

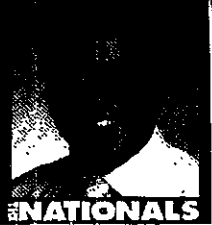
Submission
No 58

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

Name: Mr Adrian Piccoli MP

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Adrian PICCOLI MP
Member for Murrumbidgee



GENERAL PURPOSE STANDING COMMITTEE NO 2
INQUIRY INTO THE MANAGEMENT AND OPERATION OF THE NSW
AMBULANCE SERVICE

SUBMISSION FROM ADRIAN PICCOLI, MP
MEMBER FOR MURRUMBIDGEE

I am pleased to have an opportunity to make comment on the Management and Operations of the NSW Ambulance Service.

In my position as Member for Murrumbidgee, there have been occasions when I have received complaints about the NSW Ambulance Service response times. For this reason, the first issue of concern I raise under the terms of reference of this inquiry is that of the centralised call centre (management structure and staff responsibilities).

People under stress, particularly older people sometimes give wrong or inaccurate directions to rural properties - some of them have lived there for the majority of their life, and assume that everyone knows where they live. Callers also assume that the person they are talking to is familiar with the local landmarks that they report - for example, "turn right at the old water tank" may be a well known direction in a local village. Often the caller does not know the name of the road as there is no signposting.

I also understand that the increasing use of mobile telephones have made the task of tracking a call more complicated, as Caller Line Identification cannot be used when a mobile is involved.

I believe it would be so much easier for ambulances to reach their destinations in a timely manner if the person receiving the 000 call has at least a basic understanding of the area in question. I am aware that there will be a reluctance on the part of the Government to revert to this method now that call centres have been established, therefore I can only suggest that further mechanisms be put in place to assist drivers - technology such as "Nav Mans" in ambulance vehicles would be of great benefit. There may also be a need for a mandatory requirement to check maps when rural properties are involved.

Several years ago I was made aware of a gentleman in Ardlethan, whose wife passed away before an ambulance arrived at his rural property. The arrival of the ambulance was delayed due to difficulties in finding the location - I understand that an investigation showed that the directions from the caller were not sufficiently detailed, the call was not made from the patient's telephone, therefore Caller Line identification could not be used, and the property was not included on the Land Information Centre's pastoral stations property map.

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There was also another case in the area where it took 49 minutes for an ambulance to arrive. I understand that fault was credited to the caller, who allegedly whilst under great stress gave incorrect directions, however, I understand that property maps were not consulted in this case - should this have been done as a matter of course after the ambulance was dispatched?

Consider also the constituent from Temora, who rang for an ambulance to attend to a suspected heart attack victim. Upon ringing the ambulance, they were informed that there was no ambulance in the area, and that the closest was in Ardlethan (over 50 minutes away).

At the time, I was told that the 000 operator kept repeating Gloucester Street, Young - apparently the telephone that the constituents were using was listed under a Young address, and this was the source of the confusion. I understand that after 10-15 minutes, no ambulance had arrived, with the service then calling back to make other arrangements for transportation to hospital. As you can appreciate, this time delay can be fatal.

I raise these issues, as I remain concerned that a call centre in Wollongong is not the best fit for our area. Local people know local areas, and as you can see from the above cases, incorrect directions can cost lives.

I will also like to raise the issue of the availability of four-wheel drive ambulances at regional and rural stations, which is both a staff occupational health and safety issue and an operational issue.

The Murrumbidgee Irrigation Area in particular is riddled with farms on dirt roads, and in times of even small amounts of rainfall, these roads become slippery and muddy very quickly. There has been cases where ambulances have been unable to reach a patient because they are unable to negotiate the slippery and boggy conditions. Again, I am sure you can appreciate that this can have fatal implications.

The public have a right to receive the benefit of first aid from the ambulance service when and where it is required, and therefore the ambulance must be able to gain access to patients. If all it takes to save a life is a four-wheel drive, then there should be one available at all country stations. It goes unsaid that all stations in remote rural areas should be supplied with a four-wheel drive ambulance so that they can access patients in all geographical situations.

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Personally, I think it would be beneficial for the Ambulance Service to purchase these vehicles rather than lease them – they will be in service for at least 10 to 15 years, and will belong to the station for this period.

I would also like to raise staff recruitment, training and retention issue that is a problem in this area. Griffith is a centre that is surrounded by many smaller towns and villages, including Hillston. I understand that new recruits are often posted to Hillston, which I would class as a small and isolated station. Because of this remoteness, I am aware that new recruits often do not settle into the community, and look to transfer out of the area quickly. Because the Ambulance Service cannot facilitate a transfer, these officers do resort to quitting the service instead of remaining in the area.

This then has a domino effect, with officers from Griffith called upon to provide relief until a new officer is found. Officers are sent to provide relief for up to seven days at a time, away from their family. This does not happen in metropolitan areas and again this is a case of the Service perhaps not catering to the different needs of city and country officers.

Perhaps thought could be given to making small and / or isolated centres a short term posting – for example, send officers to Hillston for three or six month postings, with an option to stay or depart at the end of this period.

Finally, I would like to express my concern about the amount of time officers are forced to spend in transit. I know that Griffith crews spend a great deal of time transporting patients to Wagga Wagga, which is a five-hour return journey, including time for patient transfer. This often occurs in the middle of the night or early hours of the morning, with officers expected to return to duty on only one or two hours sleep.

The majority of these trips involve patients requiring orthopaedic care or mental health care. Currently, there are no orthopaedic services in Griffith, and therefore any patients requiring this attention must be taken to Wagga. Pressure needs to be applied to the Greater Southern Area Health Service to address this situation, as this would alleviate problems for not only the Ambulance service, but also the wider community.

With a mental health facility promised for Griffith earlier this year, transportation to Wagga for this purpose will decrease, it would be my wish to see this facility up and running as soon as possible, as this again would benefit officers and the general community.

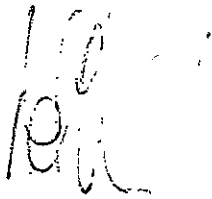
I am also aware that this has a great impact on the family life of officers, who often find themselves hours away from home cancelling plans and rescheduling commitments.

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Thank you for reading my submission. I hope that the issues I have presented are seriously considered as part of this inquiry, and that this will bring about positive change for this vital frontline health service.

Yours sincerely,



Adrian Piccoli, MP

Member for Murrumbidgee

Shadow Minister for Water and State & Regional Development

Shadow Leader of the House