

SCHEDULE 1 - The Health Services and their Authorised Officers

Metropolitan Health Service	Sites	Authorised Officer
Southern Health	Monash Medical Centre – Clayton	
	Monash Medical Centre – Moorabbin	
	Dandenong Hospital	
	Kingston Centre	
	Hampton Hospital	
	Berwick Hospital (from 2004)	
Bayside Health	The Alfred Hospital	
	Caulfield General Medical Centre	
	Sandringham Hospital	
Royal Vic Eye & Ear Hospital	East Melbourne	
	RVEEH at Broadmeadows Health Service	
	RVEEH at Maroondah Hospital	
Peter MacCallum Cancer Institute	East Melbourne campus	
	Box Hill campus	
	Moorabbin campus	

Western Health	Western Hospital	
	Sunshine Hospital	
	Williamstown Hospital	
	Reg Geary Nursing Home	
	Hazeldean Nursing Home	
	Drug & Alcohol Services	
Dental Health Services Victoria	Royal Dental Hospital of Melbourne	
Sisters of Charity Health Service	St. Vincent's Hospital Melbourne	
	St Georges Health Service	
	Caritas Christi Hospice Fitzroy Kew	
	Prague House	
Northern Health	The Northern Hospital	
	Broadmeadows Health Service	
	Bundoora Extended Care Centre	
Melbourne Health	The Royal Melbourne Hospital	
	Melbourne Extended Care and Rehabilitation Services at Cyril Jewel House (East Keilor),	

	Boyne Russell House (Brunswick) Parkville Hostel on MECCRS site	
	Melbourne Mental Health	
	Melbourne Health Dialysis Centers at RMH Sunshine Broadmeadows	
Austin & Repatriation Medical Centre	Austin Campus	
	Repatriation Campus	
	Royal Talbot Campus	
	Satellite Dialysis Services	
	Community Psychiatry Centres	
Women's and Children's Health	Royal Women's Hospital	
	Royal Children's Hospital	
	Adolescent Forensic Health Service	
	Travancore Mental Health Service	
	Young Peoples Health Service	
Peninsula Health	Frankston Hospital	

Provision of Temporary Nursing Services

	Rosebud Hospital	
	Mt Eliza Geriatric Hospital	
Barwon Health	Geelong Hospital	
	Grace MacKellar Centre	
Eastern Health	Box Hill Hospital	
	Maroondah Hospital	
	Peter James Centre	
	Yarra Ranges Health Service	
	Angliss Health Service	

SCHEDULE 2 - Nursing the Services

- 1 The Contractor is to provide the services of experienced and registered (where necessary) nurses to work on a temporary basis at the sties of the Health Services listed in Schedule 1.
- 2 In providing the Nurses Services, the Contractor shall ensure timely and efficient supply of temporary nursing services to meet operational, business and management needs of the Health Services.
- 3 If requested by a Health Service, the Contractor shall provide suitably qualified and experienced staff in the following areas, specialities and categories, if such staff are available to the Contractor:

Aged Care	Neonatal Intensive Care
Ambulatory services	Nephrology
Cardio-thoracics	Neurology/Neurosurgical
Chemotherapy	Oncology
Coronary Care	Oncology wards surgical and medical
Day Surgery	Operating Theatres
Diagnostic Imaging	Operating Theatres
Emergency	Orthopaedics
Endoscopy	Outpatients
General Medical Units	Paediatrics
General Surgical Units	Palliative Care
Gynaecology	Psychiatry
Hospital in the Home	Radiotherapy

Infectious Diseases	Rehabilitation
Intensive Care	Residential Care
Midwifery	

Clinical Speciality
Acute Medical or Surgical Nursing
Anesthetics
Aphaeresis
Cardiac Catheterisation Laboratory
Cardiothoracic Nursing
Chemotherapy
Coronary Care
Day Procedures
Diagnostic Imaging
Dialysis
Drug & Alcohol Treatment
Emergency Nursing
Endoscopy
Hematology
Intensive Care
Midwifery
Neonatal Intensive Care
Nephrology
Neurosciences
Neurosurgical Nursing
Oncology
Operating Room Nursing
Paediatric Nursing
Psychiatric Nursing
Recovery Nursing
Transplant Nursing

