

Submission

Inquiry into the Delivery of Ambulance Services in Western Australia

27 July 2021

The Aboriginal Health Council of Western Australia (AHCWA) and its Member Aboriginal Community Controlled Health Services (ACCHS) welcome the opportunity to provide feedback to the Legislative Council Standing Committee on Public Administration's Inquiry into the Delivery of Ambulance Services in Western Australia (the Inquiry).

AHCWA and its Member ACCHS recognise the vital importance of a timely, efficient, quality, accessible, and culturally safe ambulance service in WA. Ambulance services provide an essential link between people living in the community, primary and tertiary health services to ensure optimal health and wellbeing outcomes for Aboriginal people across the state.

AHCWA is the peak body for 23 ACCHS in Western Australia. AHCWA exists to support and act on behalf of its Member Services, actively representing and responding to their individual and collective needs. WA ACCHS are located across geographically diverse metropolitan, regional, remote and very remote locations. They respond to complex health issues across the life course. ACCHS deliver the most effective model of comprehensive primary health care for Aboriginal people¹, and are in a unique position to identify and respond to the local cultural and health issues of Aboriginal people and their communities across WA.

Western Australia is culturally and geographically unique. It is home to a large and diverse population of Aboriginal people and their communities across a vast land mass. WA's geography, in particular, is challenging for service provision, and compounds the complexity of providing emergency assistance, like ambulance services, urgently to people in need. While the challenges of providing responsive ambulance services, based on clinical best-practice, is well understood by St John WA there are, however, consistent issues with the cultural safety, quality, accessibility, and cost of ambulance services for Aboriginal people across WA.

This submission highlights some of the key issues experienced by Aboriginal people and their communities as they relate to the delivery of ambulance services in alignment with Terms of Reference b), c) and d) of the Inquiry.

¹ Throughout this submission, AHCWA uses the term 'Aboriginal' to respectfully refer to all Aboriginal and Torres Strait Islander people across Western Australia.

b) The efficiency and adequacy of the service delivery model of ambulance services in metropolitan and regional areas of Western Australia

Cultural Safety

AHCWA notes that the organisational aspiration of St John WA is to be the most trusted provider of clinical care in the community of Western Australia², and that one of its key goals for achieving excellence and leadership in ambulance care is through clinically optimal models of care at all levels of acuity³.

For Aboriginal people, establishing trust with service providers is an essential enabler for optimal outcomes. As a result of sustained systemic racism, discrimination, and intergenerational trauma, which is a lasting legacy of government policy limiting their autonomy, their culture and their relationship with country, trust takes significant time to develop for Aboriginal people and their communities.

A commitment to cultural awareness and safety is essential for mainstream organisations aiming to deliver services for Aboriginal people and communities. This is essential for building the trust of the community to which St John WA aspires.

It is therefore deeply concerning that there is limited evidence that St John WA has taken any steps to enhance the cultural safety of its services for Aboriginal people and their communities. Through a desktop review of the St John WA website, publications and resources, there is no mention of the organisation having a Reconciliation Action Plan (RAP)⁴ and, disturbingly, there is no reference to Aboriginal people or their communities in the St John WA 2019-2020 Annual Report at all.

ACCHS staff who have previously worked for St John WA have indicated that the organisation does not provide any cultural awareness or safety training for its staff, and that there is limited recognition, or support for, Aboriginal staff and volunteers.

AHCWA notes St John WA's Aboriginal Ambulance Services Project on its website⁵, however, there is very little information about what this entails.

For St John WA to achieve its organisational aspirations, and become a 'health and emergency services organisation made *from community for community*'⁶, it must genuinely recognise Aboriginal people as integral members of that community. It must adopt a holistic approach to service delivery that demonstrates a commitment to upholding cultural, social and emotional wellbeing; from providing culturally aware emergency services across the state, to committing to ongoing cultural safety training for all St John WA Staff (paid or volunteer). Tokenistic and superficial commitments to cultural competence are insufficient; in alignment with Priority Reform Three of the National Agreement on Closing the Gap, governments and the services they fund, are required to undertake

² St John WA Strategy 2020 – 2025 (2019) , p. 4 accessed 21 July 2021, https://stjohnwa.com.au/docs/default-source/corporate-publications/sja1173-st-john-wa-strategy-2020-2025_final.pdf?sfvrsn=ecebe6b2_2

