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INVITED COMMENTARY

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Commentary on the Report of the Health Committee - Inquiry into the provision of Ambulance Services in New Zealand

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Thank you for the opportunity to comment on this detailed report from the Inquiry into the provision of Ambulance Services in New Zealand.

The content of this Inquiry has remarkable similarities to the Western Australian experience. As described in the executive summary, unlike most developed countries Western Australia has an ambulance service that are voluntary and contractual i.e. there is no regulation at a state level that refers to the provision of ambulance services or the standards of practice provided by the contract holders. In fact unlike other states that have government administered ambulance services, there is no legislation that refers to what constitutes an ambulance service or an ambulance officer/paramedic.¹

For some years St John Ambulance have singularly held the contract for the provision of emergency ambulance response within Western Australia and does face similar ongoing issues confronted by the ambulance jurisdictions reported in this paper. Recently the Ambulance Employees Association (Union) has called for the state government to take over the administration of the ambulance service citing a lack of accountability and a scope of practice that is falling behind other states in Australia. This has resulted in the government minister responsible for health at the time quoting support for a review, although this issue has not had the same high a profile as the call for an inquiry into the New Zealand system.

Emergency services' outside the Perth metropolitan area are, in the main, provided by volunteer officers. St John has a 3 to 1 volunteer to paid staff structure that provides cover for the largest geographical area of any single ambulance service anywhere in the world. St John does have key performance indicators within its contract although these are not linked directly to clinical performance but rather to response times. Like other Australian jurisdictions the local service does have a clinical standards department, although relatively new. This department applies key performance indicators to the clinical performance of staff from all sectors of the service from dispatch to on road staff. It is, as one could imagine, difficult to rapidly implement a significant clinical governance program across a wide geographical area such as Western Australia particularly with the numbers of volunteers within the system.^{1,2}

There are no clear bench marks that provide for St John to compare its performance to other services within Australia. It may be argued by members of The Council of Ambulance Authorities that as an organisation it provides the opportunity for comparative assessment however without independent performance indicators and standard methodologies to assess clinical performance it is difficult to justify this argument. Having said this it is committed to

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the Paramedic Education Accreditation program which it played a major part during 2007 and 2008. This process has to some degree moved towards a national standard for the delivery of entry level education for paramedics.²

St John provides a large proportion of the money required to supply the service via self funding with some \$37 million a year supplied by public funding contributing to an almost 100 million dollar turn over. The other income is generated from ambulance charges, industrial paramedic services and first aid services. It is clear that the public funding does not meet the levels required to provide a truly efficient state wide ambulance service. Only 37.97% of the metropolitan area and 19.97% of the country services budget are publicly funded. This information is particularly pointed when one considers the present volunteer system provides a considerable saving when compared to the public funding provided to other ambulance jurisdictions (which are in the hundreds of millions, relative to population). It should be acknowledged that the low level of funding places great pressure on the resources available to St John as has been the case in New Zealand services.^{2,5}

The ambulance service has grown exponentially over the last 3 years with paid staff numbers growing from 250 in 2003/04 to in excess of 500 in 2008. The infrastructure required to cope with this expansion, and what will surely continue moving into a new contract period in 2009, has not yet been put in place. Additionally recruitment and retention of staff, like all employer groups in Western Australia, has and remains a significant issue.²

There has been no overt state government support for the formation of a regulatory body. Additionally St John is not committed to a national registration body and supports the statement released by the Council of Ambulance Authorities earlier this year adopting a wait and see position in terms of the need for such an organisation. One would hope as this inquiry recommended, Australian heads of governments will take the New Zealand lead and see the need to legislate standards to regulate both the industry and the profession.^{1,3}

The New Zealand report and the resulting recommendations are extremely interesting from Western Australia's stand point. The issues such as changes in practice, the lack of staff, lack of public funding, rationalization of emergency services, a lack of state legislation and a national regulatory body are all issues that will be in the public arena in the future. This report will hopefully filter to our new state government to initiate some much need change.

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