

*Standing Committee on Public Administration — Thirty-seventh Report —
Delivery of ambulance services in Western Australia: Critical condition — Motion*

Resumed from 26 October on the following motion moved by Hon Pierre Yang —

That the report be noted.

Hon MARTIN ALDRIDGE: I rise to continue the remarks that I commenced ever so briefly on the last occasion that we considered this report. Quite an extensive body of work was undertaken by the Standing Committee on Public Administration resulting in its thirty-seventh report, *Delivery of ambulance services in Western Australia: Critical condition*. I think it is difficult to do justice to a report of this size and significance in a 10-minute block. It is fortunate that we will have a number of other opportunities across coming sitting weeks to consider this report and aspects of it more fully and methodologically, but we may need to extend the time allowed for consideration to fully consider not only the matters in the report, but also what is quite an extensive government response to its recommendations.

I made a submission to the Standing Committee on Public Administration on 20 July 2020 that, in effect, asked the committee to consider conducting a broader inquiry into our health system more generally, because, as the deputy chair would be aware, only a few months earlier on 15 March 2020, the Minister for Emergency Services, and I think a day later the Minister for Health, declared a state of emergency under the Emergency Management Act and the Public Health Act of Western Australia. I thought it was timely, particularly given what was unfolding on the east coast of Australia, and also how Parliaments in other jurisdictions were acting either by way of royal commission, by special inquiry or, indeed, by select or standing committee inquiries into the COVID-19 situation and response at that time. I thought this was an opportunity for the standing committee to consider the broader issue and probably the more pressing issue at this time, which was the COVID-19 pandemic.

Obviously, history shows that the Standing Committee on Public Administration did not change course and continued with its inquiry, resulting in the thirty-seventh report, which is before the chamber today in consideration of committee reports. Many public submissions were made to the inquiry. I had the opportunity to review some of the submissions posted on the committee's webpage, and saw that a number of the issues canvassed in the report were outlined extensively and some more briefly.

I will provide some initial remarks. In my view, St John Ambulance provides an excellent service to Western Australians, and has a long and proud history of doing so. Western Australia is a difficult jurisdiction. We often hear from government and government bureaucrats that it is difficult to deliver health services in WA. Our geography, the distribution of our population and the remoteness of many of our communities all present challenges in delivering services generally but health services more particularly. Certainly, the delivery of ambulance services in Western Australia is no different. The majority of ambulance services outside Perth are delivered almost entirely by volunteers. That is probably no different from many other fire and emergency service functions. Services are largely delivered with the support of career staff, but the operational aspects are done almost exclusively by volunteers; therefore, we cannot have this debate without having a conversation about the importance of volunteers. It is not just about recognising their contributions, but also having a conversation about how we have supported and continue to support and maintain the strength of a volunteering model in the delivery of services.

The report outlines a number of issues. If members want to spend only a brief period considering the committee's report, quite a useful table that provides a jurisdictional snapshot can be found at pages 159 to 161. From this table, members will see that Western Australia makes the lowest government contribution to the delivery of ambulance services, at 49 per cent, and has the highest patient transport fee collection. It is also interesting to compare bad debts. It is well known—in fact, it was outlined in the country ambulance strategy—that the proportion of bad debts in regional and country areas is twice that in metropolitan areas. A table found on page 113 shows that for the financial year 2016–17, bad debt in the metropolitan area was \$6.60 per capita and in country areas it was \$14 per capita. We could probably have a long discussion about just this aspect of the report. In effect, the burden of bad debt is falling to volunteers and volunteer sub-centres. I think government could immediately and quite cheaply act to ensure that bad debts are underwritten. As members might be aware, it is often the most vulnerable people in our communities who may be unable to pay the high cost of ambulance transport. Members can see that quite neatly outlined at table 23 of the standing committee's report.

Along this vein, it is interesting to note that recommendation 2 of the committee's report is that all pensioner concession card holders receive free transport. That will improve people's eligibility for free ambulance transport in Western Australia.

