



# NSW GOVERNMENT RESPONSE

**Inquiry into the impact of ambulance ramping and access block on the operation of hospital emergency departments in New South Wales**

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## INTRODUCTION

The demand for health services, including emergency medical care, has grown exponentially over the past decade due to a growing and ageing population and an increased burden of chronic disease. By 2061, NSW will be home to an additional 3.3 million people, representing growth of 40% with a quarter of the population age 65 years or older. Demand on services, the availability of beds and patient flow through hospitals, including timely discharge of patients to social and community care, are all factors that affect the ability of ambulances to hand over patients to emergency department teams.

The challenges of the COVID-19 pandemic and the series of widespread natural disasters in recent years, has placed pressure on the health system to operate and respond as it would normally. These challenges require an agile health system that is able to adapt and develop innovative models of care, in partnership with primary care providers and other health organisations, so that the community can access the right care, at the right time, and in the right place at the right time.

There are over 3 million emergency department attendances in NSW each year. In 2021 and 2022, emergency department attendances for the most urgent triage categories, triage 1 (resuscitation) and 2 (emergency), increased faster than the other triage categories. The demand for ambulance services has continued to grow since prior to the onset of the pandemic with ambulance volumes reaching new records of 1.28 million responses in 2021 and 1.34 million responses in 2022, up from 1.26 million in 2019.

Work is continually underway within NSW Health to address a number of the Committee's recommendations to reduce pressures on hospital inflow. The NSW Ministry of Health works closely with local health districts, speciality health networks and NSW Ambulance to monitor the transfer of care of patients from paramedics to emergency department teams. The NSW Health Whole of Health Program provides support to individual hospitals to identify challenges and design locally tailored solutions to improve patient flow. The Patient Flow Portal is a tool used that shows real-time demand and capacity at a state wide and local level and enables clinicians to predict demand and plan for increases in activity to improve patient flow and access to care.

NSW Health is establishing 25 urgent care services in partnership with primary health networks, general practice and local health districts across rural, regional and metropolitan NSW to support people with urgent health care needs to access appropriate care in health care settings outside of hospital emergency departments. These partnerships are critical to the provision of safe, timely and seamless care for patients and reducing pressure on public hospitals in NSW.

In December 2022 the Portfolio Committee No 2 Health released its Report on the *Impact of ambulance ramping and access block on the operation of hospital emergency departments in New South Wales*. The report made 12 recommendations which relate broadly to relieving pressures within the NSW Health system with the intent of preventing delays in transfer of care.

The NSW Government has reviewed the recommendations in the Committee's Final Report and thanks the Committee for its detailed examination of the factors affecting transfer of care in NSW hospitals. Of the 12 recommendations:

- 10 are supported in full or in principle
- One is noted
- One is not supported

The specific recommendations of the Committee are addressed in the following section.

## RESPONSE TO RECOMMENDATIONS

### RECOMMENDATION 1

That NSW Health ensure that every hospital that experiences bed block provides dedicated paramedic work zones out of the elements.

<b>Position</b>	Supported
<b>Response</b>	<p>NSW Health will continue to ensure that paramedics have access to work zones out of the elements.</p> <p>Emergency department redevelopments are undertaken in line with the Australasian Health Facility Guideline (AusHFG) HPU 300 Emergency Unit which includes dedicated write-up spaces for paramedics in larger emergency departments with 15 or more treatment bays. In smaller emergency departments, paramedic staff have access to shared work spaces.</p>

### RECOMMENDATION 2

That the NSW Government commit to provide funding to increase the number of staffed beds in public hospitals, with a goal of reducing patient occupancy to 90 per cent initially, and 85 per cent thereafter.

<b>Position</b>	Noted
<b>Response</b>	<p>NSW public hospitals are funded by the NSW Government and the Commonwealth Government on the basis of activity in accordance with the National Health Reform Agreement (NHRA), and not on a staffed bed basis.</p> <p>NSW Health works with the Commonwealth and its agencies to refine the Activity Based Funding model, which is updated annually, so that it effectively reflects the costs to deliver care. NSW Health is currently engaged with the Commonwealth and other jurisdictions on a mid-term review of the NHRA. These discussions have included support for innovative funding models.</p> <p>New innovative models of care are being implemented to help to ease pressure on hospitals. These include the use of new virtual care technologies and development of alternate treatment pathways that provide care outside of the hospital, in partnership with primary care and other health providers, such as the Hospital in the Home program and the suite of urgent care services that are being established across NSW over the next two years.</p> <p>The NSW Government has committed to make significant investments in hospital capacity and infrastructure.</p>

### RECOMMENDATION 3

That the NSW Government abolish the wages cap for state sector employees, including junior doctors, paramedics, nurses, midwives and other healthcare staff, and move to a system of productivity-based bargaining, to deliver fair wages, productivity growth and better public services to the people of New South Wales.

<b>Position</b>	Supported
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<b>Response</b>	<p>The NSW Government has committed to removing the wages cap and engaging in genuine negotiations with frontline workers.</p> <p>An Industrial Relations Taskforce is being established which will bring workers, their unions and government agencies together to create a new cooperative interest-based approach overseen by the Industrial Relations Commission.</p>
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#### RECOMMENDATION 4

That the NSW Government appoint a person with oversight of patient flow with responsibility for identifying and reporting on system-wide initiatives to address patient flow. Initiatives to be trialled should include greater use of data modelling and expanded hours of operation for areas of the hospital other than emergency departments.