Division	Grade or Level	Year	Award Classification
RN Div 1	1		ZW1
	2	1	ZW2

Provision of Temporary Nursing Services

	2	2	ZW3
	2	3	ZW4
	2	4	ZW5
	2	5	ZW6
	2	6	ZW7
	2	7	ZW10
	2	8	ZW11
	Clinical Nurse Specialist		ZW8
	3A	1	ZW9
	3A	2	ZX1
	3B	1	ZX2
	4A	1	ZX5
	4A	2	ZX6
	4B	1	ZX7
RN Div 2	1		IB21
	2		IB22
	3		IB23
	4		IB24
	5		IB25
	6		IB26

	7		IB27
RPN Div 3	1		NP11
	2	1	NP21
	2	2	NP22
	2	3	NP23
	2	4	NP24
	2	5	NP25
	2	6	NP26
	2	7	NP27
	2	8	NP28
	Psych Clin Specialist		PC11
	3A	1	NP31
	3A	2	NP32
	3A	3	NP33
	3A	4	NP34

Shift Lengths

- 4 The Health Services require temporary nursing staff services to be provided for a variety of shift lengths ranging between four and twelve hours duration. The shift length required at any particular time will depend on the clinical situation, and will be negotiated at the time of booking. No shift will be less than 4 hours, and the duration of all shifts will be in multiples of 15 minutes.

SCHEDULE 3 - Contract Payments

[to be inserted]

SCHEDULE 4 - Key Performance Indicators

[to be inserted]

SCHEDULE 5 - Exclusive Providers

Attachment A1**List of Health Services and their Sites involved in this Tender**

Each Melbourne metropolitan public health service has agreed*/been directed by HPV* to abide by the outcome of this tender process. Those health services and their campuses are:

Metropolitan Health Service	Sites
Southern Health	Monash Medical Centre – Clayton
	Monash Medical Centre – Moorabbin
	Dandenong Hospital
	Kingston Centre
	Hampton Hospital
	Berwick Hospital (from 2004)
Bayside Health	The Alfred Hospital
	Caulfield General Medical Centre
	Sandringham Hospital
Royal Vic Eye & Ear Hospital	East Melbourne
	RVEEH at Broadmeadows Health Service
	RVEEH at Maroondah Hospital
Peter MacCallum Cancer Institute	East Melbourne campus
	Box Hill campus
	Moorabbin campus

Western Health	Western Hospital
	Sunshine Hospital
	Williamstown Hospital
	Reg Geary Nursing Home
	Hazeldean Nursing Home
	Drug & Alcohol Services
Dental Health Services Victoria	Royal Dental Hospital of Melbourne
Sisters of Charity Health Service	St. Vincent's Hospital Melbourne
	St Georges Health Service
	Caritas Christi Hospice Fitzroy Kew
	Prague House
Northern Health	The Northern Hospital
	Broadmeadows Health Service
	Bundoora Extended Care Centre
Melbourne Health	The Royal Melbourne Hospital
	Melbourne Extended Care and Rehabilitation Services at Cyril Jewel House (East Keilor), Boyne Russell House (Brunswick) Parkville Hostel on MECCRS site

	Melbourne Mental Health
	Melbourne Health Dialysis Centers at RMH Sunshine Broadmeadows
Austin & Repatriation Medical Centre	Austin Campus
	Repatriation Campus
	Royal Talbot Campus
	Satellite Dialysis Services
	Community Psychiatry Centres
Women's and Children's Health	Royal Women's Hospital
	Royal Children's Hospital
	Adolescent Forensic Health Service
	Travancore Mental Health Service
	Young Peoples Health Service
Peninsula Health	Frankston Hospital
	Rosebud Hospital
	Mt Eliza Geriatric Hospital
Barwon Health	Geelong Hospital
	Grace MacKellar Centre
Eastern Health	Box Hill Hospital
	Maroondah Hospital
	Peter James Centre

	Yarra Ranges Health Service
	Angliss Health Service

Attachment A2**List of Clinical Specialities for which Temporary Nursing Services may be required, by Site.**

Clinical Speciality
Acute Medical or Surgical Nursing
Anesthetics
Aphaeresis
Cardiac Catheterisation Laboratory
Cardiothoracic Nursing
Chemotherapy
Coronary Care
Day Procedures
Diagnostic Imaging
Dialysis
Drug & Alcohol Treatment
Emergency Nursing
Endoscopy
Hematology
Intensive Care
Midwifery
Neonatal Intensive Care
Nephrology
Neurosciences
Neurosurgical Nursing
Oncology
Operating Room Nursing
Paediatric Nursing
Psychiatric Nursing
Recovery Nursing
Transplant Nursing