A standout from this table, which has been known for some time, is that WA runs the cheapest ambulance service in the country. I do not think the government and members should be proud of that. We also have amongst the highest patient fees in the country. To my mind, those two factors combined point to the challenges we face with the funding model that has been provided over many years to St John Ambulance as the primary contractor for emergency

ambulance services in Western Australia. The lack of funding certainty is one aspect of that. We have seen a number of contract extensions delivered.

I asked about the status of the St John Ambulance contract yesterday in question time. It was a very simple question to the government. I was told, deputy chair, perhaps unsurprisingly, to put my question on notice. It is really concerning that the government is unable to answer a simple question about the status of the contract with St John Ambulance in Western Australia. In the current environment, with pressure and demand on our health system and when the Legislative Council is today considering for the second time this report that refers to the delivery of ambulance services, the government is unable to provide an update on the status of negotiations or, indeed, the status of the contract with St John Ambulance. It is not acceptable to keep having contract extensions of one or two years. Indeed, St John advocates a contract period of 10 years. The Department of Health thinks five years is suitable. I cannot tell members today whether a contract with St John Ambulance is in place or it is an extension of the contract that has been in place for some time.

I look forward to another occasion on which we can continue to discuss many other aspects of this report. There are many areas for us to consider deeply—not just the report, but also the government’s response—so we can hold the government accountable for its actions.

Hon COLIN de GRUSSA: I rise to contribute to the debate on the excellent thirty-seventh report of the Standing Committee on Public Administration. My colleague Hon Martin Aldridge made the very valid point in his contribution that it is very difficult to do such a significant report any form of justice in 10 minutes. A number of members will want to contribute to the debate on this report and assess the merits of some of the committee’s recommendations and findings.

This is an extensive report and the committee underwent a very complex process, with a number of hearings and a lot of submissions received. Before I begin, as the chair of the committee, Hon Pierre Yang, said in his contribution during the last sitting week, I want to acknowledge the people who took the time to make submissions to the inquiry. Those submissions were incredibly important. Something like 123 written submissions were received and 32 hearings were held, of which a number were repeat hearings with various organisations, such as St John Ambulance, obviously. Each of those hearings was extensive and very interesting. The hearings also gave us the opportunity to ask a lot of questions. Of course, the more the committee heard, the more questions committee members had to ask. It was a lengthy and complex process that has resulted in what I think is a very good report. Even though this report is 190-odd pages, it could have been double that. With the amount of information that we received from submissions and heard during hearings, we could, indeed, have expanded the terms of reference if we had the time.

At the same time, I think we have done a very good job as a committee. I acknowledge my fellow committee members: Hon Pierre Yang, chair of the committee; Hon Darren West; Hon Wilson Tucker; and Hon Sandra Carr. Of course, the staff who provided the grunt work and research and really pulled this together must be acknowledged. They did a fantastic job. The work of advisory officer Ben King, committee clerk Jemma Grayson and research officer Amanda Gillingham was challenging and it took a long time to pull this together because of the complexity of some of the things we dealt with in this report. I acknowledge and thank them for their work. I also take this opportunity to thank all those who work in our ambulance service, be they paid or volunteer. We spoke with a number of volunteers and paid paramedics from around the state. They are fantastic people doing a job that most of us would probably not want to do and I acknowledge their work. In fact, during the course of this inquiry, I had to leave a couple of hearings to attend to a couple of my kids who had ended up in the back of an ambulance. They were handled brilliantly by the staff of St John, so my thanks go to them and I acknowledge all those people. Volunteers are a key part of the current ambulance delivery model in Western Australia. It is very difficult to contemplate an ambulance service in this state that does not have volunteers working in it. It would be very challenging with the geographical nature of our state—the sparse population and the population centred around the coastal south west—to imagine a service that could be provided without volunteers or without great expense to the state. Having said that, the primary focus should be on the provision of the service, not necessarily its dollar value, because looking purely at the economics of it would mean placing a value on each of those lives that are affected by the ambulance service, and I do not think that is something we could justify. I thank all those who made submissions to the inquiry and to the volunteers and paid members who contribute to our ambulance service.