<b>Position</b>	Supported
<b>Response</b>	<p>The Deputy Secretary, System Sustainability and Performance Division at the NSW Ministry of Health manages, supports and monitors overall system wide patient flow and performance.</p> <p>The NSW Ministry of Health partners with Local Health Districts and Speciality Health Networks to support and implement state wide and local initiatives to improve patient flow and access to care. The NSW Health Whole of Health Program provides continuous monitoring of patient flow through the Patient Flow Portal and system analytic reports to improve patient flow and access to care.</p>

#### RECOMMENDATION 5

That the NSW Government appoint a Chief Paramedic Officer based on the model in Victoria.

<b>Position</b>	Supported in principle
<b>Response</b>	<p>Noting the organisational structure in NSW does not reflect that of Victoria, the NSW Government will continue to assess options to strengthen the structure and operations of the NSW paramedic workforce.</p> <p>The Chief Executive of NSW Ambulance is a registered paramedic, who provides expert advice to the NSW Health Secretary and the Minister for Health and Minister for Regional Health on paramedic practice and models of care.</p>

#### RECOMMENDATION 6

That the NSW Government invest in and expand the Extended Care Paramedic program with a focus on assisting patients in aged care facilities, along with greater efforts to extend the program to rural and remote New South Wales.

<b>Position</b>	Supported in principle
<b>Response</b>	<p>The NSW Government will continue to invest in model of care options which enhance health care provided to aged care residents and those residents of rural and remote NSW. The NSW Government will continue to actively engage with the Commonwealth, who has direct responsibility for aged care and on access to care for aged care residents.</p>

### RECOMMENDATION 7

That the NSW Government remove all location limits to allow Extended Care Paramedics and Intensive Care Paramedics to retain their qualifications when transferring to a regional location.

<b>Position</b>	Not supported
<b>Response</b>	<p>The current NSW Ambulance Role Delineation Guide informs service levels based on a set of criteria regarding patient safety, case volume, proximity to other services and case mix that facilitates an appropriate critical mass to maintain patient safety for different scopes of clinical practice. All Ambulance stations have a minimum qualification of Registered Paramedic. All paramedics are registered health care professionals with the Australian Health Professional Registration Authority. Some locations, based on service planning have sufficient activity to support the staffing profile to include certain types of specialist paramedics including Intensive Care Paramedics or Extended Care Paramedics. Not all locations have sufficient workload or activity to ensure maintenance of current competency for some specialists for high acuity low occurrence clinical procedures.</p> <p>The NSW Government has committed to funding an additional 500 paramedics in rural and regional areas of NSW over the next four years.</p> <p>NSW Health will continue work with stakeholders on paramedic professionalisation and career progression including in rural and regional areas of NSW.</p>

### RECOMMENDATION 8

That the NSW Government provide funding to increase the number of public hospital pharmacists so that their availability better matches the operating hours of emergency departments. The government should also consider implementing Partnered Pharmacist Medication Charting in hospitals.

<b>Position</b>	Supported in principle
<b>Response</b>	<p>NSW Government will assess options which improve the level of pharmaceutical care provided in emergency departments, including consideration of Partnered Pharmacist Medication Charting in NSW hospitals.</p> <p>See recommendation 9 for further comment.</p>

### RECOMMENDATION 9

That the NSW Government become a signatory to the Commonwealth's Pharmaceutical Reform Agreements.

<b>Position</b>	Supported
<b>Response</b>	<p>The NSW Government has written to the Commonwealth to commence negotiations for a Pharmaceutical Reform Agreement to enable approved public hospitals to prescribe and dispense PBS-subsidised medicines, chemotherapy drugs and highly specialised drugs to day-admitted patients, outpatients, and patients upon discharge.</p>

#### RECOMMENDATION 10

That the NSW Government continue to engage with the Commonwealth Government at a ministerial level on out of hospital care alternatives to improve patient flow, including access to GP services, and admission and discharge of aged care residents and NDIS participants.

<b>Position</b>	Supported
<b>Response</b>	<p>The NSW Government is in active engagement with the Commonwealth regarding access to GP services, and reducing the impact of people who are medically able to leave hospital but cannot be discharged because they are unable to access a Residential Aged Care Facility or the NDIS support they need.</p> <p>This includes the establishment of 25 Urgent Care Services across the state by end June 2025, in partnership between local health districts, primary health networks and general practitioners, so people with urgent health care needs can access appropriate care in health care settings outside of hospital, including through virtual models of care.</p>

#### RECOMMENDATION 11

That the NSW Government improve access to community mental health services, in particular for young people, such as through the Safe Havens program. It should also consider ways of making emergency departments more appropriate spaces for mental health patients, including improving access to mental health specialists within emergency departments.

<b>Position</b>	Supported
<b>Response</b>	<p>The NSW Government continues to invest in models of care to provide appropriate support to people experiencing mental health distress in the community and within Emergency Departments.</p> <p>This includes establishing a whole-of-government approach to suicide prevention; investing \$17 million over four years to increase the capacity of the Kids Helpline and \$8.2 million over the next five years to Lifeline for additional mental health services.</p>

#### RECOMMENDATION 12

That the NSW Government work with hospitals to develop interim solutions on a hospital-by-hospital basis to assist with ambulance ramping, emergency department overcrowding and access block, to provide short-term relief while long-term solutions are being implemented.

<b>Position</b>	Supported in principle
<b>Response</b>	<p>NSW Health supports local and state wide initiatives through the Whole of Health Program to address and manage system pressures. The Whole of Health Program facilitates collaboration, knowledge sharing and capability development across the NSW Health system, and provides support to individual hospitals to identify challenges and design locally tailored solutions to improve patient flow. This enables successful local initiatives to be shared and scaled across NSW and promotes innovative best practice.</p>