The Country Ambulance Strategy

Driving Equity for Country WA – Public Consultation

September 2018
The country ambulance strategy was conducted over an 11 month period, commencing February 2017. This document was endorsed by the WA Country Health Service Board on 23 February 2018.

“Every person in Western Australia has an expectation that when they call an ambulance in an emergency it will come quickly and get the person to a hospital as soon as possible.”

Independent St John Ambulance Inquiry - Report to the Minister for Health (the ‘Joyce Report’) 2009

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Message from the Chair

A country ambulance service is an essential component of the health system in Western Australia. In 2016, the WA Country Health Service (WACHS) Board endorsed the development of a strategy to enable WA's country ambulance service to meet the needs of regional communities into the future. WACHS is accountable for the provision of quality, accessible health services to more than half a million people across large regional centres to those in small remote communities. The WACHS catchment spans 2.5 million square kilometres, the largest geographical area of any Australian health service provider.

St John Ambulance Western Australia (SJ A) provides the Primary Response capability from 160 locations operating in country WA. In addition, SJ A provides the majority of transportation of patients between WACHS healthcare facilities, to and from retrievals conducted by the Royal Flying Doctor Service (RFDS) and to metropolitan hospitals when required.

Our volunteers and country paramedics do an amazing job with the resources and support available to them across the vast geography of the state. Volunteers provide more than 2.8 million hours annually operating country ambulance services, representing a significant contribution to healthcare in WA. It is due to this dedication and commitment that Western Australians living in or visiting the country have access to an ambulance service close to home.

Delivering road ambulance services in country WA is a complex undertaking that involves interaction between various health care and transport providers, particularly for Inter Hospital Patient Transport (IHPT) service delivery. In delivering this strategy, the tremendous dedication and efforts of the SJ A’s paid and volunteer ambulance officers in providing care in extremely challenging locations and clinically difficult situations was made clear by all stakeholders. This strategy is intended to set the foundation to further support and build the service in the future.

It is time to make the appropriate investment into country ambulance services to support our volunteers so they can continue to provide this vital service. The volunteer model is a strong one, it brings communities together. The WACHS Country Ambulance Strategy (the Strategy) aims to strengthen and support the volunteer model through strategic initiatives that realign the ambulance service country people receive. The Strategy outlines the necessary foundations for volunteers and paramedic staff in country WA to continue to provide one of the best ambulance services in the world.

Professor Neale Fong
Board Chair
WA Country Health Service
Overview

Western Australia (WA) has the greatest reliance on volunteer ambulance officers of any Australian State and is the only State where the service is not State-operated. The situation in WA is complicated by the vast geography and widely dispersed population outside of the Perth metropolitan area.

In the Perth metropolitan area, the ambulance service is delivered by paid, qualified paramedics who adhere to strict key performance indicators (KPIs), ensuring provision of a guaranteed, funded and resourced service.

In contrast people living or visiting the country rely on the dedication and commitment of a large number of volunteer ambulance officers and a number of blended Sub Centres with paid community paramedics who run the emergency ambulance service and transport patients between health facilities.

Volunteers provide more than 2.8 million hours annually operating country ambulance services, representing a significant contribution to the quality of healthcare in WA. Without the contribution of these dedicated individuals, people living or visiting the country would not have access to an ambulance service.

In the last decade, there have been seven major reviews into ambulance services in WA. The reviews have had different focuses (service quality to workforce wellbeing) and have delivered a range of recommendations. While many of these reviews acknowledge the historical complexities of delivering the country ambulance service in WA, to date there has not been an explicit focus on the future strategic direction of country ambulance service delivery in WA.

EY and WACHS conducted significant Statewide consultation with key stakeholders; research on best practice; and examined past reviews into WA’s ambulance service. This revealed that there is substantial inequity between the provision of metropolitan and country ambulance services in regards to financial, contractual and performance measures:

- WA has no policy or legislation outlining what the community can expect from an ambulance service.
- Unlike metropolitan Perth, and a small number of country Sub Centres there are no contractual requirements for an ambulance service to respond to calls, meet minimum standards of response availability or maintain constant coverage of emergency transportation for what amounts to 99 percent of the State’s geography.
- In the metropolitan area and major towns, the ambulance vehicle and the resources required to deliver the essential ambulance service are provided to the centre. In the country, volunteers are expected to fundraise within their communities, in addition to generating revenue by volunteering their time in patient transfers to purchase all resources.
- The actual cost and funding to provide the service in the country is not transparent or articulated.

