

Comments on Draft Strategy

The increased demand put on the country ambulance service by the WAHCS hub and spoke model is unsustainable.

Many volunteer sub centres do not have the resources in people or vehicles to provide this service.

In areas where they have paid transport staff they also do not have enough staff or vehicles to keep up with the work generated. This results in volunteers being asked to do the jobs.

The money may be good, but jobs that can take all day are not compatible with other commitments. There does not seem to be a lot of consideration given to the time of the day, the weather and road conditions or the number of hours an officer may have already been at work.

If there is only one ambulance at the sub centre, which has been funded by the community, then taking that resource away for long periods of time is not a good option. Even sub centres with paid staff keep vans available for local jobs.

Maybe all transport jobs will need to be done by paid staff in dedicated vehicles and hospitals will need to better prioritise cases. The other option could be for WACHS to better staff their facilities with more doctors.

We still work on the policy that patients go to the nearest hospital for assessment and stabilisation and then if needed they can be transported to another facility. We have been criticised for this but surely a hospital is better place for the patient to be.

The introduction of community paramedics has been very successful. The improved training outcomes being one of the bonuses. I do not believe we need to introduce more training, but I would like to see the two levels of volunteer officers removed. I am not sure what is

involved in having courses nationally accredited and whether or not it would be advantageous.

Some of the survey questions were talking about guaranteeing a service. This would be very difficult in either a paid or volunteer model, especially in the country.

It would be interesting to see figures on the cost of IHPT as well as the number of jobs and distances travelled.

I sometimes wonder if it would not be better to move the doctor to the patient rather than the other way around. If we were looking at childbirth surely a hospital is a better option than the back of an ambulance.

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