

**Submission  
No 664**

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

**Organisation:** Australian Paramedics Association (NSW)

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## Australian Paramedics Association (NSW)

### *“Patients are dying and Paramedics will too soon if this isn’t fixed”*: Submission to the Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW

The Australian Paramedics Association (NSW) (APA (NSW)) is a registered trade union representing the majority of Paramedics employed by NSW Ambulance (NSWA). APA (NSW) is grateful for the opportunity to shed light on the challenges Paramedics face when working in regional, rural and remote New South Wales (NSW). Our observations and recommendations are informed by on the ground feedback from Paramedics across NSW. In response to a survey conducted by APA (NSW), one Paramedic wrote: “Patients are dying and Paramedics will too soon if this isn’t fixed”. In the same survey, 95% of respondents disagreed or strongly disagreed with the statement “When working in rural, regional and remote NSW we get the same resources as those in metropolitan Sydney” and 1 in 2 survey respondents stated that they usually or consistently felt that their wellbeing was not a priority of NSW. These submissions will outline the current state of play in emergency healthcare in regional, rural and remote NSW, and consider some potential solutions to ensure the safety of Paramedics and patients.

## **“Living rural in NSW is a death sentence”: the challenges faced in regional, rural and remote NSW**

The experience of Paramedicine in regional, rural and remote healthcare is not monolithic. In this discussion of pre-hospital healthcare in non-metropolitan NSW, we have considered both the unique challenges introduced by distance, population, environment and resourcing, as well as the common themes that have emerged from the experiences of Paramedics outside of metropolitan Sydney. Multiple respondents to a survey conducted by APA (NSW) stated that they believed that living in rural, regional or remote NSW was a “death sentence”. The issues outlined in our submissions relate both to Paramedic and patient wellbeing and consider both short- and longer-term actions which could enable all NSW residents to have access to an outstanding quality of care if they experience an emergency.

It is worth noting the limitations of the scope of these submissions. Some of the challenges raised in these submissions, particularly those related to resourcing, are also faced by Paramedics who work in metropolitan Sydney. Additionally, Paramedics working in metropolitan Sydney face unique challenges that APA (NSW) would be grateful to have a similar opportunity to expand on. This submission will not make comment on the use of volunteers to supplement the needs of some regional, rural and remote communities, except to acknowledge the willingness of community members to give up their time to support the local community when the Government has been unable to do so.



For the purposes of this submission any station which falls under the NSW Regional Station Map (Figure 1) will be considered a regional, rural or remote station.

