

WA Government Response to Recommendations of the Chief Health Officer's Inquiry into Aeromedical Services in Western Australia

RECOMMENDATION	RESPONSE	COMMENTS
1 Develop a 10-year Strategic Plan for Aeromedical Services	Supported	WA Health supports a Strategic Plan that is comprehensive in nature, incorporating all elements of related systems, including road retrieval, outreach, repatriation, as well as search and rescue, and emergency services as part of the broader Aeromedical Service.
1.1 Commission an independently chaired Implementation Group to manage the project of works arising from the Inquiry including the development of the draft strategic Plan (to incorporate retrieval and outreach functions including emergency telehealth) and initial business plan.	Supported	The Implementation Group should have a strong remit for wide consultation with all stakeholders to ensure any Plan is high-quality and integrated, with a priority focus on analysis and planning specific to rotary-wing services. Careful consideration needs to be given to the selection of Chair and membership to manage conflicting interests and bias towards current systems. Membership should consider important linkages of the broader aeromedical services, including DFES and WA Police.
1.2 The Implementation Group has a 2-year tenure	Supported	Given the scope of work involved, the tenure period of the Implementation Group may require further consideration.
2 Establish a new structure to provide a centralised system of Governance for aeromedical services	Supported in Principle	WA Health supports the principle of a centralised system of governance, with additional consideration given to whether this should be incorporated with other health transport services (aeromedical and road-based transport) to allow better integration and linkages.

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2.1 Establish an office within WA Health (system manager) which is responsible for the implementation and ongoing governance, coordination and development of aeromedical and related services. (For the purposes of this report referred to as: The Office of Aeromedical Services, Retrieval and Outreach).	Supported in Principle	WA Health supports the principle of a single health entity, or Office, responsible for governance, coordination and development of Aeromedical and related services. Further consideration is required as to where the Office will best fit within Health, noting that the role and function may not clearly align with the remit of the Department of Health, as System Manager, where operational functions cross over with Health Service Providers (HSPs) and external agencies such as AMSA, WA Police and DFES. As the Office must have clear authority to coordinate across (and on behalf of) HSPs and liaise directly with external agencies, this will be a relevant factor in determining the ideal model and location.
2.2 The Office of Aeromedical Services, Retrieval and Outreach will develop the Aeromedical Services Service Model and Capability Framework	Supported	
2.3 The Office of Aeromedical Services, Retrieval and Outreach will be responsible for the management of all aeromedical contracts (fixed wing and rotary wing) and related budgets and performance. Contract management specifically includes rigorous oversight of aviation standards compliance, staff credentialing and scope of practice standards, and all clinical governance standards.	Supported	WA Health is supportive of a singular, health based, service delivery entity for management of all contracts to enable consistency across all transport providers and platforms, and ensure all contracts are consistently managed. Any novation and consolidation of contracts requires considered, safe and measured processes during the transition of management functions and responsibilities. WA Health will work closely with partner agencies and suppliers to guarantee the continuation and quality of services, such as Search and Rescue, being delivered to the WA community both during and post-transition.
2.4 Office of Aeromedical Services, Retrieval and Outreach becomes responsible for promoting and managing health interests in Helicopter Landing Site and airstrip management, including advocacy and technical support for expansion of Helicopter Landing Site infrastructure.	Supported in Principle	WA Health supports the principle of the Office undertaking oversight of advocacy and technical support in this area, noting that the necessary expertise will require development. Further considerations need to occur around this recommendation, based on the complexity of current air infrastructure ownership and the expertise required for effective management and recognising existing Working Groups.
2.5 Research and education in the sector is promoted and supported.	Supported	