The system functions, however there is a lack of a policy framework or legislative foundation. It depends on trust and the good will of hundreds of volunteers across the State, operating a ‘best endeavours’ service. This stands in contrast to the metropolitan ambulance service and the aeromedical patient transport contractual arrangement for WA provided by the Royal Flying Doctor Service (RFDS).

While country people do not expect a service which is staffed and operated equal to their metropolitan counterparts, they have an expectation their country ambulance service is sufficiently resourced and supported to deliver a sustainable service.
The volunteer model is a strong one; it brings communities together and is a tremendous contribution to the ambulance service. However the lack of investment supporting the volunteers places the future sustainability of the service at risk. The pressure to continue to provide the service based purely on good will without the support of a policy framework, equitable strategy or contractual certainty needs to be addressed.

Country Ambulance Services today

It is important to recognise that the delivery of a country ambulance service is complex. There are multiple types of ambulance transport and many different organisations and people who interact to safely prepare, transport and receive patients in WA. The country ambulance service provides the primary response as well as transportation of patients between healthcare facilities; and to and from retrievals conducted by the RFDS.

Recognising that the patient transport network includes both road based and aero ambulance services, this strategy development process has focussed primarily on road based ambulances. Recognition of and reference to aeromedical services occurs within the Strategy when it relates to the interactions with the road based services.

Ambulance services are not defined in legislation or policy in WA, however for the purposes of this strategy the ambulance service is defined as the combination of:

- **Primary Response**: which refers to when a person requires an emergency response, assessment, first aid or treatment at the response location and transportation to a hospital, and
- **Inter Hospital Patient Transfers (IHPT)**: which includes both emergency and non-emergency transportations between healthcare facilities including metropolitan hospitals or to the aeromedical transport provider. Although in most instances IHPT patients will have been stabilised, this type of transport can also involve high priority and potentially life threatening situations. The IHPT is crucial to an effective hospital system and optimal patient care delivery where delays can result in major impacts on patient outcomes, and place undue stress on the facilities and staff.

It is important to note that the IHPT service is the major funding stream for the Volunteer Sub Centres which then enables them to provide the necessary tools and equipment to operate the Primary Response service.

In country WA, these two services have historically been approached in the same way however their provision and associated challenges are unique. This strategy recognises the difference between these services and considers how best to address both models to meet the needs of the community and its volunteers.
The key organisations involved in the country ambulance system in WA

The provision of Primary Response and IHPT to patients in country WA is multifaceted and involves a number of service providers as represented in the diagram below.

**Figure 1: Primary Response and IHPT system in country WA**

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**Department of Health**

In 2016, the Department of Health (DoH) was established as System Manager, responsible for the overall management and strategic direction of the WA health system to ensure the delivery of high quality, safe and timely health services. The DoH holds Health Service Providers (HSPs) to account for service delivery. Under the new governance structure of the WA health system, WACHS is the HSP accountable for the provision of quality, accessible health services to people across country WA, from those living in large regional centres to those in small remote communities. The DoH holds and manages the contract with SJA and other metropolitan ambulance providers.

**WA Country Health Service**

WACHS is the largest HSP in WA geographically, delivering a range of comprehensive health services to 21 percent of WA’s population across 2.5 million square kilometres. It is also the largest country health service in Australia. Due to the dispersed population, the ambulance service is crucial in patients accessing care.

Operating 71 hospitals and 27 nursing posts, WACHS has with capability levels ranging from Nurse Led Emergency Response through to Emergency Departments staffed with specialists in emergency medicine. During the 2016 financial year WACHS managed approximately 40 percent of the State’s emergency presentations despite serving only 21 percent of WA’s population.

