

**Submission
No 33**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

Organisation: Australian Paramedics Association (NSW)

Date Received: 23 April 2024



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April 23rd, 2024

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Submission for the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW.

The Australian Paramedics Association (NSW) (APA (NSW)) is a registered trade union representing the Paramedics employed by NSW Ambulance. APA (NSW) is grateful for the opportunity to give an update on the progress of the recommendations provided by the Portfolio Committee. Our observations and recommendations are informed by on the ground feedback from Paramedics across NSW.

In our submission, we will be focusing on section 1B of the Terms of Reference, particularly on the implementation of the recommendations specifically related to paramedicine (3, 28 and 29). Overall, while NSW Ambulance and Health have made some progress on some of recommendations put forth by the Committee, there are still significant organisational hurdles preventing the proper implementation of each Recommendation. Notably, recommendations related to patient transport services and equitable distribution of specialists have not yet been properly implemented.

Recommendation 3: That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas

Recommendation 28: That NSW Health in conjunction with NSW Ambulance and unions review the use of ambulance vehicles for patient transfers, and in partnership with the rural and regional Local Health Districts explore extending the hours of operations of patient transfer vehicles to provide 24-hour coverage and minimise the number of low-acuity jobs that paramedics attend to, to relieve pressure on ambulance crews.

Feedback was decidedly negative about the implementation of this recommendation. Many respondents, particularly in Western, Southern and Northern NSW, noticed no change since the recommendations were published in May of 2022. Many noted that current patient transport options are vastly too limited for the current demand in rural areas, causing the burden to fall on NSW Ambulance. This is particularly exacerbated because rural and regional patient transport options still do not operate 24/7, unlike NSW Ambulance.

Others did notice increased transport service but noted that the collaborative process between the key stakeholders (Local Health Districts, NSW Health, and the patient transport companies) was not occurring.

For example, the patient transport services developed by hospitals were one-way services, transporting people FROM their homes TO the hospital. However, once the patient is discharged from the hospital, which can be sometimes more than 300 kilometres away from their home, they are left with few options to return. The burden then falls either on the patient

or the paramedic. These sorts of low acuity transports are important but prevent accomplished paramedics from serving their community with the medical expertise.

Similarly, because of the lack of patient transport options, full hospitals will sometimes call for ‘within the hour’ transport just to free up beds. This forces paramedics to come from rural areas to transport patients, sometimes from hours away, pulling them away from their community.

Finally, some Local Health Districts remain wary of the private companies used to bolster patient transport services. This lack of trust means that hospitals will seek to use Ambulances by any means necessary. There are multiple statements by paramedics noting that doctors and nurses are pressured to overexaggerate patients’ conditions in order to get NSW Ambulance transport instead of a private corporation. This happens in particular after hours, when patient transport companies are not operating.

We recommend that the stakeholders have a serious discussion about use of resources and trust between organisations. While we as a union have had some discussions and have received some assurances, these assurances have yet to manifest themselves in practice.

Once again, we also reiterate the importance of a 24/7 patient transport service in rural and regional areas. It would significantly ease the burden on NSW Ambulance, particularly night time transfers, causing less fatigue for paramedics but also giving them more capacity to treat high acuity patients. Emergency response times, which have only increased year after year, would see a significant reduction. It would also operate as a cost-saving measure, as the NSW Government would no longer have to pay the significant overtime penalties that accrue from these long, lower acuity transfers. Finally, staff would have heightened morale and be forced to take less sick days from fatigue, overall improving their work and the workplace conditions.



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Recommendation 29: That NSW Health in conjunction with NSW Ambulance:

- a) Undertake a community profiling program across rural, regional and remote New South Wales to identify the paramedic needs of communities

This community profiling is occurring as this submission is being drafted as part of the Rural 500 Initiative. The unions have been integrated into this initiative, and our representatives have been invited along to aid with determining what issues are most important and how to address them. We applaud that NSW Ambulance is taking this recommendation seriously, but we nonetheless expect measurable deliverables as a result of this project. So far, our team has discovered significant and critical issues in many rural and remote stations that would require urgent infrastructure enhancements (including asbestos, problems with pests, and stations with unsecured gates/doors). However, as the initiative is still ongoing, we do not want to speak to more specific issues until the conclusion of the process.

