

Submission
No 184

**THE MANAGEMENT AND OPERATIONS OF THE NSW
AMBULANCE SERVICE**

Name: Suppressed
Date received: 18/07/2008

Partially Confidential

Dear Ms Parker,

I understand that you are the Chair of a Committee currently conducting a cross-Parliamentary Inquiry to investigate various issues within the Ambulance Service, including whether or not to retain the rescue service. I would like to make a submission to the Inquiry that the Ambulance Rescue function should be retained and that it is cost effective and very valuable service to the community of New South Wales.

I am an Ambulance Rescue Paramedic,

I write to you in regard to my concern over the recent review into the Ambulance Service of NSW by the Department of Premier and Cabinet, specifically in relation to recommendation 27, being "that the Ambulance Service rescue function be transferred to NSWFB".

I wrote to the Premier and Minister for Health congratulating them for not ratifying this recommendation as I believe it is ill considered and would not be in the best interests of the NSW Ambulance Service or the NSW community for the following reasons:

- *It is based on incorrect statistical evidence - costs and comparison with Fire Brigade vs. Ambulance workload are wrong;
- *It is detrimental to the clinical outcomes of patients & a downgrade of service to NSW residents;
- *It does not take into account wider implications to other ambulance special operations;
- *It is based on the premise that rescue is not a core function of NSW Ambulance and that transfer of the rescue function to NSWFB would "free up capacity for core business";

*There is no evidence that removal of the rescue function from the NSW Ambulance service would be cost effective.

1. The review is based on incorrect statistical evidence.

The NSWFB statistics for rescue used in the Ambulance review are incorrect. The report states that "In 2006/07 the NSWFB responded to 11,555 rescue matters". There are currently five agencies in NSW providing rescue services. The five agencies combined don't do that many rescues! The accurate figures as evidenced by SRB statistics for 2005 (see below table)

show that ASNSW attends the second highest number of rescues with 150 fewer rescue vehicles than NSWFB. The author of the review talks about "relatively low activity levels experienced by ambulance rescue officers compared to other rescue providers". What erroneous statistical evidence is this based on?

Service

Rescue Units

Callouts

Calls/Unit

Ambulance

14

2865

204.6

Fire

164

3924

23.9

Fire Brigade statistics as used for comparison of Ambulance vs. Fire Brigade in the Ambulance review use Fire Brigade rescue figures distorted by the inclusion of minor and trivial interventions. NSWFB use statistics which are clearly not supported by documented rescue responses approved by the Rescue Coordinating Officer (RCO).

Ambulance Rescue keep full records and have training manuals, NSWFB do not. Recently, the State Rescue Board asked all agencies to provide copies of their training manuals. The only agency that would not do so was NSWFB. Equally concerning was that all agencies were asked to provide their vertical training manuals. The NSWFB could only provide a 10-12 page draft document.

2. The recommendation to transfer the Ambulance Service Rescue function to NSWFB would be detrimental to the clinical outcomes of patients.

ASNSW Rescue Paramedics have extensive medical knowledge and experience combined with rescue skills and training that are recognised nationally and

internationally. They can apply both their medical and rescue skills to trapped and injured patients. The application of medical intervention and a rescue function affords the patient immediate and complete pre-hospital care. NSWFB cannot provide this level of expertise - their medical training currently comprises a standard 1st Aid course. Clearly, a trapped and injured patient would have a better clinical outcome if treated by a Rescue Paramedic as opposed to a rescuer with only 1st Aid skills. To transfer the rescue function from Ambulance Paramedics to the NSWFB would be a significant downgrade in service for the people of NSW.

The review states that "there is no compelling case for the Ambulance Service to retain an emergency rescue function" as "other emergency services are well placed to undertake this responsibility". This is not correct and no reference is given to the comparative skill level, accreditation and level of preparedness for each of these activities. In addition to motor vehicle rescue, all NSW Ambulance Rescue Paramedics are trained and capable of providing access and medical treatment to patients in environments including confined space, swift water, and trench collapse. The NSWFB on the other hand, currently have very limited personnel trained in confined space, swift water, and trench collapse.