While SJA is the main provider of ambulance services, in some parts of the Kimberley (Derby, Halls Creek and Fitzroy Crossing), ambulance services are provided by WACHS directly, operating as the Kimberley Ambulance Service (KAS) from WACHS facilities. It should be noted that WACHS operates the KAS outside of any formal contractual relationship with the DoH.

In recent years WACHS has undergone a significant change to their service model, with the introduction of the hub and spoke model driving an increased demand for IHPT services. This has placed greater pressure on the country ambulance service, requiring volunteer ambulance officers to provide more hours to transport patients. This is occurring against a backdrop of decreasing volunteerism nationally; ageing populations in country communities; and fewer local employment opportunities for volunteers.
St John Ambulance Western Australia (SJA)

SJA is the primary provider for WA’s road ambulance services for metropolitan and country. The service includes road based ambulance services; tasking of the Emergency Rescue Helicopter Service (ERHS) owned by the Department of Fire and Emergency Services (DFES) for Primary Response incidents; patient transport services; and management of the State Operations Centre (SOC).

Seeking to maximise its response capacity, SJA predominantly utilises volunteer community based officers to provide ambulance services across country WA. These officers provide 3.6 million volunteer hours a year which includes more than 2.8 million volunteer hours providing patient transport and 800,000 hours volunteering for other activities such as training, attending events and fundraising. It should be recognised that if not for the dedication and commitment of the 3,000 or more current volunteers and those who have previously volunteered, this service would not be available to the local population.

This community focussed approach is historical, with ambulance provision established by local communities when they identify a local need. These services were subsequently developed under the direction and governance of SJA. This approach has seen strong community ownership of the local ambulance service where no services were previously available.

SJA operates 160 ambulance response locations across country WA. These include Sub Centres and Sub Branches (smaller facilities under the governance of a Sub Centre), which are predominantly operated solely by SJA volunteer ambulance officers, with a number of blended Sub Centres with paid Community Paramedics. Sub Centres represent 144 of the 160 ambulance response locations in current operation by SJA. The growth and placement of Sub Centres has been organic, based on local action taken by communities to develop an ambulance service. While some areas in WA have relative proximity to one or more SJA locations - particularly the South West, Wheatbelt and Great Southern - there are still areas predominantly in the more remote locations where gaps in service occur.
The strategy development process

To develop the Country Ambulance Strategy, consideration was given to previous reviews into ambulance service provision in WA to understand the historical recommendations and identify key issues. A scan of other Australian States and international jurisdictions was undertaken to understand how different jurisdictions manage the service and to provide examples of service excellence, particularly for country areas. Targeted analysis and review of key documents, funding arrangements and activity data was used to confirm and clarify stakeholder statements, and to provide further information and context for the strategy.

A significant component of the strategy development process was widespread regional engagement over six weeks with representatives from WACHS, the KAS, SJ A, RFDS, Local Government, the DoH and other relevant parties across all seven country regions and the Perth metropolitan area. This was an essential component in gathering key insights around the complexities, challenges and successes associated with country ambulance services in WA.

Figure 2: Regional stakeholder engagement – stakeholder locations
Driving Equity for Country WA – Public Consultation

Initial findings

Initial analysis revealed that inequity exists between metropolitan services and those in the country, as well as between country regions. The WA ambulance service operates with the lowest funding per capita out of all the states and also spends the least per capita. SJ A country ambulance services spend less per capita on service delivery than metropolitan ambulance services (driven primarily by the extensive volunteer workforce) and carry almost twice the bad debt.

The service model was found to be under immense pressure from rising demand - particularly from increasing needs to transport patients between hospitals and is suffering from fragmentation between the multiple system players. This increasing demand is not served well by the current model and the complexity of the system has made improvement a challenge.

It was made clear throughout the stakeholder consultation phase that for a sustainable ambulance service there needs to be greater support for the volunteers. The type of support identified as required includes:

► Administrative support to assist with the management of the Sub Centre’s
► Greater access to training and provision of nationally recognised formal training
► Investment into improved technology including communications systems which will enable ambulance officers and paramedics to reach higher level advice when on scene and when transporting patients between sites
► Greater Sub Centre financial support particularly in relation to debt management and major equipment provision
► Increased clinical support through increased numbers of community paramedics employed.