³ St John WA Strategy 2020 – 2025 (2019), p. 6

⁴ By contrast, the Royal Flying Doctor Service, a comparable emergency services organisation, has a well-documented RAP which is reported on via its Annual Report,

https://files.flyingdoctor.org.au/dd/annual_report/file/RFDS_Annual_Report_2020_Web.e9c2.pdf?ga=2.235323526.686648557.1627287764-835769423.1626834448

⁵ <https://stjohnwa.com.au/ambulance-and-health-services/country-ambulance-service/aboriginal-ambulances-ambulance-services-project>, accessed 26 July 2021

⁶ St John WA Annual Report 2019-2020, p. 5 accessed 21 July 2021, https://stjohnwa.com.au/docs/default-source/corporate-publications/annual-report-2019-2020-digital.pdf?sfvrsn=f762e9b2_2

systemic and structural transformation in the way they work to ensure that they are culturally safe and responsive to the needs of Aboriginal people and their communities.

Equity and quality of care

AHCWA understands the current St John WA operating model includes a mixed health care workforce of career paramedics and health professionals, and volunteers comprising a community first responder network. Career paramedics, with the highest level of clinical training, are located in the Perth metropolitan area and 15 key regional centres, while the majority of the country ambulance workforce are trained volunteers⁷. As stated by the Western Australian Country Health Service (WACHS), ‘the system functions on trust and the good will of hundreds of volunteers across the State, operating a best endeavours service’⁸.

Due to the high reliance of St John WA on a workforce of volunteers, WA ACCHS have witnessed a significant difference in the quality of care delivered to Aboriginal people and communities across WA. Ambulance personnel have different levels of experience and expertise which leads to variable patient experiences and outcomes. Given the percentage of the total population who is Aboriginal is higher in more remote areas⁹, Aboriginal people living outside the Perth Metropolitan Area are likely to receive disproportionate levels of service from a *volunteer* ambulance workforce than Aboriginal people living in non-remote areas purely because of where they live. In some of the most remote parts of WA, there is no ambulance service at all.

Due to the size of the state, the remoteness of many locations, and the variable proximity of many communities to ambulance stations, response times for the receipt of ambulance services can also vary significantly across the state. AHCWA notes that, from 2018-2019, St John WA achieved its response time target for Priority One cases in the Perth Metropolitan Area, but fell short of its targets for Priority Two and Priority Three cases¹⁰. As noted in the WA Auditor General’s report of 2019¹¹, there are no target response times in the St John WA contract with WACHS for ‘country areas more than 10 kilometres from the town centres of the 15 country towns where career paramedics are based’.

Staff at an ACCHS in Kununurra reported that while the Career Country Sub Centre in town is staffed by Career Paramedics, there are always pressures on numbers of volunteers. Kununurra station has 4 permanent paramedics and never enough volunteers. While the small size of the town seems to allow for a timely response to a call-out, if additional calls are received or teams required, jobs can easily become delayed.

While AHCWA is pleased to note that the Auditor General of WA found an improvement in standards of patient care in all ambulance services between 2013 and 2019¹², It is clear that reform of WA ambulance service delivery is required if St John WA is to achieve the first goal of its Strategy

⁷ St John WA Annual Report 2019-2020, p. 5. The fifteen regional centres are Albany, Australind, Broome, Bunbury, Busselton, Collie, Dawesville, Geraldton, Hedland, Kalgoorlie, Karratha, Kununurra, Northam, Norseman and Pinjarra.

⁸ The Country Ambulance Strategy: Driving Equity for Country WA – WACHS (2019), accessed 27 July 2021, <https://www.wacountry.health.wa.gov.au/~media/WACHS/Documents/About-us/Publications/Strategic-plans/The-Country-Ambulance-Strategy-Driving-Equity-for-Country-WA.pdf>

⁹ Australian Institute of Health and Welfare (2019), Profile of Indigenous Australians, accessed 27 July 2021, <https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians>

¹⁰ St John WA Annual Report 2019-2020, p. 27

¹¹ Western Australia’s Auditor General’s Report, Delivering Western Australia’s Ambulance Services – Follow-up Audit (2019), accessed 21 July 2021, <https://audit.wa.gov.au/wp-content/uploads/2019/07/Delivering-Western-Australia%E2%80%99s-Ambulance-Services-%E2%80%93-Follow-up-Audit.pdf>

¹² Western Australia’s Auditor General’s Report, p.6

2020-2025 which strives for excellence and leadership in ambulance care through *equitable* Country Ambulance Services¹³. AHCWA notes that the five year strategy aims to achieve service equity through the development of a new leadership model, tighter governance and increased access to guidance, support and engagement for personnel in regional towns¹⁴. However, as previously stated, any approach to ambulance service delivery must implement actions to ensure that services are accessible to, and culturally appropriate for, Aboriginal people and their communities.

