

The Chairperson
Hon Pierre Yang MLC
Standing Committee on Public Administration
Parliament House
4 Harvest Terrace
West Perth WA 6005

Good Morning Hon Yang

Inquiry into the delivery of ambulance services

This submission is presented by a current serving Country Volunteer Ambulance Officer (VAO) of 5+ years standing and who has significant concerns over St John Ambulance (SJA) administrators' lack of understanding of rural ambulance services and the contributions made by VAOs to their local communities **NOT** necessarily to SJA.

I strongly believe that a similar service could be provided to rural locations under the direction of the WA Country Health Service (WACHS) with significant financial benefits being available to them, and suggest that a to be negotiated portion of the "profits" made by country sub-centres could be returned to their local hospitals to provide improved facilities rather than being held by a so called "not for profit" organisation that barely recognises rural sub-centres. This 'local donation' may also have a positive impact for recruitment by way of encouraging local people to volunteer their services knowing that some of the funds raised will be returned to benefit their local medical facilities.

I offer the following comments against the inquiry's criteria:

a) how 000 ambulance calls are received, assessed, prioritised and despatched in the metropolitan area and in the regions

In terms of regional callouts the current system is very efficient except that some sub-centres do not have VAOs readily available for all calls often resulting in referral to one or more nearby sub-centres to obtain a crew. There are some major sub-centres (eg Manjimup) who fail to provide transfer crews (supposedly due to a lack of leadership/volunteers) creating undue delays for diligent patient care BUT this attitude could change if sub-centres had the ability to channel part of their "earnings" to improve local medical facilities.

For years rural sub-centres have been seeking the appointment of a person in the State Operations Centre (SOC) to better coordinate services from outlying locations to major hospitals. It has not been unusual for our VAOs to take patients to Bunbury and return to Bridgetown only to then get a request, on the way back or on arrival in Bridgetown, to return to Bunbury to pick up a patient who requires transport to Bridgetown, or other nearby location thereby wasting valuable resources and VAO time.

SOC staff appear to change regularly often indicated by a lack of understanding of where rural sub-centres are located and their distance from calls required. Some additional training in WA's geography is needed.

SOC could continue to operate as at present to support a WACHS run ambulance service with appropriate payment to SJA for service provided.

It would be helpful to rural VAOs if SOC were able to advise weight of patients as most rural Ambulance sub-centres do not have immediate access to bariatric vehicles – refer later comments in last paragraph p.2.

b) the efficiency and adequacy of the service delivery model of ambulance services in the metropolitan and regional areas of Western Australia

CONTRACTUAL OBLIGATIONS

Services for Country WA

SJA is supposed to use its best endeavours to: (a) provide a Country Sub Centre at all locations stipulated on the Country Sub Centre List; and (b) maintain optimum numbers of volunteers in all Country Sub Centres.

- (a) SJA does very little to directly support rural sub-centres which are administered by local persons, often including a part/fulltime officer, paid for from funds generated by VAOs providing ambulance services and/or other forms of fundraising albeit that SJA has 'control' via its Government agreement. Similarly the rural sub-centres meet ALL their running costs including purchase of property, buildings, maintenance, ambulances, equipment (uniforms, on road, training, administrative, etc) from the funds they generate.
- (b) There is only minimal support in the recruitment and training of volunteers, tasks undertaken by local sub-committees. Recruitment is most often achieved via local word of mouth provided by VAOs. Whilst some training is provided by SJA to upskill Volunteer Development Officers (trainers) similar training could be achieved via other sources. In rural areas recruitment might be assisted if some of the annual surplus funds could be directed towards improving local medical and/or aged care facilities as most rural VAOs identify their involvement as community oriented not necessarily to SJA.

There is no concern to the degree to which SJA pressurises VAOs with ever increasing demands for training and compliance with its policies without due regard or consultation – current example is the proposed SJA Country Volunteer Payment Policy supposedly to create 'equality' amongst VAOs BUT which in reality will result in less rural community access to vital, high-quality and safe ambulance services due to a reduction of VAO availability in sub-centres that bear the brunt of providing the lucrative inter-hospital transfer service. Volunteers have administered their own allowances schemes within their capacities to provide necessary ambulance services and maintain financial viability and many will not continue to provide the service of the past whilst SJA offers 'slave labour' payments.

