

Professor Cobie Rudd
Office of the Deputy Vice-Chancellor (Regional Futures)



22 July 2021

The Honourable Pierre Yang MLC
Government Whip in the Legislative Council
Chair, Standing Committee on Public Administration
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Dear Mr Yang

Inquiry into the delivery of ambulance services in Western Australia

Thank you for the opportunity to provide a submission to this inquiry.

Named after the first woman in Parliament in Australia, Edith Cowan University was established in 1991 and is one of the top 100 universities under the age of 50. With five-star ratings in teaching quality for 14 years in a row, it is one of only two universities in Australia to have achieved such consistently high endorsement for the quality of its undergraduate teaching.

ECU's paramedicine program was the first in Western Australia to be established and was the first program in Australia to achieve provisional accreditation with the Council of Ambulance Authorities. The provision of appropriate clinical placements forms an essential part of the accreditation requirements for paramedicine degrees that lead to graduates obtaining paramedic registration with AHPRA.

Across the country ambulance services are provided by state/territory health services, except for Western Australian and the Northern Territory. South Australia resumed state control of their ambulance service in 1989 when the workforce was converted to a largely paid career service (with limited volunteers) rather than a mix of volunteers and limited career staff. Career ambulance services with fully trained paramedics in most areas (with limited reliance on volunteers – mainly first responders) is the model used in the United Kingdom, Ireland and Canada. In Australia, Western Australia is the only state to have a heavy reliance on volunteers in rural areas.

In order to produce high-quality and industry ready graduates, universities rely on input and support from a range of industry experts through work integrated learning (WIL). Experience has shown that where services are an integral component of the government health services, WIL support is easier to obtain than when the provider is a private (or not for profit) organisation. Within the university sector it has proven easier to secure WIL clinical placements for instance in nursing where services are largely government run than in paramedicine where there is no incentive for the provider to allocate places. There is also improved equity across university providers in state run services.

Numerous research studies (Suter, 2009), Government reports (Goodwin) and consulting reports (McKinsey, 2011) have identified that integrated health services work better in providing public health care than a series of non-integrated services. Integrated services that put the patient first, are effective and efficient, match the service to the needs of the community and make best use of health funding create a more holistic system of care than one which can compromise patient care and increase the frequency of avoidable hospital admissions (Department of Health, 2018). An ambulance service where the only option is to transport to an emergency department will increase emergency department presentations, result in ambulance ramping and may not result in the most optimal health pathway for the patient, thus decreasing satisfaction with the government and the health system in general.

Integrated health services are not a new concept, and as far back as the 1980s, the World Health Organization was advocating for their establishment (World Health Organization, 2008). An evaluation of integrated services in Australia demonstrated improved patient and carer experience, increased GP capacity and community care benefits (Trankle, 2019). A private ambulance service, as is run in Western Australia, does not promote integration because the providers focus is on revenue to ensure sustainability, rather than providing an integrated service which will take pressure off hospitals, and improve cost efficiency across the entire health system. St John Ambulance WA's own report indicates that they have a focus on cost and the current model means they have been unable to meet their key targets – missing both response times and standby capacity (St John Ambulance WA, 2020). There are numerous examples interstate of alternative care pathways reducing pressure on transports to hospital, including referral to urgent care (Agency for Clinical Innovation, n.d.), community paramedics (National Centre for Biotechnology Information, 2017) (Blacker, 2009) and telehealth (Bergrath, 2021) (James, 2021) which could be implemented in WA, however there is no incentive for the private ambulance service to do so. An integrated government service could have these incentives.

In Australia it is well documented (Australian Institute of Health and Welfare, 2019) that rural populations have less access to healthcare services than their metropolitan counterparts. In order to promote high-quality emergency and unscheduled healthcare services, there should be career qualified and Australian Health Professional Regulation Agency (AHPRA) registered paramedics in all but the most remote rural areas, as there is for instance in Victoria, New South Wales and Queensland. However, in Western Australia, the model relies on volunteers in the majority of areas with some support from community paramedics. This means that the rural population in Western Australia experiences an ambulance service workforce that is less qualified than that in the city.