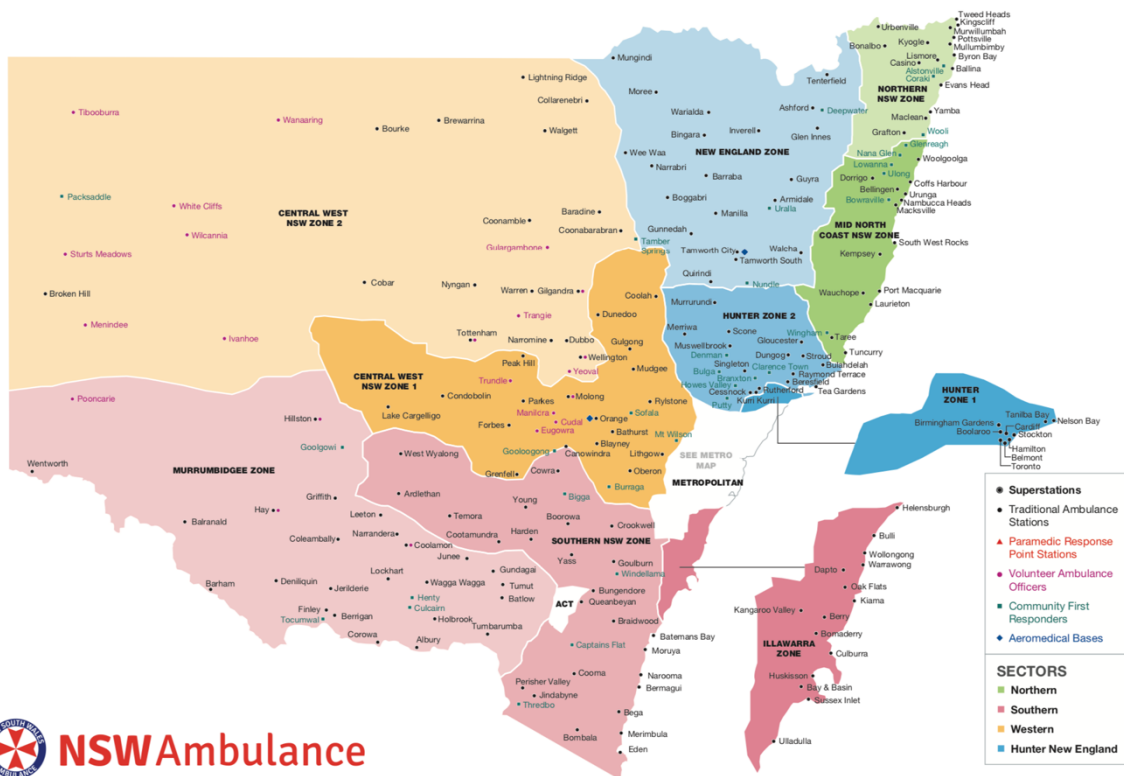


Figure 1: Regional Ambulance Station Map

## Resourcing

The workload Paramedics face exceeds what stations are staffed or equipped to handle. A 2017 review into the capability of NSWA to meet growing demand found that:

*“Demand for ambulance services is growing at a rate higher than population growth... NSW Ambulance has made several recent changes to remove large parts of demand for its services, including moving non-emergency patient transport to a separate government agency and*

*changing the way triple zero calls are categorised. These changes were expected to improve emergency response time performance, but the anticipated improvements have not been achieved. If demand continues to increase as forecast, NSW Ambulance will need to find more efficient ways to manage demand to maintain its performance”<sup>1</sup>*

The Bureau of Health Information Quarterly Report for the October-December 2019 period noted that over five years, the number of ambulance responses have increased by 12%<sup>2</sup>. The same period had the “highest number of ambulance calls and incidents of any quarter in the five-year period”<sup>3</sup>. Higher workload combined with a reduction in access to GPs, rural and remote communities are feeling the pinch<sup>4</sup>. Across Australia in 2011, there were 113 GPs per 100,000 in remote areas<sup>5</sup>. In 2017-2018 there were 81.4 per 100,000 in remote areas<sup>6</sup>. Paramedics are reporting feeling fatigued, burnt out and scared for the safety of their communities.

Despite a recent injection of 750 new Paramedics and control centre staff, Paramedics report that they have not seen a substantial increase in the capacity of the ambulance service, as measured by the number of cars on the road<sup>7</sup>. There are two drivers for this.

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<sup>1</sup> Managing demand for ambulance services’ (2017), accessed 25/11/2020, <https://www.audit.nsw.gov.au/our-work/reports/managing-demand-for-ambulance-services-2017->

<sup>2</sup> [https://www.bhi.nsw.gov.au/data/assets/pdf\\_file/0003/572421/BHI\\_HQ\\_OCT-DEC\\_2019\\_Trend\\_Report.pdf](https://www.bhi.nsw.gov.au/data/assets/pdf_file/0003/572421/BHI_HQ_OCT-DEC_2019_Trend_Report.pdf)

<sup>3</sup> [https://www.bhi.nsw.gov.au/data/assets/pdf\\_file/0003/572421/BHI\\_HQ\\_OCT-DEC\\_2019\\_Trend\\_Report.pdf](https://www.bhi.nsw.gov.au/data/assets/pdf_file/0003/572421/BHI_HQ_OCT-DEC_2019_Trend_Report.pdf)

<sup>4</sup> Raven et al (2006), ‘An exploration of Expanded Paramedic Healthcare Roles for Queensland’, September 2006, page 8

<sup>5</sup> <https://www.abs.gov.au/ausstats/abs@.nsf/lookup/4102.0main+features20april+2013>, accessed 27/11/2020

<sup>6</sup> <https://ama.com.au/article/general-practice-facts>, accessed 27/11/2020

