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Ambulance Private Submission to RIS

Statement

Ambulance Private commenced operating in Tasmania in 1998. At that time there were no other private services providing ambulance transport in Tasmania, and only a small number on the mainland. We now use some 30 ambulances to provide service in Tasmania, moving well over 1000 patients per month. We are the only provider of ambulance services to the private hospital sector and to a long list of sporting groups and others. We provide NEPT services to the Tasmanian Government, currently holding approximately 80% of the NEPT overflow caseload. We also provide an interstate and international transport service, along with special project work for diverse clients.

EXECUTIVE SUMMARY

I am stunned by the audacity of the proposed regulations. This is not a simple transfer of obligations from legislation to regulations, it is a grab for increased supervision of the patient transport sector. For the first time the liaison between Ambulance Private and the private sector hospitals will be moved under control, scrutiny and regulation by DHHS. Costs will substantially increase, and the flexibility enjoyed by the private sector will cease. A further grab for power comes from the state ambulance authorities, making sure no outside interests can encroach on their territory, by specifying the only ambulance services in Australia and making it an offence to breach their rules. Ambulance Private would be affected by these proposed changes.

The rigid application of low and medium acuity classification will lower patient transport caseload and move more to the state ambulance service. A heavy-handed document trail will add a red tape component to the industry. The capacity for the private sector to assist with transport when the public sector is overwhelmed will be removed. There will be a substantial increase is costs for Ambulance Private, and those costs will have to be passed on to customers as the current margins are just covering expenditure.

There are references to the current licencing system covering most of the areas to be set up under regulation, along with references that most of the NEPT industry is already compliant. The RIS goes on to say the option of remaining with the current system will cost nothing. They do not say the current system can be adjusted to incorporate any changes required. They then go on to say the other options are to have no regulation, or non-mandatory regulation. Their factually unsupported, uncosted and unproven choice is to create regulations.

Ambulance Tasmania, faced with losing the recent changes to the Act regarding Paramedics, have responded to the imminent arrival of nation paramedic registration, have responded by forming their own definition of the profession, which is different to the nation registration definition.

Ambulance Private supports remaining with the current licencing system, making minor changes as required and with the support of the NEPT sector. Ambulance Private is opposed to the proposed regulations in their current form. It is economic madness to move into uncosted expense for the NEPT industry and private health industry for what is arguably very nominal gain.

Detailed response to RIS

Under Glossary, P6. I do not believe an EN should be included in "Approved Health Professionals" for the purpose of these changes. I believe the words "Ambulance Tasmania" should be removed from paramedic, noting the imminent national changes to paramedic registration.

Medium Acuity. I do not accept the automatic elevation to medium acuity for children and 02 dependant patients. The assessment options detailed further in the document allow for intelligent decisions, so let them base transport options on common sense, not automatic elevation of entire groups of patients.

Executive Summary P7. Claims to set qualifications for paramedics, yet national paramedic standards are due to be released this year, removing the need for Tasmania to regulate.

"The proposed Regulations largely codify existing licence conditions". This is not entirely correct, as the new regulations propose to regulate the entire industry, including the private hospitals, with additional responsibilities and substantial cost increases to existing practice.

I am concerned the regulations will not apply to the NEPT section of Ambulance Tasmania.

"After reviewing the alternative of no regulations….". An executive summary should have stated" The options are to have no regulations, to adopt these regulations or to remain with the current licence conditions. It should have gone on to say the economic implications are the proposed regulations will impose steep increases in cost to providers and the private hospital sector.

"…. instead of relying on private businesses to determine their own standards of care where the costs associated with achieving safety standards could impact the financial profitability of their business." This is a heavy-handed statement, indicating an acceptance that businesses may collapse under the suggested regulations.

P8. “Currently the safety and quality standards for licenced NEPT providers are managed through licence conditions under section 35F of the Act. These conditions are issued by the Secretary to individual licence holders and are subject to change at the Secretary’s discretion. This can create confusion as to industry standards and cause uncertainty for business operators.” So, it now appears this entire exercise is being conducted to move from licence conditions to regulations because we cannot trust the Secretary to be fair!

5. The Policy Problem P11. “Patient transport services in Tasmania…..” I have every right to be offended by this section. PTS services in Tasmania have not been historically provided by the government When I introduced Ambulance Private Pty Ltd to Tasmania in 1998 there were two PTS vehicles, one in Burnie and one in Launceston. They had almost no impact on ambulances, were run by orderlies and provided other services like taking the rubbish out! After some years, Ambulance Tasmania’s Grant Lennox decided to compete against us and set up a state-wide PTS using federal money diverted from the Mersey Hospital. The consent referred to was to operate a private ambulance service, not an NEPT service.

