

**Submission  
No 76**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH  
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND  
REGIONAL COMMUNITIES**

**Organisation:** Australian Paramedics Association (NSW)

**Date Received:** 31 October 2024

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October 31<sup>st</sup>, 2024

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## Submission for the Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities

The Australian Paramedics Association (NSW) (APA (NSW)) is a registered trade union representing the Paramedics employed by NSW Ambulance. APA (NSW) is once again grateful for the opportunity to give an update on the progress of the recommendations provided by the Portfolio Committee. Our observations and recommendations are informed by on the ground feedback from Paramedics across NSW.

## Cross-jurisdictional cooperation between the New South Wales and Australian governments, in particular long-term strategic planning to improve health services and health outcomes in remote, rural and regional areas, including in relation to primary health

While recent headlines have put the spotlight on cross jurisdiction issues for ambulance crews on the borders of NSW (i.e., those bordering Victoria, Queensland, and the ACT, with a lesser emphasis on South Australia due to a paucity of stations and hospitals on that border), the fundamental issue remains a lack of appetite from the Commonwealth and State Governments to collaborate or standardise cross-jurisdictional procedures between these ambulance services.



Firstly, there remain differing procedures around certain processes, such as onboarding and offloading. For example, our members note that different processes in NSW and ACT have led extreme delays at ambulance offloading areas (commonly known as ‘bedblock’) in ACT hospitals. Similarly, the procedures Albury Hospital, which, although located entirely within NSW, is run by Victoria Health, have also led to increased delays in offloading patients and non-standard discharge practices. A collaborative approach, likely led by the federal government, could help improve confusion around this issue. While APA (NSW) does not ask for complete harmony of legislation and procedures, we do ask for further clarity and communication between the states and the territories.

Secondly, there is a distinct lack of communication with NSW Ambulance and Health once a patient is transported from NSW into another jurisdiction. For example, our members report that dropping a NSW patient into Queensland leads to an immediate communication breakdown. The Queensland hospital will not tender any information onto NSW paramedics, which harms their training and development but also their treatment. Similarly, patients’ families may struggle to acquire information about the situation around their loved ones if they are taken out of state.

Healthcare does not stop at the border, so states and territories need to step up to come together to find shared ground if and when paramedics transport patients across the border.

Thirdly, it is important to note that Commonwealth strategy to improve rural retention of health workers fails to contemplate retention of paramedics, NSW or otherwise. We have noticed a deleterious drop in retention of staff in regional areas, caused in part by rising workloads and an ageing workforce. Members report that NSW Ambulance plainly and generally refuses to support Flexible Work Arrangements (FWAs) for older workers of any sort, even when supported by doctors’ recommendations or medical certificate. This lies in contrast to Ambulance Victoria, which allows for increased worker flexibility as the workforce ages. Similarly, from extensive experience in this field, rural and regional management heavily discourages any real flexibility for returning parents, which is a legal



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and award right. Such erosion of rights will cause and has caused rural and regional paramedics in NSW to simply resign or look for work elsewhere, causing further staff shortage in those areas.

## Collaboration between NSW Health and Australian Government bodies on particular initiatives, services or training programs

Despite its emphasis in the Committee's initial report, its appearance as Recommendation 3, and equivocal promises by the NSW government and NSW Health, consistent patient transport service in rural and regional areas has yet to manifest even in a planning or consultation phase.

Part of this issue stems from a lack of collaboration between the Commonwealth and the NSW Governments. There are organisations that want to enter the transport space that are barred from doing so due to funding issues and limitations put in place from the Commonwealth Government. While we do not endorse or support any particular organisation, we note that, for a previous submission as part of this enquiry, we testified in Parliament on the same panel as the Community Transport Organisation, who expressed their equal willingness to take part and frustration about the red tape, particularly around the IPTAAS scheme.

