Our ref: 301118 Item 10.7

The Country Ambulance Strategy
WA Country Health Services
PO Box 6680
East Perth Business Centre
Western Australia 6892

To whom it may concern

Public Consultation - WA's Country Ambulance Services Draft Strategy – Submission from the Central Country Zone of WALGA

I write in my capacity as the Executive Officer to the Central Country Zone of WALGA (the Zone) which represents the following 15 local governments:

- Shire of Beverley;
- Shire of Brookton;
- Shire of Corrigin;
- Shire of Cuballing;
- Shire of Dumbleyung;
- Shire of Kulin;
- Shire of Lake Grace;
- Shire of Narrogin;
- Shire of Pingelly;
- Shire of Quairading;
- Shire of Wagin;
- Shire of Wandering;
- Shire of West Arthur;
- Shire of Wickepin; and
- Shire of Williams.

The Zone’s Member Councils are appreciative for the opportunity to provide comment on WA’s Country Ambulance Services Draft Strategy (the Strategy). It also acknowledges the considerable regional engagement process undertaken in preparing the Strategy, a process which highlighted many of the concerns held by Member Councils with respect to the issue of ambulance services across the Zone area and the wider Wheatbelt.

The Zone is broadly supportive of the 19 recommendations contained within the Strategy but have a number of issues that it would like to see further considered.

This brief submission will cover each of these concerns.

- **Declining Volunteer Numbers**

  To quote from the Message from the Chair in the Strategy:

  *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 SJA’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.

The effective implementation of many of the recommendations is dependent on the ongoing use of locally based volunteers. The Zone believes that this assumes the availability of a sufficient number of suitably experienced and trained volunteers will be available to replace those volunteers retiring due to age or who may experience "burnout". Because of age and declining numbers much of the Wheatbelt area does not have a steady "stream" of volunteers joining St John Ambulance (SJA) sub-centres.

It is evident from an analysis of the Australian Bureau of Statistics 2012-2017 ABS Regional LGA data for the 15 local governments in the Zone that there is a significant aging and declining population with the average median age having increased from 43.9 years to 45.6 years and the average population declining by 1.9% in the 5 years. The median age for the City of Mandurah, noted as a retirement "hotspot", changed from 41.5 years to 42.9 years meaning that the Zone Member Councils population median age is now considerably older.

As a result of this changing demographic, affecting the number of volunteers, it raises the question as to whether the SJA sub-centres will continue to have the ability to undertake both Inter Hospital Patient Transfer (IHPT) and Primary Response service.

- **Viability of St John Ambulance Sub-Centres**
  
  It is recognised within the Strategy that the IHPT service is a major funding stream for the SJA sub-centres and thereby enabling them to provide the necessary equipment and training that will in turn allow them to provide the Primary Response ambulance service.

  Recommendation 8 of the Strategy provides for WACHS to *Introduce contemporary contracts for ambulance service*. As a result of the new contracts it is possible SJA won't be awarded a contract, which would leave most SJA sub-centres unviable and therefore without access to the income received from the IHPT service. This has the potential to leave a community vulnerable because if its SJA sub-centre closes it will also be left without access to a Primary Response ambulance service.

  As identified in the Strategy the establishment of ambulance services, within the community, has been historically driven by local community needs and as a result it has strong community ownership. Its closure would be seen as a further deterioration of community services which may lead to further decline in population.

- **Adoption of a Paid Staff Model**

  To quote from the Overview of the Draft Ambulance Strategy:

  > 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 is complicated by the vast geography and widely dispersed population outside the Perth metropolitan area.

  The Strategy notes that SJA operates 160 ambulance response locations across Country Western Australia and its volunteers provide 3.6 million hours of service each year of which 2.8 million hours relate to providing patient transport. It is also noted that WACHS provides some ambulance services directly in parts of the Kimberley.

  The number of volunteer hours is substantial and the Zone recognises that if there is a continuing decline in availability of volunteers to assist in the operation of ambulances then consideration would need to be given to employing paid staff in a number of locations. This would be the only way country ambulance services could be provided to the community and would be required to ensure the provision of such a service, as an essential component of the State's health system.