<sup>7</sup> Kate Aubusson (2018), ‘1 Billion for 750 new Paramedics across NSW’, *Sydney Morning Herald*, accessed 25/11/2020, <https://www.smh.com.au/national/nsw/1-billion-for-750-new-paramedics-across-nsw-20180614-p4zldj.html>

In some instances, new Paramedics were utilised to ‘enhance’ stations by moving from an ‘on call’ model, where staff work during the day and respond from their homes to emergent work at night, to a ‘24/7 model’ where staff work on a rotating roster working both day and night shifts. In these cases, the enhancements typically did not increase the coverage to the community, but changed the type of coverage, from on-call to on-duty staff. While beneficial for Paramedic fatigue in theory, in reality, while working ‘on-duty’ staff are frequently out of town driving very long distances at night to transfer patients to other hospitals. Paramedics report that these transfers could often wait until morning, when it is safer to drive, and alternative transport services are available. For the most part, in stations that have undergone this kind of enhancement, there are then no staff available in town ‘on-call’ if an emergency does occur.

In other instances, where stations have increased the number of crews rostered on each day, afternoon and/or night (beyond moving to the 24/7 module), the additional enhancements are not maintained. The current figures for what cars are needed on road (known as ‘Minimum Operating Levels’) are based on 2010 demand figures. Newly enhanced rosters are not being filled on a regular basis because the additional crews are surplus to the 2010 requirements. A snapshot of one Newcastle ambulance station, Belmont, demonstrates how this problem manifests on a daily basis. Over a month-long reporting period in 2019, rostered coverage for the Belmont community was only maintained around 25% of the time. On 29 of the 37 days reported on, cars and crews were transferred to or from other stations, shifts were not covered, or Paramedics were left single and forced to pair up with Paramedics at other stations. This is not unique to Belmont and occurs at stations across regional NSW.

### Workload

Workload will naturally increase along with population. However, the impact of this increase is exacerbated not only by chronic under-resourcing, but additionally by the utilisation of Paramedics for very low acuity work. Paramedics widely report that the current triaging

system for callers is not fit for purpose. Paramedics report frequently being sent to patients who do not clinically require emergency care. In a later section of this submission, we will consider potential clinical skillsets and programs that would reduce the frequency of this work type and free up hospital and ambulance resources for emergent work.

In more rural and remote areas, the workload is intensified by long cycle times. Cycle times, from the time a Paramedic receives a job to the time they complete the handover at hospital, are frequently incredibly long in rural and remote areas. This is generally due to the patient transports that Paramedics undertake.

The following survey results demonstrate the extent to which long cycle times are fatiguing Paramedics working in regional, rural and remote NSW in the extreme:

- **1 in 3** Paramedics consistently or usually felt too fatigued to drive safely
- **1 in 5** Paramedics were consistently or usually asked to complete a job even after they stated they were too fatigued
- **1 in 2** Paramedics were consistently or usually called out to perform an unnecessary transfer
- **1 in 2** Paramedics consistently or usually worked overtime due to a long-distance transfer

These statistics should alarm all those reading them. It places patients and Paramedics at risk when staff are driving or treating while fatigued. When discussing fatigue at work, Paramedics additionally point to the psychological risks faced when deciding if they are too fatigued to work. In small communities, there is every likelihood that they will have some connection to the patient, or every likelihood that they are aware that the next closest resource is over thirty minutes away. APA (NSW) will always advise our members that they must stop work if they are too fatigued. However, this psychological risk cannot be ignored in a discussion about workload, fatigue and resourcing.

In their day to day work, long distance transfers place Paramedics and patients at risk regularly. For example, some Paramedics working in Southern NSW report that it is a seven-hour round trip to take mental health patients to the nearest dedicated mental health facility. Paramedics in rural and remote NSW are frequently stressed about their hometowns being left without Paramedics because they are away transferring a patient, with the next available resource almost always more than half an hour or even an hour away. This leaves these communities without access to timely emergency clinical care if an emergency occurs.