Attachment A3**Temporary Nursing Services – Staff Categories Required**

Division	Grade or Level	Year	Award Classification
RN Div 1	1		ZW1
	2	1	ZW2
	2	2	ZW3
	2	3	ZW4
	2	4	ZW5
	2	5	ZW6
	2	6	ZW7
	2	7	ZW10
	2	8	ZW11
	Clinical Nurse Specialist		ZW8
	3A	1	ZW9
	3A	2	ZX1
	3B	1	ZX2
	4A	1	ZX5
	4A	2	ZX6
	4B	1	ZX7
RN Div 2	1		IB21

	2		IB22
	3		IB23
	4		IB24
	5		IB25
	6		IB26
	7		IB27
RPN Div 3	1		NP11
	2	1	NP21
	2	2	NP22
	2	3	NP23
	2	4	NP24
	2	5	NP25
	2	6	NP26
	2	7	NP27
	2	8	NP28
	Psych Clin Specialist		PC11
	3A	1	NP31
	3A	2	NP32
	3A	3	NP33
	3A	4	NP34

Attachment A4**Usage of Temporary Nursing Staff by Health Services for Month of XXX/200x**

[latest figures to be inserted prior to release of RFT]

	Shifts per Month			
Health Services/Site	RN (Div 1)	RN (Div2)	RN (Div 3)	PSA

Attachment B

Outline of proposed conduct, trade practices issues and public benefits

Background

The health services named in **Attachment C** are located in Melbourne and Geelong, Victoria. Each is a government funded public hospital which provides a range of hospital, medical and surgical services. Some of the health services also provide teaching, psychiatric, aged care, rehabilitation and day procedure services.

There is a legal requirement that health services must abide by specific nursing staff - patient ratios. Therefore, if health services are unable to provide sufficient nursing staff at any one time to meet the required ratio, the health service is required to close hospital beds and therefore it's ability to supply public health services is reduced.

If a health service does not have an available bed in its emergency ward due to insufficient nursing staff, ambulances must bypass that health service in search of another health service that has an available bed. If a health service reaches its allocated a number of ambulance bypasses in a month, its government funding is reduced.

Health services in Victoria currently source most of their nursing staff needs themselves, either from full-time or part-time employees or from their internal nursing banks ('employee nurses'). However, there is currently a shortage of qualified nursing staff in Australia that are willing/available to be employed directly by hospitals (both public and private) and health services must, in general, top up approximately 5% of their nursing staff requirements from other sources. However, the reliance on agency nurses is disproportionate between different service types. For example, emergency wards are sometimes staffed by up to 50% of agency nurses.

Employee nurses that are interested in working overtime, tend to register with nursing agencies rather than making themselves available to the health service's nurse bank as they can obtain significantly higher wages for the same shifts. Due to the higher income available, some nurses also opt to reduce the total number of shifts they are prepared to work resulting in an overall reduction in labour available.

As such, Victorian public (and private) health services are currently heavily reliant on private nursing employment agencies in order to fill the rest of their nursing staff needs with temporary (short term or long term) nursing staff ('agency nurses'). This reliance has resulted in the growth of the nursing employment agency market. This market is characterised by a number of large nursing employment agencies regularly increasing the rate charged to health services for the provision of agency nurses.

The price increases which have been imposed on health services have, in part, been passed onto the nurses themselves. This, in part, has resulted in employee nurses reducing their shifts with a health service and increasing their availability as an 'agency nurse' with the private agencies, therefore, decreasing the health service's ability to meet its demand for nurses from their own employee staff and nurse banks. The reduction in 'employment shifts' (together with the requirement of higher nurse ratios) has resulted in increased reliance by health services on nurse agencies for nursing staff.

This ever increasing reliance by health services on nurse agencies has led to significant staffing cost increases for health services. Further, government has not increased its funding of health services to accommodate the increases in staffing costs. Therefore, any additional costs incurred by a health service in the acquisition of nursing staff at rates in excess of the relevant Industrial Award ('Award') or Enterprise Bargaining Agreement ('EBA') rates must be funded from other areas within the health service, potentially resulting in bed closures. Whilst health services have managed to fund the increased costs to date, this cannot continue in the long term.

