EDUCATION AND HEALTH STANDING COMMITTEE

REVIEW OF WA'S CURRENT AND FUTURE HOSPITAL AND COMMUNITY HEALTH CARE SERVICES

INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND ILLICIT DRUG PROBLEMS IN WESTERN AUSTRALIA

TRANSCRIPT OF EVIDENCE TAKEN
AT ALBANY
FRIDAY, 11 SEPTEMBER 2009

SESSION THREE

Members

Dr J.M. Woollard (Chairman)
Ms L.L. Baker (Deputy Chairman)
Mr P.B. Watson
Mr I.C. Blayney
Mr P. Abetz

Hearing commenced at 11.55 am

KING, MR PETER WESLEY
Director, St John Ambulance Australia (WA) Inc,
examined:

WILSON, MR ASHLEY LYNDON
Regional Manager, St John Ambulance WA,
examined:

ABBOTT, MISS STACEY MAREE
Station Manager, St John Ambulance,
examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I welcome you and thank you for your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into WA's current and future hospital and community health services, and its inquiry into the adequacy and appropriateness of prevention and treatment services of alcohol and illicit drug problems in Western Australia. You have been provided with a copy of the committee's specific terms of reference.

The Education and Health Standing Committee is a committee of the Assembly of Parliament. This hearing is a formal procedure and therefore commands the same respect given to proceedings in the house. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard is making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record. Have you completed the "Details of Witnesses" form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary inquiry?

The Witnesses: Yes.

The CHAIRMAN: Have you received and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions about being a witness at today's hearing?

The Witnesses: No.

The CHAIRMAN: Please state the capacity in which you appear before the committee today.

Miss Abbott: I am the station manager for St John Ambulance in Albany.

Mr King: I have been seconded out of the position of ambulance services director. I am currently a projects director and am leading our response to the government's inquiry into the provision of ambulance services.

Mr Wilson: I am the regional manager of St John Ambulance in the Great Southern.

The CHAIRMAN: Ashley, you can see the big picture. We are here to see where the problems are. With regard to the review that Peter is currently involved in, we have had a presentation on need for paramedics and for paramedics to be located in certain towns, based on populations. Can you give us an overview of the region? If it is all right with you, committee members will interject to clarify points.

Mr Wilson: Peter has prepared a presentation, which I am obviously not quite familiar with at all.

The CHAIRMAN: Do you want Peter to lead off?

Mr King: I am happy to do that. We thought it would be useful to give you a picture of the Great Southern region, because it does not quite match the health department's picture of the Great Southern region. To paint a geographic picture, fur us the Great Southern region goes from Bremer Bay, around to Varley, Katanning and through to Walpole. Within that geographical area we have 17 centres, which have 23 individual locations from where our ambulances respond. Three-hundred and two volunteers provide ambulance services for that whole region.
[12.00 noon]

The CHAIRMAN: Sorry; we saw a picture last week. That is one of the explicit regions is it, Peter, where we had the wheatbelt et cetera? Your region is the same; it is not different from the regions we got described to us.

Mr P.B. WATSON: Yes; each region is different, is it not?

Mr Wilson: Yes, each region is different. The Great Southern for St John Ambulance is a different geographical region from the health department's Great Southern region.

The CHAIRMAN: In that case, by way of supplementary information, could you provide us with the St John's regions so that we can compare the St John's Ambulance regions with the health department's regions?

Mr Wilson: We would be happy to provide that.

The CHAIRMAN: The picture you were painting did not seem to fit the picture that I had for the region.

Mr P.B. WATSON: It is quite a big area.

Mr King: It is. Most of our regions are rather large. As I mentioned, there are 302 volunteers and five paid paramedics who respond in this entire region and who are based in Albany.

Mr P.B. WATSON: Are you happy with that?

Mr King: No.

Mr P.B. WATSON: What do you think should be the proper ratio?