Every low acuity transport takes away skilled clinicians from servicing their community and providing their expertise and skills in times of emergencies. While we do not deny the necessity of patient transport, we will constantly emphasise the same level of necessity for paramedics to exit the patient transport space.

## NSW Government consultation with health stakeholders and communities in remote, rural and regional New South Wales, in particular:

## Improving communication between communities and health services

With regards to Recommendation 42, we would ask for more publicly accessible data on Ambulance response times. While Ambulance response times are published quarterly, they are not publicised in any widespread fashion. Furthermore, our members have reported that the regional and rural population has significant confusion around the appropriate use of ambulance services, being frequently called for non-emergency issues. While some of this stems from the rural population's desperation at the continual degradation and decimation of the rural GP population, some of it stems from ignorance over the services provided by NSW Ambulance. However, members have reported a general unwillingness from the part of NSW Ambulance and Health to provide educational services to the public about the actual services that Ambulance provides.

## Developing place-based health plans

APA (NSW) has not noticed any adoption of a Health for All based framework at the NSW Ambulance or Health level. We agree with the stance that policy at all levels can affect health, but many policies at the NSW Ambulance organisational level take a generic approach to healthcare that does not particularly acknowledge social determinates of health. We would welcome input on such policies; however, we have found that policies at the Ambulance and Health level are often implemented without union consultation, let alone consultation from local populations.

## NSW Government action to prioritise the health of regional communities in government decision making

We would like to note that while the previous government did implement Recommendation 36, that a Regional Health Minister be appointed to cabinet, the current government has the



Minister for Regional Health Minister be the same person as the Minister for Health. This renders the purpose of Recommendation 36 nugatory. Having the position be held jointly means that the Minister's attention will be divided. Furthermore, there are obvious conflicts between the interests of Health-at-large, which will necessarily prioritise metropolitan healthcare, and regional and rural healthcare., when due to the larger population of metropolitan health.

## Any updates or final observations relating to the progress of implementing any Portfolio Committee No. 2 recommendations that the Select Committee has considered in its previous inquiries

In our previous submissions to this enquiry, we have constantly emphasised how NSW Ambulance has sought to deprioritise regional and rural areas through the deskilling of specialist paramedics and removal of key resources. During our oral submissions at Parliament given on the 31<sup>st</sup> of May 2024, we in highlighted a disturbing and worrying practice where Intensive Care Paramedics (ICPs) were being actively deskilled in rural and regional areas, whereby regional areas were losing ICP equipment and that ICPs were being prevented from moving and practicing in rural stations. Since those submissions, despite multiple and many entreaties to NSW Ambulance, that active deskilling has continued.

We were aware and wary that the same could happen to the other specialist paramedic classification, the Extended Care Paramedic (ECP). Unfortunately, our fears have been realised since those submission. NSW Ambulance has recently limited the expansion of the service into rural and regional areas by preventing ECPs from keeping their skills, pay and position while internally transferring within the service, a practice that had occurred for more than a decade. We sadly believe that this is only one of many ways to strip ECP coverage of rural and regional areas, which are some of the most necessary specialists in those places due to their specialised knowledge that allows them to help take the burden off low acuity work done by a shrinking GP and hospital population.

Overall, as this inquiry has gone on, we have noticed a worrying trend in NSW Ambulance, whereby either from an unreasonable impecunious budgetary restriction from higher levels of government or from a mistaken internal decision, that the organisation has cultivated a parsimonious culture. Instead of investing for the future of the service and its workers, NSW Ambulance has consistently chosen the path of least expense, even where a moderate investment could lead to future significant cost saving. We would like to entreat the Committee to scrutinise this behaviour. While we welcome the injection of five hundred new regional and rural paramedics, the story cannot end simply with a workforce expansion. Proper support networks for the advancement of those paramedics and the continual maintenance of a rural and regional healthcare service is necessary for the survival of the heartland of Australia.

We thank the Committee once again for the chance to provide a submission to this enquiry and will always welcome the chance to provide further oral or written submissions if required.