



Feedback Form

Draft Statewide Ambulance Services Policy & Related Documents

Background

The Department of Health (the Department) has developed a Draft Statewide Ambulance Services Policy (the *Draft Policy*) under the *Health Services Act 2016* (the Act) to regulate provision of ambulance services in Western Australia (WA) by mandating service principles, ambulance service capabilities and ambulance system response, and by establishing a common language for use across the State's health system.

Ambulance services in WA are delivered by multiple providers, including health service providers and contracted private entities. Patient transport may be by road and by air, and commonly involves interfaces between ambulance service organisations.

WA does not have legislation to regulate provision of ambulance services. Nor is there currently statewide ambulance policy to direct the service requirements and standards for ambulance service provision.

While contractual arrangements have governed ambulance services provided by contracted entities, greater regulation is required to ensure a consistent approach across the WA ambulance system.

A statewide policy is required to address this gap.

Once finalised, the policy will be binding on all health service providers that:

- Deliver ambulance services; and/or
- Task ambulance services; and/or
- Procure ambulance services.

The policy will also be binding on entities contracted by the Department or health service providers to deliver, and/or task, and/or procure ambulance services, where the contract provides that the policy applies.

Issued under s26 of the Act, the final policy will be publicly available so that the WA community can readily understand what to expect from its ambulance system.

Overview of consultation process

Having consulted within the WA health system, and with consumers and carers about their lived experience of using ambulance services, the Department is now seeking feedback from other key stakeholders, including contracted providers of ambulance services, peak representative consumer and carer organisations and other organisations that interface regularly with the State's ambulance services.

The Department has engaged the Health Consumers' Council of Western Australia (HCC) to facilitate consultation with peak representative consumer and carer organisations on the *Draft Policy*. Feedback will be obtained through written comments and a facilitated workshop planned for early 2020.

Feedback received from this consultation process will be used to inform further policy development and all feedback will be considered prior to finalising the *Draft Policy*.

It is requested that the documents for consultation are not circulated outside of your organisation.

Documents for feedback

Please consider and provide feedback on the following documents which together constitute the entire *Draft Policy*:

- *Draft Statewide Ambulance Services Policy*
- Draft Related Documents:
 - *3.1 Ambulance Service Organisations – Operational Principles*
 - *3.2 Ambulance Service Capability Specifications*
 - *3.3 Ambulance System Response Requirements*

These documents comply with the Department's mandatory policy templates. They need to be read together to provide a complete picture of the overall *Draft Policy*.

Please note that the *Draft Policy* includes proposed definitions for key ambulance service terms for the purpose of establishing consistent language across the ambulance system. These Definitions are located at section 7 of the document (page 4).

Providing feedback

Using this Feedback Form, please provide a consolidated response on behalf of your organisation to the HCC via email to info@hconc.org.au (with "Ambulance Policy" as the title/reference) or by post to Health Consumers' Council, GPO Box C134, Perth, WA 6839 by **COB Wednesday 18 December 2019**.

While the questions in this Feedback Form focus on key areas of the *Draft Policy* and *Draft Related Documents*, respondents are encouraged to provide additional feedback and this is allowed for at the end of the Feedback Form. Respondents are welcome to address all or any of the consultation questions.

Any queries regarding this process can be directed to the email address above which will be regularly monitored.

Feedback Form

Your contact details	
The following contact information enables HCC to contact you about your feedback.	
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Purpose and Applicability (pages 1 & 2)

Question 1: Do you have any comments on the Purpose and Applicability of the Draft Policy?

In your response, you may wish to consider: whether the purpose and scope of the Draft Policy is clear?

Given the legislative gap, and the complex funding arrangements in place, it is positive that a statewide policy is being designed to establish shared principles, capabilities and responses through a common language.

While the purpose is clear, and will be publicly available, WANADA's key concern is regarding how the proposed policy will be operationalised. The system manager's policy states that it provides both assurance and supports increased equity of access. WANADA supports this intent, however the purpose does not highlight how the accountability is to be achieved and maintained, and progress towards the policy intent is realised – e.g. through contract management, audits etc. (some of this is captured in part 3 and 4 however should be summarised in the purpose).

We note that pre-booked non-clinical transport and PATS are not within scope of the policy. We query whether there is a similar policy that captures these services, given the importance of aligning all services to a shared standard of care.

Draft Related Document 3.1: Ambulance Service Organisations - Operational Principles

Question 2: Do you have any comments on the proposed Draft Ambulance Service Organisations - Operational Principles?

In your response, you may wish to consider: whether the content addresses areas that are important from a service consumer perspective.

Principle 11 – WANADA suggests that to support improved practice and outcomes for consumers, Ambulance services should strive for cultural security rather than competency. This would demonstrate a higher level of responsiveness for Aboriginal service consumers and workers.