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3 Building on the existing WACHS Command Centre, establish a whole-of-State Coordination Service administered by the Office of Aeromedical Services, Retrieval and Outreach.	Supported in Principle	WA Health supports the principle of a whole-of-state health coordination service. The optimal design of this service, including the details of inclusion of the existing Acute Patient Transfer Service requires additional analysis.
3.1 Coordination functions currently bundled within the Royal Flying Doctor Service - Western Operations (RFDS) contract are extracted and the process is transferred to the coordination centre (in which RFDS are represented).	Supported	Any centralised service should be health led and integrated with all providers and stakeholders. The repositioning of coordination will reduce duplication of services. WA Health supports this function being collocated and integrated with all health transport services, to ensure best system performance and patient care.
3.2 Improve central coordination of aeromedical services aircraft tasking. The Coordination services is responsible for all aeromedical services aircraft tasking except for rotary wing primary response (tasking is via St John Ambulance WA). Despatch (currently): Fixed wing despatch functions are provided by the fixed wing contractor(s), and rotary wing despatch functions are provided by St John Ambulance WA.	Supported in Principle	WA Health supports the principle of centralised coordination, with centralised coordination of both fixed and rotary wing services in a single agency being the preferred way forward. This would allow for the most appropriate provider/platform/crew-mix to be tasked to ensure KPIs are more readily achievable and improving transport times and outcomes. The Strategic Plan will need to determine where this single coordination agency capability sits best.
3.3 The coordination service is responsible for arbitration of all conflicting prioritisation.	Supported in Principle	WA Health supports the principle of a coordinating centre arbitrating in cases of conflicting prioritisation, but notes that in time critical situations, delegated authority is required to make real-time decisions. Decisions should be audited and reviewed frequently to inform future decision making, balanced against system needs and demands.
4 Review and revise the fixed wing contract(s) and services to implement a more rigorous and clarified service relationship with providers.	Supported	WA Health supports all contracts being in line with current State/WA Health contract management guidelines.
4.1 The contract(s) must be improved to reflect contemporary standards and expectations and must be monitored and managed effectively.	Supported	WA Health notes that work is already underway in contract development in the establishment of aviation and clinical schedules in line with contemporary best practice, national standards and relevant legislation, as well as key improvements in assurance and oversight including the reformation of key performance indicators and increased clinical governance.

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4.2 Although 10-year contracts are common in aeromedical systems and initial approach of 5 years with an additional 5-year option for WA Health is recommended.	Supported	
4.3 Funding conditions and financial models are reset for 10 years (with interim reviews of rates) and further interjurisdictional benchmarking and audit - it is recommended that a contemporary payment framework and/or model is developed based on first principles.	Supported	
4.4 Parallel commercial or other activity of contractor(s) (e.g. Commonwealth or industry contracts) must be managed transparently and must not give rise to conflicts of interest.	Supported	
5 Improve regional rotary wing aeromedical capability	Supported in principle	WA Health supports improvement of regional rotary wing aeromedical capability.
5.1 Complete analysis through the Service Refinement Plan to inform the necessary expansion of the Rotary Wing Aeromedical Services in a coordinated network to meet the needs of inland (Goldfields), coastal, remote and offshore populations.	Supported in principle	Further analysis is necessary to confirm demand, model coverage, and to understand value, risk profiles, and interoperability with fixed, road and WACHS ground health capability, to guide strategy, planning and future investment.
6 Improve rotary wing operations capability in the Perth and Southwest regions.	Supported in Principle	WA Health supports the improvement of capability in the Perth and South West in principle, noting that this must be informed by demand, and that further analysis is necessary to determine current, and modelled future needs, for these regions.
6.1 Consolidate all rotary wing operations in the Perth and Southwest regions to a single operator system (Emergency Rescue Helicopter Service). (Specifically, implementation of the proposed RFDS EC145 services are not recommended).	Supported in Principle	WA Health supports the principle of consolidation of rotary winged operations into a single operator, in conjunction with service contracts and coordination being moved to Health. The assessment of the RFDS EC145 service trial is not yet complete and may have additional insights to offer.

