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Health Practitioner Regulation Amendment Bill 2017

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I contribute to debate on the Health Practitioner Regulation Amendment Bill 2017. As others have noted already in this place, many of the objects and changes within this administrative bill relate to paramedics. The bill recognises paramedicine as a separate, registered health profession, and harmonises some other aspects with the laws of other States and the Commonwealth as a consequence of national-State-Territory accreditation agreements. I am particularly interested, however, in the workplace conditions of paramedics and the impacts on patients of poorly resourced and poorly supported paramedics and hospitals.

The Labor Opposition notes that the former Minister for Health promised to enhance the role of paramedics in New South Wales. Our paramedics are under remarkable pressure, and are working harder and longer than ever before. The Government must boost the number of paramedics employed and rostered by the Ambulance Service of New South Wales to relieve the pressure and strain on the existing workforce. I am also aware of the Government's plans to establish so-called "superstations" and to close smaller ambulance stations. This will have a terrible impact on local communities, and I have no doubt the Liberal Government will use the exercise to "consolidate" the workforce and cut workers' jobs.

Not only does this Government not adequately support or resource ambulance stations or paramedics, but also it is, of course, guilty of underfunding our emergency rooms in hospitals across the State. What is the point of having a well-resourced and properly funded Ambulance Service if our hospitals are so riddled with bed block that there is no space available for patients to be admitted and seen to when they are taken to hospital? The Premier and her Minister for Health are responsible for a health system that is stretched to its absolute limits. The system continues to operate solely through the goodwill of its workforce—the doctors, nurses, cleaners, ward clerks, physiotherapists, social workers, administrators and managers—and without that goodwill it would all fall apart.

In March 2016 I observed that each year the number of complaints received by the Health Care Complaints Commission about our public health and hospital systems increases. The statistics back then spoke for themselves: Between 2013-14 and 2014-15, the number of complaints received increased by 10.5 per cent—which is more than 5,000 complaints. Meanwhile, the latest Bureau of Health Information data shows that ambulance response times are growing. During the April to June 2017 quarter, more than a third of priority 1 emergency incidents saw ambulance response times greater than 15 minutes. One in 20 priority 1 call-outs had a waiting time greater than 30 minutes—the national benchmark is 10 minutes. We have the slowest response times in Australia, apart from Tasmania, which has nowhere near the population densities of our larger cities and regional centres.

There is simply no excuse for this poor performance, and the only explanation is that our Ambulance Service is underfunded and under-resourced. The best will in the world cannot correct the current state of affairs, with local hospitals struggling every day to meet the needs of those who attend our emergency departments and to cope with the demand for beds and the increasing complexity of the needs of those presenting for care. Meanwhile, lessons from overseas about mismanagement of ambulance services are being ignored by the Government, which instead obsesses about how and where to make budget cuts.

Slow ambulance response times overseas are linked to the "superstation ambulance scheme", which this Government is pressing ahead with. In 2014 superstations in the United Kingdom were scrapped after it became clear that patients' lives were being put at risk by ballooning response times in areas such as East Midlands, where the superstation model had been rolled out. How can fewer ambulances, spread across a larger geographical distance be beneficial for patients in a life-or-death situation who require immediate medical care? But this is the Government that once argued that logging is good for koalas, that TAFE has never been stronger, and that workers and business have never had it so good. We have moved past Orwellian doublespeak and we are now in the territory of outright lying.