



Inquiry into the provision of ambulance services in New Zealand

Report of the Health Committee

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Inquiry into the provision of ambulance services in New Zealand

Executive summary

The Health Committee initiated an inquiry into the provision of ambulance services in New Zealand at the request of the New Zealand Ambulance Association, which is an ambulance union. The association is concerned that the provision of emergency ambulance services coverage is inadequate and *ad hoc*, and that there are significant variations in provision from place to place. In particular, it is concerned that the high incidence of single-crewing of ambulances in some parts of New Zealand poses a risk to patients' health and at times ambulance officer safety.

In order to determine possible improvements in the provision of ambulance services, this inquiry examined legislation, crewing levels, funding of services, restructuring, and training provision and standards.

Legislation

Unlike most developed countries arrangements for the provision of ambulance services in New Zealand are voluntary and contractual rather than regulated. New Zealand has no specific legislation requiring ambulance services to be delivered or governed by national standards.

We consider that it is essential that ambulance services in New Zealand be underpinned by nationally recognised clinical standards, to ensure appropriate care and training.

We consider that it is essential that paramedics be registered under the Health Practitioners Competence Assurance Act 2003; and that a governing body be established to allow registration.

Crewing levels

We are concerned at crewing levels in the ambulance sector, and the fact that for some areas of New Zealand 70 percent of emergency call-outs are responded to by single-crewed ambulances. This may result in sub-optimal care for the patient and safety concerns for the ambulance officer.

We accept that for patient safety and optimal patient care call-outs should be double-crewed. However, we accept that current shortages of ambulance officers and paramedics make this impracticable in the immediate future.

We recognise that ideally all emergency call-outs should be attended by a double-crewed ambulance. The committee would like to see funders and the sector working together to achieve appropriate double-crewing on all call-outs, recognising that it will take time to achieve the higher numbers of ambulance officers required to reach this goal. We realise that the nature of the workforce will mean that there is a mixture of paid and volunteer officers achieving this goal. We are reluctant to recommend mandatory standards for double-crewing in rural areas, as we are concerned that on some occasions this could result in one trained ambulance officer being unable to respond. We recommend that the Government work with the sector to agree to a staged approach to achieving double-crewing for metropolitan emergency ambulance call-outs; in three years or less, and other urban areas (defined as population centres of more than 15,000), four years. Double-crewing in rural and remote areas is likely to require collaborative approaches with other emergency and health services.

Funding of services

There are two main sources of revenue for ambulance services. There is private funding; and public funding, whereby the Ministry of Health purchases medical ambulance services from the Order of St John and Wellington Free Ambulance, and the Accident Compensation Corporation (ACC) pays for emergency services for people who have suffered a personal injury, are alive, and require transportation to hospital.

Responding to a call-out imposes costs on service providers whether the patient is transported to hospital or not, and whether the patient attended is alive or has died before transportation.

We have been informed that members of the fire service who respond to accident call-outs are not funded in any way for this service by ACC. We believe that this funding anomaly should be investigated.

We are concerned that the costs to patients using ambulance services are not consistent across New Zealand. We consider that the current system is complicated and confusing. We consider that public funding for the provision of ambulance services needs to be reviewed, and the majority of us consider it desirable to move to a single stream of public funding.

Restructuring

We believe restructuring of the ambulance sector would significantly improve the effectiveness and the performance of ambulance services. Any restructuring should aim to improve collaboration and co-operation between ambulance providers and other health professionals, and increase transparency.

We consider that better integration of ambulance service providers with other elements of the health and emergency sectors would be beneficial for patients and more efficient for emergency services, and would contribute to the national health aim of reducing ambulatory sensitive hospital admissions.

Co-location of ambulance and fire services may promote co-operation cost efficiencies, particularly in rural areas where there is often a shortage of volunteers; and it should continue to be implemented in appropriate areas.

We note that in some areas there are flagging levels of volunteer ambulance officers and volunteer fire fighters.

Training provision and standards

Evidence we received indicated that there were inconsistent standards and training for paramedics, and that no single set of qualifications is recognised nationally and internationally. There is also no national training programme for paramedics.

We consider a consistent standard for the training of paramedics to be essential, along with qualifications that are nationally recognised, and a national training programme for paramedics.

Recommendations

The Health Committee makes the following recommendations to the Government:

1. That it require national clinical standards and performance indicators for ambulance services. (p. 11)
2. That the Government work with the sector to set up a national training programme for paramedics as soon as possible. (p. 19)
3. That the Government implement a single consistent standard for the training of paramedics, and a set of qualifications. (p. 19)
4. That it require service providers to establish an appropriate governing body to facilitate registration under the Health Practitioners Competence Assurance Act 2003. (p. 11)
5. That Ambulance Officers be registered under the Health Practitioners Competence Assurance Act 2003. (p. 11)
6. That metropolitan services seek to achieve appropriate double-crewing in three years or less, and other urban areas (defined as population centres of more than 15,000), four years. Double-crewing in rural and remote areas is likely to require collaborative approaches with other emergency and health services. (p. 13)
7. That it implement multi-year funding for ambulance services. (p. 15)
8. That the Accident Compensation Corporation funding model be reviewed to ensure that emergency service providers are funded to provide the best care for the patient in the circumstances, and to remove perverse financial incentives to transport patients to hospital regardless of the severity of their injuries. (p. 16)
9. That it examine the possibility of introducing the United Kingdom Emergency Practitioner scheme in New Zealand. (p. 8)
10. That it investigate the United Kingdom's model of prioritising calls and treating a greater proportion of patients in their own homes. (p. 19)

11. That when the Ministry of Health next reviews its contracts for the provision of ambulance services, it makes full use of the *Guidelines for Contracting with Non-Government Organisations for Services by the Crown*, particularly the sections on the development of Non-Governmental Organisation capacity and the length of agreements. (p. 15)
 12. That the Government investigate the cost of funding to address fire service provider interventions in medical emergencies. (p. 16)
 13. That the Ministry of Health investigate whether lessons from the Fire Service's single funding stream could be applied to the ambulance sector. (p. 17)
 14. That it promote the co-location of ambulance and fire services wherever possible. (p. 19)
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1 Background

The Health Committee initiated an inquiry into the provision of ambulance services in New Zealand in September 2007. The inquiry was requested by the New Zealand Ambulance Association (an ambulance officers' union) as a result of concerns that New Zealand's provision of emergency ambulance coverage is inadequate and *ad hoc*, and that there are significant variations in the provision of services. In particular, the association expressed concern that the high percentage of single-crewing of ambulances responding to emergencies posed a risk to patients' health.

We received preliminary briefings from the association and the Ministry of Health when considering whether an inquiry was warranted. We decided to proceed with an inquiry, focussing on the provision of land-based services; the terms of reference are attached as Appendix D.

We did not advertise for public submissions, but invited submissions from a number of organisations, including ambulance unions, the Order of St John, Wellington Free Ambulance, the Accident Compensation Corporation, the New Zealand Fire Service Commission, an education provider, and those District Health Boards (DHBs) that provide ambulance services. A list of submitters is attached as Appendix E and a description of major submitters as Appendix F.

Existing services

The work of ambulance services can be divided into two broad roles: emergency medical intervention; and scheduled medical transportation. There are four providers of emergency land ambulance services in New Zealand: St John, Wellington Free Ambulance, and the Wairarapa and Taranaki DHBs. St John is the largest provider, servicing 86 percent of New Zealand's population and covering 94 percent of its area. There are also 26 air ambulance operators; however the service they provide is outside the scope of our inquiry. Some ambulance services in New Zealand are provided by the fire service, under a series of memoranda of understanding and working protocols, usually developed at the local level. A national memorandum of understanding was recently signed between the New Zealand Fire Service and St John, detailing how each party will respond to a wide variety of incidents.

Volunteers play a major role in providing these essential front-line emergency services. We acknowledge their professionalism and dedication to the well-being of others. Both they and the paid staff provide exemplary service in difficult circumstances.

Non-emergency ambulance services are also provided by the emergency service providers, and by other organisations. A history of New Zealand's ambulance services is set out in Appendix A.

The Wairarapa DHB Ambulance service has a paid ambulance staff of 13.9 full-time-equivalents and 18 volunteers. These crews cover on average 4,500 incidents annually,

which is 78 percent of all incidents occurring in the district. The Taranaki DHB ambulance service has a paid ambulance staff of 28.4 full-time-equivalents and 132 volunteers. It covers 13,500 incidents annually. We note that both DHBs provide ambulance services that are successful and well supported by their communities.

Delivery standards

Arrangements for the provision of ambulance services in New Zealand are voluntary and contractual rather than regulated. There are no specific mandatory delivery standards. The ministry currently contracts ambulance services under Ambulance Service Sector Standard NZS 8156:2008. While the ministry supports the intent of the standard it is not universally achievable. Contracts for providers stipulate that providers should make their “best endeavours” to achieve it. The ministry does not monitor compliance against the standard.

Ambulance services in other jurisdictions

To give some perspective on how ambulance services can be provided we examined ambulance provision in other jurisdictions; this is set out in Appendix B. We highlight below some features from these jurisdictions that have particular relevance to New Zealand.

Emergency practitioners in the United Kingdom

In the United Kingdom the National Health Service has developed an Emergency Care Practitioner scheme in order to increase the percentage of patients treated in a community setting or at the scene of an incident, and to further its systems approach to the modernisation of health-care. The NHS defines an Emergency Care Practitioner as an allied healthcare professional who works to a medical model, with the attitude, skills, and knowledge base to deliver holistic care and treatment in the pre-hospital, primary care, and general practice environments, with a broadly defined level of autonomy. The scheme is designed to enhance the skills of such personnel so that assessment and, where possible, treatment, can be provided without transporting the patient to hospital. The scheme allows Emergency Care Practitioners to make autonomous clinical decisions within their scope of practice, and allows paramedics to develop their careers outside the ambulance service. The scheme was first trialled in 2004 and continues to expand.

We are very interested in the early success of the Emergency Care Practitioner scheme and consider that there is potential for an adapted version to be incorporated into the provision of health care in New Zealand. The Healthline service (a telephone health advice service), for example, could provide the basis for such a scheme.

We recommend to the Government that it examine the possibility of introducing the United Kingdom Emergency Practitioner scheme in New Zealand.

Rural and metropolitan services in Victoria

In the Australian state of Victoria the provision of rural and metropolitan services is separated. We note the benefits of this system, but consider that the bureaucratic overheads of establishing and maintaining such a system in New Zealand would be prohibitive. We believe that differentiating the service by geographic location would not address the concerns that prompted this inquiry. This view accords with the opinions of

New Zealand's ambulance service providers, who support increasing professionalisation of front-line emergency paramedics in both urban and rural locations.

Role of volunteers in Victoria

We note that in Victoria the major rural providers rely much more heavily on volunteer staff than their urban counterparts. We acknowledge the difficulty of providing paid paramedics to communities as isolated as some of those in Victoria. In New Zealand volunteers have always played a crucial role in the ambulance sector and will continue to do so.

South Australia

Ambulance services are operated by the South Australia Ambulance Service. St John performs first aid activities only. Emergency response times are set by the state Government and take into account geography and population dispersal. Ambulance service costs to patients are not covered by Medicare and many private health insurance policies cover non-emergency ambulance services.

Issues raised by submitters

The issues raised by submitters can be grouped into five broad categories:

- Legislation
- Crewing levels
- Funding of services
- Restructuring
- Training provision and standards.

