



Federal Pre-Budget Submission 2022



CONTENTS

Executive Summary	1
Innovative Models of Care	2
Patient Safety in Paramedicine	4

Executive Summary

The Australasian College of Paramedicine (ACP) is the peak professional body representing and supporting paramedics and champions the role of paramedics in out of hospital emergency, urgent and primary care. ACP brings together paramedics from across Australasia to advance excellence in paramedicine and patient-centred care.

ACP has targeted solutions to address the health system challenges for Australia.

- **Innovative models of care** utilising paramedics in primary care to mitigate unnecessary ED presentations and emergency response capacity pressures.
- **Patient safety in paramedic services** to deliver consistent clinical, safety and quality standards across paramedicine service providers.

ACP is proposing initiatives that augment Commonwealth-funded primary care capacity through the utilisation of Paramedics outside of the scope of state and territory ambulance services. These initiatives will help to deliver a safer and more accessible health system with significant cost savings and improved patient-centred care.

Innovative Models of Care to reduce unnecessary ED presentations

\$9.5m over 3 years

Community paramedicine

With capacity challenges for emergency departments and ambulance services, Australia needs new innovative models of care that support urgent and mid-acuity patients before they need to access emergency ambulance or hospital services through augmenting the primary care system. ACP is advocating for these unnecessary emergency presentations to be managed in GP and health clinics, aged care services and other primary health care settings. The challenge is ongoing primary care workforce shortages and ensuring there exists the required skills to manage urgent, acute, and mid-acuity patients in primary care. With an oversupply of paramedics possessing a unique skill set designed for treating patients with a range of urgent, mid, and low-acuity presentations in varied settings, ACP seeks funding to establish 30 national community paramedicine pilots in conjunction with Primary Health Networks (PHNs) and General Practices (GPs) to demonstrate that paramedics can improve the access to, and experience of, health care for the community.

Patient Safety in Paramedic Services

\$1.9m over 3 years

National clinical guidelines and safety & quality standards

Whilst paramedics are nationally registered health professionals, the potential for suboptimal patient outcomes remains through inconsistent clinical, safety and quality standards, especially in non-state and territory paramedic services. The introduction of community paramedics as part of urgent and primary care will require consistent guidelines and standards to ensure optimal patient care. ACP is seeking funding to create nationally standardised clinical practice guidelines, along with safety and quality service standards, for all paramedic service providers to ensure that robust minimum standards are in place to protect patients and increase the quality of health care for the community.

Innovative Models of Care

Invest \$9.5m over 3 years to pilot new innovative models of care to reduce unnecessary Emergency Department presentations

- Research and collaborate on paramedicine models of care (\$940,000)
- Develop uniform standards for community paramedics (\$320,000)
- 30 national community paramedicine pilots with PHNs and GPs (\$8,400,000)

Proposal

ACP seeks funding to establish community paramedicine pilots at 30 sites across Australia, to improve access to, and experience of, health care services for urgent, acute, and mid-acuity patients, which will in turn reduce unnecessary emergency department presentations.

The pilot program will be rolled out across various Primary Health Networks in regional communities of need, such as:

- Northern Tasmania PHN (George Town, Davenport & Central Coast LGA),
- South East NSW PHN (Bega Valley, Snowy Monaro & Shoalhaven LGA),
- Murray PHN (Benalla and Murindindi LGA),
- Darling Downs and West Moreton PHN (Somerset LGA), and
- South Australian PHN (Alexandrina and Victor Harbour LGA).
- Further locations will be identified through consultation with PHNs.

The focus will be on supporting GP services, health clinics and after hours care in regional and rural communities to reduce ED presentations by addressing the gaps and inequalities that consumers face gaining access to urgent and acute health care. Innovative service delivery models will be considered as part of existing GP and health clinic services with a view to addressing key health issues such as acute chronic and complex health conditions, and after-hours community care. The pilot will not expand the paramedic scope of practice, but rather introduce this unique skill set into primary care settings to support GPs and health clinics in bridging the gap between emergency and traditional primary care.

Pilots will be supported by research to assess evidence-based outcomes, feasibility, sustainability, clinical safety, and cost effectiveness of the pilot. An important feature of the proposal will be the engagement and collaboration with health system stakeholders and health professions regarding the design and implementation of the models of care. This will allow for the familiarisation of policymakers and health professions with the contemporary characteristics and service offerings of paramedics.

ACP has engaged with the Deputy National Rural Health Commissioner, National Rural Health Alliance (NRHA), Rural Doctors Association of Australia (RDAA), Australian Primary Care Nurses Association (APNA) and the NSW Rural Doctors Network (RDN) about our community paramedicine proposal.