“NEPT providers in Tasmania may be engaged by private entities such as private hospitals or nursing homes. Where services are provided through these arrangements, government has no influence over, or interaction with the services that are provided.” Until now. These regulations will impose expensive and complex conditions on the private hospitals. Ambulance Private is the sole provider of services to the private hospital sector and has done so since 1998 with only a few exceptions. Our safety and quality record during this period has be exemplary. The remaining words in the quoted paragraph are interesting. “Patients who are transported in these circumstances are rightfully entitled to feel safe and be provided with an equal or higher quality service than they would receive if they were being transported by government or under a government managed contract.” There is no doubt the intent is to control or manage a contract between the private hospitals and Ambulance Private, with an option to takeover the work themselves. As the governments own PTS is clouded in secrecy and not affected by the proposed regulations, I would like to see their history of accidents, incidents, complaints and fail to adhere to booked times. I am more than aware of many such events.

Patient Criteria P12. Ambulance Private has stepped in on a number of occasions where Ambulance Tasmania has been unable to provide service. Two examples are a post-cardiac arrest transfer to a Cath Lab, and a post-surgical bleed to an operating theatre. The rigid wording of the Patient Criteria proposal effectively limits the role NEPT can be involved with.

Staff Qualifications P12. “Where NEPT providers choose to employ staff with higher qualifications and skills, they can then provide more complex care to patients, increasing the scope of their services. To ensure this, minimum staff qualifications and ongoing training requirements should be set.” There are no options for an increase in scope in this RIS.

Vehicles P12. The RIS should detail the financial and practical implications of moving NEPT vehicles into the “Vehicle and Traffic (Vehicle Standards) Regulations 2014”.

6 Cost and Benefits. Main identified costs to Industry. P13. Work with vulnerable People Act 2013. "This cost is placed on the NEPT crew, not the licensee." A ridiculous statement. The minimum cost to Ambulance Private will be $7595.00

NEPT crew must be immunised. The minimum cost to Ambulance Private will be $13300.00 plus recurring expenses. Until all health workers, including nursing home staff and ancillary hospital staff, are immunised, why should we.

Patients, upon request, must be provided with information on the NEPT services they have been, or will be provided. If this is a part of informed consent, why does it not apply to AT's PTS, and the the ambulance service. Poorly thought out, with significant cost. Would every ward in every hospital hold copies, or do we deliver on demand? By specifying brochure, we are limited by not being able to place information on our web page and getting wards to download on demand.

Main identified costs to Government per provider. P14 Late application fee. Considering the current structure of government, paid for by business and taxpayers, this is a red tape money grab. The renewal notice could be sent out well in advance.

Estimated Costs and Benefits P15. Div 2 – NEPT patients. I would argue there are clear costs to Industry as patients previously travelling with NEPT are no longer accessed. Drop in income.

Nature of the Restriction on Competition. P17. This section implies a blanket government involvement in NEPT services. Traditionally the services have been between the private sector and the government sector, with government not involving itself in the dealings between ourselves and the private sector. This component clearly indicates the intention to arbitrarily place substantial change, and substantial cost, onto the private hospital sector.

It goes on to imply all NEPT services do not have the same licence conditions, and they will fix this by regulation. I would be interested in seeing these variations detailed.

I am more than comfortable with changes to the NEPT sector taking place through the licence, not regulation.

Under Disadvantages, the RIS implies regulation will increase the barriers to market entry as it specifies the minimum standards. It implies no regulation would have no minimum standards, which ignores the standards in the current licence.

Impacts on Business P17. "Most of the currently licenced NEPT providers in Tasmania are small businesses." There are 5 current licences, 2 are held by not-for-profits, and three are held by small businesses. It would be interesting if the steady references in the RIS to "private NEPT providers" did not apply to the NFP sector.

"… DHHS does not expect the proposed Regulations to raise any implementation issues for small business." I think they might have forgotten the substantial time and money we will have to invest to comply.

Public Interest Benefit P17. "Public interest assumes that individuals are motivated by self-interest rather than the greater good of society." Ambulance Private has for 20 years exceeded the equipment list and standards applying to your own NEPT service. We have not gained additional return from NEPT clients for this. If motivation comes into this at all it is best described as self-preservation or survival in the face of continual government involvement!

7 Alternatives to the Proposed Regulations P18.

Apply conditions administratively under Primary Legislation (The no change option)

Develop non-mandatory Guidelines

Not apply minimum or prescribed standards.

8 Greatest Net Benefit for Least Cost P20. "After reviewing the alternatives outlined above, it is considered that the best approach to achieving the policy objectives is to make the Regulations under Section 42 of Act." " .. It is considered .." does not inspire me as a rational argument. The option of remaining with a licence and its conditions is cost neutral, transparent and effective.

Page 21. "The Government will incur costs in regulating the sector of approximately $40000 per year." The RIS goes on to acknowledge the cost to government of conducting the NEPT caseload would be greater; I would suggest a massive blowout. Cost recovery for the present 5 licence holders is $5252 per 5 years. I would suggest it is a waste of time pursuing the recovery.