  If such a system was to be introduced there would considerable disquiet within many country communities as they could not possibly attract and maintain the staffing required
with the consequent outcome that only some locations would have a service of the quality required.

It is also noted in the Strategy that there is already inequity between metropolitan and non-
metropolitan areas. A move to utilise paid staff has the potential to exacerbate this
situation.

- **Developing Improved Relationships with Local Government**
  The Zone delegates, many of whom are members/volunteers with their local sub-centre, 
  believe that SJA sub-centres could enhance their role within the community by interacting 
  with their local government on a more regular basis.

  Whilst it is noted that local government was involved in the engagement in the 
  development of the Strategy, the general feeling of Zone delegates, is that SJA sub-
  centres are reluctant to “share” many of their issues/concerns with their local government 
  who may be in a better position to respond or advocate on their behalf. The Zone 
  acknowledges that technically, SJA is a private organisation, but at the same time it is very 
  much a key part of each local community that it serves.

  An obvious issue that could be assisted by local government is in enhancing volunteering 
  in the community which may have a flow on effect to the SJA sub-centre.

- **Improved Quality of Health and Hospitals Services**
  Much has been written within the Strategy about the importance of IHPT, the growth in 
  demand for this service and its importance as a funding stream for SJA sub-centres.

  The Zone is of the view the need for IHPT could be dramatically reduced if the quality of 
  health and hospital services was improved in many communities. Anecdotally IHPTs occur 
  each week (generally a Friday) to transfer patients from a hospital that will not have a 
  medical practitioner available over the weekend to a major hospital and then the process is 
  reversed on the Monday.

  This places increased pressure on the volunteers, patient, community generally as well as 
  potentially leaving a community without access to Primary Response for the period of the 
  transfers. If improved staffing levels were maintained at local hospitals this may reduce the 
  need to utilise IHPT each and every week. Many employers of volunteers are increasingly 
  reluctant to release them to undertake IHPTs, whereas they will be released without any 
  problem for a Primary Response service situation. It is also understood that a nurse must 
  accompany an IHPT patient, which leaves the hospital with reduced staff and potentially 
  unable to deal with a Primary Response should one occur.

  The Zone understands that there are cost implications for both approaches but with less 
  IHPTs this will reduce volunteer “burnout”.

- **Change to WA Country Health Service Policy**
  The Zone delegates were critical of the current WACHS policy that seemingly requires 
  transport, from an incident, of Primary Response service patients to the nearest hospital, 
  for stabilisation and then to a major hospital for assessment and possible transfer by Royal 
  Flying Doctors Service (RFDS). The Zone believes the policy should be modified to enable 
  patients to be transported to the most appropriate hospital facility rather than the closest.

  For example, if a person suffers a heart attack, they would be transported to the nearest 
  hospital, (assuming not a major hospital) examined and stabilised. They would then be 
  transferred by ambulance to the closest major hospital where they will be further assessed 
  and if necessary transported to the local aerodrome for transfer by RFDS to Perth. This 
  “ties” up ambulance services, nursing staff and volunteers unnecessarily and could be one 
  reason for the decline in available volunteers.

  The Zone delegates believe it would be more effective in terms of health standards and 
  use of ambulance services if at the time of the initial diagnosis the use of the RFDS was 
  employed to immediately transfer the patient to Perth, if it is likely this would be the
outcome of any subsequent diagnosis in a major hospital. Given the access to Emergency Telehealth Services in many hospital and nursing post sites the Zone believes this a solution worthy of consideration.

In closing the Zone would also like to emphasise the critical importance of a well-resourced and effectively managed country ambulance service. Communities such as those within the Zone membership are entitled to such as service.

As Professor Fong comments in his message as Chair of the WA Country Health Service on the opening page of the Strategy ... "A country ambulance service is an essential component of the health system in Western Australia."

Along with other communities across regional WA, the Zone’s Member Councils look forward to the implementation of the Country Ambulance Strategy’s recommendations ensuring the future needs of their residents will be met.

Should you wish to discuss this further please do not hesitate to contact me.

Yours faithfully