Why this matters

IMPROVE PEOPLE’S EXPERIENCE OF CARE

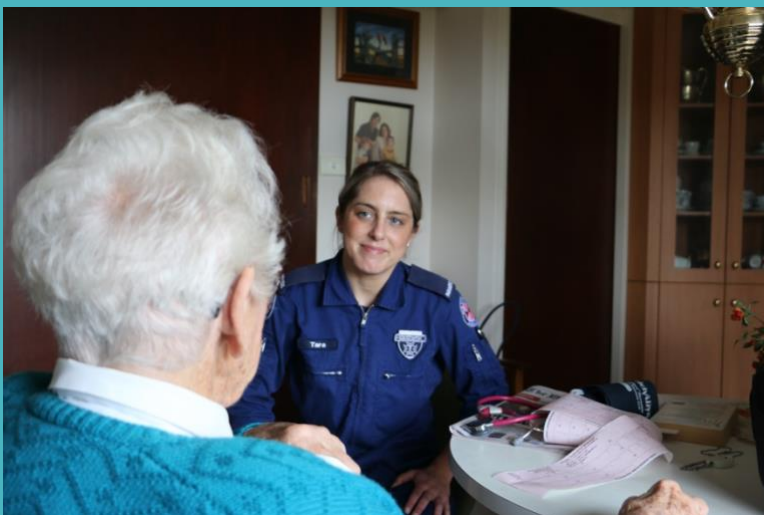
Emergency departments and hospitals are at capacity, leading to ramping and access block, health workforce shortages are contributing to burnout and mental health issues for health professionals and many rural communities lack timely access to GP-led health care. This ultimately impacts on patient outcomes and the health of the community.

New and innovative models of care are required for urgent, acute, and mid-acuity patients to take the pressure off the emergency health system but also to improve people’s experience of care. Instead of going to hospital or calling an ambulance, communities should be able to receive this care via their known primary health care service. These patients have a series of conditions that fall within the paramedic scope of practice and skill set, which can be managed by paramedics as part of multidisciplinary teams embedded with GPs, health clinics and after-hours care, bridging the gap between emergency departments and traditional primary care services.

IMPROVE COST EFFICIENCY OF THE HEALTH SYSTEM

Utilisation of these models of care has the potential to reduce costs to states, territories and the Commonwealth associated with emergency presentations, the management of chronic health conditions, and early entry into aged care.

The Australian Institute of Health and Welfare data from 2019-20 showed 611,424 non-urgent and 2,318,827 semi-urgent ED presentations where the consumer was not admitted or referred. This equates to 35% of all ED presentations at a cost of \$2.1b per year. Providing care to these patients in the community through GPs and multidisciplinary teams would deliver substantial savings to the health system, likely in excess of \$1b per year.



Patient Safety in Paramedic Services

Invest \$1.9m over 3 years to develop and implement national clinical guidelines matched to safety and quality standards for paramedic services

- Develop nationally harmonised clinical practice guidelines (\$820,000)
- Develop and implement national quality and safety standards (\$1,080,000)
- Applicable to paramedic services across emergency, urgent and primary health care

Proposal

ACP is seeking funding to develop nationally harmonised clinical practice guidelines, and safety and quality standards for paramedic service to ensure consistent standards of care to all communities.

With an ever-increasing number of paramedics working outside of state and territory ambulance services (now greater than 20%), Australia needs a consistent set of national standards to which all paramedicine service providers are bound. These standards need to be harmonised across Australia and all paramedicine service providers to ensure optimal care across a range of settings and reduce risks for patients. All communities should be able to obtain the same level of paramedic clinical care regardless of their location or the treating service provider.

ACP will collaborate with the Australian Commission on Safety and Quality in Health Care to create fit for purpose National Safety and Quality Health Service standards for paramedic services, which is needed to ensure a system that seamlessly aligns with wider health system safety and quality standards.

As paramedicine moves further into innovative models of care outside of emergency response, such as primary care, and paramedics are employed through Primary Health Networks, Local Health Networks, GPs and health clinics, there needs to be harmonised evidence-based clinical practice guidelines supporting paramedic practice in these environments, and appropriate service standards that all paramedic services meet. There needs to be a consistent system to manage paramedics by new employers and support paramedics to reduce risk for patients.

Why this matters

IMPROVE PEOPLE'S EXPERIENCE OF CARE

Whilst paramedics are nationally registered health professionals, the potential for suboptimal patient outcomes remains through inconsistent clinical, safety and quality standards, especially in private paramedic services and non-traditional paramedic settings such as primary care. Non-state and territory paramedic services have the potential to use outdated or less-rigorous evidenced-based methodology in the development of their clinical practice and safety and quality standards, with no standardised method or measure to inform service planning and resourcing. Creating consistent national clinical practice guidelines, as well as national safety and quality standards for all paramedic services will ensure ongoing patient safety.

Furthermore, creating consistent standards for clinical governance and service delivery provides the assurance to governments and the health system that they can readily utilise paramedic services both in times of need (such as a pandemic) and for not yet identified future health system requirements. The health system would be able to confidently engage any paramedic service provider knowing minimum patient care standards are met and patient safety is assured.