Supplementary questions for witnesses: Australian Paramedics Association NSW

The implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW

1. Recommendation 29 of the PC2 report was that NSW Health work with NSW Ambulance to ensure paramedics are distributed equally across NSW, as well as a review of the current call triaging system and referral services.
    a. Have you noticed any improvement in this area since 2022?
    b. Can you provide an update on the roll-out of additional paramedics to rural, remote and regional NSW?
    c. Are there areas where telehealth is being relied upon, where paramedicine and patient transport would be more appropriate?
    d. Are there any situations where Intensive Care Paramedics are not allowed to fully utilise their skills or operate at the top of their scope of practice?

AUSTRALIAN PARAMEDICS ASSOCIATION NSW

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Australian Paramedics Association (NSW)
15 Bourke Road
Mascot, 2020

Dear Select Committee on Remote, Rural and Regional Health,

We once again thank you for the opportunity to appear in person last month and are grateful that you have given us the opportunity to further clarify some issues raised at that hearing.

A.

NSWA is currently actively deskilling Intensive Care Paramedics (ICPs) moving to regional/rural locations as part of a deliberate ongoing policy of restricting ICP's to large centres. While historically ICP's had been able to maintain their clinical level when they moved to regional areas, NSWA now has a position that they won't allow an ICP to move to Category C and D stations in rural/regional areas unless they agree to give up their advanced clinical skills. This has been implemented through restricted advertisements to meet policy and Award restrictions.

Although APA (NSW) has asked multiple times in the past, NSWA has yet to provide us with a current delineated list of stations by category. However, from the incomplete information at hand, is clear that almost every station in rural and regional NSW is either Category C or D. For example, in the New England Zone, which has twenty stations, every station except Tamworth and Armidale are either Category C or D. In other words, eighteen out of twenty stations in the New England zone are currently not supporting incoming ICPs to practice their skills or maintain their speciality.

NSWA has advised APA (NSW) that they have upskilled standard paramedics to meet 95% of the requirements and that rural/regional communities do not need ICPs. NSWA has

heavily restrict the locations with any access to advanced clinicians. They claim that they are unable to maintain ICP skills in rural locations. APA (NSW) strongly disagrees with this assessment, considering skill maintenance has been supported by the service until the active deskilling that has begun in the last few months. Additionally, other organisations are able to maintain advanced skills in rural/remote areas including remote/offshore facilities. From our understanding, this may be primarily a funding issue, with the deskilling and restrictions being part of an effort to reduce budget deficits within NSWA.

While NSW Health has acknowledged on page 22 of their submission that there are 404 ICPs in regional locations (as compared to 420 in metropolitan locations), this statistic is deeply misleading. Firstly, these specialist paramedics are largely concentrated in peri-urban areas, like the greater Newcastle Area, the Nowra/Shoalhaven area, or other larger settlements east of the Great Dividing Range. Secondly, NSW Health has tacitly refused to even work toward an even and equitable spread of specialists across NSW, including inland remote, rural and regional areas, which will perpetuate the current inequality of access to healthcare in many communities. Thirdly, NSW Health's general silence on ECP development speaks volumes about their commitment to expanding ECPs to regional and rural areas.

APA (NSW) appreciates and strongly supports the Committee's recommendation for ICPs and ECPs to be evenly spread across NSW. Regional and rural communities deserve the same level of emergency care as metropolitan and major centres. With increasing reliance on telehealth in many small centres and proposals to include Paramedics in providing in-hospitals services the active deskilling of paramedics is patently counterproductive.

B.

The Rural 500 initiative, which seeks to inject rural and regional areas with 500 additional paramedics, is currently in its first stage. The stations due to receive additional staff are

Parkes, Port Macquarie, South West Rocks, Tamworth City, and Tottenham. The injection ranges in size from 2 in Kangaroo Valley to 18 in Broken Hill. These enhancements were due to commence in every station at the last week of June 2024 or July 2024. At the time of writing of this submission (25th June, 2024), the enhancements at Lismore, Parkes, Bathurst, Mudgee, and Lithgow have gone forward.