In our sub-centre it is not unusual for individual VAOs to be on call for 48 consecutive hours (or up to 100+ hours weekly) in order to provide the ambulance services required by the community. This availability will diminish significantly if the proposed SJA Country Volunteer Payment Policy is implemented. Whilst public hospitals have, for much of the past year, suffered record ambulance ramping - where patients are forced to wait in ambulances for more than 30 minutes before being handed over to emergency departments, rural VAOs have regularly waited in Emergency Departments for in excess of 60 minutes to complete handover of patients.

Whilst SJA must ensure that within their patient transport vehicle fleet in Metropolitan Perth Area there are Patient Transport Vehicles with the capacity to move patients above 159kg or 68cm wide little such provision has been made to support rural sub-centres. Despite some sub-centres, including ours, having the financial resources to purchase the necessary equipment SJA has not met orders for such equipment nor has it provided any timeline for provision of and training in the use of such equipment. We currently have at least six known patients whose weights are well in excess of 160kg and who require the attendance of two ambulances (4 VAOs) to ensure they can be safely transported to hospital. In our sub-centre's case the equipment is available 90kms distant (at least 1 additional hours travel time), too far to ensure that we can provide optimal patient outcomes. We have the funds, have placed an order for a bariatric stretcher at the same time as ordering a new ambulance (in 2019 and received Jan 2021). We have the appropriately designed ambulance but have still not received the stretcher equipment to allow us to safely carry patients!

c) whether alternative service delivery models in other jurisdictions would better meet the needs of the community

The rural Ambulance Service should be run by the State Government not by a so called charitable organisation that appears to be primarily focussed on making money to the detriment of its volunteers. With the exception of Western Australia and Northern Territory, ALL Other Ambulance Services in Australia are run by the respective State Governments. Currently, a non-government organisation, St John Ambulance (WA) Ltd, has the contract for the Ambulance Service for the whole of Western Australia. WACHS working collaboratively with a country Ambulance Committee comprising rural VAOs NOT a citycentric top heavy administrative organisation can continue to ensure Western Australians have access to vital, high-quality and safe ambulance services, with improved value for money.

d) any other matters considered relevant by the Committee

Whilst SJA has been recognised by the public for its excellent reputation, *in rural areas this is a reflection of the community's confidence in and the service and commitment provided by volunteers NOT SJA!* Most VAOs (and Paramedics) have little confidence in and don't trust SJA management and don't believe they can go to them and 'will be heard' when they need help or have a problem, and that in itself says a lot about the culture at SJA. VAOs will not raise issues that SJA disagrees with because too many of their colleagues have been penalised for speaking up.

SJA has acknowledged in its Country Management Review (2020 SW Pilot Scheme) that its structure does not provide front line management and leadership of staff, is dated and does not support its 2025 Strategy or recent WACHS recommendations BUT what it seeks to do is provide opportunity to gain greater control over resources and foundations supposedly to cultivate a supported and connected workforce – no mention of how this will support rural VAOs! Issues and concerns raised included lack of contact frequency with operational staff and volunteer centres due to span of influence and staff feedback from culture survey showing lack of leadership and visibility.

SJA suggests that it is committed to building a supportive working environment which allows VAOs et al to thrive, flourish and feel supported and through enacting lasting and beneficial change meet the increase in demand from local communities by developing a successful management model for the future of Country Ambulance through input from regional staff – *no/very limited consultation with rural sub-centres has occurred!*

SJA is hypocritical in that it has claimed its Allowances Policy is designed to create **equality** amongst sub-centres BUT continues to use its volunteers to contain its costs to obtain Government tenders using an **unequal tender process** that no other organisation can compete with!! Equality surely is about everyone having equal access to overcome barriers – this cannot be achieved when sub-centres due to their localities and the wide variation in demand for ambulance services results in them having unequal access to earn similar incomes from said ambulance services.

Over the past few years there has been a significant expansion of the administration staff without any obvious benefit to rural ambulance services; eg the appointment of a highly paid person (and other staff!) to rebrand SJA – why/what has changed? It already is an easily and easily identified organisation providing ambulance services.

At the risk of being called cynical one must wonder if the delay in application of the Allowances Policy until after the closing date for inquiry submissions is coincidental OR if it will be implemented soon after so that SJA can 'bully' its imposition without too much scrutiny of VAOs' comments.

Thank you for the opportunity to express my concerns.