Proposed conduct

In order to reduce the escalation of agency nurse staff costs, the risk of bed closures due to the lack of nursing staff availability and the resulting reduction in government funding, the health services propose to enter into an exclusive tender arrangement with nursing agencies for the acquisition of agency nurses. The various agreements which will be involved in the proposed tender arrangement are outlined below.

It is proposed that Health Purchasing Victoria ('HPV') will call and award the tender on behalf of the health services listed at **Attachment C**, pursuant to section 132(2)(b) of the *Health Services Act 1998*. The prospective tenderers will be requested to provide agency nurses to the health services at the rates contained in the Award/EBA. Tenderers will be given preference if they agree to pay the agency nurses the relevant Award/EBA rate.

Tenderers will be requested to tender for:

- 1 The rates which they will pay to the agency nurses if over the Award/EBA rate, according to days/times worked, classifications/grades, clinical specialities and clinical areas;
- 2 its commission fee for the provision of such agency nurses. The commission fee will be a flat fee which will include administrative costs, overheads, payments for statutory requirements such as Workcover, superannuation, etc, and profit. Preference may be given to tenderers who state this fee as a flat charge per shift worked. However, tenders stating fees as a percentage of the total or some defined part of the payment made to staff may be considered. Fees in the format of a flat fee for some stated components plus a percentage charge for other components will also be considered; and
- 3 any discount for volume or early payment, which is offered.

The successful tenderer(s) will be appointed based on various criteria, including amongst other things, the rates which will be paid to the agency nurses and the commission fee offered. See **Attachment A** for the draft Request for Tender.

HPV will then enter into agreements, on behalf of the health services, with each of the successful tenderers for the provision of agency nurses at the tendered amount. A copy of the proposed Services Agreement is attached to the proposed Request for Tender at **Attachment A**.

However, it is intended that the tender will be exclusive, such that the health services will only acquire agency services from the successful tenderers. In order to facilitate the exclusive nature of the tender, it is proposed that either the:

- HPV give a written direction under section 132(2)(c) of the *Health Services Act* 1988, requiring each health service (other than the Sisters of Charity Health Service) to acquire all their agency nursing staff requirements exclusively from the successful tenderer(s) and that HPV is appointed as their agent to contract on their behalf with the successful tenderer(s). Further, the Sisters of Charity Health Service will enter an agreement with the HPV to exclusively acquire such staff from the successful tenderer(s) and to appoint the HPV as its agent to contract on its behalf with the successful tenderer(s) ('Option 1'); or
- Each of the health services will enter into an agreement with the HPV, to appoint the HPV as its agent to contract on its behalf with the successful tenderer(s) and to agree to acquire all their agency nursing staff requirements exclusively from the successful tenderer(s) from the successful tenderer(s) and ('Option 2').

At this time of submitting this application, it has not been decided by the HPV whether to issue a direction under section 132(2)(c) of the *Health Services Act* 1988, and as such we seek authorisation regardless of which option is chosen. Further, a draft agency agreement has also not been prepared and can be provided if required. However, the agency agreement will be in standard form.

Trade Practices Issues

The proposed tender arrangement potentially raises the following restrictive trade practices issues under Part IV of the *Trade Practices Act* 1974 ('TPA'):

- exclusionary provisions under section 45(2)(a)(i) of the TPA;
- anti-competitive agreements under section 45(2)(a)(ii) of the TPA; and
- price fixing under 45(2)(ii) of the TPA (via section 45A).

First, the proposed tender arrangement may fall within the scope of the prohibition against exclusionary provisions under section 45(2)(a)(i) of the TPA. on the basis that it will provide for the exclusive acquisition of nursing staff from the successful tenderer(s). Therefore, the agreement may have the effect of preventing the health services from acquiring agency nursing staff from competitors of the successful tenderer(s).

However, the purpose of the tender is to encourage the prospective tenderers to offer their lowest agency nurse wage rates and commission fee in exchange for an exclusive supply arrangement, in an attempt to reduce the overall nurse staffing costs for the participating health services and to reduce the administrative costs of negotiating the provision of agency nursing staff. The proposed tender agreement is in furtherance of one of the functions of the HPV is to facilitate the supply of goods and services to health services and other health or related services on best value terms (section 131(a) of the *Health Services Act* 1988).

