



Health Services Amendment (Ambulance Services) Bill 2015 (Proof)

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HEALTH SERVICES AMENDMENT (AMBULANCE SERVICES) BILL 2015

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Second Reading

The Hon. SARAH MITCHELL (Parliamentary Secretary) [4.02 p.m.], on behalf of the Hon. John Ajaka: I move:
That this bill be now read a second time.

I seek leave to have the second reading speech incorporated in *Hansard*.

Leave granted.

I am pleased to bring before the House the Health Services Amendment (Ambulance Services) Bill 2015. The bill makes amendments to the Health Services Act 1997 to better delineate emergency services provided by the Ambulance Service of NSW, as well as recognising a role for private sector and non-government organisations in providing non-emergency transport for patients.

Supported non-emergency transport [SNET] arises outside of emergency situations. It is required where 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.

Use of ambulance services and vehicles designed to respond to emergency situations is an inefficient use of high cost specialist emergency services, which can in turn impact on the efficiency of the service.

Levels of training and equipment and other vehicle requirements will also be different when responding to an emergency. This also highlights the inefficiency of using emergency vehicles in non-emergency situations.

At present, however, 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 changes proposed, which support a better delineation of services, are not new. They follow on from the Strategic Review of the Ambulance Service of NSW, conducted by Mr Brendan O'Reilly.

They also reflect the 2012 Ambulance Reform Plan, which included utilising private providers for existing and future non-emergency transportation, requiring revision of the current legislative prohibition.

Two of the key objectives of the Plan were:

- Establishing non-emergency patient transport as a separate service from the urgent, emergency service provided by NSW Ambulance; and
- Engaging a range of providers including community, existing Ambulance green fleet, local health district transport services and private providers to provide existing and future non-emergency patient transport services.

This bill makes changes to support both of those objectives.

At present, the Health Services Act contains no definition of "emergency" or "supported transport". It simply sets out a prohibition for any person other than the NSW Ambulance Service to provide transport for sick or injured persons for fee or reward.

Providers can only do so if they are recognised in the Act or in regulations under the Act, or where the Secretary has given a specific approval.

The amendments in the bill will retain this prohibition, but confine it to emergency services.

To this end, the bill contains a new definition of "emergency ambulance services" that is focussed on urgent situations where immediate medical attention is required. Under the changes, the restrictions outlined above will continue to apply to these critical situations and support the NSW Ambulance Services' essential emergency role.

The bill will also introduce 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 is required, the changes to the Act will also make clear that 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 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 new sections designed to provide light touch regulation of supported transport.

Substantial patient protections for non-emergency transport are already in place in New South Wales. These robust minimum requirements for current providers are set out in a public Policy Directive. Compliance with the Policy Directive is mandatory for NSW Health agencies and organisations and is a component of contractual arrangements with providers.

The Policy Directive is publicly available on the internet and it details the care required to be provided for the different types of patients being transported.

These requirements will apply to future providers engaged by NSW Health.

Organisations providing supported transport will be obliged to ensure vehicles are equipped appropriately to provide safe transport for the different types of patients being transported.

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 which contract or engage service providers to supply supported transport will also be obliged to assure themselves the transport provided is safe and appropriate in order to meet their contractual arrangements.

The legislation is also designed to rely, where possible, on existing processes and requirements that are already 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 are set contractually.

It is important to note, however, that New South Wales does not currently have a well-established market for supported transport, and so 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 if additional safeguards are required or if 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 only be adopted if a regulatory gap is identified.

The bill includes strong new enforcement powers. The Health Secretary 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 SNET in contravention of the prohibition order.

I commend the bill to the House.