

Australia: Ambulance services under pressure to cut costs

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A report late last month by the *Sydney Morning Herald* revealed that operators at a Sydney emergency ambulance call centre are being pressured to persuade patients and their families to cancel ambulance dispatches in order to reduce costs.

The measure, which is endangering the lives of patients in New South Wales (NSW), is a result of gross underfunding by consecutive state governments and in line with the federal Labor government's "health revolution," which seeks to drive down public health spending.

According to the *Herald*, NSW Ambulance Service call centre operators received a letter in August from an unnamed operations manager. It directed them to try to convince Triple Zero callers not to use ambulances, but to make their own way to the hospital or wait and see a local doctor.

The letter stated: "Our performance in achieving a non-ambulance response has deteriorated in the last three months... Health advisers are to again focus on opportunities to achieve a non-ambulance response where appropriate." Operators were told to emphasise the potentially long wait for an ambulance, and use other techniques to persuade callers to cancel their ambulance request.

Under the present system, if a call is deemed non-urgent, it is sent to the Health Access Coordination unit. A registered nurse interviews the caller about the nature of the emergency and decides whether an ambulance should be dispatched—a process known as triage. If the case is determined to be serious, the caller is transferred back to Triple Zero and an ambulance

sent.

According to NSW Ambulance Service statistics, 5-10 percent of calls were cancelled in 2008 but an unnamed Ambulance Service official told the *Herald* that this figure had climbed to 10-18 percent in recent months.

Ambulance service spokesmen immediately claimed that they were being "plagued" by many irrelevant or trivial calls, such as for minor ailments or injuries, while at the same time denying that such a letter had been sent to staff.

NSW state Opposition leader John Robertson denounced the policy of encouraging cancellations as a "recipe for disaster." But Health Minister Jillian Skinner pointed out that it was introduced under the previous state Labor government, which was in office for 16 years.

Ambulance services in NSW have been grossly underfunded for decades under conditions of rapidly expanding population, particularly in the state capital Sydney, which has grown by 1.2 million people to 4.5 million in the past decade. Despite this growth, there has been no increase in emergency ambulance crew numbers since 2007.

Paramedics often work 12 to 14 hours straight without rest and meal breaks. State ambulance management routinely relies on unqualified officers to staff rosters. No additional ambulance stations have been built in Sydney since 1988, and only two in Sydney's southwest, a major growth area, in the past 40 years.

Annual use of the NSW Ambulance Service increased by 1.5 percent in the past financial year to a total of 1.15 million responses, with roughly three quarters of these for recognised emergencies.

Average response times have been lengthening dangerously. In 2005-6, the longest monthly average was about 9.8 minutes but in the past financial year the state average climbed to 10.6 minutes. This is expected to rise to about 11 minutes this year.

A key factor in the worsening response times is delays at public hospitals, which receive most emergency cases. Official reports on NSW ambulance waiting times in September revealed that one in eight ambulance transfers took more than twice the recommended maximum of 30 minutes. Large regional hospitals had the worst figures. At Wollongong Hospital, for example, over 500 patients requiring immediate admission, or more than a third brought by ambulance, had to wait for an hour or more before they were moved out of the vehicle.

This developing crisis flows from the federal Labor government's "health revolution," which includes the introduction of "case-mix" funding that pays hospitals only for actual procedures performed, and according to national "efficiency prices." States are expected to cut costs to meet the efficiency price or face financial penalties. This creates a clear pressure on state governments to push down health care spending. (See: "Australian hospital waiting times worsen under 'health reform'").

Though the federal government does not directly fund state ambulance services, it is the main source of funding for health-care, and can effectively force the states to cut their public health budgets.

On August 24, in the adjoining state of Victoria, the Baillieu Liberal government sacked Ambulance Victoria's board of management over "poor financial and operational performance." The state ambulance service subsequently announced it would slash its annual operating costs by 12.5 percent. According to Ambulance Victoria chief executive Greg Sasella, this

included "steps to reduce any areas of unnecessary expense."

Senior Victorian paramedics have reported already coming under pressure from management to rein in their own costs, and that not all paramedic shifts were being filled or clinical support officers replaced.

The intensifying demands on ambulance workers and the grossly under-equipped and under-staffed emergency services are part of a national assault on the public health care system. It is another symptom of a medical system increasingly dominated by private profit providers and government budget bottom lines, with patient care last on the list of priorities.



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