2 Legislation

Delivery standards

Arrangements for the provision of ambulance services in New Zealand are voluntary and contractual rather than regulated. Unlike most developed countries New Zealand has no specific legislation requiring ambulance services to be delivered and governed by clinical standards. There are no specific mandatory delivery standards. This contrasts with arrangements in other Western—particularly Commonwealth—nations. The Ministry of Health currently contracts ambulance services under Ambulance Service Sector Standard NZS 8156:2008. While the ministry supports the intent of the standard it is not universally achievable: its contracts require providers to make their “best endeavours” to achieve it. The ministry does not monitor compliance against the standard. A revised version of the contract is expected soon, and we look forward to seeing the revised standard.

Clinical standards

There are no national clinical standards or national performance indicators for ambulance services. We consider that it is essential that the provision of ambulance services in New Zealand be underpinned by nationally recognised clinical standards to ensure appropriate care and training. These standards and indicators first need to be established, then followed by registration of the profession under the Health Practitioners Competence Assurance Act 2003.

The ministry informed us that it does not have a strong view either way on whether national regulation would improve services. St John and Wellington Free Ambulance, on the other hand, felt that more regulation and standardisation of the industry is essential, and called for paramedics to be registered under the Health Practitioners Competence Assurance Act 2003. Auckland University of Technology, which provides paramedic education, agreed that it is imperative paramedics be included under the Act to protect the public from harm from pre-hospital emergency care and to ensure the consistency of paramedics competence and fitness to practice.¹

We were advised by the ministry that in order for paramedics to be registered, the Governor-General by Order-in-Council would need to designate paramedical services as a health profession under the Act, and to either establish a registration authority to administer the registration of the profession, or provide that the profession be added to the profession or professions in respect of which an existing authority is appointed, thus creating a “blended authority.”

¹ Submission from Auckland University of Technology, point 1.1.

Before paramedics can be registered, then, they must establish a professional organisation independent of unions or employers. This has not been done because the paramedic “profession”, unlike those of doctors and nurses, is a recent phenomenon, having evolved over the last 20 years, and to date the sector has not taken ownership of the issue of professional organisation and registration.

The option of developing a governing body based on a registration council model, to provide the ambulance sector with an equivalent to the Medical Council of New Zealand, should be investigated. In examining the possibility of registering paramedics, it may be useful for providers to refer to the experience of other health professions that have developed in recent years, such as dental hygienists. We are pleased to note that St John and Wellington Free Ambulance have instituted projects to examine the possibility of registration, and that the ministry is reviewing the Act to ascertain whether a wider range of professional bodies can be registered.

We consider that the sector would benefit greatly from registration under the Act, and recommend that service providers establish an appropriate governing body to facilitate registration under the Health Practitioners Competence Assurance Act 2003. We believe that it is essential for paramedics to be registered under the Act and urge the industry to take the necessary steps to be considered for registration. Registering the paramedical profession under the Act would address many of the concerns raised by submitters, and we recommend that work to achieve registration proceed.

In an inquest into the death of Melfyn Wynne-Williams, coroner G L Evans recommended to the Minister of Health, “that early consideration be given to the taking of those steps necessary to establish a body of national paramedical clinical standards to be observed by New Zealand Ambulance Services.”² We agree with the coroner. We recommend that national clinical standards and performance indicators for ambulance services be required.

We consider also that registration is necessary to help ensure that the standard of ambulance services is uniform across the country and between providers. Registration would provide the national-level guidance that has become increasingly necessary as more and more DHBs have ceased to provide their own ambulance services.

² In the matter of an inquest into the death of Melfyn Wynne-Williams, Decision No. 03/08

3 Crewing levels

Public concern about crewing levels is the main reason we embarked on this inquiry. There is much variation between regions in New Zealand, and we were informed that in some areas as many as 70 percent of emergency call-outs are responded to by single crews. Double crewing means that on an emergency call-out, there are two qualified ambulance officers on board. This allows active care of patients while the ambulance is being driven to the hospital. There are situations, such as the need to resuscitate someone who has suffered a cardiac arrest, that require active care while transporting patients, and two people are essential. We were informed that single crewing has various adverse consequences:

- slower response and treatment at the scene, and transport delays
- longer overall time spent on each call-out, so fewer call-outs can be completed by a given number of ambulances
- more potential for drivers to be distracted
- inability to use emergency equipment that requires two people to operate
- potential for clinical error
- risks to paramedics working alone, such as health risks from lifting patients, and risks such as assaults or allegations of impropriety
- inability to manage multiple patients
- inability to monitor patients for deterioration while transporting
- inability to adjust treatment according to effectiveness while transporting
- physical risk to patients because a single paramedic cannot lift a patient properly.³

Some witnesses argued that it is not sensible to stipulate categorically that every call-out should be double-crewed because there is a shortage of ambulance officers, particularly advanced paramedics. Implementing double crewing will mean addressing the following workforce issues:

- too few paid and volunteer staff
- shortages of advanced paramedics in some regions
- regulations regarding driving hours, which limit officers' availability
- stress from single crewing leading to burnout.

It needs to be acknowledged that some call-outs will necessarily be attended immediately by one person, with another following as soon as possible.

³ Submissions from the Federation of Ambulance Officer Unions in New Zealand, the Taranaki District Health Board, and Wellington Free Ambulance.

It is also apparent to us that the type of emergency care people receive may depend on their location. As people largely choose where they live and the availability of various public services depends on location, some may accept a different type of emergency service; but they would expect to receive a service of an acceptable and consistent clinical standard.

We acknowledge how difficult it is given shortages of ambulance staff to achieve double crewing. While we consider it should be the goal in the provision of ambulance services, we recognise this will take some time, and recommend that metropolitan services seek to achieve appropriate double crewing in three years or less, and other urban areas (defined as population centres of more than 15,000), four years. Double crewing in rural and remote areas is likely to require collaborative approaches with other emergency and health services.

4 Funding of services

There are currently two main sources of revenue for the provision of ambulance services in New Zealand; one is private funding through grants, donations, and fundraising. The other is public funding from sources administered by the Ministry of Health and the ACC.

Funding is split approximately 35:65 between the ACC and the Ministry of Health, reflecting the greater number of medical than accident call-outs. The ministry and the ACC contract with St John and Wellington Free Ambulance to provide the services. The Wairarapa and Taranaki DHBs are also funded by the ministry to provide ambulance services in their districts via agreements under the population-based funding system.

Private funding

Both Wellington Free Ambulance and St John receive a substantial proportion of their income from non-public sources. In the case of Wellington Free Ambulance, 23 percent of its 2006/07 income was raised from sponsorship, local authority grants, charitable trusts, bequests, donations, fundraising events, the service's own resources, and public appeals (\$3 million from a total income of approximately \$13 million). Approximately 13 percent of St John's 2006/07 income was raised from bequests, donations, donated assets, grants, and a supporters' scheme (\$12.6 million from a total income of approximately \$97.8 million).

We were informed that St John has several concerns with the part charges scheme: patients are often not aware that they will incur a charge, and there are legal issues regarding invoicing patients who did not request an ambulance themselves. Part charges may also be a barrier to accessing ambulance services.

Public funding

In 2006/07 the ministry spent \$38.49 million and \$3.81 million to purchase medical ambulance services from St John and Wellington Free Ambulance respectively. Ministry contracts are for a period of one year and are negotiated on a "percentage increase" basis.⁴ In the case of St John, the organisation's part charges for medical emergencies are factored into the contract, and thus remain fixed for the duration of the contract.

We were informed by the ministry that it considers that public funding for the provision of ambulance services is spread relatively evenly among providers, when the size of the population that each organisation serves is taken into account. It estimates that volunteer input saves about \$33 million per annum, and that to achieve double crewing up to \$18 million per annum would need to be added to base funding.⁵ We were also informed that the number of call-outs to ambulances has been growing by about 4 to 6 percent per annum mainly as a result of medical cases rather than trauma, and the impacts of reduced rural and after-hours GP services.

⁴ This increase is negotiated and covers agreed cost increases, such as those resulting from inflation, although there is not a mandated Consumer Price Index increase applied.

⁵ Ambulance Services Sustainable Funding Review 2005.

St John told us that it does not consider that the ministry's contract is designed to provide the most effective and efficient ambulance services possible, as contracting on a yearly basis does not allow for the necessary long-term investment in capital and personnel. It suggested that the Treasury *Guidelines for Contracting with Non-Government Organisations for Services Sought by the Crown*, published in December 2003, could provide the basis for a more satisfactory contractual relationship. We note with interest, for example, that the guidelines suggest that "Where ongoing service delivery is required, and the Government agency expects to have a medium to long-term relationship with an NGO, a longer-term agreement may be appropriate (e.g. 3–5 years)"⁶ and that a one-year appropriation does not prevent a longer contract being negotiated. We recommend the Government implement multi-year funding for ambulance services.

We acknowledge that the Treasury guidelines are not mandatory but note that there should be clear reasons for departing from them. We recommend that when the ministry next reviews its contracts for the provision of ambulance services, it makes full use of the guidelines, particularly the sections on the development of NGO capacity and the length of agreements.

Following a review of the provision of ambulance services, the ministry published the Ambulance Services Sustainable Funding Review in January 2005. The review did not see any need for a significant change in funding for the provision of ambulance services, stating that revenue had been growing more quickly than costs. This does not appear to still be true, however: St John informed us that it expects demand to increase at a rate of 6 to 8 percent per year for the next 10 years, because of such factors as the growth and ageing of the population, and the increase in chronic disease such as Type 2 diabetes.

ACC funding

The ACC funds accident emergency services for people who have suffered a personal injury covered or likely to be covered by the Injury Prevention, Rehabilitation, and Compensation Act 2001. People are eligible for coverage if their use of emergency ambulance services starts within 24 hours of their suffering a personal injury or within 24 hours of being found after suffering a personal injury (whichever is the later) and for whom ambulance transport is necessary. Ambulance transport for injured claimants outside this period (for example, inter-hospital transfers) is covered by ACC under a funding agreement with the ministry, but claimants may incur a part charge. The ACC does not provide specific payments in cases where an ambulance is called to an accident but the patient is not transported to hospital, or in cases where the patient attended has died prior to transportation. "Ambulance" is defined to mean a vehicle designed to transport sick or injured persons and not a fire fighting vehicle.

We were informed that although the Act only allows ACC to pay for emergency ambulance services when a patient is transported to hospital, ACC considers that current funding covers instances when an emergency ambulance attends an incident but does not transport the injured person, or where the patient has died before transportation. We were also

⁶ The Treasury, *Guidelines for Contracting with Non-Government Organisations for Services Sought by the Crown*, December 2003, section 1.10.

informed that the ACC considers that current funding meets the full cost of providing a double-crewed emergency ambulance for all ACC-related incidents.

Nevertheless, we are concerned that there is a perverse financial incentive for patients to be transported to hospital regardless of the severity of their injuries, or whether they could be treated at home as per the United Kingdom model. Such an incentive would be inconsistent with the health target of reducing ambulatory sensitive (that is, avoidable) hospital admissions. We suggest that ACC review its contract with service providers to ensure ambulance providers do not have an incentive to transport patients to hospital unnecessarily.