Paramedics frequently report that coverage from Patient Transport Services (PTS) is lacking. Patient Transport Services do not run 24 hours a day, and typically will operate from 6:00AM to 10:00PM or 12:00AM. This naturally results in Paramedics frequently undertaking long distance transfers at night. A 2018 review demonstrated that the cost of putting on more PTS vehicle hours is “far less than the cost to outsource the transports [to other providers, including NSWHA]”. In short, the failure to appropriately utilise and expand PTS services not only impacts patient and Paramedic safety, but also comes at a cost to NSW Health<sup>8</sup>. By expanding the capabilities of Patient Transport Services, NSW Health would ensure that the most appropriate resource is utilised for low acuity work, enabling faster response times to patients requiring emergent care.

The most frequent cause of transfers is under-resourcing and under-staffing at local hospitals. In a survey conducted of the workforce, Paramedics provided following examples of how inadequately resourced hospitals impacted them:

- No nearby dedicated mental health facility necessitating transports that take over three hours one way

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<sup>8</sup> Bones and Mayes (2018), Improving Patient Transport in New South Wales, <https://www.tandfonline.com/doi/pdf/10.1080/2058802X.2018.1439568?needAccess=true>



- Hospitals so poorly resourced a Paramedic described it as a “difficult decision to transport a patient to them”
- Patients being held at local hospitals while being booked as a transfer rather than a trauma, resulting in a delayed response
- A Paramedic undertaking 8 long distance transports of 8 shifts, totalling 2250km of driving
- A town which only has a GP every second week, who is also the on-call doctor for the hospital

The scenarios described above are not unusual. They are the typical challenges faced by Paramedics who work in rural and remote NSW. One of the most frequently concerns raised in the survey was the lack of doctors at local hospitals or just in town. One Paramedic reported that a GP visited their community once a week, and generally booked out well in advance of their visit. Another reported that in one area, one doctor covered four different towns. Patients will, as a last resort, call for an Ambulance when they have not been able to access a GP for minor ailments. APA (NSW) does not believe that every rural hospital should or could be of the standard of major regional hospitals such as the John Hunter or Albury Hospitals. Some patients do require urgent specialist care and need clinical monitoring during the transfer period to a major hospital. No Paramedic is averse to performing patient transports in these situations. However, there are a number of actions that could be taken to increase the capacity of local hospitals, including:

1. Appropriately resourcing hospitals with adequate equipment
2. Incentivising GPs to work in rural and remote communities
3. In areas with ongoing difficulties retaining clinical personal with the capability of utilising diagnostic equipment, look at alternative arrangements. This could include, for

example, providing training to other local clinical staff to take x-rays under specific circumstances (with a commensurate pay increase).

It is distressing for both Paramedics and patients when they have to be transported for hours due to the local hospital not having a doctor either on site or on call, or lacking basic diagnostic equipment such as x-ray and CT.

While appropriate resourcing is required, we also must ensure that the resources rural communities do have are not reappropriated to do transports that could and should be avoided, or conducted by a more appropriate service.

#### Lack of specialist Paramedics and clinical support

As already expressed, Paramedics are being worked beyond their limits, and more resourcing is required. However, the question is not simply about the number of Paramedics on the road, but what skillsets these Paramedics have. The problems faced by rural and remote Paramedics, and the risks to rural and remote communities, are exacerbated in part by a lack of specialist Paramedics.

One specialist program that many Paramedics believe would make a significant difference to rural and remote communities is the Extended Care Paramedics (ECP) program. Of those APA (NSW) surveyed, 93% agreed or strongly agreed that more ECP positions would benefit regional communities. ECPs treat patients in their homes, to avoid taking them to hospital. ECP skillsets include replacements of catheters, wound care (including sutures), replacement of percutaneous endoscopic gastronomy tube, falls screening and assessment for referral purposes, aged care screening and assessment for referral purposes and commencement of

pharmacotherapy administration. ECPs are trained in clinical management, dementia and delirium, falls in the elderly, and pharmacy as it specifically relates to elderly patients<sup>9</sup>

Currently, there are 83 funded ECP positions in metropolitan Sydney and outer metropolitan Sydney (including Newcastle and Wollongong). There are no funded ECPs outside these areas. Not only do ECPs reduce the workload (and associated costs) for Paramedics and hospital staff, but the program is additionally beneficial for patients, who do not have to deal with the stress of being taken out of their familiar surrounds.