- b) Ensure the equitable distribution of paramedics at all levels, including Extended Care and Intensive Care Paramedics and update ambulance deployment modelling to reflect present day demand, ensuring that ambulances are deployed as rostered; and
- c) Expand the Intensive Care and Extended Care Paramedics program across rural, regional and remote New South Wales and allow paramedics outside metropolitan areas to undertake training, skills consolidation and skills maintenance locally

This has been implemented in part, albeit not the level that is required to achieve an equitable distribution.

NSW Ambulance has begun to roll out Intensive Care Paramedics (ICPs) to the larger Category A and B stations in regional areas. ICPs are paramedics trained in more complex and advanced medical procedures and are vital to keeping communities safe. NSW Ambulance has also begun training courses in some regional areas.

However, the smaller Category C and D stations, many of which located in remote and regional NSW, have received no such injection. Furthermore, even in locations where ICPs are present, the burden of patient transport on the service forces ICPs to often attend lower acuity transfers and jobs instead of using their specialised knowledge to help their community.

Additionally, NSW Ambulance has actively harmed the expansion of the Extended Care Paramedic (ECP) into rural and regional areas. ECPs are paramedics who have functions similar to GPs, being able to deal with non-emergency functions such as resetting

dislocations, changing catheters, and more. ECPs exist to ease the burden of all medical services and could serve to supplement GP services in regions where they are lacking.

However, NSW Ambulance has strongly disincentive ECPs expansion into rural and regional areas in a multitude of ways.

1. There are no ECP training courses held outside of metro areas;
2. Managers in regional and rural areas who want to become an ECP are forced to give up their managerial position and be paid at a lower rate for two years. There is no guarantee that they will be able to reclaim their position when they return. In metro areas, managers keep their position and paygrade.
3. The consolidation periods after training, which last for two years, are always done in metro areas rather than regional and rural areas, disincentivising returning after the completion of the training.

Furthermore, because there are no positions for ICPs or ECPs in many rural and regional areas, there is no incentive for local paramedics to get the training and return back to service their communities.

While some progress has been made on this issue, too many stations are lacking specialists and too many paramedics see no future for career progression in those areas.

- d) Explore innovative models of care utilising the skill sets of paramedics to better support communities that lack primary health care services, including consideration of embedding paramedics at facilities that do not have access to a doctor

As noted in the previous section, the lack of support for ECPs in rural and regional areas significantly harms this initiative. Their specialised skillset is perfect to support communities with little GP coverage, but without the proper incentives and positions, this initiative is doomed to failure.

The surveyed rural and regional paramedics also emphasised the lack of training modules that could serve to expand this initiative for the non-specialist paramedic. Similarly, there is significant organisational pressure on paramedics to transport nearly every patient to the hospital, when instead they could be easily treated at home in consultation with their GP or with the Virtual Care Clinic Centre. With proper training and support, ordinary paramedics could use their clinical expertise to significantly improve patient outcomes and release pressure on the health service.

e) Undertake a review of the efficacy of the current call triaging system and referral services

Similar to 29(a), this consultation is currently ongoing. The unions have been brought in for consultation, and discussion about changing the triage system is underway. We hope the collaborative process can improve healthcare outcomes throughout New South Wales.

Conclusion

'It's both humiliating and distressing to constantly be the person apologising to your community for the health systems failures.'

This line from our survey summarises the continual issues that face our regional and rural paramedics. Our paramedics take the burdens caused by the organisational failures of NSW Ambulance and NSW Health. Our paramedics are the ones who have to show up to a high triage case two hours late and face a grieving family. Our paramedics are the ones who have to transport patients for hours in the middle of the night, taking them far away from their communities and their homes. Our paramedics are the ones who see no career future in regional and rural areas and chose to move to the metro, leaving the heartland of Australia to lay fallow.

It does not have to be this way, however. NSW Ambulance and Health have taken the first steps into implementing some of the Committee's recommendations, and we believe they can continue to implement the remainder. With more oversight and real deliverables, paramedicine in rural and regional NSW can become what it ought to be.