Responding to a call-out imposes costs on service providers whether the patient is transported to hospital or not, and whether the potential patient is alive or has died before transportation. We question whether current funding for call-outs eligible for ACC is sufficient to cover those that do not attract specific payments. We therefore consider that ambulance service providers, and fire service providers responding to medical emergencies, should be recompensed for whatever help they provide, particularly as fire service responses to medical emergencies doubled in number between 2004 and 2007. We recommend that the ACC funding model be reviewed to ensure that emergency service providers are funded to provide the best care for the patient in the circumstances, and to remove perverse financial incentives to transport patients to hospital regardless of the severity of their injuries. We acknowledge that such a shift would have implications for such aspects of service provision as training and standards. In addition, we recommend the Government investigate the cost of funding to address fire service provider interventions in medical emergencies.

Funding levels

We were informed by providers that current funding is insufficient to provide the contracted level of service. St John informed us that it considers that public funding meets no more than half of the cost of delivering current services. It says that in order to provide the contracted level of service, including provision for sending double-crewed vehicles to all call-outs, it would require \$53 million annually in addition to its current base funding. This can be broken down into funding to improve capacity, to increase by 2014 the number of frontline officers from 800 to 1,200 (\$40 million per year); funding for a planning capability to ensure optimum management (\$1.5 million per year); and an annual allowance to compensate for inflation, to maintain base capability while the additional resources are introduced.

We were informed by Wellington Free Ambulance that it too considers that its current financial position is unsustainable. It has been in a deficit financial position for the last five years, to the extent of \$424,000 in 2004/05. Wellington Free Ambulance's operating income increased in 2006/07 as a result of a one-off payment from ACC to cover a funding back-log, and funding for a new central communications centre, which includes the contracted staff employed by Wellington Free Ambulance. Only a small proportion of the 2006/07 approximately \$3 million increase in operating income was directed into the organisation's provision of frontline ambulance officers.

In 2006/07, Wellington Free Ambulance responded to 22,982 call-outs under its contract with the ministry and received \$3.81 million in funding, equating to \$165 per call-out. In

contrast, it responded to 10,281 call-outs under its contract with ACC and received \$2.52 million in funding, equating to \$245 per call-out. We are concerned at this discrepancy in funding per call-out.

As Wellington Free Ambulance has been running a deficit for several years, we asked whether the organisation could improve its financial situation by imposing part charges on its patients. Wellington Free Ambulance was very opposed to this idea, which is directly contrary to the organisation's deeply-held belief that emergency responses should in all cases be free to the patient. We accept that this is the value upon which the organisation was founded and that it would be loath to see it change.

Cost recovery

We are concerned that the costs to patients of utilising ambulance services are not consistent across New Zealand. We consider that the current system of part charges in some cases but not others, and by some providers but not others, is complicated and confusing for patients and their families. For example, Wellington Free Ambulance's patients incur no charges, whereas St John's patients incur a part charge in cases of medical emergency but not in cases of accident emergency.

Single funding strategy

We were informed by providers that moving to a single funding stream would result in savings in the administration of ambulance service funding. We are pleased to note that the ministry is in the process of investigating the possibility of a single funding stream and await with interest the outcome of this investigation. We suggest that public funding for the provision of ambulance services be reviewed, and some of us are in favour of centralisation. The majority of us consider that moving to a single stream of public funding, as proposed by some submitters, would address many of the concerns they raised. We note that the fire service operates under a single funding stream, and recommend that the ministry investigate whether lessons from the Fire Service's single funding stream could be applied to the ambulance sector.

5 Restructuring

Structural improvements

We believe that restructuring of the ambulance sector in New Zealand has the potential to significantly improve both the effectiveness and performance of services. The legislative and registration changes we recommend above would provide the framework for these improvements, while restructuring would help make them operational.

We are aware that historically the relationship between St John and Wellington Free Ambulance, the two largest providers of ambulance services in the country, has been competitive rather than cooperative, an outcome almost inevitable in the absence of any unifying national governing body. While we recognise the benefits of competition in the provision of any service, we do not consider that competition will prevent the strategic development and co-ordination of the industry, particularly a front-line health service so crucial to the well-being of many New Zealanders.

We consider that the aim of any restructuring should be to improve collaboration and co-operation between current ambulance providers and allied health professionals, increase transparency, and allow for benchmarking across the sector. We acknowledge the commercial benefits of a multiple provider system but note that such a system increases the difficulty of both ensuring consistent standards across the country, and carrying out an effective restructuring of the sector.

Some have argued that moving towards a single-provider system to allow strategic development of the sector is a step too far at this stage. They say that an independent governing body will be a first step towards more strategic development; not having to compete for private funding would also help.

We consider that moving to a single funding stream would go some way to improving the relationship between providers. However, the single most influential factor in ensuring the strategic development of the industry will be the establishment of the independent governing body necessary for registration of the paramedic profession under the Health Practitioners Competence Assurance Act 2003, although we acknowledge that the two bodies need to be separate.

We consider that better integrating ambulance service providers with other elements of both the health and emergency sectors would be beneficial for patients and more efficient for emergency services, and would contribute to the national health target of reducing ambulatory sensitive hospital admissions.

The majority of us do not consider that completely separating the provision of emergency and non-emergency services would be a useful step; and we note that this degree of separation has not been instituted in Australia or the United Kingdom. The administrative and logistical burden created by separating the services would be large.

We do not suggest, however, that emergency and non-emergency call-outs require identical responses. Indeed, our recommendations on moving towards the United Kingdom's model of treating a greater proportion of patients outside a hospital setting inevitably requires emergency and non-emergency patients to be treated differently.

Operational improvements

The United Kingdom's model of prioritising calls and treating a greater proportion of patients in their own homes may be useful in New Zealand, and we recommend that it be investigated. We acknowledge that achieving this would probably have to be a medium-term project requiring additional adapted training for both paramedics and call-centre operators. However, we consider that the potential benefits of adopting such a model are great, and that it should be investigated further by the Ministry of Health.

We consider that adopting the United Kingdom's Emergency Care Practitioner model would be of great benefit in improving the ambulance services' links to other parts of the health sector, and in ensuring that patients receive the care most appropriate for their needs, whether it be hospital-based, home-based, or provided by Primary Health Organisations. Registration of paramedics under the Health Practitioners Competence Assurance Act 2003, as discussed above, would provide the cohesion necessary for the paramedic profession as a whole to move towards such a model.

Co-location of services

Co-location of ambulance and fire services allows close co-operation and promotes some cost efficiencies, particularly in rural areas where there is often a shortage of volunteers. Funding of the two services is different in that the Fire Service is not paid by ACC for call-outs to accidents. However, this has not been a problem in the Wairarapa, where these call-outs for the Fire Service are regarded as part of the service it provides. The Wairarapa DHB suggested to us that maintaining good relationships between the two services was the important issue. We recommend to the Government that it promote the co-location of ambulance and fire services wherever possible.

Training provisions and standards

Evidence we received indicated inconsistent standards and training for paramedics. We also heard that there is no single common set of qualifications that is recognised nationally and internationally. There is also no national training programme for paramedics, although training programmes are offered by the Auckland University of Technology.

We recommend that the Government implement a single consistent standard for the training of paramedics, a set of qualifications, and a national training programme for paramedics. Ideally this would be a set of portable qualifications, taught by tertiary education institutions independently of emergency services providers.

We recommend that the Government work with the sector to set up a national programme for paramedics as soon as possible.

6 Green Party minority view

The Green Party supports the recommendations of this report. However, we believe a major overhaul of the way ambulance services are operated, and a substantial injection of new funding, is needed to bring the operation of our ambulance services to a safe standard.

Ambulance officers are frontline health professionals, and should be treated as such. We believe it is time to question why such an essential emergency health service has been devolved to a number of charitable organizations which are reliant on the availability of volunteers, and doing their best with limited funds.

We believe the fragmented nature of the service, the lack of any overall strategic direction, the heavy reliance on volunteers, and the lack of national training for paramedics, are seriously undermining the service and posing a risk to the safety of those who depend on the service.

We are alarmed at the number of emergencies being responded to by single-crewed ambulances, and the lack of trained ambulance paramedics in many areas. This is placing a huge strain on ambulance officers and putting lives at risk. No ambulance officer should be faced with the dilemma of having to choose between treating a patient or driving the ambulance to the hospital.

We believe mandatory double crewing of ambulances responding to emergencies should be a top priority for the Government, along with training of paramedics, to ensure we have the workforce and expertise to provide the service at a level which is safe.

Appendix A: History of ambulance services in New Zealand

Ambulance services developed in New Zealand in a largely fragmented and *ad hoc* manner. The Order of St John was established in New Zealand in Christchurch in 1885, and many of its early branches were established in small communities with limited medical services. Branches were small, semi-autonomous units until the 1970s when regional and national structures were developed.

The Wellington Free Ambulance was established in 1927 as a non-profit organisation operating in the area from Waikanae and the top of the Rimutaka Hill in the north to Cook Strait in the south. St John does not provide emergency services in this area.

In the second half of the twentieth century, many of New Zealand's public hospitals either developed their own ambulance services or were involved in the development of collaborative structures that utilised St John volunteers. As the health system has been restructured the majority of public hospitals have withdrawn from this service. By 1994 only Taranaki Healthcare, Wairarapa Health and Nelson-Marlborough Health provided ambulance services. Ambulance services in other regions were provided by St John and Wellington Free Ambulance under various contractual arrangements negotiated by Regional Health Authorities. Only the Wairarapa and Taranaki DHBs continue to operate ambulance services.

These organisations providing emergency ambulance services also provide non-emergency ambulance transport. In addition, a number of registered companies provide ambulance support at sporting and community events. These companies include MediMax Ambulance Ltd and Medic One Services Ltd, which have operated ambulance services in the Nelson, Tasman, Marlborough, Christchurch, and Taranaki regions since 1999.

Traditionally, the fire service has provided support to the ambulance sector in the area of emergency medical intervention, either in direct support of ambulance services at the scene of an incident, or in the form of first aid pending the arrival of ambulance services. We were informed, however, that in recent years the support provided to the ambulance service by the fire service has grown in depth and breadth. The New Zealand Fire Service Commission informed us that their responses to medical emergencies doubled in number between 2004 and 2007.

Appendix B: Ambulance services in other jurisdictions

Ambulance services in South Australia

The provision of ambulance services in South Australia is regulated under the Ambulance Services Act 1992 and the Ambulances Services (South Australia Ambulance Service Inc) Amendment Act 2005. Before these acts were passed, St John provided ambulance services under a licence issued by the State of South Australia. Since then the ambulance service formerly run by St John has been effectively handed over to the South Australia Ambulance Service (SAAS). St John continues to undertake first aid activities but no longer provides ambulance services.

SAAS employs both paid staff and volunteers. Clinical staff train to one of three levels: Ambulance Officer (which requires at least six months of part-time training), Paramedic, and Intensive Care Paramedic. The majority of volunteers are qualified to the Ambulance Officer level, although some progress to the higher levels.

Emergency response times are set by the state Government and SAAS and take into account factors such as geography and population dispersal. The current SAAS Health Service Agreement Benchmarks have been achieved since they were set in 2005/06. They require 50 per cent of emergency incidents to be responded to within 9.4 minutes and 90 per cent to be responded to within 15.6 minutes. To improve response times to incidents in dense pedestrian and vehicle traffic, a Bicycle Response Unit was introduced in Adelaide in March 2007.

The costs of utilising ambulance services are not covered by Medicare. Many private health insurance policies cover the provision of emergency ambulance services but not non-emergency services. Non-emergency ambulance call-out fees start at A\$133. Where an individual has no private insurance, the cost of an emergency ambulance call-out is approximately A\$600. For people with no private health insurance, the SAAS offers ambulance cover which provides full cover in both emergency and non-emergency cases. Annual premiums range from A\$111 for a family, to A\$35.25 for a single pensioner. Persons who already have private health insurance can opt to add Ambulance Cover Extra for cover in non-emergency cases. Annual premiums range from A\$29.20 for a family, to A\$14.60 for an individual.