ECPs would have the capacity to reduce a large number of unnecessary transfers and hospital visits through treating low acuity patients. Many Paramedics believe their skillsets would be invaluable in ensuring emergency resources are available to communities when they need them, while also providing substantial benefits to patients, particularly those who live a significant distance away from a hospital that can provide the treatment they require. Importantly, ECPs should not be seen as an alternative to Community Nurses, but as a complimentary resource for regional, rural and remote communities, addressing acute and sudden injuries or needs, rather than implementing ongoing healthcare plans.

Another emergency skillset which would benefit regional, rural and remote communities is the Intensive Care skillset. Intensive Care Paramedics (ICPs) are trained to a higher clinical level, and have the following skillsets:

- Advanced airway management
- Intubation

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<sup>9</sup> Agency for Clinical Innovation, 'Extended Care Paramedic', accessed 26/11/2020, <https://aci.health.nsw.gov.au/resources/aged-health/building-partnerships/building-partnerships/extended-care-paramedic>

- Chest tubes
- Paediatric pain relief

96% of Paramedics surveyed stated that they strongly agreed or agreed that rural and regional communities would benefit from more ICPs. ICPs provide vital support to patients who require critical clinical care. One example of the sparseness of this resource in rural areas is that there are only two Intensive Care Paramedics between Gilgandra and Lightning Ridge, and they are based at Gilgandra and Walgett Stations. Despite many Paramedics wanting to achieve an ICP or ECP qualification, patients in rural and remote areas are receiving a lower standard of care than they could be due to the employer failing to providing these Paramedics with that opportunity.

NSWA recently secured funding to upgrade equipment for some Intensive Care Paramedic vehicles. Although all ICP's will be trained in the new set of skills to accompany this equipment, the equipment itself will only be available to metropolitan Sydney, the Illawarra and the Hunter. The equipment will not be rolled out to rural and regional areas until NSW secures the funding. APA (NSW) members have expressed frustration that regional, rural and remote communities are being denied this vital equipment.

One of the most frequent issues raised with APA (NSW) is that it is impossible to become an ECP or ICP while living in regional, rural or remote NSW.

The blockers for Paramedics achieving specialist qualifications are due to the employer not providing funding for the commensurate pay increase, and not facilitating flexible training schedules and locations. If a Paramedic applies for and is accepted into a specialist training course, they must give up their substantive position and relocate to Sydney for a minimum of two years to undertake the training course and a subsequent consolidation period. In the absence of a funded position, the only way a community will have access to a specialist

Paramedic is if they gained the specialist qualification and then transfer to a regional station. However, it is difficult to do so if there is not a funded position for that specialist skill.

Large regional centres generally have the workload and the infrastructure (NSWA training centres and major hospitals) to allow for the consolidation of specialist skills locally. Given this, APA (NSW) has consistently argued that Paramedics should be allowed to gain a specialist qualification without having to needlessly relocate to metropolitan Sydney.

The impact of the lack of specialist positions and training outside of metropolitan Sydney is twofold. Firstly, regional, rural and remote communities are deprived of specialist care that would save lives and prevent unnecessary pain, suffering and distress. Second, these barriers reduce the career progression opportunities for Paramedics who live outside of metropolitan Sydney. One Paramedic who responded to APA (NSW)'s survey summarised the catch-22 faced by Paramedics eloquently:

*“The service makes us choose between staying in Sydney for the first 5-10 years of our career, where the workload causes burnout and the cost of living is too high for most people, or going remote and stagnating due to there being no provision for clinical provision in our careers. If I wanted to receive specialist training, I would have to give up my position and move back to metro, uprooting my family!”*

The impact of this should not just be considered on an individual scale. Paramedics report that the failure to provide career advancement opportunities for those working in non-metropolitan communities inevitably leads to high staff turnover, low morale, and lower community engagement.

Greater flexibility with the ECP and ICP programs, not only in terms of training and consolidation, but in the ongoing work, is required to make these specialists a sustainable resource for regional, rural and remote communities. ECPs work alone, and this can be

fatiguing if done continuously for many years straight. In order to combat burn out, or, alternatively, people not applying for ECP positions for fear of burn out, flexibility should be introduced through rostering practices, allowing staff to take blocks off the ECP car and work with a partner. Alternatively, NSW could enable ECPs to carry their additional equipment on 'General Duties' ambulances, and work as part of a 'dual crew' with a Paramedic.

