

HEALTH SERVICES AMENDMENT (AMBULANCE SERVICES) BILL 2015**Bill introduced on motion by Mrs Jillian Skinner, read a first time and printed.****Second Reading****Mrs JILLIAN SKINNER** (North Shore—Minister for Health) [4.30 p.m.]: I move:

That this bill be now read a second time.

I am pleased to introduce the Health Services Amendment (Ambulance Services) Bill. This bill makes amendments to the Health Services Act 1997 to delineate better emergency services provided by the Ambulance Service of NSW and to recognise a role for private sector and non-government organisations in providing non-emergency transport for patients. Supported non-emergency transport arises outside of emergency situations. It is required when a patient needs medical or other clinical oversight or monitoring during their transportation but does not require urgent transport to a health facility. This can arise in transfers between hospitals and transport to or from a hospital for particular procedures or tests.

The use of ambulance services and vehicles that are designed to respond to emergency situations is an inefficient use of high-cost specialist emergency services that, in turn, can impact on the efficiency of the service. Levels of training and equipment and other vehicle requirements also will be different when responding to an emergency. This highlights the inefficiency of using emergency vehicles in non-emergency situations. However, at present there is no distinction in the legislation between emergency transport and non-emergency transport that simply requires clinical support. This bill is designed to address these issues.

The proposed amendments, which support a better delineation of services, are not new. They follow on from the Strategic Review of the Ambulance Service of New South Wales conducted by Mr Brendan O'Reilly and from the many ambulance service reviews commissioned by the Labor Government. They also reflect the 2012 Ambulance Reform Plan, which included the utilisation of private providers for existing and future non-emergency transportation and, therefore, revision of the current legislative prohibition. Two of the key objectives of the plan were to establish non-emergency patient transport as a separate service from the urgent, emergency service provided by NSW Ambulance, and to engage a range of providers, including community transport services, the existing ambulance green fleet, local health district transport services and private operators to provide existing and future non-emergency patient transport services. This bill makes changes to support both of those objectives.

The Health Services Act contains no definition of "emergency" or "supported transport". It simply imposes a prohibition on any operator other than the Ambulance Service of NSW providing transport for sick or injured persons for fee or reward. Providers can do so only if they are recognised in the Act or in regulations under the Act, or where the Secretary of the Ministry of Health has given a specific approval. The amendments in the bill retain this prohibition but confine it to emergency services. To this end, it contains a new definition of "emergency ambulance services", which focuses on urgent situations where immediate medical attention is required. Under the amendments, the restrictions outlined will continue to apply to these critical situations and support the Ambulance Services' essential emergency role.

The bill also introduces a definition of "supported non-emergency transport". The definition of "supported transport" covers situations where there is no urgent need for medical assistance but where a person or patient requires transport that includes clinical monitoring or oversight due to their illness or other condition. These services will no longer be covered by the prohibition but will be subject to legislative oversight to support safe and appropriate care, as necessary. In addition, by

clearly defining these two types of services where medical, paramedical or other clinical oversight are required, the amendments also make clear that other forms of more generic transport—such as community transport services—will not be caught by the prohibitions or requirements of the Health Services Act.

The definitions have been carefully developed to ensure that they reflect appropriate levels of regulation between emergency, supported and general community transport and are based on legislation already in place in Victoria. In this regard, the bill adds proposed new sections designed to provide light-touch regulation of supported transport. Organisations providing supported transport will be obliged to ensure that the vehicles used are equipped in a manner that ensures patient safety. They will also be required to ensure that clinical care and monitoring is provided in a manner that ensures patient safety. Similarly, hospitals, aged care facilities or other organisations that contract or engage service providers to supply supported transport will be obliged to take reasonable steps to assure themselves the transport provided is safe and appropriate.

The legislation is also designed to rely, where possible, on existing processes and requirements that are in place to maintain appropriate standards for supported transport. These include general transport safety standards and requirements under State and Commonwealth law and, where the service is being provided under arrangements with NSW Health, detailed standards and specifications must be set contractually. It is important to note that New South Wales does not have a well-established market for supported transport. Therefore, the bill anticipates standards being assured through other mechanisms.

These will be developed through further consultation with the community, health service providers, aged care providers and supported transport providers. This will include, for example, consulting with private health facilities on existing standards under the Private Health Facilities Act to determine whether additional safeguards are required or whether current standards need revision. Consultation will also occur on whether more specific regulations are needed, for example, in respect of maintenance of vehicles, equipment, or training and accreditation of staff. In keeping with the light-touch approach adopted in the bill, while the Ministry of Health will consult on the need for additional regulations, these will be adopted only if a regulatory gap is identified.

The bill includes strong new enforcement powers. The Secretary of the Ministry of Health will be able to make an order prohibiting providers who breach statutory requirements from continuing to provide such services. The Secretary will also be able to place conditions on such service providers. It will be an offence for a person to provide supported non-emergency transport in contravention of a prohibition order. I commend the bill to the House.

Debate adjourned on motion by Ms Linda Burney and set down as an order of the day for a future day.