Mr King: I think we need to have a staffing level that is based on workload in particular areas. I know that Tony Ahern has spoken previously to this committee. I am not sure of the detail he went into about the structure we are looking for regarding the commitment to staff relative to workload. To provide an effective ambulance service for not only in this region, but also the state, it is necessary to have what we would call a "community paramedic" to support the volunteers in each location that we respond to that has more than 250 cases a year.

The CHAIRMAN: Would the community paramedic be a paid position?

Mr King: Yes.

The CHAIRMAN: Would it be one full-time equivalent?

Mr King: Yes.

The CHAIRMAN: St John is putting up three different categories. When there are more than 3 000 cases a year, category 1 would provide full paramedic cover for eight paramedics plus two for relief

and a station manager. When there were more than between 2 000 and 3 000 cases a year, category 2 would provide full paramedic cover for the shift plus one paramedic at night, one for relief and a station manager. When there were between 1 500 and 2 000 cases a year, category 3 would provide full paramedic cover for four paramedics, with one paramedic on duty for 24 hours per day, and the station manager. I believe that you have just described to us category 4.

Mr King: That is correct, which is a slightly different model. Those three categories are absolutely correct.

The CHAIRMAN: Do you agree with those three categories?

Mr King: Absolutely.

The CHAIRMAN: Can you now give us a good description of the category 4 that you believe is needed for this area?

Mr King: I shall.

Mr P.B. WATSON: I asked Tony Ahern whether that was the ideal ratio or the budget ratio, and he said that it was the budget ratio.

Mr King: He is absolutely correct. We can provide any level of ambulance service that the state and the community desire and are prepared to fund, but the desire and the fiscal means simply do not meet. As part of our role as an organisation, we believe that it is important to look not only at what we need, but also the other organisations that are competing for the health dollars. We put together what we think is the best plan for this state given all the circumstances that we operate within. Those three categories are for the major regional areas where we have that level of workload. For instance, category 2 is exactly where Albany fits. Albany does just under 2 360 cases. That is between six and seven cases every day on average. To put it into some perspective, the total statewide work load is 192 000 cases, so Albany is approximately one per cent of that. The Great Southern region is approximately two per cent of our total cases. Obviously, that is as a result of the population density in those areas. We have to model and put forward ways to run the ambulance services across the state that best fit that workload an that caseload on a day-to-day basis. Ideally, we would have fully paid models in those locations. That would be very difficult to achieve overnight. There is a long lead time for recruiting and training paramedics. They are degree qualified now. The time frame from recruitment to having them trained is four years.

Mr P.B. WATSON: What if, in the country like Albany, a paramedic was working at the hospital in the position of, say, an orderly or something like that, and was on standby so he was employed at the hospital but as soon as there was an emergency, he would be available to you guys?

Mr King: There are two issues there. I would not dare suggest that a paramedic would work in a hospital as an orderly.

Mr P.B. WATSON: Perhaps working in emergency.

Mr King: That would be perhaps better. Working in emergency practising some of their more advanced skills would be appropriate. This is exactly what we are talking about with the community paramedic model. We think community paramedics could go into some of the smaller locations. Within the Great Southern region, Mt Barker, Katanning and, just recently, Denmark fit the definition of a workload of 250 cases a year. A fully paid paramedic model would not be placed in those locations for those volumes of cases. A community paramedic might be utilised in other areas of the health services within a hospital or do some community health work.

The CHAIRMAN: Is it a one-year postgraduate course for a registered nurse to become a paramedic?

Miss Abbott: No, they are trying to do a conversion pathway, but it is not a one-year postgraduate course.

The CHAIRMAN: What is it at the moment, do you know?

Miss Abbott: You would have to speak to ECU about exactly what that is. I believe Steve Johnson is trying to refine that process, but you would have to speak to ECU about exactly what that is, I am sorry.

Ms L.L. BAKER: I thought they said it was 12 months. They did; we asked twice.