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6.2 Immediately expand the Perth/Bunbury Emergency Rescue Helicopter Service AW139 fleet by one additional aircraft, to meet current demand (particularly in interhospital transport).	Supported in Principle	<p>WA Health supports additional investment in rotary wing services informed by data and as part of a strategic approach. Additional analysis and modelling will be required to verify need and determine the infrastructure required to support any expansion, noting that currently Bunbury Hospital does not currently have a collocated helicopter landing site.</p> <p>The State Government has recently invested a further \$27 million to secure three replacement helicopters for the State's Emergency Rescue Helicopter Service, as well as \$12.5 million to establish a new Aviation Airbase at Jandakot Airport.</p>
6.3 Supplement current rotary with CCP crewing with a second clinical crew member immediately. It is recommended that the governance of this change is overseen by the Office of Aeromedical Services, Retrieval and Outreach and that should include crewing by consultant medical practitioners (appropriately trained for the primary response environment) as the second clinical crew member in selected platforms and/or at selected bases.	Supported in Principle	<p>WA Health supports the principle of supplementing current rotary CCP crewing with a second clinical crew member immediately, but note the current limitations of the ERHS Bell 412EP aircraft and Clinical Services tender. Implementation of this recommendation may need to occur as larger capacity airframes are commissioned into the future</p>
7 Standardise and implement a whole of system Clinical Governance Framework.	Supported	<p>WA Health supports a whole-of-health Clinical Governance Framework, noting that existing health governance frameworks could be extended to include needs related to patient retrieval and transport providers. To ensure there is consistency across the whole health system, amendments will need to be considered in conjunction with any changes to frameworks that impact emergency ambulance and patient transport services.</p>
7.1 Through the Clinical Governance Framework promote common clinical guidelines including tasking and crewing guidelines, commonality and compatibility of equipment and systems, and shared systems for Audit, Case Review, and Adverse Event reporting.	Supported	

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7.2 The Office of Aeromedical Services, Retrieval and Outreach defines standards and oversees credentialing and scope of practice for all aeromedical services health practitioners.	Supported	WA Health supports standards and credentialing for aeromedical service practitioners, noting that further analysis will be required on the most suitable practical approach to credentialing and assurance on behalf of contracted providers.
8 The Office of Aeromedical Services, Retrieval and Outreach establish a WA road retrieval service (aligned to the aeromedical services model and distinct from an ambulance interhospital transport service), providing governance, coordination, tasking and support.	Supported in principle	Improvements and development to Aeromedical services should be informed by the Strategy and Service Refinement plans.
8.1 Initially, the road retrieval service should service Perth, Bunbury and peri-urban areas.	Supported in principle	
8.2 Road retrieval capability from collocated regional aeromedical services bases and WACHS campuses should be developed as part of the Services Refinement Plan and planning of future facilities or system modifications.	Supported in principle	The location and priority of introduction of any additional services should be guided by the Strategy and Service Refinement plans, which are informed by evidence and demand analysis.
9 Implement contemporary enabling information systems and technologies	Supported	
9.1 Data contribution and linkage to a central (national) registry for benchmarking and research at a national level is recommended.	Supported	
9.2 Ensure clinical information systems interface as effectively as possible with those of the WA Health system.	Supported	WA Health supports the need to ensure effective clinical interfaces between IT systems of all agencies and providers in aeromedical (and road) contracts. The design of future clinical information systems in health should be cognisant of WA Health IT needs to interface with external and contracted providers, including in the context of time sensitive, acute patient transport.

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10 Provision of additional funding for system improvement and development.	For further consideration	Improvements and development to Aeromedical services should be informed by the Strategy and Service Refinement plans, noting that business cases will be needed to determine more accurate costings and will be subject to future budget deliberations.
10.1 Determination of funding sources (additional State and/or Commonwealth or redistributed funds) will be informed by recommendation 4 (RFDS contracts including contract components for provision of coordination services \$3 Million pa and for purchase of rotary wing interhospital services \$0.8 Million pa).	For further consideration	
10.2 A formal business plan is required to accurately cost the total amount of additional funding required (beyond the scope of the Inquiry)	For further consideration	
10.3 Indicative start-up funding for years 1 and 2 support and administrative (not ongoing/operational): \$0.75 Million pa.	For further consideration	
10.4 Indicative immediate additional recurrent funding requirement including governance, coordination, road retrieval establishment and limited (one aircraft) rotary wing fleet expansion: \$12.5 Million pa.	For further consideration	
10.5 Indicative future additional rotary wing Fleet expansion: \$20-25 Million pa.	For further consideration	