



## Commissioner for Better Regulation

Level 37  
2 Lonsdale Street  
Melbourne Victoria 3000  
GPO Box 4379  
Melbourne Victoria 3001  
Telephone: 03 9092 5800

16 February 2016

Ms Frances Diver  
Deputy Secretary, Health Service Performance and Programs  
Department of Health and Human Services  
Level 19, 50 Lonsdale St  
MELBOURNE 3000

Dear Ms Diver, *Frances,*

### **Non-Emergency Patient Transport Regulations 2016**

I would like to thank your colleagues at the Department of Health and Human Services for working with my team on the preparation of the Regulatory Impact Statement (RIS) for the proposed Non-Emergency Patient Transport (NEPT) Regulations 2016.

As you know, under section 10 of the *Subordinate Legislation Act 1994*, the Commissioner for Better Regulation is required to provide independent advice on the adequacy of analysis presented in all RIS prepared in Victoria. In doing so, it is important to emphasise that the Commissioner's role is not to provide a view on the merits of any policy or regulatory proposal contained in a RIS, but to advise specifically only on the adequacy or otherwise of the RIS overall. To be adequate, the RIS must contain analysis that is logical, draws on relevant evidence, is transparent about assumptions used, and is proportionate to the proposal's expected effects. The RIS must also provide a suitable basis for public consultation which is an important step in the policy development process.

I am pleased to advise that the final version of the RIS received by us on 16 February 2016 meets the adequacy requirements of the Act.

In providing this advice, we note that NEPT plays a key role in providing patient transport — from home to hospitals/health facilities, between hospitals/health facilities, and to home from hospitals/health facilities — for patients who require some clinical monitoring during transport, but who do not require time-critical emergency transport. NEPT-specific regulations set requirements for patient safety and care during transport (reflecting the acuity level of the patient) and cover matters such as staffing of vehicles and requirements for quality assurance (QA) plans. QA plans are already used by NEPT providers, and have been used by the Secretary to inform decisions made under the Regulations (such as whether or not a licence is granted). They document business processes and procedures — to address safety and quality risks, and identify how risks will be managed — and can be used to drive service improvements over time.

The Department proposes changes to the NEPT Regulations that aim to address perceived shortcomings in the current Regulations, while maintaining or improving key patient safety and care outcomes. These relate to three key areas:

- *patient acuity assessment*: expanding the types of medical personnel who can allocate NEPT for medium and high acuity patients;

- *vehicle staffing*: providing more flexibility to NEPT providers in terms of vehicle staffing requirements, and requiring providers to demonstrate to the Department how patient safety will be assured; and
- *changes to QA plan requirements*:
  - specification of minimum elements (such as active clinical monitoring of patients, and staff training and competencies) to be included in QA plans;
  - reducing the time (from 18 months to three) within which new applicants must have a QA plan in place; and
  - requiring a 'gap analysis' of the draft QA plan for new applicants to enable the Department to assess whether all QA requirements are likely to be met within three months of initial licensing.

The Department expects that these changes will improve outcomes in both the non-emergency and emergency patient transport sectors, and has presented estimates of some of the potential costs and benefits of the proposals. The extent to which these costs and benefits will be realised in practice will depend on a range of factors (such as availability of NEPT in remote or rural areas). The Department has been transparent about the assumptions made, and the data used, to estimate the expected impacts of the proposed regulations on patients, NEPT providers and Ambulance Victoria.

The RIS also proposes adjustments to the licence fees currently charged to NEPT providers, including a simplified charging structure. The proposed fee changes are consistent with government policy for full cost recovery as outlined in the Department of Treasury and Finance's *Cost Recovery Guidelines (2013)*.

As a basis for consultation, the specific questions the Department has included in the RIS are useful, seeking stakeholders' feedback on the proposed Regulations, the judgements and assumptions underlying their design, and their potential cost and benefits.

As you are aware, it is government policy that this letter be published with the RIS when it is released for public consultation.

Should you wish to discuss any issue raised in this letter, or the implications of new information or policy options identified through the public consultation process for your proposal, please do not hesitate to contact me on (03) 9092 5805.

Yours sincerely



Anna Cronin

**Commissioner for Better Regulation**