

**Submission to:** NASO on the Draft New Zealand Ambulance Service Strategy

**From:** The New Zealand Rural General Practice Network

**Date:** Friday, December 12, 2008

### **Pre amble**

The New Zealand Rural General Practice Network (NZRGPN) is a national organisation representing the rural general practice workforce in New Zealand. The membership includes rural general practitioners, rural nurses (practice nurses, rural nurse specialists and nurse practitioners) and rural hospital doctors. The executive consists entirely of practitioners currently active in rural primary care or in rural hospitals.

The intention of this submission is primarily to address the "rural" issues relating to emergency and ambulance services in New Zealand, as this is our primary area of expertise. We will also comment on the recommendations of 2008's New Zealand Draft Ambulance Strategy.

In addition we will address some issues around the PRIME system, which although not mentioned in the draft strategy, is of great relevance to the issue of rural emergency services as a whole.

Now, more than ever it is vital that rural emergency care be strengthened, as through agricultural products and tourism, the rural economy is now entirely propping the country's economy as a whole.

The authors of this Submission are:

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- Kirsty Murrell-McMillan, Chairperson of the NZRGPN.

## **Rural Emergency Services in New Zealand**

The rural primary care workforce are closely involved in emergency care. The rural workforce is quite different to the urban workforce in this regard. The PRIME system exists in New Zealand in recognition of the fact that emergency care in rural NZ is not the sole concern of ambulance services<sup>1</sup> but must involve the rural practices in place, be they trust owned, DHB or PHO owned or privately operated.

In rural New Zealand, the rural medical practice and its primary care team<sup>2</sup> is usually the place of definitive care for emergencies. The rural medical practice is often a place of stabilisation for more serious emergency cases requiring transport to secondary or tertiary centre. In addition, rural general practitioners or nurses attend emergencies if required through<sup>3</sup> the PRIME system.

**The rural primary care team and rural ambulance services are interdependent and not independent of each other. What happens to the ambulance service affects the rural primary care team and what happens to the rural primary care team affects the ambulance service.**

Due to the low funding levels of emergency care (reflecting the relatively low wealth of New Zealand) and the low population density in NZ relative to many other countries, the available resources for emergency care in rural NZ are not at the same level as other first world countries, notably the UK upon which many of our structures are often based.

## **How can ambulance services be improved in rural NZ?**

Despite the problems of wealth/funding and low population density, it is possible to maintain and develop excellent emergency services in New Zealand by;

### **1) *Realising that emergency service in rural New Zealand rely on the rural primary care team as well as the ambulance service***

1.1 In rural New Zealand the providers who definitively treat most simple emergency cases<sup>4</sup> are the primary care teams based in practices in small towns in New Zealand.

Many rural practitioners are actively involved with Primary Response in Medical Emergency (PRIME) and as such are called to emergencies with the ambulance, and attend emergencies in the community as required.

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<sup>1</sup> in NZ as opposed to any other country in practice, ambulance is practically equivalent to St. Johns

<sup>2</sup> rather than a hospital casualty department

<sup>3</sup> or independent of, if practice is not signed to PRIME

<sup>4</sup> and often are involved with the more serious cases requiring onward referral to secondary or tertiary care

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In practising this way the primary care team is transcending the artificial boundary between primary and secondary care. The rural practitioner attending a community emergency may treat the patient at home without requiring transport.

## **2) *Recognising problems in each of these areas***

### **2.1 Ambulance services**

It is the Network's belief that ambulance services cannot realistically be fully staffed (or even mainly staffed) in rural areas by full-time paid paramedics. Rural ambulance services rely primarily on volunteers and increasingly there has been trouble with recruitment and retention of volunteer personnel. In our experience in the rural setting, inexperienced volunteers take some time to become comfortable and useful in emergency situations. When initially attending emergencies, many are gaining experience and gaining on-the-job training rather than providing service. In our experience all volunteers are not created equal; that is an experienced volunteer has more skills and is more able at an emergency than a new primary care volunteer. It is our view that it is more important to support, grow and develop experienced volunteers than mass numbers of inexperienced personnel.

In rural areas not only are there issues relating to the levels of expertise of ambulance personnel but it appears to us that funding of ambulance services distorts patterns of transfer. It is our understanding that funding for ambulance service may only be paid if the patient is transported to hospital and not if the patient is treated at home or transported to the local medical centre.

*2.1.1 The Network believes there is a need to recognise that transporting a patient who is attended to in a rural area, to definitive care that in that same area should be identified as part of ambulance services.*

*2.1.2 As well, the Network agrees that the role of ambulance is more than transportation but may in itself be definitive care.*

*2.1.3 It is our view that identifying transportation and ambulance pre hospital emergency treatment services separately may need to be made when planning services for rural areas.*

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## 2.2 Primary care teams

2.2.1 In many areas of New Zealand there is a workforce crisis, characterised by an aging demographic of both doctors and nurses. There is incomplete uptake of PRIME in rural New Zealand. We suggest that this is partly due to structural and governance problems around the PRIME system. Although most remain involved in emergency care at some level, some rural practices are no longer involved in emergency care at all.

2.2.2 The Rural General Practice Network wishes to express that rural general practice lacks an independent voice in governance of PRIME. The NZRGPN accepts that the desired outcome is full involvement of primary care teams in the PRIME system and wishes to address some of the drivers against this outcome.