There are critical internal issues to address including greater contract transparency around funding allocation and agreed service standards and measures; however equity of service for country patients is unlikely to be achieved without targeted additional investment in the country ambulance service and an overarching policy framework.

Strategic themes

The initial findings were subsequently categorised under common areas and the question was then asked: if these are the issues, ‘what does service excellence look like for each area?’ In June 2017 a blue sky visioning workshop with stakeholders from WACHS, SJ A, metropolitan health services and Regional Development Councils was held to develop a vision for ambulance services in WA. Six key strategic themes emerged as the pillars of the strategy as displayed in Figure 3 below.
The core issues pertaining to the six key strategic themes are summarised below:

- **Policy and system**: Currently there is no policy or legislation for country ambulance service delivery which causes a lack of clarity over roles, accountabilities and standards.
- **Timely Access**: The growth in demand (particularly for IHPT) and lack of defined service standards/ KPIs in the SJA contract means reasonable expectations around timely access that take in to account the greater distance in country are not guaranteed.
- **Patient Safety**: The lack of contract clarity, integrated systems and governance frameworks means there are barriers to consistently delivering safe and contemporary clinical care.
- **System Coordination**: The number of different organisations and systems involved in the transportation of country patients are not working optimally together around the patient.
- **Sustainable and skilled workforce**: There is increasing pressure on the country ambulance workforce from increasing demand. Current systems and training do not enable the workforce to deliver seamless care around the patient.
- **Value for money**: Whilst there is no one agreed cost of country ambulance services in WA it is clear that there is an inequity in the funding between country and metropolitan and between
WA and other states. The resultant inequity of service in country WA is unlikely to be addressed without targeted additional investment.

In recognition of these points, the overarching strategic requirement is for the development of effective policy and governance, coupled with equitable and focused resource investment to ensure communities’ access to a timely and reliable country ambulance service. Three areas support the services’ ability to meet community needs: patient safety, coordination of the service across the health system, and the support of a sustainable and skilled workforce. The Country Ambulance Strategy is to be underpinned by a value for money requirement and delivery in a transparent and efficient manner. The values of community and equity overarch the strategy, essential to the future provision of the country ambulance service in WA.

Through implementation of the Strategy, there is an identification and recognition of targets to be achieved in response to the strategic themes, including:

► An overarching policy will define the responsibility for ensuring access to an equitable and continuous ambulance service to the Western Australian community.
► The ambulance service will be maintained as a cornerstone of the community, where volunteers and paid staff are recognised for the contribution they make to the health of people in the country.
► Country communities will be aware of the ambulance services available in their area and the performance standards they will meet. The most appropriate service models are in place for all locations in country WA.
► When people call an ambulance, they feel assured that the care they will be provided is in line with clear and published standards throughout the duration of their care.
► Local WACHS facilities will be aware of the capability and capacity of ambulance services in their location while IHPT will be coordinated from a central point.
► WACHS will have visibility of the ambulance provider’s performance and funding allocations, while working with them to plan future service locations.
► WACHS and the ambulance provider’s teams will regularly train together, be clear of each other’s roles and be universally respected for their respective skill sets, as they work together to improve health outcomes for patients.

The Strategy sets the foundations for a sustainable country ambulance service in to the future and aims to improve health outcomes for country patients.
Recommendations

To develop and progress the detailed strategy, goal statements were created for each of the six key strategic themes. The current situation was compared and contrasted with these goals in the form of a gap analysis which in turn resulted in the development of 19 recommendations.

The 19 recommendations are set out against each strategic theme. The organisation listed in brackets is responsible for the action and completion of the recommendation.