Second, the exclusive tenders may have the effect of substantially lessening competition in a market in Australia under section 45(2)(a)(ii) of the TPA on the basis that suppliers of agency nurses, other than the successful tenderers will be unable to supply to the health services.

Third, the proposed tender arrangement may be considered to fall within the prohibition against price fixing on the basis that it has the effect of fixing, maintaining or controlling the agency

wage rate and the commission fee payable to the successful tenderers for the provision of such agency nurses.

Presuming that the proposed tender agreement satisfies the elements of price fixing, we submit that it falls within the 'collective acquisition' exception contained in section 45A(4) of the TPA on the basis that it provides for the collective acquisition of agency nurses by the health services from the successful tenderers.

Public Benefits Test

The public benefits of the proposed tender arrangement are outlined below.

Decrease in staffing cost

The purpose behind the tender is to reduce the overall nurse staffing costs of the health services. Public facilities in Victorian health services are wholly funded by the government. The amount of funding granted by the government is fixed and based on the services provided by each health service. This funding does not change to accommodate any increases in staff costs other than increases in Award/EBA rates. Currently health services can pay the nursing agency provider between 1.5 to 3 times above the Award/EBA rate for an agency nurse.

For example, the base Award rate for an employee nurse registered Division 1 is \$24.69 per hour for an afternoon shift between Monday and Friday. Health services can pay up to \$88.39 for an agency nurse for the same shift. In addition, the penalty Award rate for an employee nurse working a night shift between Monday and Friday is \$38.00 (for a non-permanent night shift worker) and \$48.00 (for a permanent night shift worker). The penalty rate payable by health service to a nurse agency for an agency nurse working the same shift can be \$120.

By way of further example, it costs Southern Health \$1,265.55 for an employee nurse registered Division 1 (Grade 2, Year 5 with certificate allowance) working 5 shifts across an average rotating roster cycle. The same nurse working the same shifts provided through a nurse agency would cost Southern Health \$4,429.46.. All additional costs associated with staffing must be paid for by the health service out of its funding for other services. This results in the reallocation of budgeted government funds by health services.

It is hoped that the proposed tender arrangements will encourage the nursing agencies to offer to pay agency nurses the applicable Award/EBA rate (or at least it will place downward pressure on the wages payable) and will encourage the providers to offer a more competitive commission fee, thereby resulting in the public benefit of a significant potential reduction in the overall staff costs in the public health system.

Employment equality and workplace harmonisation

Most employee nurses are paid the relevant Award/EBA rate, while agency nurses can receive between 1.5 to 3 times the Award/EBA rate. This often results in industrial unrest between nurses and disharmony in the workplace. Ensuring that employment nurses and agency nurses are paid the same rate will result in the public benefit of bringing more equality and harmony among the nurses.

Price certainty

One of the public benefits of the proposed tender is that the health services will have price certainty. The cost of agency nurses has risen significantly over the past 12 months with large suppliers notifying health services of price increases up to every 6 weeks. The proposed tender arrangements will set the price that the health services will pay for the wage and commission

components for the next 3 years, with the health services having the option to extend the awarded contracts for up to a further 2 years. Therefore, the health services will be able to forecast and budget for such costs.

Reducing bargaining imbalance and promoting equitable dealings

Currently health services have little or no bargaining power for the acquisition of agency nurses. Nursing agencies dictate the price the health services pay for the agency nurse's wage and the provider's commission fee. Over the past 12 months the health services have incurred a 44% increase in the cost of acquiring agency nurses while the demand for such agency nurses has only increased 4%. It is hoped that the proposed tendering arrangements will introduce competition amongst providers to ensure that they are selected as one of the exclusive providers on the panel.

Presumably, there will be some current suppliers which will not be selected to be on the panel. We submit that any anti-competitive detriments which may arise out of the tender process will be minimised on the basis that the suppliers may compete for the price and level of service they will supply the health services. The prospective tenderers will be requested to tender for the supply of agency nurses based on the award wage for the nursing staff plus the commission payable to the tenderer.

