



North Eastern Wheatbelt Regional Organisation of Councils
Koorda | Mt Marshall | Mukinbudin | Nungarin | Trayning | Wyalkatchem

Country Ambulance Strategy Project
WA Country Health Service
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10 December 2018

ATTN: Country Ambulance Strategy Project Team

RE: DRAFT Country Ambulance Strategy 2018

The North Eastern Wheatbelt Organisation of Councils is a voluntary regional organisation of six local governments. Members include the Shires of Nungarin, Mukinbudin, Mt Marshall, Koorda, Trayning and Wyalkatchem. The NEWROC has been cooperating and working together on strategic projects and issues of importance to their communities for over 20 years.

The NEWROC thanks the Country Ambulance Strategy Project Team for the opportunity to make comment on the Draft WA Country Ambulance Strategy.

Within the six local governments of the NEWROC there are the following primary health facilities and services:

- Two resident GP's, one in Kununoppin and one in Wyalkatchem
- Two hospitals, Kununoppin and Wyalkatchem
- An ambulance sub centre in Kununoppin. The Kununoppin Sub Centre covers 18,000km's and is one of the largest in Western Australia, with the most ambulances.
- A nursing post in Mukinbudin
- Child health nurses

In 2018 the NEWROC developed a NEWROC Health Plan after it was recognised a coordinated approach to improving access and health service delivery in the NEWROC Shires was important. Following extensive consultation at a local, regional and state level it was well recognised that the country ambulance officers needed more support for the excellent **volunteer** service they provided and the delivery of fast response times when the emergency call is made – not more governance requirements. A key strategy from the NEWROC Health Plan that is relevant to the Draft WA Country Ambulance Strategy was under our theme of Partnership:

1.8 Discuss the possibility of further support for St Johns Ambulance and it's volunteer workforce.

NEWROC RESPONSE TO DRAFT STRATEGY

While it is clear that the draft strategy is trying to address concerns about the country ambulance service, there are concerns from the NEWROC. The country ambulance service is primarily staffed by volunteers who are willing to give up their personal time to attend training and also ambulance calls at any time of the day or night. If the outcome of the strategy puts more demands and pressures on volunteers, then it is likely to exacerbate the issue with more people being unwilling to volunteer for service. Additionally the NEWROC is concerned that

the main user of the country ambulance service, the WA Country Health Service will be the contract manager, highlighting a significant conflict of interest.

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

NEWROC Response to Recommendation 1: Whilst there are advantages in having a clear policy and framework for the country ambulance service, the administration of these may create additional workloads for volunteers at the various sub centres. While it discusses assistance with the administration of the sub centres, this would be a substantial cost and cannot be guaranteed to provide any better services, as it would most likely be done out of the local community.

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

Recommendation 3: Plan state-wide 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.

NEWROC Response to Recommendation 2 and 3: State-wide service delivery should not be based on demand modelling but rather consider equitable access to health service delivery and emergency services despite geographical location.

In the Perth metropolitan area all 30 St John Ambulance (SJA) depots are staffed by paid paramedics and transport officer crews. By contrast, of the 113 SJA sub centres located in rural WA a mix of paramedics and volunteer crew staff 13 larger country sub-centres (such as the one in Northam) and the remaining 102 sub-centres, such as those in all six NEWROC shires, and have to rely entirely on volunteer ambulance crews.

Despite rural communities in the NEWROC relying on a 100% volunteer country ambulance service, the service that the NEWROC communities receive is excellent. The volunteer ambulance officers in the NEWROC are dedicated, trustworthy and undertake their work for the benefit of their communities. These volunteers invest in their professional development, help raise funds for their equipment and ambulance service as well as train members of the community in first aid. Additionally, our rural communities do not need a proforma of what to expect with their rural ambulance service, because above all, the 'best endeavours' approach works in the country because of how our communities work together for the service and safety of residents and visitors. The current service is of a high standard particularly during emergencies and country people have for many years put faith in their fellow community members to help them – something which is the back bone of the success of country WA.

One specific example of the dedication of volunteers is local volunteer Peter Geraghty, the leader of the Kununoppin Sub Centre. He commenced at the Kununoppin St Johns Ambulance in October 1980 and in this time he has been the heart and soul of the sub centre, ensuring it is the best in the state and that the NEWROC communities get the best care and fast response in an emergency.

The NEWROC members are very concerned regarding the proposal to set key performance indicators on volunteer ambulance officers, for the following reasons:

- The metropolitan ambulance service is significantly different to the country ambulance service and the metropolitan requirements where there are paid ambulance officers should not be replicated in country areas, where the service is delivered by a majority of volunteers
- There is already well recognised volunteer exhaustion and decline in rural communities, and the impost of key performance indicators will further exasperate this
- Ambulance calls do not come at any specific time and cannot be planned, so to place key performance indicators to someone volunteering their own time to help out will be a deterrent
- St John's does have levels of competency and volunteers must continually train to retain their capacity to act as a volunteer, but this does not include any mandatory obligation to be available for services within a certain timeframe

If key performance indicators are to be placed on volunteers in the country, the NEWROC believes that:

- There will be a significant decrease in volunteers, thus reducing the number of volunteers for the service and further highlighting the shortage as well as remaining volunteers being called out more often as overall numbers decline
- A **significant increase** in funding for volunteers, the sub centre, vehicles and equipment will be needed instead of volunteer patient transfers as the main source of fundraising

Recommendation 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)

NEWROC Response to Recommendation 4: A forum for engaging the various parties would be a good way to ensure that what is being proposed will work for all parties involved and be in the best interests of rural communities.