AHCWA also notes that the WA Government has commenced the implementation of the Country Ambulance Strategy 2019¹⁵, however, the timeline for introducing indicators for measuring the performance of St John WA country services remains unclear.

Cost

One of the key barriers for Aboriginal people accessing ambulance services in WA is the high out-of-pocket costs for patients. As St John WA operates a fee-for-service model, Aboriginal people requiring emergency health care or patient transport are often reluctant to call for or accept critical medical assistance. While AHCWA notes that patients can be covered for ambulance care through private health insurance or Country Ambulance Cover (in country areas only), large numbers of Aboriginal people in WA aren't in a financial position to pay for this coverage.

As the Inquiry would be aware, current costs for ambulance services range from \$489 for patient transfer to \$1006 for life threatening or urgent patient care¹⁶. For Aboriginal patients who receive ambulance services, these costs are a significant financial burden; for Aboriginal patients who don't use ambulance services due to the cost, there are significant risks for their health and wellbeing.

It is important to recognise that, in many cases, refusing to call or accept ambulance services is *not a choice*; rather *there is no choice* as ambulance services are not a financially viable option for many people. WA ACCHS report that Aboriginal patients who have used ambulance services across the state have accrued debts, which has compounded their financial hardship, impacted their credit rating and, in some cases, caused them to be summoned by the Court.

Particular examples of where costs, and value for money in the delivery of ambulance services, have been an issue for WA ACCHS and Aboriginal people are detailed below:

- Flat fees for ambulance call-outs in regional areas can be exorbitant. Some WA ACCHS have been billed for ambulance call-outs to their clinics when the depot/hospital is less than two blocks away.
- Aboriginal patients needing transfer from Kimberley or Pilbara community care to Perth are transported by the Royal Flying Doctor Service (RFDS) at no cost, but are then charged from \$489 to \$1006 for St John WA services from the local airport in Perth to the metropolitan hospital. This has resulted in patients being reluctant and/or refusing to use RFDS emergency flights. (AHCWA is informed that for inter-hospital transfers from regional to metropolitan areas, the ambulance fee is not charged to the patient which raises further equity concerns).
- Recognising the barriers for some Aboriginal patients in accessing ambulance services, WA ACCHS in the Goldfields have previously contacted St John WA to discuss alternative, more viable solutions. For example, it was proposed that the ACCHS purchase a block of unnamed

¹³ St John WA Strategy 2020 – 2025 (2019) , p. 6

¹⁴ St John WA Annual Report 2019-2020, p. 28-29.

¹⁵ <https://www.wacountry.health.wa.gov.au/News/2021/01/06/Country-ambulance-strategy-underway-9point2-million-for-high-priority-recommendations>

¹⁶ <https://stjohnwa.com.au/ambulance-and-health-services/metro-ambulance-service/metro-ambulance-fees>

memberships that could be used for patients of the service, however, this was rejected by St John WA as not being an option.

- Other WA ACCHS have used funding from its own resources to cover ambulance services, however, this is an unsustainable practice that lies outside the scope of primary health care services they are funded to provide.
- WA ACCHS have commented that the options for Country Ambulance Cover are inadequate and not culturally responsive for Aboriginal people and their communities. 'Family Membership' includes coverage for 'up to two adults and any children, under 18 years old that are under the care of the card holders'¹⁷. Given that the concept of 'family' is much broader in Aboriginal kinship systems than in Western culture, families are much larger in Aboriginal communities. 'Family Membership' as defined by Country Ambulance Cover is, therefore, not culturally appropriate for Aboriginal people and, despite requests by ACCHS in the Kimberley, St John WA has refused to consider any flexibility in this coverage.