Principle 13 – WANADA supports the specific inclusion of mental health, and the risk of stigma. We wish to highlight, however that people experiencing alcohol and other drug associated harms are not captured within the policy. People experiencing these harms have a high likelihood of engaging with ambulance care. The WHO has identified injecting drug use as the most stigmatised health and social condition, with alcohol use ranked fourth. It is essential that specific reference is given to alcohol and other drug use (including harms associated with use), and the heightened risk of stigma (real, potential or perceived), given its impact on help seeking behaviour and health and wellbeing outcomes.

Principle 14 – WANADA supports the capture of continuity of care within the policy. We note, however that the term is applied only between ambulance and health services. Given the interface between ambulance services and other health and community services (referenced in principle 55), continuity of care should extend to any service engaging with the ambulance service (e.g. ambulance call outs from community treatment and support services for consumers in their care).

Principle 16 – WANADA recommends that the principle is amended to state that interfaces are coordinated and seamless as perceived by both consumers and services.

Workforce – WANADA recommends that a workforce principle is included, that specifically states that first responders and organisations are trained and supported to address stigma associated with, and improve awareness of, both mental health and alcohol and other drug use.

WANADA recommends that a workforce principle specifically references training, support, supervision, organisation policies and practices that support an Aboriginal workforce, rather than limiting the reference to only recruitment and retention.

Principle 36 – WANADA agrees that any fee rates should be publicly available, accessible and understood. There is a need however for services to actively consider and address barriers to equitable service access (e.g. debts that then disincentivise consumers from accessing ambulance services in medical emergencies). It is essential that this issue is explored through further targeted consultation with consumers, and is addressed within this policy.

Principle 38 – This principle would benefit from clear reference to the inclusion of measures that capture performance and opportunities for improvement of service compliance with this policy.

Principle 39 – While the term ‘interrogation’ is understood, it has a negative inference when the matter at hand is consumer satisfaction. We suggest an alternative term such as analysis. Similarly, the intent of ‘reducing inequity’ is not sufficiently aspirational given the intent of this policy. Rather, inequity should be eliminated.

Principle 55 – WANADA supports the principle regarding partnerships, however suggest that this needs to be further explored in consultation with community services interfacing with

ambulance services, as there is opportunity to develop a more specific, measurable and beneficial principle rather than simply to 'leverage' partnerships.

Draft Related Document 3.2: Ambulance Services Capability Specifications

Question 3: Do you have any comments on the proposed Draft Ambulance Services Capability Specifications?

In your response, you may wish to consider whether the Capability Specifications assist consumers in understanding what to expect from ambulance services.

Principle 4 – Cooperation. WANADA recommends that this principle is expanded to include other service types beyond just ambulance and health services, similar to the partnership principle. Comments above regarding cultural competency, workforce, stigma and references to alcohol and other drugs are similarly relevant to this section.

WANADA notes that some principles are framed as potential, rather than prescribed (i.e. "services are able to")

Draft Related Document 3.3: Ambulance System Response Requirements

Question 4: Do you have any comments on the proposed Draft Ambulance System Response Requirements?

In your response, you may wish to consider whether the primary and inter-hospital response descriptions support consumers in understanding how the ambulance system responds to patient transport needs.

Enter response here

WANADA notes that the complexity of this section may be a barrier to consumer understanding. Other complementary methods of communicating the information (e.g. graphically based on the tables) may be of use.

Clarity is needed in regards to whether alcohol and other drug intoxication and induced psychosis is included within the mental health transport section.

Definitions (pages 4 – 7)

Question 5: Do you have any comments on the proposed definitions?

The definitions are clear, however require an understanding of the Act and associated material. This will present a barrier to understanding by the community and consumers.

General comments

Question 6: Do you have any other comments concerning any aspect of the Draft Policy or Draft Related Documents, including areas not specifically addressed elsewhere in this consultation?

For ease of reference please specify the relevant page and paragraph.

As noted in our response to the first section, a key consideration will be how these mandated principles, capabilities and responses are operationalised to realise the intent of the policy. There remain several complex barriers to equitable service access that will need to be addressed to achieve the policy intent (e.g. fees/debts, stigma, transfers between different transport services across the state). How these can be addressed (at system management and health service levels) to ensure that policy principles are achieved will require further discussion.

As noted in our response to the first section, we recommend that policy (and its application by ambulance and health services) actively considers and addresses how harms associated with alcohol and other drug use (including stigma, overdose, intoxication and induced psychosis) present or contribute barriers that inhibit equitable service access, and responsiveness to consumer need.

Given the importance of this policy, and its need to build community confidence, awareness and understanding, we recommend the policy specifically include a provision for evaluation of the policy in a specific timeframe (to determine effectiveness of this system management response). Further, we recommend that consultation is extended more broadly to the public and community services.

**This document can be made available in alternative formats
on request for a person with disability.**

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