In the brief time available to me, I could focus on a number of things in this report. It contains 48 recommendations and 74 findings. We could focus on any number of aspects in the time available. I want to turn to just a couple of those, particularly around coordination. One of the key issues I observed throughout this inquiry was the coordination piece of the puzzle—how to better coordinate what the ambulance service and Department of Health are doing to manage emergency departments and how to better transport people in and out of those places and, also, inter-hospital patient transfer. That was a key issue, particularly in regional areas when patients are often transported very long distances at relatively short notice at all hours of the day. That is most often done by volunteers. In some respects, that is a conundrum, because it raises money for the local sub-centres, so there is some desire for those jobs to be

done. However, at the same time it is very difficult to continually ask volunteers to do that and still be available to respond to emergencies when they occur in those communities. It was clear from a number of the hearings that although that is important for those local sub-centres, it is also a very challenging job to do because it takes them out of their community and, in many instances, it appeared that it was not well coordinated. In some instances, staff at the sub-centre would get a call to say they had a transfer to do. They would complete that transfer and arrive at the other end, but there would not be a bed available. There did not seem to be coordination between the dispatching hospital and receiving hospital and the ambulance service. That is one example of that coordination piece of the puzzle that really needs to be focused on, right down to the taking of calls in the first instance, the data available from emergency centres and the alternative pathways available, and how that is coordinated overall.

From a departmental and, I guess, a St John point of view, the focus has been on managing the contract and the performance against that contract. Of course, it has to do that, but there is a bigger piece of the puzzle in coordinating how the service not just is running against its contractual obligations, but also integrates with the health department. Some may argue that that would be done better by a government-run service. I do not agree with that. I think there are plenty of examples around the country of ambulance services that are in public hands that have the same sorts of issues. We need to put that aside and look at how we can better coordinate services such as the patient transfer piece of the puzzle and the operation of the ambulance service to get people in and out of hospital in the timeliest and most efficient manner. That means we need a centralised oversight of coordination with multiple inputs from the ambulance service, health department and various hospitals, as well as those ambulance services that, in the metropolitan area at least, are moving other patients around. By other ambulance services I mean those that are not operated by St John—that is, other services that may move mental health patients or the inter-hospital patient transfer service. It is important that we focus on that coordination piece of the puzzle.

Hon WILSON TUCKER: I, too, rise to speak on the thirty-seventh report of the Standing Committee on Public Administration, *Delivery of ambulance services in Western Australia: Critical condition*. I am a member of the committee, which is chaired by the illustrious Hon Pierre Yang and comprises Hon Sandra Carr, Hon Colin de Grussa and Hon Darren West. As Hon Colin de Grussa said, a lot of the grunt work that was put into this report was done by our hardworking parliamentary staff, Jemma Grayson, Amanda Gillingham and Ben King. This report is a testament to what happens when members put down the political knives and come together in the spirit of bipartisanship to try to produce the best outcome possible for the Western Australian people. That is exactly what we saw with this report. It is extensive and it is hard to do it justice in the time we have. Forty-eight recommendations were put forward. The hard work that went into this report is reflected in the fact that 46 of the 48 recommendations were agreed to in principle or in full by the government, which is fantastic.

This report is fairly critical of St John Ambulance as an organisation and, certainly, the leadership of St John, but that is in no way reflective of the hard work of the paramedics and volunteers who work for St John at the coalface, dealing with a number of complicated issues, navigating a pandemic and navigating a hospital system and health system in crisis. They do incredibly difficult work in incredibly difficult circumstances and they should be commended. That is certainly true of the circumstances the volunteers in regional Western Australia face. The report contains a strong emphasis on regional Western Australia. As a member of the public administration committee, I was fortunate to travel to a number of regional towns and visit the sub-centres and meet the hardworking volunteers. I was constantly impressed by the professionalism and commitment of the volunteers and paramedics who work out there. WA has one of the highest rates of volunteerism in the world. We know that the fabric of the towns in regional Western Australia is really held together by the hard work of a lot of these people who wear multiple hats every day outside of their normal nine-to-five jobs. That is certainly reflected by the volunteers who dedicate their time and energy working for St John in those regional places.