The CHAIRMAN: It is a 12-month conversion. In which case, having someone working in an accident and emergency department in one of the country hospitals as a paramedic would work very well, I would think.

Mr King: Talking simply, it may be possible to make that happen, but a large part of the paramedic degree is the on-road component. It is very different working in an emergency department or a hospital setting and then translating those skills out onto the road without that experience. We can get the people we recruit as nurses to work in the metropolitan area and on the road very quickly, but they are then, generally, depending on what level they come in at, what is the basis of their training —

The CHAIRMAN: Whether they come from an ICU background or from an elderly care area.

Mr King: Yes, all those sorts of things. It is then mapped and translated to how it comes back to the Bachelor of Science degree of paramedical science. That can take 12 months or two years.

The CHAIRMAN: Going back to the community paramedic, you are looking at a regional level and saying that if there are more than 250 admissions to, not Albany, but one of the other smaller hospitals, where should a community paramedic be based?
[12.10 pm]

Mr King: No, that is not quite what I am saying. What I am saying is if there are more than 250 calls for an ambulance in that location, we should be putting a community paramedic in that location primarily to support the provision of the ambulance service, which is to recruit, train, mentor and develop a vibrant group of volunteers to provide that service; not specifically to have those community paramedics out there doing the calls. An adjunct to that, though, we believe would be to utilise the community paramedic more broadly within the health system in whichever way Health thought it was actually necessary. On a more commercial basis, we operate industrial paramedics on minesites throughout Western Australia, which is providing a similar sort of service, but then adapting the skills of the paramedics to meet the needs of a client. It is simply taking those same sorts of abilities to adapt to other needs within the health system on a local basis.

The CHAIRMAN: Going back to those 250 calls for your region, you have a base here at Albany—would it be 250 calls from these towns? I am trying to put the picture on where they would be and I cannot quite.

Mr King: Sure. There are 23 locations that we operate out of here, and 17 what we call subcentres, to use some jargon from within the organisation. We look at the number of calls performed from that actual subcentre. When that subcentre gets up to that level of 250 calls that they are performing on an annual basis, that would be the trigger. Generally, the majority of those calls would actually be within their geographical area that they would naturally cover, but there are times when they would move out of those areas. In particular, if another centre is already out on a call and there is a requirement to get an ambulance to a case, we will always use the closest available ambulance because response time is absolutely critical.

The CHAIRMAN: In that case I believe that from our hearing the other week, we will be provided, by way of supplementary information, with details in relation to future FTE requirements for categories 1, 2 and 3, but we were not aware of category 4. Therefore, on behalf of St John Ambulance services, could you provide to this committee the number of subcentres that would come under category 4 so that we have an idea of not only what St John is requesting for categories

1, 2 and 3 but the additional resourcing that would be required if there was a category 4 in this model as well?

Mr King: Sure. I can provide that to you now. If you have got the same document with categories 1, 2 and 3, if it is the document I think it is, and you turn the page —

The CHAIRMAN: No. What I have are the notes that our committee staff have prepared for us.

Mr King: I can give you those now, if you would like.

The CHAIRMAN: What are you reading from? Maybe you can provide us with that document—what is it?

Mr King: This document is a document that I prepared with the finance director. It was a proposal for provision of ambulance services across Western Australia.

The CHAIRMAN: Could I ask if you would, by way of supplementary information, provide us with a copy of that?

Mr King: Yes. I would be pleased to provide that.

Mr P.B. WATSON: Stacey, are there any shortages in our region down here that you think, with increased funding, could improve the service?

Miss Abbott: Obviously Peter has mentioned that Albany sits in category 2. That is where we should be sitting, but at the moment we only have five staff down here. Category 2 is seven plus station manager. That is where we actually should be at the moment, but we only have five—four plus the station manager down here.

Mr P.B. WATSON: How many volunteers do you have?

Miss Abbott: Active—roughly 28.

Mr P.B. WATSON: Are they in the seniors, how can I put it —

Miss Abbott: We have a really broad range.