### 3) ***Building on the strengths that already exist in each of the rural primary care team and ambulance services***

#### 3.1 Ambulance services

3.1.1 Retention and recruitment of particularly the most experienced volunteers needs to be improved. We suggest formal payment at an hourly rate for on the job time for all volunteer personnel. We believe that this workforce will still primarily be volunteers as the other commitments are not paid. Volunteerism for the majority is given in time for training, waiting on call and the lifestyle sacrifices each volunteer makes by being involved. Paying volunteers for time working could be seen as a first step towards a re-designation of the volunteers to part-time paid ambulance officers. It is the Network's view that more support and emphasis is needed to be put on training (particularly on-site) location appropriate training for volunteers and higher levels of training for the more experienced and expert volunteers.

#### 3.2 Rural primary care teams

3.2.1 *The NZRGPN recommends that funding for PRIME is ring fenced and made transparent in allocation and utilisation.*

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- 3.3 The NZRGPN desires that separate governance for PRIME be set up under NASO to allow the providers of PRIME the ability to address the problems with the PRIME system.

### **Creating a vision for rural ambulance services for NZ**

The NZRGPN wants to present the following vision for rural emergency services.

- **Rural New Zealand has equitable access to ambulance services**

This is achieved by:

- **Services are adequately resourced in numbers and expertise of personnel, equipment and numbers of ambulances.**
- **Ambulance personnel are offered incentives to work in rural communities and rural people are encouraged to work for ambulance services by being adequately remunerated and encouraged to be educated to paramedic level.**
- **Strategies are in place to enable the provision of gold standard pre-hospital care for the people who live in rural communities.**

### **Comments on Initiatives in Draft New Zealand Ambulance Strategy**

With regards to the 10 initiatives in the Draft New Zealand National Ambulance Strategy, our comments on each of the recommendations follow:

#### **Initiative 1**

- **Funding streams must follow actual needs to provide an effective ambulance service and not be based upon historical funding systems held by St. Johns.**
- **It is unacceptable for a national ambulance service to be based on a system reliant on volunteerism, sponsorship and donations.**

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## Initiative 2

- We support the formation and continuation of NASO in order to coordinate the funding and specifications around ambulance and emergency services. NASO needs the same or better levels of accountability that the Ministry of Health (MOH) and ACC have.
- NASO needs to have responsibility for all community based emergency services so that a coordinated emergency service with good standards is apparent in New Zealand. This should include Civil Defence, ECCT and PRIME.
- PRIME funding must be ring-fenced for the provision of PRIME services, education and equipment. It must not be absorbed into general ambulance services.

## Initiative 3

- Outcome-based performance indicators need to be based on actual performance and on response times. The NZRGPN recommends involvement of itself in the establishment of performance indicators in relation to ambulance services.
- The NZRGPN supports improved information technology in rural areas to aid monitoring.

## Initiative 4:

- The NZRGPN believes that a national ambulance service should not be dependant on local fundraising. In particular the NZRGPN believes that rural areas should not be more reliant on local fundraising than urban areas are.

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#### Initiative 5:

- The NZRGPN asserts that ambulance services in rural areas require a level of clinical expertise appropriate to the trauma and medical emergencies that are occurring, and that these emergency cases are greatly complicated by remoteness from formal secondary and tertiary care.
- The NZRGPN recommends that the expense of a fully-paid workforce for ambulance services in rural New Zealand be costed.
- The NZRGPN supports a payment system for all staff including volunteers, so that the paid ambulance workforce in rural New Zealand will be primarily a part-time one, consisting of the staff who were previously designated as volunteers.
- The NZRGPN supports equitable training between rural and urban ambulance crews. The systems of training for rural ambulance staff must recognise the part-time and isolated nature of the workforce and therefore incorporate on-site training and any helpful information technology.
- The NZRGPN supports standardisation of training standards for ambulance officers and the inclusion of ambulance officers/paramedics under Health Practitioner's Competency Assurance Act.
- The NZRGPN encourages local collaboration between rural health practitioners and ambulance services.

#### Initiative 6:

- The NZRGPN supports the integration of ambulance with emergency management planning and we seek to be involved on behalf of rural health providers.

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#### Initiative 7:

- **The NZRGPN strongly opposes extending the role of paramedics.**

The current system is unable to ensure sufficient paramedic staffing in New Zealand. In many rural areas of New Zealand primary level staff are only available at times. The NZRGPN recommends that ambulance services focus their scarce resources on the provision of quality ambulance services as their core business.

#### Initiative 8:

- The NZRGPN supports improved information technology sector wide.
- The NZRGPN suggests that all levels of ambulance staff, particularly those in the most remote locations, are consulted regarding implementation of information technology and regarding their training needs.

#### Initiative 9:

- The NZRGPN strongly recommends engagement with the wider health sector around configuration and models of deployment particularly in rural areas.

#### Initiative 10:

- The NZRGPN supports further development of clinical decision-making tools in Ambulance call centres.
- The NZRGPN supports the use of local knowledge around available health resources when decision-making around triaging.

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### **In summary NZRGPN recommends**

- 1) As it may be impractical to expect a full-time professional ambulance service in rural NZ, it is more important for resources to be directed into the existing (volunteer) workforce.
- 2) It is important for retention and recruitment of the volunteer ambulance workforce to more fully support the volunteer service, including formal payment for the time they spend working for the service.

This is a first step toward volunteer ambulance officers being no longer viewed as "volunteers", but rather as "part-time professionals".

- 3) Separate governance for PRIME is set up under NASO.
- 4) Funding to ambulance services must be paid whether the patient is treated at home, transported to local medical centre or transported to hospital.

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