Ambulance services in Victoria

The provision of ambulance services in Victoria is regulated by the Ambulance Services Act 1986. The two largest providers are Metropolitan Ambulance Service and Rural Ambulance Victoria; both are statutory bodies, and they provide services to 3.6 million and 1.4 million people respectively. While the Metropolitan Ambulance Service employs more than 1,200 career paramedic staff, over half of the staff members of Rural Ambulance Victoria are volunteers. The third ambulance service, Alexandra District Ambulance Service, provides volunteer services to approximately 7,000 people.

While all three organisations provide non-emergency transport services as well as emergency transport and pre-hospital emergency treatment, private companies have also been involved in the non-emergency patient transport sector since the early 1990s. Metropolitan Ambulance Services now contracts out most of its non-emergency workload. Rural Ambulance Victoria continues to provide most non-emergency transport in rural Victoria, but uses private providers when necessary to supplement its resources. Following the enactment of the Non-Emergency Patient Transport Services Act 2003, all non-emergency patient transport providers must be licensed.

The Metropolitan Ambulance Service operates the Emergency Medical Response system in conjunction with the Metropolitan Fire Brigade. Both ambulance and fire resources are simultaneously dispatched to cases of suspected cardiac arrest to ensure defibrillation as soon as possible. The Metropolitan Ambulance Service's emergency call-outs are always staffed with two paramedics.

Community emergency response teams operate alongside ambulance services in remote locations. These teams are dispatched simultaneously with ambulances and are expected to arrive before the ambulances in 85 percent of their call-outs.

The quality of care provided is monitored through audits. In 2007/08 a minimum of 95 percent of audited cases will be expected to meet clinical practice standards. Reporting by patients of their "level of pain" is being introduced for the first time, as is the Victorian Ambulance Clinical Information System, which will electronically capture details of patient care.

Ambulance services in the United Kingdom

In 2006, the 31 ambulance services in England merged to form 13 regional services. A further three national ambulance services operate in Scotland, Wales, and Northern Ireland, and are responsible to their respective Government health departments.

Since January 2008 ambulance services in the United Kingdom have been provided by the Ambulance Service Network, which was created by the merger of the Ambulance Service Association and the National Health Service Confederation. The aim of the merger is to enable ambulance services to work more closely with other elements of the NHS. This reflects the policy that ambulance services are no longer transport providers only, but are rather an integral component of national health care.

In order to cope with rising workloads, a system was introduced in 2001 to prioritise calls requesting ambulance services into three categories. Non-urgent callers are now offered more advice over the telephone by trained professionals. Once the patient's needs have been assessed, the ambulance service determines the most appropriate response, which may be a referral to the local GP or emergency nurse service. This system has reduced the number of unnecessary trips to hospital and ensures that the most life-threatening cases receive the fastest response. When an ambulance is dispatched, 23 percent of patients are treated in their own homes or at the scene of the incident, rather than being transported to hospital. Currently, only 40 percent of patients transported to hospital are admitted.

Appendix C: Committee procedure

We received 21 submissions and heard evidence from 11 submitters.

We received a briefing from the Ministry of Health before finalising terms of reference and embarking on the inquiry.

Conflict of interest

Medimax Ambulance Limited, a company that in 1994 tendered for the ambulance service in Nelson which was awarded to the Order of St John, alleged that Ambulance New Zealand, the primary representative body of organisations providing pre-hospital care and emergency ambulance services in New Zealand, had a conflict of interest in presenting its views on the basis that it had “an independent role” because its membership is predominantly the Order of St John. Because we considered that this statement might seriously damage the reputation of Ambulance New Zealand we offered them an opportunity to comment on this statement. Ambulance New Zealand said that it was simply and demonstrably untrue. Although the Order of St John provided 86 percent of the ambulance services in New Zealand this dominance was not reflected in the governance, management, or funding of Ambulance New Zealand. We accept this explanation.

Committee members

Sue Kedgley (Chairperson)
Lesley Soper (Deputy Chairperson)
Dr Jackie Blue
Dr Jonathan Coleman
Jo Goodhew
Hon Luamanuvao Winnie Laban
Jill Pettis
Hon Tony Ryall
Barbara Stewart
Hon Tariana Turia
Louisa Wall

Appendix D: Terms of reference

1. To examine the effectiveness of the provision of ambulance services in New Zealand.
2. To identify possible improvements in the performance and the regulatory framework of ambulance services.

Appendix E: List of submitters

Submission number	Name of submitter
1-1A	New Zealand Police
2	MidCentral District Health Board
3-3A	New Zealand Ambulance Association
4-4A	Accident Compensation Corporation
5-5D	The Order of St John
6-6B	The Federation of Ambulance Officer Unions of New Zealand
7	Taranaki District Health Board
8-8D	Wellington Free Ambulance
9-9C	Auckland University of Technology
10	The Order of St John, Dunedin
11	Amalgamated Workers Union, New Zealand Southern
12-12A	United Fire Brigades' Association of New Zealand
13	Kapiti Emergency Medical Trust
14	Canterbury District Health Board
15-15A	Ambulance New Zealand
16	Whanganui District Health Board
17	Waikato District Health Board
18	Wairarapa District Health Board
19-19A	Ministry of Health
20-20B	New Zealand Fire Service Commission
21	MediMax Ambulance Ltd

Appendix F: Description of major submitters

Accident Compensation Corporation

The Accident Compensation Corporation provides work-related injury cover for all New Zealand citizens, residents, and temporary visitors to New Zealand. It is the sole provider of all work-related injury cover in New Zealand. It also provides injury prevention services, case management, medical and other care, and rehabilitation services.

Ambulance New Zealand

Ambulance New Zealand is the primary representative body of organisations providing pre-hospital care and emergency services in New Zealand.

New Zealand Ambulance Association

The New Zealand Ambulance Association is a union of ambulance officers.

The Federation of Ambulance Officer Unions of New Zealand

The Federation of Ambulance Officer Unions of New Zealand is an established group of senior delegates and union organisers from around New Zealand from the three main unions representing professional staff in ambulance services.

New Zealand Fire Service Commission

The New Zealand Fire Service Commission is the Crown agent controlling the New Zealand Fire Service and the National Rural Fire Authority.

The Order of St John

St John is a charitable organisation with a volunteer ethos. It operates independently of the Government and business, and serves New Zealand communities. Its mission is to prevent and relieve sickness and injury, and to act to enhance the health and well-being of people of all races and creeds everywhere in New Zealand.

United Fire Brigades' Association of New Zealand Inc.

The Association represents 480 volunteer fire brigades throughout New Zealand. They serve both urban and rural communities, but predominantly the latter.

Wellington Free Ambulance

Wellington Free Ambulance is an incorporated society run by its own board of management. It is New Zealand's only free metropolitan ambulance service, and provides emergency ambulance care for the people of greater Wellington.

Appendix G: Transcripts

Corrected transcript

Inquiry into the provision of ambulance services

Health Subcommittee

28 November 2007

Members

Lesley Soper (Chairperson)
Tim Barnett
Mark Blumsky
Dr Jonathan Coleman
Barbara Stewart

Staff

Graham Hill, Clerk of the Committee
Fiona McLachlan, Parliamentary Officer (Report Writer)
John Thomson, Parliamentary Officer (Committee Support)

Witnesses

New Zealand Fire Service Commission
Dame Margaret Bazley, Chairperson
Mike Hall, Chief Executive/National Commander

Bazley

On behalf of the New Zealand Fire Service Commission I would like to thank the committee for the opportunity to make this submission. We welcome this inquiry and we consider it most timely.

The New Zealand Fire Service has enjoyed a long and positive relationship with New Zealand's ambulance services. This relationship is born out of the practical realities of working together and alongside each other at fires and other emergency accidents. In many places these relationships were formalised into local memoranda of understanding or working protocols. As you would expect, working at the local level, many of the protocols were developed in response to particular problems at one incident or another, but they evidence the willingness of the two services to work together for the good of the local community. In general, the early protocols covered how each agency would respond to various classes of incident, and, where one or another needed support, how the other service would provide it. But as time went on these local response protocols became broader-based mutual assistance and support agreements.

For many classes of medical or fire incident the protocols provide for an automatic turn-out of the corresponding service to provide support. In short, the relationship between the two services is based on a common commitment of the two services to provide the best possible emergency services to their community. In recognition of this, the national offices of the Fire Service and St John have recently signed a national memorandum of understanding. That memorandum addresses itself to how the two services can work together to improve the well-being of New Zealand, and I should stress that our relationships with the ambulance at a national level is of a very high order. The memorandum sets out in considerable detail how each party will respond to a wide variety of incidents. This again reflects the commitment of the parties to work together at the national level.

Against that background of a long and positive relationship between the fire and ambulance services, I want to advise you that New Zealand ambulance services are experiencing very significant stress, and I've seen the results of that stress in the time that I have been chair of the Fire Service Commission. The evidence is clear in the changing patterns of Fire Service support to ambulance services that we have had to provide in recent years.

In my letter to the chair of the committee seeking the opportunity to make this submission, I set out some data that shows the New Zealand Fire Service responses to purely medical emergencies doubled in the years between 2004 and 2007. I would like to expand on that. In doing so, I want to distinguish between the ambulance service's two business streams: the scheduled medical transportation, the transport end of the health services; and emergency medical intervention, the health end of the emergency services. The New Zealand Fire Service has always been closely associated with ambulance in the latter role—that is, in the emergency medical

intervention—either in direct support of ambulance services on the incident ground, or provision of first aid pending arrival of ambulance services.

In recent years we have seen four distinctly different support roles emerge for the Fire Service. The first role is general assistance, where the Fire Service provides direct support and assistance to the ambulance service at a working incident. Frequently, this assistance is simply in the form of more hands or more horsepower, where strength or numbers is required.

The second role involves first response in areas of special need to an accident or medical emergency, where it is evident a fire appliance could arrive at the incident in advance of an ambulance. This may be because of concurrent ambulance calls, and involves ambulance service control staff assessing the situation and calling out the Fire Service to do the basic first aid and patient stabilisation until such time as the specialist ambulance staff arrive.

The third role involves responding fire services to particular classes of medical emergencies, such as heart attacks, where very short time frames are available to make a difference to the clinical outcome. Here again, the ambulance services control staff will assess the situation and call-out the nearest first-responder Fire Service crew. This takes advantage of better distribution of Fire Service response capability and emerging new technologies, such as portable defibrillators. Nearly all fire appliances now carry portable defibrillators and crews are trained in their use.

The commission recently received a presentation from a fire officer and Dr Peter Larsen of the Wellington school of medicine on the encouraging early results of a pilot programme in Wellington using this intervention strategy. Now, there is a report on this, and copies of this could be distributed to the committee.

Soper That would be great. Thank you.

Bazley It's well worth looking at, because, I believe, it's showing an initiative that may well have greater merit for the future.

Finally, and most worryingly, the public in some communities where the ambulance service has relocated to a neighbouring community—perhaps as much as half an hour away—have taken to calling 111 and asking for the Fire Service, in the knowledge that they will get a prompt response rather than a delayed response.