Mr P.B. WATSON: Are they as old as me?

Miss Abbott: We have a really broad range. We have some of the older ones—I have got two who are retiring later this year. We have got some new ones, younger people, 30s, 40s coming through. So we are able to replace those people who are leaving, but it is a really broad spectrum of who we have volunteering down here. We have retirees and we have also got people who give up their time. They are actually at work, they run their own businesses, they work for somebody else, and then we call them during the day. They go away from their place of work and they will come and do jobs with us. So we have a really broad spectrum of very dedicated volunteers.

Mr P.B. WATSON: How many ambulances do we have here?

Miss Abbott: Unfortunately again, we have only three ambulances. So with the increase to category 2, we would obviously need more vehicles down here.

The CHAIRMAN: You obviously have a limited number of volunteers. What happens if there is a major disaster down here—how will you cope with that major disaster?

Mr King: All the calls that we receive for emergencies are channelled through our operations centre in Belmont.

The CHAIRMAN: You do not have a call centre down here?

Mr King: No. The role of that facility in a major disaster would be to get those resources to the particular job. An example locally would be —

Mr P.B. WATSON: It is a long way.

The CHAIRMAN: So a Skywest flight?

Mr King: No. I think this is a really important thing to talk about. You may recall the bus rollover near Walpole —

Ms L.L. BAKER: It is in my electorate.

Mr King: In an emergency, the information is always unfolding. It comes to you in bits and pieces. Communications are invariably not good where these things happen. But our role was to assess the size of the operation that might be needed and to start getting resources rolling. It was the closest resource and the next closest resource. We had vehicles responding from locations all over the south west taking in personnel and equipment, mass casualty kits, to deal with that. This is where I think the importance of a volunteer model in Western Australia comes through. We are very fortunate with the volunteer model. We have low case loads in many of these locations. Our ability to respond quickly to an incident like that was good because of those resources that were available. Without volunteers, we would have two alternatives—we would have a model like New South Wales where you have fully paid paramedics working instead of volunteers. They are responding over very vast distances and your response times therefore are very slow in instances like that. Given again the difference in geographical nature between New South Wales and Western Australia in just the size, without volunteers you simply would not have ambulance services in many of these locations.

Mr P.B. WATSON: In Denmark and Mt Barker, are there any paramedics there or are they all volunteers?

Miss Abbott: They are all volunteers. Albany is the only centre that has paid staff in this region.

Mr P.B. WATSON: How many kilometres is it to the next paramedic from Albany? Where is the closest paramedic? Say there is an incident in Albany but there is also an incident in Mt Barker and Denmark, what is the closest paramedic to there if all those are being used up in Albany?

Miss Abbott: I would think Busselton.

Mr King: Bunbury, Busselton, or even the metropolitan area. That's the only other place.

Mr P.B. WATSON: It is scary.

Ms L.L. BAKER: What happens if somebody has a heart attack or a stroke in those places, because volunteers cannot use the equipment, is that right?

The CHAIRMAN: They can.

Miss Abbott: They can, yes.

Mr King. They do.

The CHAIRMAN: We are encouraging people to get them in shopping centres now. I am thinking of getting one in my office.

Miss Abbott: They are semi-automatic. Once the pads are on, it will actually tell the volunteer whether they need to shock or not.
[12.20 pm]

The CHAIRMAN: It tells you: place pads, stand back, push button.

Ms L.L. BAKER: Fantastic. What is it that volunteers cannot do then?

Miss Abbott: With defibrillators they can only assess certain rhythms; as paramedics we have advanced skills, so we can give fluid boluses and things like that. We can give more medications. We can give schedule 8 drugs. We can tube with any sort of collapse. The airway is the most important thing.

Ms L.L. BAKER: I think volunteers are wonderful and we certainly should be using them when we should. Where is the risk if we do not get the right number of paramedics added to the system according to the categories that you are asking for and just rely on volunteers? I assume that there is

an obvious balancing act in the safety of patients. At the moment, do you see a need to have a lot more volunteers if the paramedic numbers are increased as well in the new funding model?