AHCWA recognises that ambulance services are free for WA residents over 65 who are in receipt of a full government pension, and that there may also be concessions for people receiving a Disability, Single Parent or Carers pension or other Centrelink pension. However, it is the experience of WA ACCHS that these concessions are not well understood by Aboriginal people and their communities across the state. Better education of the community about these concessions may have a significant impact on the uptake of necessary ambulance services by eligible patients.

Integrated Model of First Aid

A primary goal of St John WA's Strategy 2020-2025 is the 'focused expansion of the integrated model of first aid, ambulance and primary care'¹⁸. Strategic initiatives under that goal are to 'expand our integrated Primary Healthcare network in WA Metro' and 'sustainably grow an integrated Primary Healthcare network for WA Country'¹⁹. AHCWA supports a more integrated approach to primary health care, however, the Strategy does not detail how St John WA will provide culturally secure primary health care, or intends to engage with WA ACCHS, the leading providers of primary health care to Aboriginal people and their communities across the State. In fact, there is no reference to Aboriginal people and their communities in the Strategy at all.

c) Whether alternative service delivery models in other jurisdictions would better meet the needs of the community

AHCWA and its Member Services believe that all Western Australian's should have equal access to ambulance services; for urgent patient care, and for patient transport. Access to comprehensive ambulance services, which is a key element of primary health care, should not be dependent on a person's geographical location or capacity to pay. As previously mentioned in this paper, ambulance services must also be culturally secure, fostering the trust of Aboriginal people for whom it provides care.

AHCWA recognises that Australian jurisdictions take a variety of approaches to the delivery of ambulance services, including the way they are staffed and funded. AHCWA supports a model similar to the Queensland Ambulance Service, underwritten by the Queensland Government, through which residents receive ambulance services free-of-charge. AHCWA also supports the

¹⁷ <https://stjohnwa.com.au/ambulance-and-health-services/country-ambulance-service/country-ambulance-cover>

¹⁸ St John WA Strategy 2020-2025, p. 7

¹⁹ St John WA Strategy 2020-2025, p. 7

policy of the Tasmanian Government to waive the fees for Tasmanian residents who require treatment and/or transport by ambulance.

AHCWA would welcome a review of State and Commonwealth funding options for ambulance services to ensure this vital link in primary health care is accessible for all members of the Western Australian community.

d) Any other matters considered relevant by the Committee

Case Study: Providing emergency services in remote WA

The Puntukurnu Aboriginal Medical Service (PAMS) provides comprehensive primary health care services to the remote Aboriginal communities of Punmu, Parngurr, Jigalong and Kunawarritji in the Pilbara. Each PAMS Clinic is staffed by a highly skilled Remote Area Nurse, Aboriginal Health Workers, and a visiting General Practitioner (with the exception of Jigalong which has a resident GP). Medical evacuation services are provided by the RFDS as required; St John WA do not provide ambulance services in these communities.

The lack of ambulance services for remote communities in the Pilbara is indicative of the inequity in access to emergency services for Aboriginal people in Western Australia.

PAMS is committed to providing the highest standard of patient care to the communities it serves using a culturally secure, holistic approach to comprehensive primary health care. In alignment with this vision, PAMS has identified and acted upon this unacceptable gap in ambulance service availability.

Through its own existing resources, PAMS has commissioned ambulance vehicles, staffed by Remote Area Nurses, to respond to emergency medical situations in each of the Punmu, Parngurr, Jigalong and Kunawarritji communities. These vehicles have 4WD capability, and are fitted out with emergency response equipment, oxygen, medications and a satellite telephone. They are used for the provision of emergency first aid and medical care, and are the primary mode of transport for transfers to the community airstrip for RFDS evacuations. While PAMS pays for insurance, if emergency vehicles require repair PAMS is responsible for the leasing costs of substitute ambulance vehicles from private contractors in Perth.

PAMS does not receive any specific targeted or secure government funding to deliver these emergency services; rather, PAMS uses efficiencies from its Primary Health Care funding and Medicare revenue. While PAMS receives technical support from the RFDS, it does not receive any practical or material support from St John WA.

Using its own initiative and innovation, PAMS has demonstrated the capacity of the ACCHS sector to respond to the needs of its community, and provide essential services that, arguably, is the responsibility of the WA Government. While AHCWA recognises the challenges of providing comprehensive ambulance services to all communities in Western Australia, targeted and sustained financial and practical support must be provided to primary health care service providers who are in a position to fill that gap.