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Hon Nicola Centofanti MLC
Presiding Member
Legislative Review Committee
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**Submission - House of Assembly Petition No 84 of 2021
SA Ambulance Service Resourcing
#IStandWithOurAmbos**

Dear Ms Centofanti

Thank you for the opportunity to provide feedback as part of this Legislative Review Committee inquiry into **SA Ambulance Service Resourcing**.

I understand feedback, such as this correspondence, will be given consideration and may form part of a final report and recommendations, that the Legislative Review Committee will deliver to the SA Parliament. I trust this will process will be expedited. South Australia is dying for more Ambos.

I also understand that both Minister Stephen Wade MLC, Minister for Health and Wellbeing and Leader of the Opposition, Mr Peter Malinauskas MP, have written to you with details of those they have nominated to give evidence to assist the Committee's inquiry as expert witnesses. They, along with the constituents, who can speak from lived experience, are the voices that must be heard.

I am a mother, a daughter, partner, and I am a health consumer. I have chosen to make my home on the beautiful Yorke Peninsula. This part of South Australia contributes significantly to the State's economy. More broadly, *in 2018-19, the gross value of agricultural production in South Australia was \$6.8 billion, which was 11 per cent of the total gross value of agricultural production in Australia (\$60 billion)*. I am very keen to understand what portion of the fees, levies and taxes collected from regional communities is actually reinvested in our regions and their communities, particularly in relation to healthcare.

I see this inquiry as the vehicle to deliver real outcomes for the health and wellbeing of our State's communities now and into the future.

Listen and take advice from the experts

It would be my strong recommendation that the evidence and wisdom of the following agencies and peak bodies be heeded.

- Ambulance Employees Association (AEA)
- Australian Nursing & Midwifery Federation (ANMF)
- The Australian College of Rural and Remote Medicine
- Rural Doctors Association of Australia (SA Branch)
- South Australian Salaried Medical Officers Association (SASMOA)
- Australian Medical Association (AMA)
- Australasian College for Emergency Medicine (ACEM)
- Women's and Children's Hospital Alliance
- All Local Health Networks

Given that from 1 July 2019, six new regional local health networks were formed to manage the health services in regional South Australia, I strongly encourage engaging with the boards of each as part of this process.

Building Resilience in SAAS

The document at this link, highlights what measures are urgently needed to ensure a safe and sustainable ambulance service [Building Resilience in SAAS](#).

It was provided to the Government in October 2021. We are running out of time to implement the recommendations. South Australia is dying for more ambos.

I can't add to the recommendations. The document is robust, evidence based and offers pragmatic solutions. However, I will highlight **Recommendation 10** and restate the case made by the Ambulance Employees Association (AEA).

Regional South Australia

In regional centres ambulance resourcing is not only based on the demand for ambulance services in large regional centres, but also on an 'area coverage' principle. Geographical disparity and scarce ambulance resources in country regions necessitates a metric which ensures the availability of an ambulance resource, for the potential of an emergency, within designated areas of the state. Many areas of regional South Australia are experiencing significant pressure on existing Paramedic Emergency and Regional Medical Transfer Ambulance (RMTS) resources.

The growing demand on ambulance services is not matched by an increase in those resources. There are a variety of reasons for this growing demand on ambulance services and this manifests in patient safety being compromised due to increased response times to emergencies in the community. The major drivers for this imbalance are the increase in demand from the aging patient demographic, population growth, increasing patients with comorbidities and complex medical conditions, a decline in volunteer ambulance officer coverage (due to declining volunteer numbers) and the reduction/relocation of Hospital services.

Most of Adelaide's peri-urban communities have their emergency ambulance requirements serviced by volunteer ambulance crews (eg Strathalbyn, Mt Pleasant, Goolwa and Mallala).