Additionally, many regional and rural Paramedics have expressed interest in a modular training model, with commensurate pay increases, whereby Paramedics are taught specific ECP skills that would most benefit their communities.

ICPs often report that they attend a high rate of traumatic incidences, as this is where their skillsets are most typically required. This is another reason why increasing the number of ICPs is essential to the longevity and health of the Paramedic workforce and the communities they serve. By 'spreading the load' of the traumatic incidents between more Paramedics, they are exposed to less trauma overall.

Paramedics frequently report their sense of frustration at the inflexibility with specialist programs in NSW, and feel they are being held back from being able to provide the best care to their community as they possibly can.

Finally, and related to the above, is that Paramedics in rural and regional NSW feel that they have far less access to clinical support in the form of Paramedic Educators. 75% of survey respondents stated that they 'disagreed' or 'strongly disagreed' with the statement "I have adequate access to educators". Paramedic Educators and Clinical Training Offices have a vital role to play in the clinical support of Paramedics. They assist Paramedics in learning new skills, train Paramedics returning to work after a period of absence, due to injury, illness, or parental leave, and support new Paramedics. To indicate the extent to which Education resources are stretched, there are currently only two Educators covering the entire

Murrumbidgee Zone, which stretches from Batlow, across to Wentworth and up to Hillston (Figure 2).

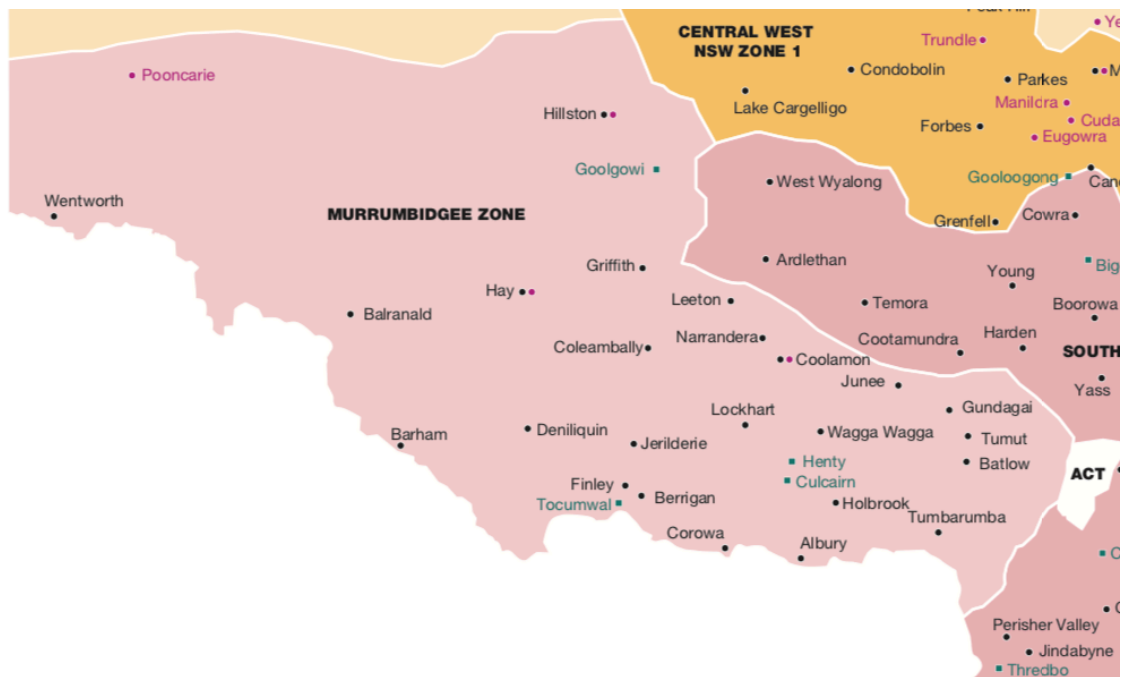


Figure 2: NSW Map of Murrumbidgee Zone

In order to support both Paramedics and patients, NSW Health must invest in better clinical education support and opportunities for regional, rural and remote Paramedics. Doing so would undoubtedly improve morale, reduce staff turnover, and increase community engagement.