Furthermore, Ambulance Rescue Paramedics have completed competencies in bushcraft, 4WD and navigation and mapping. NSWFB do not provide training for their staff in these disciplines. Obviously, if the Ambulance Service rescue function is discontinued, capability in these areas will be lost and this would be detrimental to the NSW community.

Ambulance NSW can cope with all motor vehicle accidents - no matter what degree of complication or severity. NSWFB by their own admission indicate that their secondary rescue units can only cope with about 70% of the road crash incidents they attend before needing to call for fully trained primary rescue units from other agencies. Extrication of these patients is time critical; surely this is unacceptable for the people of NSW.

3. The Review does not take into account the wider implication that the loss of the Ambulance Rescue function would have to other ambulance special operations.

ASNSW Rescue Paramedics supply the majority of personnel in the medical, rescue and support for Ambulance Service Special Operations Unit. This includes supplying highly trained teams often at short notice for; Police Tactical Operations Unit, State Protection Support Unit, Bomb Squad, Counter Terrorism Command, Public Order & Riot Squad and Dignitary protection support. In past years Ambulance Rescue Paramedics have also provided primary medical support for APEC 2007 motorcade operations, at the Beaconsfield mine collapse in Tasmania, and at the Thredbo landslide. Throughout the fire season, Ambulance Rescue teams support the Rural Fire Service by amalgamating to form Remote Access Fire Teams (RAFT). Currently,

Ambulance Rescue Paramedics will have an integral role in World Youth Day. Having highly trained and fully qualified Rescue Paramedics throughout the State allows for an appropriate and timely response to any emergency. If the Ambulance rescue function is transferred to NSWFB the Ambulance Service will have very limited ability to provide a special operations function, again, a huge loss to the NSW community.

4. The recommendation to transfer the Ambulance rescue function to NSWFB is based on the incorrect premise that rescue is not a core function of NSW Ambulance and that transfer of the rescue function to NSWFB would "free up capacity for core business".

The review states that "rescue is not a core function for the Ambulance Service". It is in fact a core function. If putting out fires is a "core" function for the NSWFB then surely, all facets of treatment of an injured/sick patient, including rescuing them, is a "core" function of ASNSW. Prior to 1989 the NSW Fire Brigade didn't have dedicated rescue units. Road crash extrication of patients was commenced by NSW Ambulance in 1962 and our training and skills have continued to exponentially develop.

As well as having a rescue function, Ambulance Rescue Paramedics currently provide an invaluable first responder role, i.e. due to their experience they can assess patients and triage accordingly. As such they do not become embroiled in bed block at hospitals. If Rescue Paramedics were to be reassigned from a Rescue/first responder function to a primary ambulance they would not be freed up to do "core business" as they too would be stuck in the hospital waiting queue.

5. There is no evidence that removal of the rescue function from the NSW Ambulance service would be cost effective.

The review recognises that cost savings to the Ambulance service through transfer of the rescue function to NSWFB would be limited. Through community funds and government support Ambulance Rescue now has the best available equipment and training. It's funded and the Rescue section has forward plans to further expand the rescue capabilities of our paramedics and to continue to provide the optimum service to the people of NSW. Ambulance Rescue is good value for money - this is evidenced by costing provided by the Ambulance Finance Section. The cost per rescue was evaluated using ASNSW & NSWFB formulas to obtain a costing. Using both methods, ASNSW came out as the cheapest of all full time agencies. Furthermore, whilst Ambulance Rescue Paramedics receive a small allowance for rescue duties, they are cost effective because when not doing rescue work they perform standard ambulance functions.

Ms Parker, given that even in the review it is recognised that "the

potential cost savings to the Ambulance Service from the transfer of its rescue function would be limited', any saving would be far outweighed by the loss to the community of a trained Paramedic rescue response. Anecdotally most people say that they would much rather be rescued by a Paramedic with significant medical training and experience than anyone else. Ms Parker, I would presume you would like the same for your loved ones. It is my belief that the people of NSW deserve nothing less.

Thank-you for your time. I am happy to be contacted to provide any further information you require.

Regards,