With respect to the first business stream, which was the transporting services—the scheduled medical transportation service—the Fire Service is also experiencing increasing requests for assistance from ambulance services. The New Zealand Fire Service is now called on to assist single-crewed ambulances with scheduled transportation services, mainly to lift patients, but occasionally to drive the ambulance if the ambulance officer feels the need to tend the patient en route to hospital. This type of event is

largely confined to smaller, rural communities where the Fire Service is staffed by volunteers, but I should note that we have had a major problem in the Wellington region where this has been occurring. In effect, a volunteer is being called from their place of work at the expense of their employer to assist what is a scheduled, commercial transportation service. This is in instances where very often the appointment for that transport service has been made some days, if not weeks, in advance. So it is a planned service. I feel very strongly about this situation and suggest that ambulance services should have the resource to be able to employ staff more akin to security company personnel where the need is for strong people to lift patients.

In summary then, the New Zealand Fire Service attendance at purely medical incidents doubled between 2004 and 2007. The actual situation may be worse than this, as many calls to assist ambulance services' staff with lifting, etc., do not go through the 111 communications system and are not captured in the computer-aided dispatch recording system. In any event, the New Zealand Fire Service is now a significant provider of services that were previously the exclusive responsibility of ambulance services. In effect, the New Zealand Fire Service has become a backstop provider to a very stressed ambulance services system. The growth in assistance to ambulance services causes the New Zealand Fire Service Commission numerous concerns, including funding, the use of the proceeds of the Fire Service levy for non-fire purposes, the increased workload on Fire Service volunteers, and the associated impact on their recruitment and retention.

If I could just interpolate, Madam Chair, as I go around the country—as I do frequently—visiting volunteer brigades, I always ask them how they do this work, because, on the whole, they became volunteers to fight fires but instead of that they're ending up dealing with people who are near death, particularly in their own homes. They tell me that they have sometimes recruited people especially who can do that, but a lot of them don't feel that they can face that sort of work. Sometimes they've had nurses come in to help them from their community.

So it really is an issue that affects the recruitment. If we are actually trying to recruit volunteer firemen where, in fact, we're recruiting people to be ambulance personnel, it affects the sort of people that want to come and join us. So we have concerns on the recruitment and retention—stressing that our volunteer fire people are just ordinary New Zealanders who join the Fire Service to protect their community from fire.

We have concerns about the training to appropriate clinical standards, the exposure of staff and volunteers to additional hazards, the specification of medical equipment installed on fire appliances, the provision and replacement of medical consumables, and the civil liability in the event of misadventure. Having said all that, the commission considers it makes sound sense in smaller communities with limited resources for the Fire Service to be equipped to provide and respond to a defined range of

medical emergencies where rapid intervention will make a difference to the clinical outcomes.

The New Zealand Fire Service Commission holds other, more strategic concerns around the fragmentation of ambulance services and the lack of unified legislative framework. The fragmentation of ambulance services presents difficulties for the uptake of the new communications systems, which make sense only if deployed at a national level. We believe that the communications system is technically sound. We believe that operationally it would be better if police, fire, and ambulance were all collocated in communication centres so that ambulance could enjoy the benefits that police and fire now experience from collocation. Similarly, with the development of a national collocation policy for the establishment of all emergency services in a small community on the same campus, we have made very slow progress in that area, but there are some examples of collocation. Ambulance services appear to have little contingent capability to respond to large-scale disasters, and no agency exists to specify or purchase contingent capability.

The New Zealand Fire Service Commission recommends to the committee that there is a critical need for a coherent national ambulance services strategy. A national ambulance strategy should recognise and facilitate the crucial role ambulance services play in the broader emergency services sector. A national ambulance services strategy should recognise that in many smaller communities all the emergency services—such as fire, ambulance, civil defence, coastguard, surf-lifesaving, and search and rescue—compete for volunteers from the same limited pool, and we very often find that the same people are the volunteers in all of them. In many instances fire is the only service in those very small towns, and it makes sense to recognise this, and resource and train people accordingly. A national ambulance services strategy should consider innovative approaches to the provision of emergency ambulance services in smaller provincial and rural centres, having regard to efficiency and effectiveness and the resources and capability of others in the sector. A national services strategy should include the need for contingent ambulance service capability, consistent with other service providers in the emergency services sector.

So thank you for your attention, Madam Chair, and the opportunity to come in and present our submission to you. We'd be happy to answer any questions you may have.

Soper Thank you very much. It's a very valuable submission.

Blumsky It's interesting. I've been on the Wellington Free Ambulance board for the last 6 years—I finish my time in October because of the cycle we have—and we never really talked a lot about the Fire Service. We saw you as complementary and we saw you as friends, but we never really talked about you to the extent—I never really understood the amount of work you've done in ambulance services around the country. So I think it's fantastic that

you do the work you do in this regard, because it's obviously very important. I want to go back to the MOU that was signed in 2005 and just understand the basic logic behind why you have done that in 2005. I know you had lots of little ones dotted around, but was it written because of the speed of service versus lack of resource? By that I mean, was the MOU between you and St John organised because you wanted to make sure that the person in trouble got the nearest vehicle, and so whoever was the nearest was going to be the one to get there because that was obviously in their best interest, or was it because St John felt they had a lack of resource to do the coverage necessary to deliver the service?

Bazley I'll get Mike to respond to that, but if I could—

Soper Just so you're aware, we do have a copy of the MOU.

Bazley So that's the 2005 one, as opposed to the 2007?

Blumsky No, I've only got the 2005 one here.

Soper The copy we've had supplied was signed in 2007—yes.

Blumsky Oh, mine's 2005. "The signatures on behalf of the parties"—2005.

Soper There's two lots. One's got 2005 signatures, and one's got 2007 signatures, so we do have your 2007 version. I just thought I would let you know that so you'd realise that we do have it.

Blumsky Well, I've been reading the 2005 one.

Bazley If I could just—before handing over to Mike—make sure you understand that most of our brigades are volunteers and they are of their community. They serve their community and do whatever their community needs of them. We were increasingly finding—it was mainly as people like Mike and I were going around the country—that in small towns, suddenly, the Fire Service was becoming the ambulance service. This was just growing like Topsy, and we felt the need to really have some understanding at national level as to what was happening. Some of the things we knew about, ambulance didn't know about, and so the two chief executives worked very closely together to try and bridge that gap. But I think always the volunteers at the grass roots will drive what direction we go in, because they are of their community and do what the community wants of them. But I will hand over to Mike.

Hall The Fire Service and the ambulance service pursued two agreements, the first of which we signed in 2005 was a co-responder agreement. The co-responder agreement sought to put on a national level the rules under which fire and ambulance services would respond with each other to incidents, and where fire services would respond, with appropriate training and resources, to assist in the ambulance response. The second agreement was a collocation agreement—partly that, but was a bit wider than that

really; it was more a collocation and cooperation agreement—that tried to set out the rules nationally, again, where fire and ambulance would collocate.

Now, there are a number of places across the country where fire and ambulance do currently collocate, and there are some co-branded locations—for example, Invercargill and Nelson—where fire and ambulance are in the same buildings. They're branded as fire and ambulance buildings, and we share and use the facilities together. Across the country there are some 67 locations, at last count, where there is some kind of collocation or co-sharing arrangement between fire and ambulance—

Blumsky Sixty-seven?

Hall —67, out of about 450 fire stations—and, I think, there'd be about 210 ambulance stations across the country, so you can see an example of the relative numbers of the two.

James Wood, the CEO of ambulance, and I were faced with a number of local arrangements, some of which were quite different from each other. We determined we would wish to put those arrangements within a national framework, hence the reason for those memoranda of understanding. It wasn't done to particularly fill gaps; it was done to understand that there were already in place many arrangements that did allow for the fact that fire and ambulance are in different locations with different facilities, and to recognise that was the case but to put it on a national footing so that in the north and south of the country the arrangements would be the same for each community and each location.

Blumsky ACC give a cheque for \$500 for each call that St John and Wellington Free Ambulance do. Do you reckon you should get a \$500 cheque, as well?

Hall I think there are some circumstances where that would be appropriate, but it depends very much on the circumstances. We've always taken the role that we are there to assist ambulance with our calls. However, should it eventuate that we respond and we are the only people responding and there is an ACC charge applicable, we should get it.

Blumsky But you don't, though, do you?

Hall No.

Blumsky Have you ever tried?

Hall Yes, but it's been made very clear to us that there's no legislative basis for ACC to pay such charges to the Fire Service.

Blumsky So why don't you just call yourself a fire/ambulance service, because you are damn near well doing it, aren't you?

- Hall No comment.
- Blumsky The training—I notice in the MOU you talk about the fact that you’re going to try very hard to have someone who’s able to be medically able on each call-out. How hard is that? Is that an extra imposition on your service, or is it business as usual that you have someone in each call-out? When you go to a fire, is there always someone who is able to do medical stuff versus—if you know it is an ambulance job you are going to—having to dig that person out?
- Hall Every paid or volunteer firefighter in the country, paid or volunteer, is trained and maintained at an adult-standard first aid level, as you would expect. To take the next level, though, where we have defibrillators on the fire trucks, they are trained accordingly to manage those. Our MOU with St John makes sure that they all receive that training to the appropriate standard, whether it is their trainers or my trainers that do that particular job. In terms of the broader emergency range—the kind of paramedic approach—there is not a paramedic on each fire truck, and it is not currently the role or the intention of the Fire Service to train our firefighters to that level.
- Blumsky And that’s what I wanted to know—OK. Mike, you mentioned in your commentary about the communications, the fragmentation of the service and the issue around communications, and having a national—as you’re aware, there is the ACP project that’s just been done, and they have shrunk the amount of communications, it seems, down to three. Have you some concern at the way they are operating?
- Bazley No. As I said, we don’t have any concerns about the technical ability. We enjoy a very good and very practical arrangement with police in our collocated centres, and we just think that operationally it could be so much better if ambulance was also there.
- Blumsky So why didn’t that ever happen? Was there some politics behind that decision that the three didn’t jump into the same bed together in regard to that? Because it just seems berserk-ly weird that they didn’t.
- Bazley I’m not sure of the history, but it is history and that’s how it is at the moment.
- Blumsky What would it take for them to be in the one now? Is the equipment that different, their technology that different?
- Hall Historically, when the decision was made to go to three ambulance centres in this country 3 or 4 years ago, fire and police conjointly put a submission into the relevant bodies, saying that the three services should be collocated. For reasons of the day politically it was chosen not to do that. Ambulance now have three locations which are in the same place as is fire and police. There’s a different computer-added dispatch technology used for ambulance purposes, and that’s a matter for practical determination. Up to

- date the transference of information between the various centres has been a little bit ad hoc, but there is work currently going on to data-link the two systems so the information will flow electronically between the two systems rather than depending on personal preference.
- Blumsky OK. Margaret, you talked about the commercial transportation service. Now, when they transfer someone like a taxi service versus an emergency where they've got to, obviously, whizz someone to the hospital because they are just not well at all, do you get called out to help those organised, pre-arranged taxi service ones?
- Bazley Yes.
- Blumsky Do you really? Well, I think that's just unreal. Do you know it is one of those at that time, or do you not know until you get there?
- Bazley Very often, what happens, as I understand it, 111 is phoned and the Fire Service turns out to a number.
- Blumsky So who phones 111?
- Bazley Presumably, the ambulance driver.
- Hall Or go back through the communications centre and come back and request assistance. Often it's lifting assistance—it's a heavy patient—and the ambulance personnel are not comfortable lifting that weight.
- Blumsky So they call you guys?
- Hall Yeah.
- Bazley Well, we've actually had some strong direction to our regional chiefs that it's not to happen because of the issue of calling volunteers from their paid work to do this. There have been some very fulsome discussions in the Wellington region, but we were advised as recently as this morning—was it this morning there's been—
- Hall There was a call this morning, yeah. The paid staff called.
- Blumsky Where exactly?
- Hall Rimutaka station—to a non-urgent lifting.
- Blumsky That was organised a week or 3 days or 4 days beforehand?
- Hall Sorry, no, that call to the Fire Service was not organised; it just came through the normal system.
- Blumsky But the ambulance knew they would have to do the pick up?
- Hall Yeah.

