

**Submission
No 17**

**INQUIRY INTO IMPACT OF AMBULANCE RAMPING AND
ACCESS BLOCK ON THE OPERATION OF HOSPITAL
EMERGENCY DEPARTMENTS IN NEW SOUTH WALES**

Organisation: Western Sydney Primary Health Network (WentWest)

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Portfolio Committee 2 – Health
Parliament of New South Wales
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Dear Committee Chair,

Inquiry into the impact of ambulance ramping and access block on the operation of hospital emergency departments in New South Wales.

This submission is made by the Western Sydney Primary Health Network (WentWest) in response to the NSW Parliament inquiry into the impact of ambulance ramping and access block on the operation of hospital Emergency Departments (ED) in New South Wales.

For 20 years, WentWest has been part of the Western Sydney community, delivering support and education to primary care health professionals and working with key partners to progress the region's health system.

In July 2015, WentWest became the Western Sydney Primary Health Network (PHN), significantly expanding its work to deliver better health outcomes for our region. The PHN Program is funded by the Australian Government Department of Health to strengthen primary care, improve patient-centred service integration, and increase the efficiency and effectiveness of primary healthcare services for Australians; particularly those at risk of poor health outcomes.

This submission addresses Terms of Reference (ToR) "C" & "G" of the inquiry. It highlights current initiatives that WentWest is implementing in Western Sydney as examples of investments which can be made to address the impacts of increased emergency department presentations. It also highlights the primary health care reforms desperately needed to address the root cause of the problem.

People continually tell us they are frustrated when made to repeat their story and pay unnecessarily for duplicate tests because providers fail to communicate and share information. More than anything else, people want their health care to be accessible and affordable. Unfortunately, it is all too clear that our health system is no longer the universal one it once was. The sobering fact is that our health system has become less accessible and more focused on treating the sick rather than building healthy and resilient communities. The current crisis in Australia's emergency system is the symptom of a long history of neglect in primary health care. It makes a compelling case in and of itself for health system reform.

Primary health care – services provided by GPs, nurses, pharmacists, allied health professionals and others in the community – is where most treatments and preventive health occurs. It is this setting where common ongoing conditions such as diabetes, heart disease and depression are managed. It's here where the effects of loneliness, poor housing, unstable employment, inadequate access to good food and green spaces on health become acutely apparent. So, it is no surprise that what matters most to the community is accessible and affordable primary health care close to where they live and work.

Sadly, investments in hospitals are significantly outpacing investment in primary health care such that the proportion we spend on hospitals is ballooning compared to the spend on primary health care: the very investments which prevent us from getting sick. At the same time, out-of-pocket costs are on the rise, making our health system less equitable and a far cry from universal.

While the example initiatives presented below are led by WentWest, there are similar programs operated by all NSW PHNs. Collectively, these programs demonstrate the benefits and opportunities brought about by locally-lead and centrally supported solutions in enabling the delivery of the right care to the right patient at the right time. Despite their significant impact, the sustainability and scale-up of these programs remains hindered by the federated and fragmented nature of funding from the Commonwealth and NSW governments.

We believe that if primary health care reform is taken forward and the initiatives, such as the examples outlined in this paper, are scaled up across the state and integrated into business as usual, these initiatives have the potential to free up significant capacity in our EDs by ensuring that patients get access to the right care at the right time.

Key Recommendation:

R1 – Support the 10 Year Primary Care Plan and work collaboratively with the Commonwealth to invest in and support the reform of a sustainability, equitable and person-centred primary health care system

ToR C: The impact that access to GPs and primary health care services has on emergency department presentations and delays.

ED presentations are on the rise across the world. In Australia, they have been increasing annually by a national average of 3.2% since 2014¹. In Western Sydney, they have increased by 14.1% between 2016 and 2019.

It is widely recognised that a significant proportion of ED presentations can be dealt with in primary health care settings. Data from the Australian Institute of Health and Welfare (AIHW) shows that in 2017-2018, 1 in 3 ED presentations were for low acuity urgent care that could be provided by a general practitioner. This is echoed by work of the Royal Australian College of General Practitioners (RACGP) indicating that well-funded and coordinated general practices could manage 30% of current ED presentations – resulting in better care outcomes and savings of approximately \$1.5 billion a year².