Mr King: The volunteer numbers are healthy. There is a myth that volunteering, particularly in ambulance, is dead. Our numbers are better than they have been for a long time. What we know is that with all the extra things that volunteer organisations have to do, if we do not invest in supporting that volunteer model in those locations, it will break. There is no doubt. Then the alternatives are that either we put in fully paid paramedic models or you do not have ambulance services at all in those locations and you respond from perhaps more centres where there are more paid paramedics but your response times are a lot longer.

Mr P.B. WATSON: You could borrow one from Norseman, could you not?

Mr King: The answer to that would probably be yes and no, given the nature of the workload that they actually encounter and the distances they have to travel. That is a very good example of something that we think you should be aware of—that is, the actual time frame that these cases take up. Norseman is a classic example. A case on the Eyre Highway could take five or 10 hours. We rely on volunteers to do this. Even in the locations in the south west, there is great pressure on volunteers, as health services are somewhat diminished in many of the locations that they operate; there are no doctors or they cannot operate a hospital. Our volunteers who come on board, wanting to provide a service for their local community, are not responding just to their local community. They are responding to that call and finding they cannot take that patient to the local hospital; they have to drive one and a half, two or three hours to the hospital and back. That is the real pressure that comes on to these services. Long-distance road transport, which comes from the example of Norseman, is a critical issue for our volunteers. One of the questions that I think is there is: should we have more paid paramedics throughout the country regions of Western Australia? The answer is absolutely yes we should; there is no doubt about that. There is perhaps misinformation out there that we try to hold that back. We absolutely do not, but we will play within the financial means that we have as an organisation; we will not run a deficit budget. We will provide the service that we are contracted to provide with the means that we have, and we simply do not have enough.

The CHAIRMAN: Peter, for the region that you have now where you say the number of volunteers is good, when was the last time you did a phone-around to check how many of your volunteers are actually active volunteers. We have been informed that some regions might have 100 volunteers on their list but only 25 of them are actually active. When did you last do a check? Can you tell me how many of the volunteers you have that you know are actually active?

Mr King: I can tell you that as part of the role of the regional managers, every time they walk into one of our subcentres, one of the questions that they must ask is: how many volunteers do you currently have that you are utilising and how many does this subcentre need?

The CHAIRMAN: When you ask that question, where do you record that information?

Mr Wilson: We have a system called CHRIS and we keep our database of volunteers and paid staff in that. We generate a report that tells us how many volunteers are at each location. I generate that report and I send it on prior to my visit and I come back and check it.

The CHAIRMAN: On behalf of St John, would you be able to provide the committee with the details from CHRIS for not only this region, but also the other regions in terms of active and passive.

I will ask a couple more questions. Peter, is St John involved in sea rescues? Stacey, can you describe any particular problems that you might have in terms of people who are intoxicated, alcohol problems and illicit drug problems.

Mr King: The short answer is that yes, we are involved in sea rescues but not in that we go to sea. We would be waiting at the shore for somebody to come back in. There are times—I cannot think of examples here locally but I can in the north west—where we have put a paramedic on a

helicopter and they have retrieved patients offshore. The other aspect of where we are involved in sea rescue more specifically is our provision of the critical care paramedics to the FESA helicopter. Part of their role is to respond to EPIRB. I am not sure whether it is the warning signals that go off, but our staff would then be involved. If there is any transfer —

The CHAIRMAN: If an EPIRB goes off, they call you and ask if you could provide someone to —

Mr King: Our function is to task the rescue helicopter.

The CHAIRMAN: We are also looking at a review of alcohol and illicit drug problems. Stacey, can you paint the picture down here for us?

