think they've responded to questions since then. We're disappointed with that outcome. And notwithstanding that, we remained resolute in our commitment to a co-located hospital for Launceston.

CHAIR - Okay, thank you, Minister.

Mr BARNETT - Thank you.

CHAIR - On behalf of the committee, I want to thank you for attending today, and your staff, for being here. Ms Morgan-Wicks. That's all, thank you.

Mr BARNETT - Thanks very much chair, and thanks committee members.

The witnesses withdrew.

The committee adjourned at 4.17 p.m.