Despite the significant role it can play in addressing the rise in emergency department presentations and delays, access to high-quality and coordinated primary care services remains hindered due to a chronic underinvestment in services and infrastructure, compounded by jurisdictional complexities, perverse incentives, a lack of coordination, workforce shortages and a disconnect between ambulance, hospital and primary care systems. PHNs are focused on working with partners to deliver change at the system level. This inquiry is an ideal opportunity to explore solutions that include primary care providers and join up pilot projects already in train.

For decades, WentWest has been advocating for system wide reform to address the structural barriers limiting the primary care sector's ability to support the community. Most recently, the Consumers Health

¹ Emergency department care - Australian Institute of Health and Welfare. (2022). Retrieved 5 September 2022, from <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>

² The Royal Australian College of General Practitioners. Vision for general practice and a sustainable healthcare system. East Melbourne, Vic: RACGP, 2019.

Forum of Australia and the Primary Health Network Cooperative of 31 PHNs have produced Strengthening Medicare and investing in Primary Health Care: A Roadmap for Reform (**Attachment A**).

The roadmap builds on the extensive consultation conducted with sector stakeholders that culminated in the future focused primary health care: *Australia's Primary Health Care 10 Year Plan 2022-2032*. If adequately funded and supported by Federal, State and Territory governments, the set of reforms outlined in this roadmap will deliver healthier populations, better consumer experience, a more efficient health system, greater health equity, a better work life balance for health care providers and will contribute to addressing the issue of ambulance ramping and access block on the operation of EDs in New South Wales.

Looking beyond large-scale system reform and cognizant of the need for immediate action to reduce the pressure on the State's hospitals, WentWest, in its capacity as the Western Sydney Primary Health Network have implemented with its partners several initiatives to help reduce avoidable ED presentations. These initiatives are presented below by way of virtuous examples that, if sustained and scaled across the State, can contribute to the effective operation of the State's ambulance services and EDs.

ToR G: Drawing on other Australian and overseas jurisdictions, possible strategies, initiatives, and actions that NSW Health should consider addressing the impact of ambulance ramping, access block and emergency department delays.

Value Based Urgent Care (VBUC)

WentWest and Western Sydney Local Health District established the Western Sydney Care Collective (www.westernsydneycarecollective.com.au) in 2020. The Western Sydney Care Collective (WSCC) takes a whole of system approach designed to enable and support delivery of value-based health care in the community, ensuring health care is value-driven, outcome-focused and patient-centred, and provided at the right time, in the right place.

One of the initiatives of the WSCC is to deliver Value Based Urgent Care (VBUC). The objective of the VBUC initiative is to reduce the number of patients requiring treatment for non-life-threatening conditions presenting to Western Sydney EDs. Adopting a whole of system approach whereby resources are pooled between the Western Sydney LHD and WentWest, the initiative provides access to alternative urgent care services that are free, local, and patient-centred, including:

- Access to no-fee urgent care service centres for urgent non-life-threatening emergencies
- Access to no-fee mobile imaging services

Urgent Care Service Practices (UCSPs)

UCS Practices are General Practice or Patient Centred Medical Home -led service that have been specifically upskilled and resourced to treat patients with some medical conditions that require urgent treatment, including:

- Suspected fractures, sprains, and dislocations
- Wound management and cuts requiring stitches
- Bites
- Minor burns
- Removal of foreign objects from skin, eyes, and ears

UCSPs provide more services than a usual GP and generally have extended operating hours to help treat patients with specific medical needs. To access the service, an Urgent Care 1800 Phone Line (UCL) has been created to conduct an initial assessment of the injuries and refer the patient to the right care at the right time. The UCL is supported by a clinical workforce to ensure that patients are adequately assessed prior to

presenting to a UCSP. This is a critical element of this model ensuring that patients are safely and appropriately re-routed from the ED.

So far, 4 urgent care services are operating in Western Sydney, with up to 8 additional centres planned to be established over the next 2 years thanks to a \$10.9 million grant from the NSW Government as part of the Ministry of Health Collaborative Commissioning program. These UCSPs and the UCL are supported by WSLHD services, WentWest commissioned service providers and a variety of integrated care infrastructure. Specifically, \$1.8M of Commonwealth After Hours Program funds have been allocated to provide hospital outreach and support for people in the community, aligned to the VBUC initiative.