The enhancements due to start in July, which include Port Macquarie, Ballina and Goulburn, remain in consultation.

The enhancements in South West Rocks, Broken Hill, Blayney, Tamworth and Kangaroo Valley have been delayed due to issues raised by staff. Many of them relate to our submissions to the Committee. For example, the staff at South West Rocks are worried about an increase in low acuity night shift transfers due to lack of adequate patient transport options. Others, such as in Blayney or Kangaroo Valley, lack of accommodation for the new staff has prevented the enhancement from proceeding.

Overall, almost all the outstanding stations are worried about how the enhancements will interface with the minimum operating levels or Planned Ambulance Responses (PAR). PAR is the system by which Ambulance fluidly deploys "excess" paramedics to different stations to cover operational shortfalls. APA (NSW) has repeatedly raised concerns that despite significant increases in the number of funded paramedic positions and workload there has not been a matching increasing in PAR. Rather it appears that additional staffing has largely been used to reduce the overtime payments incurred by NSWA rather than increase the number of dual crewed ambulances available to respond to emergencies. Not only does this approach limit improvement of services, it also fails to reduce the overwhelming workload on Paramedics who still routinely fail to have breaks and incur excessive end of shift overtime. Given the apparent focus on reducing overtime rather than service provision many staff are worried that the enhancement will only increase the existing practice of staff being forced to

actually losing operational paramedics coverage of their local area, especially at night, as compared to the "unenhanced" stations now. Smaller communities are often left uncovered to prop up larger centres.

C.

From our understanding, this answer is almost exactly the opposite. Paramedics are frequently being used to transport non-acute patients to hospitals or even routine appointments when telehealth would be more appropriate.

This is only further underscored by NSW Ambulance's attempts to undermine the Virtual Clinic Care Centre (VCCC), NSW Ambulance's telehealth service. Currently, NSW Ambulance is attempting to reclassify paramedics in the VCCC, which, if it goes through, will amount to a pay cut of between $8,814 and $24,270 per annum depending on their specialist status.

Our members in the VCCC, all of whom are paramedic specialists, have repeatedly expressed to us that the pay cut significantly depresses interest in working in the VCCC. Losing specialists in the telehealth service further undermines access to specialists in regional and rural NSW.

Additionally, the ability for the VCCC to allow rural paramedics to extend their treating options through remote support appears to be being undermined with new restrictions. This only exacerbates the lack of advanced skills available to rural/regional communities when combined with the previously mention ICP/ECP issues.

D.

Category C and D Stations, which are the vast majority of stations in rural/regional NSW. Even if they are currently working as an ICP in another area, if they accept a transfer to almost any small or medium sized rural or regional stations, they will be forced to give up their specialist skills, title, pay, and training. In other words, ICPs who move to Category C and D stations are unable to use their pre-existing lifesaving knowledge, skills and experience.

Similarly, the VCCC classification change and pay cut has discouraged our specialist members from giving telehealth advice to paramedics. If the change is implemented, the specialists will simply leave the telehealth service, causing a deleterious drop in delivery of service.

Because of the lack of alternative patient transport services, Paramedics are frequently called to assist in transport resulting in delays in responses to emergency cases and high acuity transfers. Because ICPs are required for patient intubation, transfers that require this skill in areas without ICP coverage may have to wait for significant before they occur. While doctors can be used as an alternative to escort patients, this removes doctor coverage from towns for hours that need them more than ever.

Thank you again for providing the opportunity to answer these supplementary questions. We are happy to provide the Committee with any further written, oral or documentary evidence that would clarify our responses.

Sincerely,

Coda Danu-Asmara
Industrial Officer
On behalf of Australian Paramedics Association (NSW)
Approved by Secretary Brendan McIlveen