There is a strong regional emphasis in this report because there are a number of unique challenges to delivering an ambulance service in regional Western Australia. We are a massive place and comparatively have a fairly small population. Delivering a quality ambulance service in some of these regional towns is not just a case of throwing money at the situation and hoping it will resolve itself. We have seen that we have a very tight labour market across a number of sectors at the moment. Trying to put paid paramedic positions into those towns is not just a case of allocating funds and then hoping people are available to fill those roles. We have seen some classic examples. I think all members here would be familiar with the barista position advertised in Broome for about \$90 000. It is just not a case of throwing money at the situation. We really need to attract people into those towns so they can become embedded and part of the fabric. It takes a special person to want to go to those places and dedicate a lot of their time and effort to fulfil a role.

I just want to provide a bit of insight into the current delivery model for the ambulance service in regional WA. It is called a best endeavours model. In the metro area, the ambulance service is generally guaranteed. There are metrics around it based on the criticality and response times. In regional WA, it is called the best endeavours model. In a very large part, it relies on volunteers. When a 000 call comes in, it is routed to the St John call centre. It is then allocated to a call centre officer to take the call, determine where the call is from, and then try to find

someone to respond to that call. As it relies on volunteers, those people might not be available when the call comes in; they might not be in the area or might have other commitments. If that is the case, a very small pool of people is being relied on. If they are not able to respond in the immediate area, the call is redirected out. That radius grows, and, as a result, the response time grows as well.

I think a lot of people understand that when they move to regional places, they cannot fully expect to have a response time that is comparative with that in the metro area. This report also highlights that just because someone lives in a regional town, that does not mean they should not expect the same level of transparency and accountability from their ambulance service. One of the recommendations that the committee made, which I am proud of, and is highlighted in the report is around the metrics and having response times available to the public in regional areas. Again, it might not be reflective of the response times in the metro area, but having those publicly available would allow people to make more informed choices about the place they live in and their expectations about how long they should wait for an ambulance service. I think that is a good first step. Hopefully, the court of public opinion will put more pressure on some of those times in those regional areas and we can expect some quicker response times.

With the time remaining, I would just like to highlight another area the committee arrived at a recommendation on that I am proud of: the ambulance service delivery in Indigenous communities. We heard some accounts of ambulance services not arriving in some of the remote communities; Bidyadanga was an example. Bidyadanga is the largest Indigenous community in Western Australia; we have about 200. We heard some accounts of ambulance services not arriving in Bidyadanga. Based on the current contract in place, St John is not obligated to provide ambulance services in those areas. The Royal Flying Doctor Service is an option, but obviously the cost-prohibitive nature of dispatching an aircraft feeds into the level of inequality experienced by marginalised people. The report highlights that wrong and aims to rectify it through a recommendation to provide ambulance services to Bidyadanga, which is fantastic. It has also made a recommendation that the government look at a strategy around improving ambulance services to all Indigenous communities, which is also fantastic to see.

With the time remaining, I would just like to say it has been a privilege and honour to work on the committee. This is my first report. It has been really great to see what happens when the knives are put down and we try to produce the best outcome without the influence of our political parties. I think the parliamentary system of committees is a good one. It is very robust when people approach it with a spirit of trying to produce good outcomes for Western Australia. It has been a very rewarding experience to have been part of the creation of this report. It is a very extensive report, and the 10 minutes certainly does not do it justice. I will be looking for another opportunity in the future whereby we can really dig in and scrutinise this report at length.

Hon SANDRA CARR: I also rise to speak on the inquiry. I also had the privilege of being a member of the committee involved in conducting the inquiry, alongside our esteemed chair and captain, Hon Pierre Yang; our deputy chair and vice-captain, Hon Colin de Grussa; Hon Darren West; and Hon Wilson Tucker. It was a great team to be involved with in conducting the inquiry. We all fully appreciated the weight of the inquiry. I also note that it was particularly helpful to have so many regional members on that committee to cast a regional lens over the ambulance services that are delivered. Of course, the equity of access to ambulance services and the way they are delivered has been a point of concern for many people over the years.

I am not saying anything that anyone does not know: WA is a vast state. The population is spread out across the state. There are some considerable challenges in ensuring the equity of services across the state in places that are more thinly populated. Of course, this does not mean that we should not endeavour to ensure that there is equity of high-quality health and ambulance services for those people. That is obviously one of the problems that committee members found themselves having to contemplate and consider.