11 Conclusion P23. "The preferred option for addressing the patient safety and quality issues arising in the private provision of NEPT services is to make the proposed Regulations. It is considered that this option has the greatest net public benefit, as the benefits of safe and quality health care services are expected to outweigh the identified costs." This is the "preferred option" of the regulators. It is not supported by Ambulance Private. There have been no preliminary discussions with us and our first knowledge was the completed RIS received by email.

Appendix 1 Detailed Explanation of Provisions

Part 1 – Preliminary P24. Why is this in an RIS regarding NEPT services? The 2014 changes to the Act allowed the State to lockup the word Paramedic and prevent anyone from using it. With the imminent release of national registration, the State now has to remove that wording, and yet, even with the detailed criteria issued by the national registration board, Tasmania still wants to specify qualification requirements. This strongly smells of the Tasmanian Ambulance Service wanting to control the market place again.

Part 2 - NEPT Services P24. I am interested in how an operator can provide higher standards than those imposed and still remain compliant.

Medium Acuity P24. Please explain how a 10-year-old patient with a supported fractured arm and minor discomfort, accompanied by a parent, “must be accompanied by a clinical escort.” This is overly rigid and imposes bureaucratic control on professionals who are more than capable of making patient care decisions.

Patients that must not be accepted. P25 See comments previously regarding overly rigid applications and the need to be able to step in when AT is not available.

Clinical Escorts P26. For many years I have ben informed the RN’s I employ are not acceptable as clinical escorts because a 2011 DHHS memo defined nursing escorts as RN’s who came from the originating or receiving hospital only. I would like to be assured the prosed regulation will overturn the DHHS document.

Critical Incidents P26. We transport patients who are in final stages of life. There is a strong expectation they will die and have appropriate directions written up and discussed with our staff. Why is this a critical incident? Give us some flexibility. The same comments apply to “Transferring patients”, as we must contact AT re deterioration.

NEPT Provider details available for patients. P26. DHHS must provide direction regarding complaint options affecting our service, along with the timeframe. We do not operate in that arena and it would be ridiculous for us to be expected to know all options. Also, rather than a brochure, why not a web page entry on our site.

Division 4 – Administrative requirements for NEPT Service.

Clinical Governance. P27. Why should the committee recommendations be provided to the Secretary? This limits or restricts the committee, knowing they will be second guessed or reviewed later.

Infection prevention, control and hygiene standards. P27. DHHS has access to the latest information and employs dedicated staff to address this subject. Why can they not advise us of the current policy and practice applicable to NEPT?

Quality assurance plans. P27. Specify the AS/NZS standards to refer to.

Audits. P27. “The licensee must comply with any requests of an authorised officer undertaking an audit of the service on behalf of the Secretary.” Please insert “reasonable” before requests. I would also feel happier with audits to be conducted in a responsible manner, with advance notice and allowing the licensee to have time to arrive on site.

Providing unsupervised NEPT services. P28. Om the third dot point, please add “or better” after “patient transport officer”

Staffing of NEPT vehicles. P28. Change the second dot point to read “the crew member can visually monitor the patient as required.” Change the last sentence to read “If a stretcher is being used, at least one crew member must be trained in its operation, and only operate the stretcher in the method taught.” These reflects an unsavoury incident when the CEO of AT made an anonymous complaint to Workplace Standards, stating Ambulance Private were breaching the manufacturer’s instructions by operating stretchers with one officer. We demonstrated our operating instructions and the complaint was dismissed.

Training for crew members. P28. Remove the reference to updating training every 12 months. Accept that some training (e.g. First Aid has a three year lifespan)

NEPT vehicles. P29. Ambulance uses VW vans with ambulance conversions. There is a sliding door not fitted with a window. Does this mean Ambulance Private cannot use its vehicles?

Portable equipment. P29. On the third dot point, change the word “machine” to device. On the fourth dot point, specify “C” size O2 oxygen as portable, with a “D” size cylinder in the vehicle. Consider spares. Specify every vehicle should have a functional suction device with at least a 500ml capacity fluid holder.

Standard of record keeping. P29. Does this not clash with the requirements of company records?

Reporting. P29. Define traffic accident as one where injury to any occupant of an NEPT vehicle took place.

Advertising. P30. Ambulance Private provides ambulance services to a wide section of the sporting community and others. It has since its inception and the company name is quite clear.

In the Ambulance Service Regulations 2018 (DRAFT), Part 1 – Preliminary, page 12, 4. Paramedics (1) is not acceptable. The definition and qualification of a paramedic will be taken verbatim from the body administering national registration. In point (2) this seems another attempt by Tas Ambulance and the collective state ambulance services to lock out attempts by the private sector to involve themselves in the ambulance sector. These services are not the only ones providing ambulance services in Australia and should not be given the right to declare they are.

Page 21. (6) Patient care record to be created before any services provided. This is madness. Reports are written on the road, or after the case concludes, not before you move the patient from their bed.

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19.6.18