- Blumsky Well, I think that's not good enough, at all. You talked about the national ambulance services strategy. Your colleagues this morning from the volunteers talked about a national emergency services strategy, which I thought—when I read what you think it should so, I just about think it should be that rather than just an ambulance services strategy. I just wonder if you have any comment.
- Bazley No, we're not able to comment on what the future emergency services may or may not look at, because the Government's currently looking at that. Volunteers have greater luxury in being able to comment. What we're talking about is a strategy for emergency services.
- Blumsky OK. They didn't put the police in theirs, and you didn't either. I just thought that was interesting.
- Bazley Well, I think it's because we're talking about ambulance.
- Blumsky Emergency services—you don't see the police as being part of the emergency services?
- Bazley Oh, yes, I certainly do.
- Stewart Thank you very much for your presentation. Dame Margaret, are you concerned with the increasing number of medical calls that you're receiving through the years? Because every year they are getting more and more, and I just wonder, have you got any concerns about that?
- Bazley Well, we will always respond. We're concerned because we believe it's symptomatic that ambulance isn't always able to respond, but the reality is in a country like ours, particularly when we get into remote, small towns, it makes common sense for the Fire Service to do this. So I think, as I say at the end of it, we're concerned to have legislative—to have it properly mandated. And it may well be the future Fire Service will always provide the service in those very small towns and, likewise, it may well be in the future that we see fire trucks up and down the streets, getting to people with heart attacks in that golden 5 minutes or so, when an ambulance isn't close by, because we are much more readily located across the country. So I think our issue is that ambulance be resourced and legislated for what they should be doing, but we will always be there to do whatever is necessary for us to do.
- Stewart Thank you for that. The fact that your medical transportations and the medical interventions that you do aren't paid by ACC or anybody else—does that have a negative effect on your overall budget?
- Bazley Again, we have a philosophical issue with the fact that ambulance or health services are being subsidised from the Fire Service levy. We believe that should be rectified.
- Stewart I agree with you; thank you for that. I know people will be very grateful that somebody comes when they have a heart attack, but have you received any

- public concerns that you dial 111 for an ambulance and a fire engine actually turns up?
- Bazley I think Mike could answer that.
- Hall Concerns, no; surprise, yes. But the bottom line is when you've got the pain in the chest, what you want is somebody who's competent with the equipment. It doesn't matter where they come from. So there is no issue really from the public. When they get a rapid and competent service, it doesn't matter where it comes from.
- Stewart Can you see that your fire trucks will one day be modified to actually have a patient inside?
- Hall No, we don't see it as Fire Service business to actually transport patients.
- Stewart Oh well, I'm pleased about that anyway. We've had a lot of concern about single-crewed ambulances. If you know you're only going to get a single-crewed ambulance in some areas, how do you crew your fire services so that this can be taken account of?
- Hall There's a variable crewing, depending on the incident. The standard crew is four; sometimes it's more, sometimes less, depending on circumstances. Our new instructions for medical assist are a minimum of two now, so—
- Stewart You can't leave the fire truck on the side of the road while you transport someone, can you?
- Hall Oh, well, it's a question of availability and of what the particular job is. They are minima; mostly in the volunteer areas they will get more, but the real problem is the pressure when our volunteer stations are low-crewed anyway, it's an additional imposition on them. If it is a non-urgent call, then it is an additional imposition on the employers who release the firefighters to go and do these duties, and if it's unnecessary, it puts strain on the Fire Service relationship with the employers.
- Stewart That's right. This morning we heard about the possible setting up of, or the preference for, a Ministry of Emergency Services, where the ambulance service would be a professional body with regulations to govern its operation, and the volunteer structure has basically outgrown its purpose—or not its purpose, but its usefulness—here in these emergency services. Would you agree with that?
- Bazley I don't think we can comment on that. It's really a matter of Government policy.
- Stewart OK. So we'll watch that one with interest to see what actually arises. This training with CPR and defibrillators—do you find that that's an additional cost in what you do already in fire training for your people? A cost in time and—

- Hall Well, it's obviously a cost in time, but, as I said before, all of our firefighters are trained and reassessed regularly anyway. When you look at defibrillators, I see them on the walls of supermarkets and airports. Automatic, external defibrillators are very, very simple and easy to use, and it's not a very high training imposition to carry and use that particular piece of equipment. We have reciprocal agreements with St John to cross-train anyway, and for the most part that doesn't impose any additional financial cost and only a very small time cost on the organisation.
- Soper I'm interested in the 2007 memorandum. You've committed to no inter-service charging as part of the 2007 memorandum, which is very sensible, but do you see that changing if things were to go on as they currently are and the increase in the Fire Service being called out to do the ambulance tasks was to continue? Would you see yourself reconsidering that?
- Bazley I would certainly advise against inter-service charging. I think that what we want is recognition that that work is being done—recognition in our funding base that that is being done. So it may be through some—if ACC pays for that work in one area, they pay for it in another, and do it that way. I don't think we would want to get into inter-service charging.
- Soper So the inter-service charging would be unhelpful, but the recognition is—?
- Bazley I just think it produces another bureaucracy that we could do without.
- Soper In my own area in the lower South Island there's at least one operation I'm aware of in northern Southland where fire, police, ambulance, and civil defence are all collocated, and that seems to be working very well and very cooperatively.
- Bazley That's at Winton—is it Winton?
- Soper Lumsden.
- Bazley Yes, that's right. Yes, it does; it works.
- Hall Yeah, it works fine.
- Soper Do you see that as a model that would work elsewhere or could be explored between all the services elsewhere?
- Hall Yes, absolutely. There are several other parts of the country where that's the same—Hanmer Springs, for example, is a good one—and it's a sensible model, particularly in the country areas where you get all of the four services working very, very closely together and you've got a single unit of each of the services looking after that particular community. It makes a lot of sense to have them working—to have them collocated.
- Bazley We have an instruction that no new fire station is to be built without exploring the possibility of collocation with other services.

- Soper Right. Are there any that are in that consideration phase at the moment, where you are discussing possible collocations?
- Hall Paihia in Northland is one we're looking at. There are a number of areas where we're looking at making adjustments to the facilities to accommodate each other's needs. There are many parts of the country—as I said before, 67 examples at the last count—with some degree of collocation, where there may be an ambulance sharing a fire station by agreement, sharing our facilities, and so on and so on. Wherever it's considered an appropriate thing to do, we are in dialogue with each other to try and make it happen.
- Soper The figure of 67 was new to us because people had said to us there were some but no one had actually put the figure on it until you did. So the fact there's already 67—has that largely grown from the rural need and people locally getting together?
- Hall Well, it's partly from local arrangements, but more recently from a determined effort from the two organisations, through the chief executives, to define a set of rules where it can and should happen and to encourage it to happen. Those 67 arrangements vary from Invercargill—as I say, a totally co-branded location; fire and ambulance—to all sorts of differing arrangements where there are ambulances that use Fire Service facilities that are in the fire stations' joint training operations. All sorts of varieties on the same theme, if you like, but that was the last work that we did, James and I, to identify where we had these kinds of arrangements across the country, and that was the figure that we came up with.
- Blumsky Has anyone ever done a paper on why there isn't just one fire and ambulance service? I mean, I know there's a couple of CEO jobs that will shrink to one, which is a worry, but, seriously, has there ever been a paper done?
- Hall Not in my knowledge, no.
- Blumsky What's the No. 1 reason why we shouldn't do that?
- Bazley Well, they are very different services. We're talking about the point of the two services where they come together. I'm not sure if—I suppose some other places will have a ministry that has the two service streams in it.
- Blumsky On the ground—not so much the policy stuff, but on the ground, being one operation with different sets of trucks and different sets of—
- Hall There are a number of different models around the world, and in many parts of the world fire and ambulance are one service, and in many other parts of the world they are two bodies within a common emergency services environment. There are many different models that you could seek some enlightenment on in that regard. There is no one particular right answer; a lot depends on the circumstances of the day. They are different fields, but

- they can be combined or not in a whole variety of varying arrangements, depending on what the local decisions are, frankly.
- Soper The ACC funding being potentially paid to you—do you have the actual figures of how often you’re doing that particular work where you’re not getting that payment?
- Hall The answer is no. We have the figures of the numbers of times we respond; what we don’t do is differentiate, at this point in time, to the point that the Fire Service is the singular response and that would, therefore, attract the ACC payment.
- Soper Right. If you had had those figures, I would have been interested in you supplying them for us.
- Hall Well, we haven’t claimed it and, therefore, we don’t keep those stats at this point.
- Blumsky So that 4,529 figure is medical incidents by class of attending brigade—that’s not relevant?
- Hall No, because most of those would have been a co-response with the ambulance.
- Blumsky OK, that’s fine. Thank you.
- Soper Would you be able to estimate, even roughly?
- Hall Not accurately, no; not off the top of my head.
- Blumsky Might be able to come back to this, though?
- Hall Yeah, we can do.
- Bazley I’m not sure when you’re reporting, Madam Chair, but we could look at collecting a sample for you if you’re interested.
- Soper We would be very interested if you were able to give us some follow-up on that before the end of the year. That would be very useful. Thank you.
- Blumsky I just have more one little question. It’s only a little one; it’s just curiosity. In your MOU, why isn’t it that a fire engine driver, who drives a bloody big red truck with lights on through town, isn’t allowed to drive a smaller ambulance with the lights on through town? You’ve made it quite clear that under no circumstance should Fire Service personnel drive an ambulance with the lights on.
- Hall It’s a liability issue, because under our transportation regulations they are authorised as a fire officer to drive a fire appliance under lights and siren; they are not authorised to drive anything else.

- Blumsky Because it would be easier, eh? It must be.
- Soper As a quick follow-up to that, are there other particular liability areas that are real top concerns in this?
- Hall All the services—and particularly ours, under these circumstances—operate on a good Samaritan regulation. So if you’re doing your best in terms of the training and your equipment, that’s fine. But we’re concerned about when the best is not perceived to be good enough—it’s not happened to us yet, but we are concerned. It’s a litigious environment that we live in, and the more so as the years go by. We are concerned that sooner or later our best might not be perceived as being good enough, and we could be on the end of an action for it.
- Soper We had something of a similar comment from our submitters this morning also. Thank you very much. That was very valuable, and if you can provide that extra data, that would be very valuable also. And the report you mentioned, Dame Margaret, would be very useful for us to have.
- Bazley We’ll liaise with the secretary of the committee.
- Soper Thank you very much.