**Policy & System:**

1. Establish clear Statewide policy on ambulance services as a minimum and consider enacting legislation in line with other states and territories. (Department of Health)

2. Define the level of ambulance service (both IHPT and Primary Response) provided to country communities in line with the Statewide policy (WA Country Health Service) and include this within the Clinical Services Framework. (Department of Health)

3. Plan Statewide service delivery using demand modelling then work with providers to design appropriate service delivery models in all locations (existing and new) and include measurable performance indicators in contracts. (WA Country Health Service led)

4. Form an engagement forum comprising WACHS, country volunteers, community representatives and paramedics to discuss ongoing service design and service improvement. (WA Country Health Service)

5. Transfer responsibility for the contract management of country ambulance services to WACHS. (Department of Health)
6. Implement the remaining recommendations from the Auditor General’s Report Delivering Western Australia’s Ambulance Services (2013) as a matter of priority. (Department of Health)

7. Complete implementation of the WA Health Patient Transport Strategy 2015-2018 to fulfil the goal of ensuring that the WA community has access to an effective patient transport system. (Department of Health)

### Timely Access:

8. Introduce contemporary contracts for ambulance services that define IHPT and Primary Response as two distinct services which have their own scope of services and key performance targets as a minimum. (WA Country Health Service led)

### Patient Safety:

9. Mandate consistent clinical governance principles in all patient transport contracts and report jointly on progress and collaborative initiatives to improve patient outcomes and clinical performance. (WA Country Health Service led)

10. Ensure every ambulance - regardless of location - can communicate reliably with all necessary parties at all times. (St John Ambulance)

### System Coordination:

11. Implement a clinical prioritisation system to inform safe, effective and transparent coordination of inter hospital patient transfers across WACHS. (WA Country Health Service)

12. Implement formal escalation mechanisms to ensure safe transfer of inter hospital patients in line with clinically indicated timeframes. (WA Country Health Service)

13. Commission WACHS to lead the development and coordination of Statewide inter-hospital patient flow. (Department of Health)

### Sustainable & Skilled Workforce:

14. Provide sufficient administrative and corporate support direct to country ambulance Sub Centres in order to free up volunteers to focus on service delivery. (St John Ambulance)

15. Provide the volunteer ambulance workforce with the opportunity to obtain qualifications through an articulated structured training pathway which aligns with the Australian Qualification Framework and supports career progression. (WA Country Health Service led)

16. Research, trial and implement alternate workforce and training models (including the use of shared staffing and virtual support) and prioritise this at locations which have difficulty maintaining a sustainable workforce. (St John Ambulance)

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1 Noting that St John Ambulance WA Inc. are the contracted service provider. Any future providers would also be required to provide reliable communications.
17. Expand the Community Paramedic model in FY18/19 as a priority in order to relieve pressures in those locations currently having the most difficulty in recruiting, supporting and retaining volunteers. (St John Ambulance)

Value for Money:

18. Mandate transparent reporting on allocation of funds and costs of ambulance service delivery in ambulance contracts, detailing allocations between service locations and between IHPT and Primary Response services. (WA Country Health Service led)

19. Ensure contract periods align with contemporary best practice and are long enough to enable providers to invest for effective service delivery. (WA Country Health Service led)

Next Steps

Ambulance services are essential to all communities and are a critical service in the delivery of healthcare. As such, the establishment of a clear policy to define and assign responsibilities for providing ambulance services is the starting point (Recommendation 1). In order to reflect and establish what the community can reasonably expect in country WA, the defined level of ambulance service should be articulated within agreed clinical service planning and delivery (Recommendation 2).

To ensure that a measurable, equitable and continuous ambulance service is provided using the most appropriate provider model for ambulance services, a common set of standards and performance measures should be introduced (Recommendation 3). To appropriately manage the introduced standards and performance measures, these elements will need to be included in all future contracts for ambulance services (Recommendation 8).

Following public consultation and in principle endorsement by the WACHS Board, it is expected that the DoH, WACHS and SJA will act immediately to implement the Strategy, based on the six themes and recommendations outlined. Action will need to be taken on the recommendations required to improve country ambulance services in WA. Actioning these key recommendations requires the immediate attention of WACHS, the DoH and SJA to strengthen country ambulance services for the future.
“I believe an ambulance service is essential for country and regional areas. There are limited tertiary medical facilities as it is and so it is imperative an efficient, well trained and equipped team is available to transfer sick and injured patients as soon as possible.”

Consumer feedback gathered for the purposes of the Country Ambulance Strategy
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