Before I go any further, I would just like to acknowledge the contributions of the committee staff, eagerly led by Ben King—as we said today, long live the King. I also acknowledge our research officer, Amanda Gillingham, who is an incredibly capable, steady and calm voice in that context, as well as our committee clerk, Jemma Grayson, who also operated as a bit of a Whip as we conducted our regional tours. We looked at the different sub-centres across regional Western Australia to explore some of the issues they were dealing with on a daily basis. It provided me with the opportunity to reflect on our regional sub-centres and the work that our volunteers do.

It is always very difficult for someone to fully appreciate the work done by someone else until they step into the environment, engage in conversation and spend more time listening than they do talking.

As part of those regional visits, it was a very humbling experience to listen to the collegiality amongst those volunteers who are delivering ambulance services, and to see the degree of their commitment to and engagement with their community, the degree of knowledge they had and, in many cases, the cultural sensitivities those volunteers provided to the various groups within their communities. It was quite an eye-opener in that regard and it really drove home for all of us the sheer complexity of the services that those volunteers provide as part of their ambulance service volunteer work. A lot of work goes into operating and providing a regional sub-centre and that was something the inquiry had

to reflect on and consider without undervaluing the work of those volunteers and without saying that someone else who is paid could do it better because they are doing and continue to do an outstanding job for the community.

The Country Women's Association is in the process of establishing a petition and writing to various members asking for consideration of removing or in some way subsidising the cost of ambulance services for regional people given the kinds of services they can expect and some of the complexities in delivering the services. I do not mention that to argue in either direction, because I feel that the inquiry has been delivered, 48 recommendations have been made, many of which have been accepted in principle or accepted entirely, and there is still much work to do. It is not a process that should be rushed. While the government is addressing these things it should tease out and try to deliver the very best service in a way that is considered and measured. Although it would be great to wave a magic wand over the top of this report and implement all those recommendations and solve all the issues faced, the report will require careful consideration. We are not the people on the ground directly involved in delivering those services and do not fully comprehend the nuances that need to be teased out and considered by the people who are best placed to understand them in order for us to refine policy procedures or implement the outcomes of the report. I commend the Country Women's Association for its ongoing commitment to our regional communities and the impact it has had over the years and the way it has reflected on matters and used its collective voice to lobby governments to make changes that improve community safety. I am thinking in particular of arguing for lines to be painted on regional roads. Perhaps that will seem like a bit of a no-brainer for people living in the metropolitan region. Everywhere they go, lines direct them to where they should be moving and the direction in which they should be moving. The CWA's advocacy in Western Australia has had a significant impact on road safety in our regions. I commend the Country Women's Association for its work and ongoing advocacy for community safety. One of the wonderful things that its members continue to do is reflect on and ask for either support or changes for not only itself, but also the whole community. The care it has offered since its very inception is definitely commendable.

I turn to a couple of thoughts around some of the recommendations and I point out recommendation 17, which contemplates virtual medicine and some of the considerations of things that place considerable pressure on our hospital system. As we are all aware, there is no simple solution to the provision of ambulance services or things like ambulance ramping. Ambulance ramping is a complex issue. It is sometimes highly contextual or greatly influenced by the time and space in history in which we are operating. As we all are fully aware, we have—hopefully—emerged from what has been a very complex and difficult time for people's health across the state, the country and the globe.

The recommendation on virtual emergency medicine programs in Western Australia provides some really useful material to contemplate how it might operate along with the emergency care clinics that were committed to by the federal Labor government. Those kinds of centres can keep people from having to present at emergency departments. There are lots of opportunities in that area for us to contemplate how we might be able to remove some pressure from both hospitals and ambulance services. Reading recommendations 17 and 18 in conjunction offers a great opportunity to reflect on how we might achieve that. I look forward to the state and federal governments presenting ways to resolve some of those issues for our hospitals. I echo the sentiments of Hon Wilson Tucker when he spoke about providing for our constituents. Some of the key performance indicators or data around ambulance services dispatch times and times when ambulances did not reach regional people calling for an ambulance would be particularly helpful to inform the community. As Hon Wilson Tucker pointed out, it would also inform them to make a decision about where it is appropriate for them to be located.

Consideration of report postponed, pursuant to standing orders.