Witnesses

United Fire Brigades’ Association of New Zealand (submission 12)

Ric Carlyon, Director

John Thorn, Chief Executive Officer

- Soper Good morning and welcome to the subcommittee of the Health Committee. *[Introductions]* If you would like to introduce yourselves. You can rely on us having read your submission and if you make your presentation and we’ll leave some time for asking the questions.
- Thorn Thank you. *[Introductions]* The United Fire Brigades’ Association appreciates this opportunity. Just to quickly recap—the association, amongst other things, represents the interests of some 480 volunteer fire brigades and voluntary rural fire forces across the country, which total some 8,000 volunteers. We’re facing a number of issues on behalf of our volunteers at the moment, two of which that are at the forefront at the moment are our recruitment issues within volunteer fire brigades and the issue of liability for actions taken whilst they’re engaged in operations. That’s the overview of the association. I will now hand over to Ric to talk about the submission.
- Carlyon It was agreed by the United Fire Brigades’ Association board that no discussion of the efficacy of ambulance services in New Zealand should go without recognition of the role that members of the UFBA, the fire brigades of New Zealand—particularly the volunteer fire brigades—make towards ambulance services in New Zealand. The New Zealand Fire Service Commission and the St John Ambulance Association has a first response

agreement which provides for some fire brigades to make responses in lieu of ambulances to injured and sick parties, and then on top of that there is the usual Fire Service response to those incidents where there is fire or persons trapped, or other incidents where Fire Service equipment, expertise, and personnel power can benefit those in need. Those can range from one-car motor vehicle accidents to a person collapsed to widespread civil defence - type emergencies such as the Manawatū floods and the Bay of Plenty floods and the earthquake some years ago in Edgecumbe.

I guess as well as the recognition of what we do and the fact that those ambulance calls, let's call them—which the fire brigade would not otherwise respond to, except by the request under the MOU from St John Ambulance—that these calls are increasing in number, and this seems to be a sign of an ambulance service nationwide in some stress. Our members often feel that they are picking up the responsibilities of the ambulance service when they have responded to these calls. One of the things that is giving some brigades cause for alarm is that volunteers of fire brigades are not easily come by, increasingly. With the increased numbers of calls, this may affect retention and recruitment of volunteers in fire brigades. This is not to say that our members are not willing to do this; it's a matter of recognition of that—of legislation allowing fire brigades to respond to these incidents as other than fire calls—to ensure that we're not leaving ourselves open personally, or the fire brigades or the Fire Service itself, to increased liability.

One of the concerns is that the call to an incident may be vague, and when the fire brigade responds as the first responder in lieu of or until the ambulance service arrives that the situation is much more serious than was envisaged by the person who put in a call, and that fire brigade personnel are acting beyond the training that they are given via the Fire Service or through the additional training they are given by the ambulance service under the MOU to be a qualified first responder. Matters of liability might flow from that and we think that that should be tidied.

The other thing that is in our minds—and has been in our minds for some time—is that perhaps it is time for the ambulance service to be subject to legislation, to confirm their responsibilities, from which would arise codes of practice. Although we would not want anything to delay the present reformation of the Fire Service with the new legislation expected in the not-too-distant future, perhaps arising from this inquiry there is an opportunity to bring ambulances into the emergency services much more closely, perhaps under a Ministry of Emergency Services, with its appropriate infrastructure within the ministry to make sure that health and medical services are represented in so far as the establishment and maintenance of efficient ambulance services are concerned.

That, I think, concludes our preamble, Chair.

Soper

Thank you very much.

- Coleman Good morning and thanks very much for making your submission, which was very clear and very well thought out. The thing that really strikes you about this is the increase in the number of medical responses that fire brigades are being called to. Those figures there—it was fairly stable for the first 3 years of your figures, 2001-03, but since 2003 it's gone up massively, by nearly 50 percent. What do you think is actually driving that, and do you expect that trend to continue to increase?
- Carlyon Yes. If you do the research of the actual real numbers you can see that the numbers are going up where there has been a rapid population explosion on the fringes of metropolitan areas. The second one—if there is a big retirement population acknowledged in the area, that seems to push the numbers up. For some of the South Island brigades, if you have got either of those plus you are on a main highway which is prone to motor accidents, then the numbers go up again on top of those previous two.
- Coleman But there must be something else that is driving this beyond—we haven't had population growth that actually matches that big increase. There must be some sort of shifting of the demand to the Fire Service from the ambulance services or—I can understand that on the fringe of urban centres there has definitely been growth, but you talk about the rural situation there. Presumably, that hasn't changed. There must be some underlying factor that's seeing this massive increase in the demand on the Fire Service?
- Carlyon I just think that the ambulance services have slipped over the years, compared to the demand made upon it.
- Blumsky Where I'm a bit confused is when I've seen accidents or someone collapses in front of me, say, I ring 111 and say "I need an ambulance." I don't ever say "I need a fire brigade." So I just want to come to grips with how you end up being first response when I make that call, irrespective of where I am?
- Carlyon Under the MOU if you ring the ambulance, the St John dispatcher who has picked up the 111 call in the St John Ambulance headquarters—if he or she perceives that there is no ambulance immediately available and there is a fire brigade closer—
- Blumsky And they would know that?
- Carlyon —they will know that—then they dispatch the fire brigade either in lieu of or as well as an ambulance.
- Blumsky You mentioned first response and you said "some fire brigades". So in the MOU are there some nominated fire brigades that actually are first response—they don't even go to the ambulance; St John just immediately call the fire brigade?

- Carlyon I'm not sure whether they immediately call the fire brigade but, yes, there are several tiers, and first response is one of them. Some brigades have qualified firefighters who have undertaken the first response course and are qualified by St John to be first response personnel.
- Blumsky So, in effect, St John see them as surrogate fire ambulances?
- Carlyon Ambulances.
- Blumsky Well, they could be called fire ambulances, couldn't they, to be perfectly honest?
- Carlyon They could, yes. In New Zealand that's almost very true what you've said.
- Coleman So with this big increase in the call-outs your members are having to deal with, what's the impact that's having on your ability to deliver fire services?
- Thorn The concerns we have in that area are probably twofold. One is that it's aggravating the recruitment problems of volunteer fire brigades in their own areas for their own areas of responsibility. Secondly—and it's purely human nature—it's starting to stretch the goodwill of those volunteer firefighters, who are saying: "Look, I'm spending all my time, or a large chunk of my time, dealing to ambulance calls when I'm here to fight fires or pull people out of crashed motor cars."
- Coleman Put it this way, though, does it mean that there's not enough fire brigade services to deal with the problems of fires in that you're being diverted off to do this other work which is not your core responsibility, or do we have enough personnel across New Zealand to actually take on this dual function—are fire services suffering because you're having to do work that's not really your primary responsibility?
- Thorn I understand the question. Across the country there are areas where the volunteer fire brigades are struggling to meet their commitment and provide volunteer firefighters to meet their core roles. That's not uniform, but it is particularly so in a number of key areas of the country. It's really stretching the bounds of their time, particularly in today's economy, and tolerance to expect them to be functioning on top of that again in a secondary role.
- Coleman So do you find your members are called to situations which they don't really have the skills to deal with, and would you say that patient care is suffering as a result?
- Carlyon I'm sure that is the case particularly in some brigades during the daytime when they are down on numbers, because it's a dormitory-type suburb or fringe suburb or district and the numbers are down for responding to fire calls and ambulance calls during the day. It may happen that those who have the qualifications are not available to undertake the ambulance assist call.

- Coleman So if the united fire brigades were going to be much stricter about this and say that their goodwill has come to an end of the amount that they're prepared to put into this, what do you think the effect would be on ambulance services in New Zealand?
- Carlyon Well, I don't think that we'd ever come to that situation, being a humanitarian service.
- Coleman But, basically, are you guys picking up a massive gap there that if you weren't providing the service, the public would just not have an adequate ambulance service?
- Carlyon We're certainly picking up a gap. I don't think it's massive, but we're certainly picking up the gap.
- Coleman How big do you think the gap is?
- Carlyon It varies across the country.
- Coleman OK, but it sounds like it's pretty significant in areas.
- Carlyon May I just elucidate there? During my research I looked at some places in the South Island. Knowing that this MOU was coming up, the brigade deliberately went out to recruit people with first aid certificates, and some of them even had first response because they, in fact, belonged to the local volunteer St John Ambulance. Some of those are ambulance drivers. It's come to the notice down there that sometimes when ambulance assist calls come up, they come up because the ambulance is out of town—the ambulance is out of town with the volunteer driver who has the skills, so he or she is not available to respond with the fire brigade. So there's another widening gap in those circumstances.
- Blumsky In the situations you've described, is it the same for the Wellington region as it is for the rest of the country? Because there's the St John service and there's the Wellington Free Ambulance service—is it the same for both? I'm just curious on that, as a start.
- Carlyon I understand there's a similar understanding, if not an MOU.
- Blumsky But when you put the numbers in here are they New Zealand - wide numbers?
- Carlyon Yes, they are. They're New Zealand - wide numbers.
- Blumsky Could you split it out at some stage?
- Thorn We can do that.

- Blumsky When the St John or Wellington Free turn up they get funded \$500. The ACC works out that it's about \$500, I think they told us the other day. If you do it instead of the ambulance service, do you put a bill in?
- Carlyon No.
- Blumsky So you have no funding for it, at all?
- Carlyon No.
- Blumsky I don't quite know how the funding for the Fire Service works, you see, so how do you get funded?
- Carlyon No, these used to be termed in the old days as special service calls, because the funding is for response to fire, and there's been no alteration to that in years. So for the motor vehicle cut-outs and those types of what we used to call the special services, plus these ambulance calls, there is no reward or recompense at all to the Fire Service.
- Blumsky So the cost of doing them—and I know they're volunteers; I understand that—and the cost of the energy, the service, the car, and all that is just part of the—
- Carlyon The cost to the community—if you could put it that way—is nil.
- Thorn It's absorbed into the Fire Service levy.
- Blumsky OK, that's fine.
- Coleman This situation has obviously been going on for a few years. What's the Government response been to this? Have there been any reports or have you made representations to the Government previously?
- Thorn The problem has probably crept up in two different ways: one's through the slippage of ambulance cover, which we're not qualified too much to talk about, but from our perspective we've watched these stats climb steadily to the point that this inquiry has become very timely, and this is the moment we've come forward.
- Coleman But have you put this before Ministers before?
- Thorn Not yet, no. This is one of the projects we as an association have going and have talks about. Next year we'll be talking about ACC cover for our volunteers—and this will be part of it—which is quite inadequate at the moment, and the whole question of liability for non-fire activities. So we'll be going forward.
- Coleman Do your members have medico-legal cover?
- Thorn No.

- Coleman So, basically, if something went wrong they could theoretically be taken to task?
- Thorn There's great potential risk to our members, not only for these calls but for what they do in their core business of road crash rescue and hazardous material.
- Coleman So they're really doing it as a matter of goodwill, basically?
- Thorn Yes.
- Blumsky When I see a fire engine I have no idea whether it's a volunteer fire engine or a full-time fire engine. Is there any difference in what you're telling us now versus what a full-time fire station with a fire truck does?
- Thorn I wouldn't think so. We represent on some occasions paid firefighters, but today we're talking about the volunteers.
- Blumsky And what percentage of the market are you?
- Thorn In terms of numbers of firefighters, 1,600 paid firefighters and 8,500 volunteer firefighters.
- Blumsky And volunteer trucks versus normal?
- Thorn I don't have the number off the top of my head, but it'd be reflective of the same sort of ratio.
- Blumsky So you're a significant part of—
- Thorn It's 80 percent of the workforce of the Fire Service—of the fire services.
- Blumsky In other words, we're bloody lucky you exist really, aren't we?
- Thorn Ah, yes.
- Carlyon Paid firefighters tend to be in the built-up metropolitan areas, where there is a preponderance of ambulance services. So the call on them is not so great as in the fringe and the rural areas.
- Stewart Thank you very much for your presentation—very interesting indeed. I was very interested in the figures on the responses and the call-outs you've actually done over the years, and there has been a marked increase from 2001-06. Do you expect that to increase again this year, based on the figures?
- Thorn Based on the trend, yes. But only on the trend, because I've no other basis to measure it other than the fact that the trend is there.
- Stewart It's going up.