So far, the services have seen a total of 2200 patients since becoming operational with current wait and treatment times of 5 and 16 minutes respectively. All visits to urgent care services are bulk billed and are estimated to cost an average of \$187 per patient in addition to the MBS rebate. The Western Sydney Urgent Care services are expected to:

- Reduce unnecessary ED presentations in Western Sydney by providing care for patients with low acuity conditions across 4 LGA regions
- Reduce hospitalisation and inpatient admissions for patients with low acuity conditions through improved access to urgent care
- Reduce re-presentations to ED and/or urgent care through coordinated patient management and follow-up with their local GP
- Reduce ambulance transfers for lower acuity cases as a result of reduced demand through effective linkage between ambulance central intake and Western Sydney urgent care phone line and urgent care service centres

The model is aligned to the state and federal government commitments to open Urgent Care Services. This model supports public sector delivery of services, adapting to and reaching into the most vulnerable communities, through partnership between Local Health Districts and Primary Health Networks to deliver 'one health system'. The opportunity to incorporate Ambulance services into the pathway would further enhance the model.

Mobile Imaging Services

Together with the Western Sydney LHD, WentWest has partnered with Mobile Radiology Australia (MRA) to provide no-fee Mobile Imaging Services. MRA offers mobile X-ray and ultrasound services to general practices and Residential Aged Care Facilities (RACFs) in Western Sydney.

The aim of the Mobile Imaging Services is to reduce the number of patients presenting (or representing) to the emergency department or other hospital facilities where external imaging could be used as a hospital avoidance measure.

Examinations offered by the Mobile imaging Services include:

- Chest
- Abdomen
- Spine (Excluding C-spine)
- Pelvic girdle and hips
- Skull and facial bones
- Extremities (upper and lower)
- Head scans (forthcoming)

MRA's Mobile Imaging Services are bulk billed with no out-of-pocket costs for patients or providers, with the mobile component funded at an average of \$100 per patient.

Key Recommendation:

R2 – Pursue care integration via sustainable funding arrangements and resource pooling to support regionally led collaborative initiatives that provide alternative urgent care services outside of EDs.

Urgent care service practices, mobile imaging services and hospital outreach support services are good examples of how a whole of system approach can support the delivery of value-based care in the community and help address issues such as ambulance ramping and ED delays. WentWest recommends the NSW Government bolster its commitment to these innovative arrangements via sustainable funding streams and continued investment in integrated data sets that enable transparency in co-delivery and outcome measurement to inform implementation and ongoing improvement.

Western Sydney Diabetes (WSD)

Western Sydney Diabetes (WSD) is another example of how effective coordination between the primary, secondary and tertiary care systems can help alleviate the pressure on hospitals and EDs.

WSD is a nationally recognised best practice model for diabetes care. It is a joint initiative co-led by WentWest, the Western Sydney LHD, PwC, and Diabetes NSW & ACT. Bringing together a multidisciplinary team of health and allied health professionals, WSD adopts a whole of community approach aimed at:

- **Reducing the development of type 2 diabetes in the community and limiting the progression of people at high risk or with pre-diabetes to a formal diagnosis of type 2 diabetes.** This is achieved by implementing a holistic diabetes preventative strategy focused on improving food consumption, increasing physical activity, and building healthy environments
- **Slowing or stopping the development of diabetes complications by focusing on the early detection and better management of diabetes.** This is achieved by leveraging a connected medical neighbourhood strategy to ensure that patients receive the best care at the right time and place

Joint Case Conferencing (JCC) is a key component of the WSD initiative. JCC helps build the clinical skills, confidence and capacity of GPs and practice nurses to better manage diabetes in primary care. Under the model, a specialist team joins the GP, in person or via videoconference, to conduct a 30-minute consultation with a group of up to 4 patients to discuss medication options and formulate treatment plans. The JCC model allows GPs to stay up to date with diabetes management guidelines and medications, access a specialist diabetes team in their practice, increase their confidence to manage diabetes and improve patient outcomes.

More than 600 patients participated in the case conferences involving 100 GPs from 35 different general practices. Early evaluation of this program found that three to six months post-session, the patients showed a clinically significant reduction in HbA1c (0.87%), along with beneficial effects on systolic blood pressure, weight, and lipid profile.

GPs reported the program increased their confidence in managing diabetes and improved their relationship and communication with specialists. In the long term, the program is expected to decrease referrals to specialist services and reduce unnecessary demand for hospital services, including avoidable ED presentations.

