

**Submission
No 67**

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

Organisation: NSW State Emergency Service

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24 June 2008

The Hon Robyn Parker MLC
Committee Chair
General Purpose Standing Committee Number 2
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Parker

The Management and Operations of the NSW Ambulance Service

The NSW State Emergency Service has a very good working relationship with the NSW Ambulance Service. We value their support during flood and storm operations which we control, and we work closely with them during other emergencies.

There is one issue that I would like to draw to the Committee's attention, the Community First Responder Program.

I would like to focus on the Community First Responder program as I believe it has been of great benefit to some of our more isolated communities. SES unit involvement is only half complete and I am very keen to ensure its completion in the near future.

Community First Responder Program

The Community First Responder Program is a joint initiative of the NSW SES and the Ambulance Service – New South Wales (ASNSW). The CFR program seeks to address a deficiency in the capability of ASNSW in the provision of life saving first aid and triage in remote and rural areas of New South Wales. The criteria for establishing a CFR Unit exists where Ambulance Services are unable to respond to a call out within 40 minutes, combined with a willingness of the local SES Unit to provide this enhanced first aid service. ASNSW have advised that providing patient care within the shortest timeframe can result in the patient sustaining significantly less long term medical problems.

The provision of services through this program are delivered under the authority of a joint Memorandum of Understanding, established and agreed by both Services, in areas which meet pre-determined criteria in service delivery. The terms of the MOU determine that each respective organisation carry the individual responsibility for the costs associated with the rollout of the program throughout the state. The costs to date for this program have been absorbed into existing budget allocations by both the SES and ASNSW. Recent analysis of costs, both capital and recurrent, indicate that the program is becoming potentially untenable, and a designated program of funding is essential to the ongoing provision of this valuable service to remote and rural Australians.

Following establishment of an MOU between Services, Captains Flat (62 km's south east of Canberra) and Nundle (59 km's south east of Tamworth) were selected as pilot locations for the program. Following a successful pilot, further Units were rolled out including Turon (55 km's North of Bathurst), Goolgowi (51 km's north west of Griffith), Tambar Springs (144 km's west of Tamworth), Deepwater (140 km's north of Armidale), Bigga (102 km's north of Goulburn), Coraki (31 km's south east of Casino) and Windellema – Goulburn Unit (42 km's SSE of Goulburn). There are currently eight (9) SES Units (50 members) fully trained and providing CFR services throughout rural and regional areas of NSW. Since graduation of Nundle Unit on the 27 June 2006 CFR Units (collectively) throughout NSW have completed a total of 363 Tasks with a further total of 1240 volunteer hours committed to those tasks. There are a further 7 Units who have indicated a willingness to enter the program and they are:

- Burruga Central West Region
- Gooloogong Lachlan Region
- Tabulam Richmond Tweed Region
- Glengarry Macquarie Region
- Garah North West Region
- Tingha Namoi Region
- Pilliga Namoi Region

The basis of the program is to provide a level of patient care significantly above that provided by basic First Aid skills. The training commitment builds on the basic first aid qualification and involves a minimum of three (3) weekends of two (2) days duration each with the option of a fourth if required. Volunteers are taught the Three P's (Protocols/Pharmacologies/Procedures) and are skilled to a higher level of Advanced Resuscitation Airway Skills. They are also trained in the use of a limited quantity of consumable drugs.

Following completion of training, Units are provided with a fully equipped kit including consumable drugs, and other equipment such as a Defibrillator, Sphygmomanometer and other specialist CFR equipment. A paging system is then utilised to activate Units on callout by ASNSW. Additionally, each Unit requires a mobile phone (generally Satellite Phone due to remote location/black spot and network access problems) and an ASNSW portable radio. This enables direct contact with ASNSW Operations. Volunteers currently utilise SES vehicles to perform CFR roles where available, however in a number of locations this resource is not available due to a dual role in General Land Rescue which requires availability of a rescue vehicle. In these instances, volunteers generally utilise their own vehicles in order to deliver the service.

The aim of the capability within the community is to provide high levels of expedient patient care, whilst an Ambulance is simultaneously responded. On most occasions, the attendance of the Ambulance is not required as the patient is successfully treated on scene by the CFR members. Where necessary, the patient has been stabilised where transport is required.

Upon initial review of the program, the SES has identified the following as being indicative of capital/recurrent expenditure required in the provision of CFR capability within NSW to date: Indicative costs for the establishment of a CFR Unit vary between \$ 47,087.00 and \$23,217.00, depending on whether units have the necessary communications infrastructure already in place. The total cost to the SES to date is \$ 304, 433.00 and this has been sourced by diverting funds from within the SES budget, however in the future I would like to see dedicated funding for both Services to support the ongoing program.

In the In the future

Summary

The Community First Responder Program aligns with the priorities contained within the NSW State Plan in a number of areas. Specifically, in *Delivering Better Services – Priorities S1 and S2* regarding health care in rural and remote areas and *Fairness and Opportunity – Priority F5* regarding reduced avoidable hospital admissions. Additionally, supporting Volunteers in the Community is also a strong theme within the Plan.

The delivery of the CFR program throughout NSW has been met very enthusiastically by both the SES/ASNSW and the remote and rural communities which benefit from its delivery. Given the provision of health services as a key issue within rural communities, the CFR program represents a key initiative supporting health, with significant public value benefits for the rural community, but requiring limited support from Government. As stated earlier I am very keen for the last seven units to be trained and equipped in the next financial year (2008/2009).

Yours sincerely

Philip McNamara
Director General