- Blumsky Nothing's changed to make it better.
- Stewart No. So are you ever called out to assist St John because of the single crewing of ambulances—the ambulance driver cannot actually cope and he needs an extra pair of skilled hands?
- Carlyon Yes. Often it's not so much for skilled hands, either, and the MOU reflects that. The MOU reflects going to assist the ambulance to provide medical expertise and then non-medical expertise. That might be merely lifting a patient to assist the single crew that's arrived, and they need to lift the patient out of bed on to a stretcher, then the stretcher into the ambulance. It's not unknown to call out a fire brigade crew to assist with that.
- Stewart That's quite amazing that they'd call out a fire engine to come and help lift a person. Is it happening more and more frequently?
- Carlyon Hard to say if that particular assisting—sometimes, there's sort of a rescue element to it, as well.
- Stewart Yes, if you've got to cut people out of a car.
- Carlyon Or fetch them out of a house that's got difficult steps, for argument's sake, or some distance the ambulance cannot get physically to the patient. So there might be a long carry across a paddock for a farmer under a tractor, for argument's sake. The fire brigade's got him out and then there's a long walk. It may be assisting with that. The figures, unfortunately, don't drill down to just the lift, as opposed to medical help.
- Stewart What sort of training does the fire brigade carry out for first aid and CPR - type scenarios?
- Carlyon It is the national commanders' instruction that every firefighter—volunteer and paid—has a level two first aid certificate, which has to be renewed every second year. Then on top of that, as explained to Mr Blumsky, there are other levels of first aid training, which is given by St John to meet the MOU. Some brigades, even if they're not a first responder, like some of their people to have advanced certificates and put their people through that with St John.
- Stewart What is your volunteer growth per annum?
- Carlyon In terms of numbers?
- Stewart Yes.
- Thorn Static.
- Carlyon I think we are probably just holding our own.

- Thorn Just holding our own nationally and struggling in some key areas, particularly around the dormitory suburbs and in some of the more remote rural areas.
- Stewart I was very interested in your contention that the ambulance service needed to become a more professional body. Would you like to tell me, through legislation, what sort of body you actually see the ambulance service becoming to best assist the people of New Zealand?
- Thorn We've long held the view that there is a need in the country for a Ministry of Emergency Services that would—much like the Ministry of Defence—encompass the three key emergency services of fire and rescue, ambulance, and civil defence and emergency management. I'm not wanting too much to descend into cliché, but we would see each of those services funded to be able to undertake their core functions adequately and effectively across the country. Now, you could argue within the Fire Service that that's largely occurring, but it's manifestly not occurring for the ambulance service. That's why we're here today—to as much support the ambulance service as express our own concerns for the cross-cultural linkages that are there.
- Stewart So basically you're saying that the voluntary basis on which the ambulance service has survived for quite a number of years doesn't work in today's world—that it's not adequate?
- Thorn Clearly, it doesn't.
- Stewart Thank you very much for that.
- Maharey I won't repeat the questions because they've been very good, but could you tell me what a medical response is—what's the definition of a “medical response”?
- Carlyon In the figures that I have derived from the annual reports, they combine two. They combine the requests by the ambulance to respond. So there is no other reason for the fire brigade to respond than that request from the ambulance.
- Maharey And the other one?
- Carlyon The other one is where they go to a motor vehicle accident where there is no fire and no persons trapped, but they record it as ambulance assist because they have provided medical or other services to the ambulance service at the scene. I'm not talking here scene protection, where you might park a fire engine across the road to shield and shelter those who are at work in the emergency, but a definite assist with the medical response that's going on at the scene.
- Maharey Has that coding changed at any time? Has it always been the same way that an ambulance calling you out is a medical response and a post hoc coding of something you've gone to but didn't have to put out a fire or didn't have

- to cut somebody out becomes something? Has that always been the way you've coded this?
- Carlyon The terminology in the stats—if you like, the nomenclature—is the same. It hasn't changed.
- Maharey So there's nothing in that that explains why there's a big surge that's taken place in the last little while?
- Carlyon No.
- Maharey It's just that it's happened to have gone up.
- Carlyon And when you drill down, Mr Maharey, to look at the figures, it's easy to see. Some of these brigades are doing, of their total numbers, approaching 80 percent ambulance—just ambulance—turn-outs. Very high numbers. OK, they're a public utility sitting there on station and the trained people are there. That's why we're saying we'd probably never refuse a call, because they're sitting there, and the nature of the volunteers who man these brigades, they will respond.
- Maharey What level of crewing do you have on fire engines? Is it a set number?
- Carlyon Yes, it is a set number, and any departure from that minimum crewing has to be advised to the control room, to ensure that the turn-out will proceed.
- Maharey Do you crew with this role in mind? Or do you crew for fires and they just happen to do this, as well?
- Thorn We crew for the core role.
- Carlyon Yes, we crew for the core role, but as I mentioned earlier, some brigades taking into account this MOU have deliberately set out to recruit from the community those who are well qualified.
- Maharey But that would not be uniform, so it wouldn't be a guaranteed thing if Mr Blumsky phoned up and got his fire engine that there would necessarily be a crew member who had been trained?
- Carlyon No, not at all. And, of course, it's also good insurance for a fire brigade to have those people instantly available on the fire ground because of the very nature of the incidents we go to. First aid is often a first call requirement.
- Blumsky In the MOU, the NZFS will ensure that there are sufficient personnel to allow for at least one medically trained person to respond to each call-out. So your MOU pretty much says you've got to have one person on each crew that actually can do medical stuff.
- Carlyon Yes, or decline the call, I guess.
- Blumsky Or decline the call. Ever done that?

- Carlyon No, I don't think they would.
- Thorn It's not in the nature of the beast.
- Carlyon But that's implied in here, isn't it?
- Blumsky You would think that. When I read that, that's why I just jumped in then, because I would have presumed that.
- Carlyon I'll just reiterate what I said on this—I don't think anybody would decline the call.
- Blumsky No, you said that earlier.
- Maharey So have you ever had a case of liability where something's gone wrong?
- Thorn No.
- Maharey So it's worked pretty well.
- Thorn But Murphy's law always frightens us.
- Maharey But it works pretty well.
- Carlyon It's been discussed often enough and interestingly it always comes down to: provided you were seen to be doing the right thing at the time, you're protected. Now, I think that might be a bit of lore rather than law.
- Blumsky You don't want to have to sign a disclaimer when you're lying there with blood pouring out of you, do you?
- Maharey Usually not. You're saying at the moment that the cost of this is effectively being absorbed by the Fire Service levy and has historically been absorbed by the Fire Service levy. But are you reflecting at the moment that you think the cost is now growing in a way which is going to put stress on the levy?
- Thorn We would think so, but that's really a question you should address to Dame Margaret this afternoon.
- Carlyon We have made this point in our submission regarding the reformation of the law—the redesign of the Fire Service, that action that's under way at the moment. The association made the point there that there is at the moment no provision for payback for special services cutting people out—all the non-fire activities.
- Maharey I don't know a lot about this area, but there have been attempts, haven't there, to try and get all the emergency services to operate as one overarching service, but that never seems to have come to be. Have you been around at times when that's occurred and wondered why it hasn't actually come off?

- Carlyon I guess the separation that's always been there as far as the ambulance is concerned, I think it was said earlier that it was a volunteer organisation that became professional—in Barbara's point, I think—and then it hasn't attained what it should have been as the development's gone on. What I'm saying is, I suppose, these separate organisations have always seen themselves as such and liked their independence and their individuality, and perhaps that is entirely what has kept it on a par.
- Thorn I do think too that the core roles are quite distinct and that there is room for, as we would argue, three services within a ministry. I'm not quite sure that the New York model would be appropriate in this country, where they've tended to push them all into the fire service. There are stories of inequities within that service, as well.
- Blumsky But you have got one station where 80 percent of the calls for the fire brigade are for ambulance services—is that what I heard before?
- Carlyon Yes, and there are a number of those approaching that figure. These are the ones that are on the fringe—just out of reach of the metropolitan ambulance—that either have these retirement settlements predominantly or have a main highway going through. So the fire brigade is turning out to these accidents instead of, or in lieu of, the immediate response of the ambulance.
- Blumsky Yes, you feel like sticking an ambulance there and sticking the hose on the ambulance really, don't you. It sort of seems to make a bit more sense, really, than having the fire engine turn up all the time. Where was that, by the way?
- Carlyon Those brigades are on State Highway 1, south of Christchurch.
- Blumsky So it's down that way. That just seems berserk, really.
- Carlyon Can I say just in passing that perhaps—partially to answer Mr Maharey's question, too—there have been attempts in the very recent past to collocate ambulance and fire, and there are some success stories in that. There are also some places where police have joined as well, and they are in the other part of the same building. There are also some less than success stories, mainly for the reasons I mentioned before. But if you're a small town, volunteers are hard to get. They belong to everything and then they're not available for all services when required.
- Blumsky Aren't they magic people?
- Carlyon They are.
- Soper Thank you for your submission. Your memorandum of understanding obviously has been very carefully written. I see you took the decision right at the start not to do inter-service charging, which was probably very

- sensible. If the current situation continued, would you ever see yourselves considering such a thing?
- Thorn Again, that's a question that really should be directed to Dame Margaret this afternoon. It's right outside our brief.
- Soper I notice you've got the three levels of response: ambulance assist, co-response, and first response, and then your list of the first response sites. In my own area I notice it's very rural areas like Ōhai, Dipton, Edendale, Ōmākau, and Omarama in the South Island. Did this whole process start because of the rural difficulties?
- Carlyon That's probably right.
- Thorn It's a reasonable assumption, at least. Some of the Southland towns, and particularly in Otago, is a case in point where the ambulance service I know was struggling. So I would say that's right.
- Soper In my own area there's one example of fire, police, ambulance, and civil defence actually collocating and co-responding, which seems to be a success. Do you see that model working in the future?
- Thorn Yeah, we would see that model coming up to a national level.
- Carlyon I'd say you've got a trendsetter there, Madam Chair.
- Soper You'll be interested to know we did ask that model to give us some input into this inquiry.
- Blumsky The NZFS, which is the MOU—you're part of them, aren't you?
- Thorn No.
- Blumsky That's what I just need to understand. But the volunteers are—just give us the hierarchy of it.
- Thorn It's a rather convoluted legal situation, in that the volunteer fire brigades are, in fact, quite independent units who contract—"contract" is probably the closest word to it—to the Fire Service through an agreement of service for their fire district. In fact, the United Fire Brigades' Association is the overarching association for those brigades, which long predates the Fire Service. We were formed in 1888.
- Blumsky But you're bound to the MOU by the contract that you've had with them?
- Thorn Well, the brigades are.
- Carlyon Our brigade members are.
- Thorn Our members are bound by it; we're not.

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- Blumsky Because they are part of NZFS?
- Thorn No, because they have an agreement of service with the NZFS. It's an interesting little situation.
- Blumsky And it works—sort of.
- Thorn Yes, it works.
- Soper Thank you very much for your submission.

conclusion of evidence