Advantages to a state/ territory government run service include:

- better alignment and continuity across services for patient care;
- greater mobility across services and therefore improved staff choice, wellbeing and retention;
- increased interdisciplinary opportunities which improve patient care;
- enhanced opportunities for shared professional development, infrastructure and resources; and
- improved equity of access to clinical placements for universities which prepare the graduate paramedic workforce.

Paramedics are critical to a health workforce that is community-centred and delivers outcomes across all jurisdictions. This includes having a model in place that will deliver a

measurable impact on addressing the maldistribution of the rural health workforce. An integrated network of universities, health services and training hubs will also help redress the lack of parity for clinical placements and enhance collaborative translational research opportunities.

We applaud this process and look forward to participating in the inquiry and would welcome an opportunity meet with the panel.

Yours sincerely

Electronically signed by:

Professor Cobie Rudd
Deputy Vice-Chancellor (Regional Futures) & Vice-President

cc: Professor Moira Sim, Executive Dean – School of Medical and Health Sciences

References

- Agency for Clinical Innovation. (n.d.). *Extended Care Paramedic*. Retrieved from <https://aci.health.nsw.gov.au/resources/aged-health/building-partnerships/building-partnerships/extended-care-paramedic#:~:text=ECP%20is%20a%20program%20delivered,illness%20and%20minor%20injury%20presentations&text=referral%20to%20community%2Dbased%20heal>
- Australian Institute of Health and Welfare. (2019, October 22). *Rural and remote health*. Retrieved from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/access-to-health-care>
- Bergrath, S. B. (2021). Implementation of a full-scale prehospital telemedicine system: evaluation of the process and systemic effects in a pre–post intervention study. *British Medical Journal*. Retrieved from <https://bmjopen.bmj.com/content/11/3/e041942>
- Blacker, N. P. (2009). *Redesigning paramedic models of care to meet rural and remote community needs*. Council of Ambulance Authorities. Retrieved from https://ruralhealth.org.au/10thNRHC/10thnrhc.ruralhealth.org.au/papers/docs/Blacker_Natalie_D4.pdf
- Department of Health. (2018, June 18). *Primary Health Care*. Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/Fact-Sheet-How-PHNs-Integrate-Health-Services>
- Goodwin, N. a. (n.d.). *The evidence base for integrated care*. London: The Kings Fund. Retrieved from <https://www.kingsfund.org.uk/sites/default/files/Evidence-base-integrated-care2.pdf>
- James, H. S. (2021). Exploring paramedics' intention to use a specialist palliative care telehealth service. *Progress in Palliative Care*. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/09699260.2020.1852657?journalCode=yppc20>
- McKinsey. (2011). *What it takes to make integrated care work*. McKinsey Consulting. Retrieved from https://www.mckinsey.com/~media/mckinsey/dotcom/client_service/healthcare%20systems%20and%20services/health%20international/issue%2011%20new%20pdfs/hi11_48%20integratedcare_noprint.ashx
- National Centre for Biotechnology Information. (2017). *Community Paramedicine: Program Characteristics and Evaluation*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK549096/>
- St John Ambulance WA. (2020). *Impact Report 2020*. Perth: St John Ambulance WA. Retrieved from https://stjohnwa.com.au/docs/default-source/corporate-publications/impact-report_2019_2020_digital.pdf?sfvrsn=f587eab2_2
- Suter, E. O. (2009). *Ten key principles for successful health systems integration*. Canadian Institutes of Health Research. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3004930/>
- Trankle, S. U. (2019). Integrating health care in Australia: A qualitative evaluation. *BMC Health Services Research*. Retrieved from <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4780-z>
- World Health Organization. (2008). *Integrated Health Services - What and Why*. Geneva: World Health Organization. Retrieved from https://www.who.int/healthsystems/technical_brief_final.pdf