### Appropriate equipment and infrastructure

Much of the infrastructure and equipment Paramedics in rural, regional and remote NSW have is inadequate, and not suited to the harsher climates and remote settings that Paramedics are working in.

Where other ambulance services offer a summer uniform, with optional shorts and polo shirts, NSW Paramedics do not have weather appropriate uniforms. In areas such as Wentworth, Balranald, and Bourke, Paramedics report that temperatures regularly reach close to 50 degrees on tarmac. Paramedics wearing inappropriate uniforms is a significant safety risk. This has been an issue for several years now, and as summer temperatures continue to rise, it is a matter of urgency to appropriately equip the workforce to be safe while at work.

Additionally, much of the equipment Paramedics in rural, remote and regional areas is outdated. A notable example of the disparity between rural and metropolitan resourcing is the LIFEPAK 15. The LIFEPAK 15 is a monitor and defibrillator that automatically records patients' blood pressure, oxygen levels, carbon dioxide and heart rate. Currently, ECPs and the Special Operations Team have access to these machines. ICPs in metropolitan Sydney also have similar capabilities. As far as APA (NSW) is aware, no regional, rural or remote based ambulances have this capability. On long transfers or drives to hospital this often delays patient care, as Paramedics will have to pull over to be able to take accurate manual readings of observations. It is unclear in this instance why metropolitan Paramedics receive certain resources, and rural and remote patients' miss out on equipment that would substantially improve the quality of care they receive.

Finally, Paramedics widely report that current telephone and radio networks provide inadequate reception, and frequently put patient and Paramedic lives at risk. 1 in 4 survey respondents stated that they consistently or usually could not call for back up due to poor phone reception. This is particularly a risk in areas where Paramedics are responded single while waiting for another Paramedic to provide back up. In a previous submission in the federal inquiry into *Lessons to be learned in relation to the Bushfire Season 2019-20* APA (NSW) have also detailed the impact that poor radio networks have on the ability of



emergency services to coordinate response efforts during emergencies such as bushfires<sup>10</sup>. In these submissions, APA (NSW) stated: “Either with inadequate or faulty communications [during the 2019-20 bushfires], Paramedics were often forced to rely on other emergency service personnel to be able to communicate. On multiple occasions, Paramedics had difficulty locating patients due to inadequate inter-agency communication infrastructure”. Both for every day medical emergencies, and those that occur during disasters, the NSW Government must seriously invest in a reliable telephone and radio network for regional, rural and remote communities.

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<sup>10</sup> Submission from the Australian Paramedics Association are available here:  
[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Finance\\_and\\_Public\\_Administration/Bush\\_firerecovery/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Bush_firerecovery/Submissions)

## **“These people pay the same Medicare levy as city people for a tenth of the services”: where do we start?**

One Paramedic wrote in their survey response, “These people pay the same Medicare levy as city people for a tenth of the services”. APA (NSW) makes the following recommendations to the Committee with the view that in introducing the initiatives and changes listed below, there will be a greater equity of care provided to all NSW residents:

### Recommendation One: Resourcing to match demand

Update deployment modelling to reflect present day demand, ensuring that ambulances are deployed *as rostered*.

### Recommendation Two: Increasing specialist Paramedic resources

More funding for Intensive Care and Extended Care Paramedics across regional, rural and remote NSW, while allowing for flexibility in work practices, and providing the workforce with the ability to undertake training, skills consolidation and skills maintenance locally.

### Recommendation Three: Ensuring Paramedics are available for emergency work

Enhance Non-Emergency Patient Transport services to provide 24-hour coverage and improve consultation systems to avoid Paramedics undertaking unnecessary transports.

### Recommendation Four: Appropriately resourcing local hospitals

Undertake a review looking at which local hospitals would benefit most greatly from basic diagnostic tools (x-ray and CT), technicians who can utilise those tools, and dedicated mental health facilities.

Recommendation Five: Review triaging and referral services

Undertake a review of the efficacy of the current call triaging system and referral services.

Recommendation Six: Build reliable communication networks

Invest in building a reliable radio and cellular network to ensure Paramedic safety.