Increase in nursing staff availability

The sufficient availability of appropriately qualified nursing staff is essential for the provision of quality public health care. In the current environment, many health services are unable to meet their nurse staffing needs because there are insufficient numbers of qualified nurses available in Australia. This has been compounded by the fact that employee nurses have been reducing their employment shifts with the health services and increasing shifts as an agency nurse because the rates of pay for an agency nurse are significantly higher. Further, the more agency shifts a nurse works, the more likely the nurse is to reduce the total number of hours they will be available to work due to the extra income they received during the agency shifts. Ultimately this may result in agency nurses working fewer shifts.

While the number of nurses available to work in health services is finite, it is hoped that the changes in remuneration structures for agency nurses, will encourage nurses to increase their availability by working more shifts. Having agency nurses work more hours will help ease the pressure on over worked employee nurses or under staffed wards, thereby facilitating the provision of better quality health services to the public. Quality of care will be further enhanced by an increase in employment shifts because this will reduce the high turn over of nurses working in a particular ward, thereby ensuring the nurses are more familiar with the processes of the particular health service, the requirements of the particular ward and the needs of the patients.

The increase in nursing hours will also assist health services to meet their nursing staff ratios, thereby ensuring public hospital beds remain open. The closure of hospital beds is a significant factor contributing to the already long waiting lists for public health services. Further, increasing bed availability will reduce the incidence of ambulance bypass. This, in turn, will ensure that the health services will receive the full Government funding to which they are entitled.

Fostering business efficiency

We submit that allowing the health services to participate in a tender (via the HPV) would result in a public benefit of increased efficiency in administration costs. The market for the provision

of agency nurses is currently characterised by regular price increases. A tender would set the price that the health services will pay for the wage of agency nurses and the commission fee payable to the provider, thereby significantly reduce the administration costs currently incurred by the health funds.

Further, it is more efficient for the HPV, as part of its function, to call and award the tender on behalf of the health funds as it is not economically feasible to each health service to do it itself and it would not encourage prospective tenderers to offer competitive wages and their best commission price.

Conclusion

Based on the reasoning outlined above we submit that the public benefits arising from the proposed tender arrangements outweigh any anti-competitive detriments that may flow from the arrangements, and as such, request that the ACCC grant this authorisation request.

Further, we request that the ACCC grant interim authorisation for the proposed tender arrangements until its Final Determination is made on the basis that the current nurse staffing situation has created a staffing funding crisis for the health services and the situation needs to be addressed as a matter of urgency.

It is possible to expedite the matter in anticipation of the Final Determination without adversely impacting the market should the ACCC ultimately refuse to grant authorisation. Therefore, we request interim authorisation to proceed with a conditional tender process, namely, call for expressions of interest in the tender, receive responses from suppliers, release a Request for Tender and evaluate the bids. We propose to make the Request for Tender subject to ACCC authorisation and no contracts or bidding arrangements shall be entered into until the ACCC's Final Determination.

We consider that there would be no significant change in the market during the conditional tender process as no appointment of the panel would be made and there will be no detriment to the suppliers other than the cost in preparing the tender responses. Therefore, should the ACCC deny authorisation the market would easily revert back to the previous position prior to the conditional tender process.

Attachment C

Details of parties to the proposed arrangements and on whose behalf this application is made

	Name of Health Service	Address of Health Service
4	Melbourne Health	Level 10, Connibere Building Royal Melbourne Hospital Flemington Road Parkville, Vic 3052
5	Western Health	C/- Western Hospital Gordon Street Footscray, Vic 3011
6	Northern Health	201 Bell Street Preston, Vic 3072
7	Austin & Repatriation Medical Centre	Studley Road Heidelberg, Vic 3084
8	Royal Victorian Eye & Ear Hospital	32 Gisborne Street East Melbourne, Vic 3002
9	Peter MacCallum Cancer Institute	St Andrews Place East Melbourne, Vic 3002
10	Bayside Health	C/- The Alfred Commercial Road Prahran, Vic 3181
11	Eastern Health	C/- Box Hill Hospital Nelson Road Box Hill, Vic 3128
12	Southern Health	Monash Medical Centre Clayton Road Clayton, Vic 3168
13	Peninsula Health	PO Box 52 Frankston, Vic 3199
14	Dental Health	407 Royal Parade Parkville, Vic 3052
15	Women's & Children's Health	Level 1, 132 Grattan Street Carlton, Vic 3053

16	Sisters of Charity Health Service	104 Studley Road Kew, Vic 3101
17	Barwon Health	272-322 Ryrie Street Geelong, Vic 3220