Submission
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INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Organisation: Australasian College of Paramedicine

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Submission from the Australasian College of Paramedicine; Rural, Remote & Community Paramedicine Special Interest Group, to the "Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW".

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Introduction

"In common with many rural and remote parts of Australia, the issues driving reform of rural health services are brought to light through the number of unnecessary presentations to emergency departments of hospitals, the dearth of mental health facilities and services, limited numbers of general practitioners and community nurses, and the changing role of rural hospitals that increasingly offer little more than aged services."(1)

Fourteen years ago, this statement was part of the findings of a comprehensive report delivered to the Australian Council of Ambulance Authorities following an in-depth analysis of ambulance service case studies conducted in rural NSW, Victoria, South Australia, and Tasmania. This account is as true today as it was in 2006 and abundantly demonstrates the lack of meaningful changes that have occurred within rural and remote service delivery in NSW in the intervening years. The ongoing inequities of rural and remote health care in Australia continue to be borne out in the findings of the latest report from the "Inquiry into the indicators of, and impact of, regional inequality in Australia" released in December of this year (2). Community paramedicine models of care provide one way of meeting the unique challenges of delivering equitable access to health care for Indigenous, rural, regional, and remote populations.

Access to ambulance services in rural, regional & remote NSW

The most recent ambulance usage data available for the April -June 2020 quarter demonstrates that for some of the most disadvantaged and remote communities, calls for an ambulance per 1000 people are up to two and half times that of metropolitan and inner regional areas (3). This speaks to the reliance that these communities have on paramedics in the delivery of health care and the role they play in the health and welfare of their

communities, particularly where primary health care services are difficult to access or unavailable.

Rural paramedics attend to a wide variety of patient presentations ranging from critical, traumatic injury to chronic, complex geriatric syndromes in aged care facilities, mental health illness, substance use disorders and palliative and end-of-life presentations (4). Many of these attendances have traditionally fallen within the domain of primary and nursing care, however due to the prolonged shortages of rural doctors and limited availability of community nursing staff, patients are increasingly being managed by the paramedic workforce in regional, rural, and remote areas of the state. Challenges that differentiate rural, regional, and remote paramedic practice to that of metropolitan practice include greater duration of patient contact time during assessment, treatment and transport, prolonged wait times for clinical assistance and an increase in community reliance and expectations on the health care that can be provided by paramedics (4).

Already very familiar with the out-of-hospital environment, paramedics are well placed to function as patient advocates in facilitating and arranging access to other services, particularly for those who may not require transport to an emergency department, but have been assessed as needing further care (5). As clinicians who attend to patients in their homes, they are one of the few professions with an understanding of the patient's holistic needs (6). This includes assessing ongoing care needs such as aged care assessments, home care services, medication management, palliative care, assistance with nutrition and any referrals required to allied health services.

Current provision of ambulance services in rural, regional & remote NSW and staffing challenges

The distinctive benefit of the current paramedic workforce is its 24-hour availability of regulated clinicians, working with an autonomous, professional scope of practice, able to provide comprehensive patient assessment, administration of treatment regimens for physical and mental health illnesses and referral to speciality care. By way of example, paramedics with extended care qualifications in NSW respond to incidents identified via a dedicated dispatch pathway and work within a broader scope of practice under pre-existing governance structures. These specialist paramedics provide clinical interventions such as chronic pain management, wound care, and catheter care, to name a few, and have a robust referral system with increased training and education in these areas of healthcare. The qualification of Extended Care Paramedic is achieved through a 10-week "in-house" education program

conducted at the University of Sydney Nepean Clinical School followed by a two-year consolidation period in metropolitan Sydney. This qualification is eminently suited to a potential expansion into a community paramedicine role, as is the dual qualification of being a registered paramedic and nurse.

Currently the rural and remote paramedic workforce in NSW has no funded positions for extended care practitioners when compared with metropolitan areas. There is also no availability for clinical advancement in place, with any paramedic wanting to achieve further internal qualifications being required to relocate to a metropolitan area. There is no guarantee that they can return to their rural posting at the conclusion of the training period, should they want to continue practicing as a rural paramedic. The rural paramedic workforce in NSW is also experiencing a state of regular staff turnover as new graduate paramedics or ambulance officer interns are posted to outer regional, rural, or remote stations and then move back to metropolitan or inner regional or coastal areas within short timeframes. This staff movement creates a situation, in rural and remote regions, where there are fewer experienced clinicians and very few extended care paramedics, to the detriment of both the communities they serve and the paramedics themselves.

Future provision of ambulance services

With the advent of registration for Australian paramedics in 2018, the professionalisation of the workforce should give rise to an increased scope of practice and an ability to subspecialise into non-traditional areas of paramedic practice, while retaining the aspects of paramedic delivery of care that are of unique benefit to the communities that utilise them. The prospects of clinical advancement and the flexibility to move into other areas of non-traditional clinical work have the potential to act as inducers to paramedics to continue practicing in rural and remote regions and creates an environment of clinical leadership and support for new staff being posted to these areas.

The role of a community paramedic is differentiated from that of acute, emergency ambulance services by the broader domains of practice and models of care that incorporate primary care, community engagement, preventative care, response to unplanned care needs and integration with medical, allied health services, aged and social care services (7, 8). Access to community paramedic services is generally via a call to triple zero or referral from other health or social care providers and, although international models of care for community paramedic programs are varied in response to local need, they share a similar

focus on the prevention and management of chronic diseases, the utilisation of interprofessional collaboration, specific and global home health assessment, follow up care post hospital discharge, management of frequent users of ambulance services and identification and assistance to at risk populations (9, 10).

Demographically, regional, rural, and remote populations in NSW are older, poorer and suffer a greater burden of ill health and lack the access to quality, consistent healthcare for chronic disease and mental health illness that has been shown to improve health outcomes.(2, 11, 12) The role of community paramedics in these environments is eminently suitable to address the challenges of these issues and create better health outcomes for disadvantaged, marginalised and underserved populations in NSW.

Thank you for your consideration of this submission.

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