Recommendation 5: Transfer responsibility for the contract management of country ambulance services to WACHS

NEWROC Response to Recommendation 5: Concern is raised about transferring the responsibility of contract management for country ambulance services from the Department of Health to the WA Country Health Service. It is recognised that the WA Country Health Service, through patient transfers is a major customer of the ambulance services and as such, if they were to manage the contract, it will be a conflict of interest.

The NEWROC firmly believes contract management should continue to be the responsibility of St Johns Ambulance.

Recommendation 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)

Recommendation 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.

NEWROC response to Recommendation 7 and 8: Additionally the NEWROC is concerned regarding possible key performance indicators on patient transfer services being set by the WA Country Health Service if they were to take on contract management or by St John's.

Currently volunteer ambulance officers have other commitments when not on service to meet, such as their workplace duties. Businesses in the NEWROC are already supportive of their employees working in their business, whilst volunteering as a country ambulance officer – with time away for these duties being paid by the employer, sometimes conditionally but most often agreed upon, if call outs occur during work hours.

Setting key performance indicators on patient transfer services in the country are unrealistic. Volunteer ambulance officers cannot always commit to these transfers when requested because of their workplace commitments or because call outs can happen at any time. Under the current arrangements, volunteer ambulance officers collaborate and coordinate patient transfers amongst themselves and are 'incentivised' by receiving payment for their sub centre which is then invested back into the sub centre equipment, buildings and vehicles.

If the WA Country Health Service were to be managing the contracts, with specific performance measures in place for patient transfers, this would negatively impact upon the country ambulance service, because the local services are very aware of the context in which they operate and the capacity available to complete the patient transfers. The WA Country Health Service is not aware of the local nuisances or local knowledge.

Additionally, like the Federal Government approach to encouraging ageing in place for as long as possible, St Johns and the WA Country Health Service should consider how possible changes to the care of patients in local hospitals could result in reducing the requirement of patient transfers. Patients should be allowed to remain in their own local hospital for as long as possible and not require transferring. To pursue this approach would require additional investment in planning, staffing and resources however could have a positive long term impact on the rural health service.

Recommendation 10: Ensure every ambulance - regardless of location - can communicate reliably with all necessary parties at all times. (St John Ambulance1)

NEWROC Response to Recommendation 10: Communication is vital for the service and in the six local governments of the NEWROC there are still black spots for mobile communication. Any opportunity to increase accessible and reliable communication channels for ambulance officers would be welcomed.

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

NEWROC Response to Recommendation 12: Formal escalation mechanisms would be welcomed.

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

NEWROC Response to Recommendation 13: The development and coordination of a state wide patient transfer service, whilst can be lead by the WA Country Health Service, does need to include all partiers in the discussion and implementation.

Common problems are seen in patient transfers whereby a request is made for a patient transfer and completed, however when the patient arrives at the hospital destination there can be significant time delays as the hospital is not prepared for the patient. There is also the view that because country ambulance officers are volunteers, they have time to wait for the hospital to be prepared. Additionally the lack of organisation in patient transfers sees ambulances returning from a drop off, only to be asked to return to the hospital for another patient transfer.

Recommendation 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)

NEWROC Response to Recommendation 12: Support for sub centres is welcomed however should be provided at a local level as adding a centralised service model or additional governance layer will impede sub centres and will be viewed as 'taking over'. Community Resource Centres could provide this local administration service due to their knowledge of the local area, networks and provision of local staff (consistent supply). Sub centres should be empowered not impeded by higher organisations.

Recommendation 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)

NEWROC Response to Recommendation 15: NEWROC queries why the service provider (St John's) is not the lead organisation in training and upskilling its paid and volunteer workforce. St John's already provides an excellent training service.

CONCLUSION

NEWROC recognises the need for continual improvement of country ambulance services however not at the detriment of how our rural communities function or collaborate. Being part of the country ambulance service is a well respected position in our communities and should continue to be so in the future – without further impost or governance. Additionally, the country ambulance volunteers take their role very seriously and respond to emergencies quickly, professionally and in regards to patient transfers, when they can (and this would be no different to paid transfer teams). The country ambulance volunteers are trusted by our rural communities, they forward plan their availabilities and ensure that there is always a critical mass. Taking this ownership and local coordination away from local sub centres will be detrimental to service delivery in the NEWROC.

Additionally changes need to be made within the country public health system which in turn will positively impact upon the country ambulance service e.g. improvements to the organisation of patient transfers / encouraging local hospital health care rather than transfer to the metropolitan hospitals.

Moving forward, volunteer country ambulance officers and their sub centres need additional support and funding particularly if the patient transfer service is to be amended, support with administration and in doing so delivered by locals - not key performance indicators that make volunteering difficult, onerous or increase the professional liabilities on volunteers, or additional governance that does not improve service delivery. What works in the metropolitan areas can not necessarily be transferred into the country and vice versa. The communities of the NEWROC are geographically isolated and function quite differently to the metropolitan areas.

St Johns Ambulance should also continue to manage the contracts for ambulance services as well as training as they are the best placed organisation to do so.

Please contact our Executive Officer if you wish to discuss any of the above responses
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Thank you for the opportunity to submit this response.

Yours sincerely

 for

Cr Quentin Davies
Chair
NEWROC
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