These communities generate much higher numbers of emergency responses, than those of more distant regional communities. The growing complexity of patients are also putting pressure on Certificate IV trained volunteers, often requiring Paramedic support. With the decline in volunteer numbers, the ability to fill volunteer ambulance rosters is compromised and these shortfalls are then transferred onto a reliance on career ambulance staff to back-fill these rosters on overtime.

This model does not provide roster stability, often leading to an ambulance resource not being available for these local communities.

The following represents the immediate ADDITIONAL resourcing needed to ensure timely, safe, paramedic ambulance responses to the community, region by region.

Recommendation:

To safely resource regional South Australia an additional 10, 24/7 Paramedic Ambulances and 7 Regional Medical Transfer Ambulances (RMTS) are required to ensure safe levels of ambulance resourcing across regional South Australia.

*This will require an **additional** investment of 142 Paramedics and 21 Ambulance Officers allocated to the following regional areas.*

YORKE PENINSULA

Wallaroo: 1 x 24/7 Paramedic Ambulance
1x Community Paramedic for the region

ADELAIDE HILLS & PERI-URBAN

Mt Barker: 1x 24/7 Paramedic Ambulance
1 x RMTS ambulance
Gawler: 1x 24/7 Paramedic Ambulance
1x RMTS ambulance
Strathalbyn: 1x 24/7 Paramedic Ambulance
Mt Pleasant: 1x 24/7 Paramedic Ambulance
Mallala: 1x 24/7 Paramedic Ambulance

FLEURIEU PENINSULA

Victor Harbor: 1x 24/7 Paramedic Ambulance
Goolwa: 1x 24/7 Paramedic Ambulance

FAR NORTH & WEST COAST

Whyalla: 1 x 24/7 Paramedic Ambulance
2 x RMTS ambulances in the region
Peterborough: 1 x RMTS ambulance

LIMESTONE COAST

Mt. Gambier: 1 x 24/7 Paramedic Ambulance
1 x RMTS ambulance
Keith: 1x RMTS ambulance.

Act Local

From a truly local perspective I would add, given the distance and geographical areas required to be covered, there should be consideration given to the Yorke Peninsula being resourced with at least 2 Community Paramedics, one based in the southern half and one in the northern part of the Yorke Peninsula. In fact, this should be explored across all large geographical regions.

If not on a permanent basis, then during peak times such as Summer holidays, Easter, and other long weekends.

This holiday season alone, Christmas/New Year 2021/2022, has seen a massive increase in visitation to this part of the State placing an already limited resource under more pressure and lives at risk.

Safety

Every time an emergency services vehicle is travelling under lights and sirens the driver, crew and community is placed at increased risk. For instance, if a Community Based Paramedic is required to travel from Marion Bay to Redhill 'priority' 1 to assist, that is a significant number of kilometres a vehicle is travelling above the posted speed limit (in accordance with the Road Traffic Act).

There is also the matter of fatigue, interactions with wildlife and traveling at dawn/dusk and night-time and during harvest with more heavy vehicles on our roads. By way of example, imagine travelling a distance of in excess of 200 km just to get 'home' after a gruelling shift.

Additional reading to form part of this submission

There are other important reports and documents that I wish to draw to the committee's attention.

The papers can be found at this link: [Rural Doctors Workforce Agency - Publications](#) and may be downloaded to form part of this submission.

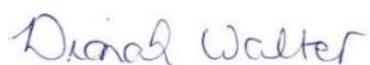
There are recommendations aplenty, most dating back years. In particular, this document, [Road to Rural Practice 2010](#). It should be read by each Committee member as part of their deliberations.

There are systemic failures, and the system is haemorrhaging. This is not the time to apportion blame for what should have been done, it's time for collaboration, compassion and for working together. It is time to find the political will to support these measures, stem the flow of a flailing system and a fatigued workforce and to begin to implement the recommendations before it truly is too late.

What price does a government put on the health of its constituents, including those who call our State's regions home? I would suggest it is priceless.

Thank you for the opportunity to comment.

Yours sincerely



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