Key Recommendation:

R3 – Accelerate investment in prevention and early interventions: To alleviate the pressure on the hospital system, WentWest urges the NSW Government to accelerate its investment in models of care that focus on prevention and early intervention, currently representing only 10% of the state's

health expenditure³. Data from the AIHW indicates that 38% of the disease burden is preventable and due to modifiable risk factors (e.g. obesity, high blood pressure or poor diet)⁴. By keeping people healthy and well, prevention focused co-designed models of care such as WSD present a significant opportunity to curb growing ED presentations that lead to ambulance ramping and hinder the effective operation of EDs.

Western Sydney Kids Early Years Network (KEYS)

There is widespread evidence that social determinants of health such as income, education and adverse childhood experiences can strengthen or undermine someone's health trajectory and outcomes. Therefore, any efforts to improve the effectiveness of EDs and ambulance services cannot be achieved in isolation and requires a whole-of-government approach and cross sector collaboration to curb the social determinants of bad health at their roots.

The Western Sydney Kids Early Years Network (KEYS) is an example of how WentWest and key local agency partners (Department of Communities and Justice, Western Sydney LHD, Sydney Children's Hospital Network and the Department of Education) are leading a cross-agency collaboration to deliver on a collective vision for Western Sydney to be healthy, resilient, and thriving – ultimately avoiding issues such as ED delays and ambulance ramping.

The KEYS Network is a ground-breaking initiative and the first of its kind in New South Wales. Designed to align social and health sector agendas to deliver cohesive client services, it relies on multi-sector collaboration to develop a coordinated care model for those stuck in a cycle of disadvantage.

The KEYS Network is focused on addressing the gaps between services and resolving complex barriers across agencies to support families with children 0-5 years old living in Western Sydney, where their engagement with service providers is unable to meet their holistic needs or unable to raise a multiagency response. Once referred to the Network, Navigators work with lead service providers in ways that facilitate the development of a holistic family plan that goes beyond the lead provider's primary areas of focus. Family plans include specific goals, timelines and identify key agencies and stakeholders who will contribute to achieving them. Plans are visible at all points of care across the service system, so the family should only need to tell their story once. After a plan is established, the lead service provider continues to be supported by the KEYS Navigator to push through interagency barriers and complexities from crisis to long-term goals, 'meeting the family where they are, not where we want them to be', considering their strengths and challenges, and ensuring they gain timely access to services that address their needs.

In addition to providing immediate support for hundreds of families in need, the ambition is for the KEYS Network to inform and catalyse the system-level changes required to remove barriers to change, support a move toward joint commissioning across agencies, and add capacity and capability across the provider network for the estimated 15,000 vulnerable families in Western Sydney with a child 0-5 years.

Specific to this inquiry, the KEYS Network is already reducing ambulance callouts and ED presentations for these vulnerable families, such as those created by domestic and family violence, mental health crises, and 'social' presentations to ED. WentWest is confident there are gains to be realised by engaging with NSW Ambulance to create pathways from an ambulance call-out into the KEYS Network to address the underlying causes of the distress. Informal discussions suggest this would have a positive impact on

³ NSW Ministry of Health. Future Health Report: Guiding the next decade of care in NSW 2022-2032. NSW, 2022

⁴ Australian Institute of Health and Welfare 2021. Australian Burden of Disease Study 2018: key findings. Australian Burden of Disease Study series 24. Cat. no. BOD 30. Canberra: AIHW

ambulance-staff morale by empowering them to refer into a service working to address root causes and social determinants of ill health.

Key Recommendation:

R4 – Bolster and accelerate investments in whole of government initiatives to address the social determinants of poor health on the ground in community: WentWest urges the NSW Government to bolster and accelerate its commitment to whole-of-government initiatives aimed at eradicating the social determinants of bad health, particularly those focused on the early years of life such as the KEYS Network. Supporting families and children to thrive in the early years of life will lead to better long-term life and health outcomes and ultimately help guarantee the sustainability of the state’s health system by reducing potentially avoidable ED presentations that lead to ambulance ramping and hinder the effective operations of EDs.

WentWest would welcome the opportunity to contribute at a public hearing to further elaborate on the primary health care reforms desperately needed, as outlined in the Strengthening Medicare and investing in Primary Health Care: A Roadmap for Reform (**Attachment A**). WentWest would also be pleased to provide more context and background on how the Value Based Urgent Care , Western Sydney Diabetes, the Western Sydney Kids Early Years Network and other primary care initiatives are working to address the impacts of ambulance ramping and access block on the operations of hospital emergency departments in NSW.

Yours Sincerely,

WentWest Limited
Western Sydney Primary Health Network