Miss Abbott: I have only recently relocated to Albany, but I can say that with the types of drugs that are coming through now—ice, amphetamines and things like that—we are certainly seeing a change in the behaviour. With heroin, they are a lot more passive and when they come off their heroin highs, they get more aggressive. Ice and things like that, in conjunction with alcohol, is making the public a lot more aggressive and they do not discern whether you are there to help them; they are just basically under the influence.

The CHAIRMAN: Having two paramedics turn up to an incident where someone is on ice, how many additional support do —

Miss Abbott: The police are the support. If we feel that we are in danger from people like that, we will not attend to that patient until the police are there.

Mr P.B. WATSON: Do you have any addresses in Albany where you do not go for safety reasons?

Miss Abbott: There are addresses that are flagged. If we come across a problem, we will contact our communications centre. There was one recently where the officer said that we had a problem and we had to call the police into that place. When that address is despatched again—I am not quite sure how the communications system works, but it flags that address—the communications staff will let us know that something happened, so we will need to have the police in attendance.

The CHAIRMAN: Can you explain that a bit more, Ashley?
[12.30 pm]

Mr Wilson: We are able to actually flag a particular address, as Stacey said, with a location warning. Once the address is inputted—it is by street name, so it does not give an individual number—the rest of the information is then given against that address saying at No 12 in such and such a street, this person; perhaps if it is a name or the whole address, to attend only with the police or to be aware of such other things.

Mr P.B. WATSON: Down here you get a lot of them staying in houses and you do not know until you get there that there is an incident.

Mr Wilson: The other part to that is that those people can wander out anywhere in the street and we get a call to say it is a male on the side of the road. Of course, we do not know it is one of the people who reside at the address. We attend and we find out once we get there.

The CHAIRMAN: How many staff are there within the region? Over, say, the past 12 months, how many of your staff would have been assaulted?

Mr Wilson: With paid staff, once again, we referred to the number. We have only five paid paramedics and 302 volunteers. To tell you the truth, I would be challenged to remember the last time one of our officers was assaulted.

The CHAIRMAN: Is that your officers and volunteers?

Mr Wilson: That is all inclusive. It is mainly because we have some fairly strict lines that we get officers to practice. If they feel there is any danger to themselves, they need to back away.

The CHAIRMAN: A doctor ABC?

Mr Wilson: Yes, it is basically the same principle with first aid applied to that. If they approach an address and they can hear lots of yelling and shouting and things like that, it is probably not a good idea to enter that address. I am challenged to recall the last time that has happened.

The CHAIRMAN: From our previous hearings, the ambulance service review has called for 28 additional paramedics in the regions for the contract 2009-14. How many paramedics would Albany receive from this proposal? Are you aware of that proposal?

Mr King: Yes.

The CHAIRMAN: How many would you get?

Mr King: Three here in Albany.

The CHAIRMAN: How many are you needing?

Mr King: Based on those categories, three.

The CHAIRMAN: Based on the categories with your category 4?

Mr King: In terms of the entire region, we would also be looking for three community paramedics.

The CHAIRMAN: So it would go from category 3 to 6 for this region.

Mr King: For the entire region.

The CHAIRMAN: You are providing the statistics for the other regions, are you not?

Mr King: Yes, we shall.

The CHAIRMAN: Are there any issues that we have not addressed that you would like to flag for the committee?

Mr King: There are two things I would like to raise. Firstly, the question was asked about the number of ambulances actually in Albany and the answer that Stacey gave was three, which is correct. That is how many physical vehicles there are. I do not want to leave this committee with the impression that there are three ambulances rostered on here right now. There is one.

The CHAIRMAN: Can you clarify that now?

Mr King: They get hit by kangaroos and used as back-ups. If we have to find another crew from time to time —

Mr P.B. WATSON: Do the other two just sit there?

Mr King: Yes, but they are utilised. This is not a resource that sits there and is underutilised. I thought it important that the committee understands there is only one ambulance looking after Albany at any given point in time.

Mr P.B. WATSON: That is the staffing.

