

Inquiry into the delivery of ambulance services in Western Australia

I write on behalf of the Regional Medical Specialists Association (RMSA). The mission of the RMSA is to secure access to quality specialist care for regional, rural and remote Australians, close to their homes. RMSA lobbies for improved regional and rural health and training infrastructure.

In most Australian states, ambulance services are mainly provided by state government funded emergency responders in the metropolitan cities and regional centres. In rural and remote areas, the task of ambulance retrieval of patients often falls to local health workers called in out of hours, frequently accompanied by their partners in the interest of safety. In remote parts of the nation, urgent transport to Base Hospitals from smaller centres is mainly provided by the Royal Flying Doctor Service (RFDS) in fixed-wing aircraft.

In Western Australia and Northern Territory, however, ambulance services are provided by the St John Ambulance Service. Both St John Ambulance and the RFDS are not-for-profit organisations funded from multiple sources. Both organisations have outstanding reputations, world-wide, for quality and integrity.

Rural Australian populations have, as a rule, shorter life expectancy and poorer overall health than those living in Metropolitan areas. The further away from a metropolitan centre they are, the greater this discrepancy becomes. The Australian Institute for Health and Welfare states it thus:

“Rural and remote Australia encompasses many diverse locations and communities and people living in these areas face unique challenges due to their geographic isolation. Those living outside metropolitan areas often have poorer health outcomes compared with those living in metropolitan areas. For example, data show that people living in rural and remote areas have higher rates of hospitalisations, mortality, injury and poorer access to, and use of, primary health care services, compared with those living in metropolitan areas.

Health inequalities in rural and remote areas may be due to factors, including:

- challenges in accessing health care or health professionals, such as specialists
- social determinants such as income, education and employment opportunities
- higher rates of risky behaviours such as tobacco smoking and alcohol use
- higher rates of occupational and physical risk, for example from farming or mining work and transport-related accidents.”

See: <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/summary>

This summary page also states that in 2015–2017, life expectancy for both males and females decreased as remoteness increased. Yet overall, people living in rural and remote Australia report higher levels of life satisfaction and much more community engagement than their urban counterparts.

Access to health services often begins with a call to the ambulance. This is more so in remote parts of the country, where primary health services are hard to access at the time of one's choice.

So, it is critical that ambulance facilities in rural and remote Australia are not just as good as those in metropolitan areas: they should be better. The vehicles should be appropriately equipped, suitable for the terrain and meticulously maintained. The staff should be trained to the highest standards and regularly re-certified. Sufficient trained staff should be in rural centres to ensure that patient care is not compromised by staff fatigue. The fatigue issue may make the mixed volunteer and salaried staff model of the St John Ambulance more sustainable than a fully-salaried model.

First responders have high rates of post-traumatic stress disorder (PTSD). This was discussed at a day-long roundtable held at Australian Federal Police (AFP) Headquarters in Canberra

in May 2017, under the chairmanship of former AFP Commissioner Mick Palmer¹. The interventions recommended in this report should be accessible to all ambulance operators in the nation. This is a challenge for regional, rural and remote communities, but it must be met.

If the current arrangement with St John Ambulance is to continue beyond 2022 (and we see no reason it should not), a governance review should be undertaken. Good governance not only creates public confidence, it enhances workplace culture. A healthy workplace culture is essential to patient safety.

The new contract should include Key Performance Indicators (KPIs) reported monthly to the St John Ambulance (WA) Board. The author strongly recommends that these KPIs include measures of workforce morale, in view of the above remarks about PTSD. The Board of St John Ambulance (WA) should share these with the WA Department of Health at agreed intervals. As Western Australia has such a large area, this author also recommends sharing these KPI compliance reports directly with the governing bodies of the health regions that are part of the WA Country Health Service.

¹ Paul Barratt, Lyn Stephens and Mick Palmer. When Helping Hurts: PTSD in First Responders. Report following a high-level roundtable. <https://www.aph.gov.au/DocumentStore> ISBN: 978-0-9953842-3-1