Mr King: Absolutely. Although we put those categories in there in terms of what we recommend, there are arguments that, if you want better ambulance response, you need even more staff than that.

Mr P.B. WATSON: I suppose the figure of 32 000 is for our region. There is only one ambulance more or less for 32 000.

Mr King: In Albany, that is correct. I would say, though, that that is better than—I need to verify this, but certainly in the review document you can see that during some of the hours in Perth, the per capita number that each ambulance is looking after at any given time is worse than it is here.

Mr P.B. WATSON: In Perth there are hospitals all over the place. We have only one here and you could be 20 or 50 kays out.

Mr King: I have no disagreement with that whatsoever.

Mr P.B. WATSON: Just sticking up for the country!

Mr King: Indeed. My view is there is a desperate need for more ambulance resources in the country—as much as, if not more than, there is in Perth, and certainly here in Albany. The other issue that I wanted to raise was one of clinical coordination. This is to do with the issue of long-distance road transports by our volunteers. There has been for quite some time the issue of making sure that the most appropriate resource for moving patients around is utilised. That is not centralised by any one organisation within either health or non-government organisations. We think there is a great need for that. When we talk about clinical coordination, we talk about asking the question: does this patient need to be moved in the first place? If he does then in what time frame does the patient need to be moved, and what is the best resource to be actually used to move that patient?

The CHAIRMAN: What is your suggestion for who would coordinate that?

Mr King: A paper was written by one of the clinical health networks.

The CHAIRMAN: Would you be able to provide us with a copy of that paper?

Mr King: I would be happy to source that and provide it. I think it was headed by Dr John van der Post. This has been an issue that has been ongoing for a long time.

The CHAIRMAN: Someone flagged that with us, so it is good you are bringing this up.

Mr King: It has a major impact on our volunteers. There are times when, due to other indicators that hospitals have to meet, they have to get a patient out. That is not necessarily based on the patient's need; that is based on hitting an indicator.

The CHAIRMAN: Getting a bed.

Mr King: Exactly. It may be best that that person go by air because it is a five-hour round trip, but RFDS is not available for perhaps three hours but the local ambulance, staffed by volunteers, is there. Those volunteers want to be there for the community in their emergency but then they are shipped out for five hours. They have left their work and their home because the decision has not been made with a more global view of whether they needed to be moved and when and how they needed to be moved, and we think that is critical for country.

The CHAIRMAN: Is there a way in country areas that ambulances could be hired for patient transfers? If the ambulances were hired, rather than a volunteer using up their time, some people might do it to earn some additional money.

Mr King: They are hired, or it is a fee-for-service basis. There are some really big complications in terms of the issue once you start paying volunteers for those long-distance transfers. The next question that would be asked is: "If you pay me to work for five hours to do this low-level transport, I have just attended a heart attack or a car accident now, why shouldn't I be paid for that?" All of a sudden you have an unravelling of this volunteer model. It is a very sticky question.

The CHAIRMAN: Okay; that is fine. Stacey, did I ask you if there was anything else you wanted to flag?
[12.40 pm]

Miss Abbott: I guess about what Peter said with regard to the three ambulances. To paint a small picture: we have one full-time in Albany active today. It is not on occasion; Peter said on occasion the other ambulances are used. We frequently use the second ambulance for another call that comes in at the same time, so they are being used all the time, which is why we need those extra paramedics—so that people are sitting at the station ready to respond to the call. We are having to chase down a second paramedic and a second volunteer. Most of our calls come in the day. We do have some at night so that is why we are chasing those extra paramedics.

The CHAIRMAN: I thank you each for your evidence before the committee today. A transcript of this will be forwarded to you for the correction of minor errors. Any such corrections must be made and the transcript returned within 10 days of the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be

added by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript. It may be a few days before we get the transcript to you but you have 10 days from when you receive it. Thank you very much for the supplementary information you are going to provide us with to help us with our review.

Hearing concluded at 12.41 pm