UNEDITED TRANSCRIPT

THE JOINT STANDING COMMITTEE ON COMMUNITY DEVELOPMENT MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON 4 DECEMBER 2001.

INQUIRY INTO TASMANIAN AMBULANCE SERVICES

Mr GARRY WILLIAM O'KEEFE, AND **Mr TED PRESHAW**, TASMANIAN AMBULANCE SERVICE; AND **Dr BRAND**, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Ms Bladel) - Welcome, gentlemen. The discussion we will have around this table will be recorded; we have the Hansard recorder here. When you begin to speak, would you mind identifying yourselves, just for the record. This committee is a joint House committee so it contains members of both the upper and lower House.

The terms of reference are as follows: that a joint standing committee on community development report upon the provision of ambulance services in Tasmania, with particular reference to Tasmanian Ambulance Service, administrative procedures and arrangements, including structure of committees, internal review of cases, disciplinary procedures, assistance to non-government ambulance services, policies and practices; and (b) operational services, including non-urgent transfer of patients, aeromedical services, contract services, rescue operations, vehicle suitability and availability, communication system; and (c) volunteer services and private providers.

Maybe if we track down through that list of references and start by looking at administrative procedures and arrangements. Is that okay with everybody?

Mr O'KEEFE - Yes. I would just like to make a comment up front that both Ted and I are here representing the director. It is unfortunate that the director is off sick and is unavailable. Some of the areas that we need to cover may need to be perhaps held on notice in case we have some problem. He has had very close contact with a lot of these areas, whereby we have looked at it from the periphery, so all I can is that we will cover the areas as best we can.

CHAIR - That is fine, thank you, Garry.

Mr SQUIBB - Can I just clarify, Madam Chair: we are having a presentation from the Tasmanian Ambulance Service now, are we having one from the department to follow?

Mr O'KEEFE - No, not that I am aware of.

Mr SQUIBB - When you refer to the 'director' -

Mr O'KEEFE - Sorry, CEO.

Mr PRESHAW - The director is actually the secretary of the department.

Mr SQUIBB - So it is the CEO?

Mr O'KEEFE - Yes - my apologies.

CHAIR - Who would like to start telling us all about your administrative procedures and arrangements? How does the Tasmanian Ambulance Service operate?

Mr O'KEEFE - I guess the information certainly is as per the report that I understand has been provided. But to clarify that, if we are just talking about the structure of committees, the Tasmanian Ambulance Service operates predominantly in three regions in the State - and across the State, of course. As a result of operating the three regions, we run three separate centres that are united under the directorate. These centres have their own internal committees, but if I can just go from the top: senior officers group, which is made up of the managers from the regions; operational management group, that unit is made up of managers and the operations management from each region; fleet management group looks after fleets specifically. We have a safety committee looking at occupational health and safety issues and the broader spectrums in that. The equipment review committee makes sure that we have our equipment matching the best standards and the best practice available for clinical practice in the emergency pre-hospital care. We also have a support network of committees which are consultative-based committees which look at referencing a vertical slice from the staff - which are our ambulance consultative committees. We have regional consultative committees that look at day-to-day issues and a communications consultative committee which looks specifically at the communications areas in the State. That is roughly how it is made up. Is there anything particular that -

CHAIR - Do you have disciplinary committees?

Mr O'KEEFE - We don't have a disciplinary committee as such. We follow the guidelines that are laid down by the department and the standards as far as practice of managing any disciplinary issues. If I may state, it is very rare that this process needs to be followed. We are very lucky and very thankful that we have a very good operating service.

Mr SQUIBB - The clinical council, that is not regarded as a committee. Is that at another level?

Mr O'KEEFE - The clinical council would be classed as a committee but it is a committee used to review and provide information to the CEO and the director on performance issues.

Mr SQUIBB - And the clinical council would consist of non-ambulance personnel, I would imagine, whereas most of the other committees would be made up of service personnel?

Mr O'KEEFE - Yes, that is quite correct. The clinical council also has representation from the Tasmanian Ambulance Service on it as well as members from hospitals, ambulance

service medical officers who have been contracted to provide, I guess, a clinical quality assurance process for the ambulance service.

Mr SQUIBB - How often would it meet?

Mr O'KEEFE - The programmed meeting is roughly once every three months, if I can remember rightly.

Mr SQUIBB - And the strategic planning steering committee - that is just an ad hoc committee that has been appointed for a particular task, I take it?

Mr O'KEEFE - Yes, that is right.

Mrs SILVIA SMITH - You mentioned a committee, I think, regarding occupational health and safety. Could you just give us an outline of how that committee is structured and what programs it puts in place, for example, for training for occupational health and safety within your industry, which I would imagine is fairly high in need?

Mr O'KEEFE - The occupational health and safety committee is chaired by one of the managers within the Ambulance Service. It is made up of representatives from each of the regions and they provide input back to the senior officer group on issues that are affecting the safety and potential safety issues that the organisation would come across. As a result of that, we have changed a number of our practices, say for cleaning of soiled items, pieces of equipment, and provided things like anti-slip services in vehicle bays. It is generally designed and it is also linked to members from the major hospitals who provide support through their staff in the OH&S areas.

Mrs SILVIA SMITH - Do you have any specific training programs to train your staff in aspects of occupational health and safety?

Mr O'KEEFE - There is a training program that is provided through the department. I can't remember the exact training program that is provided, but we provide that to the principal people who are representing the OH&S areas within the State.

Mrs SILVIA SMITH - This training, is that only for paid personnel or does it go through volunteers as well?

Mr O'KEEFE - It would be available to any of the staff in the organisation, permanent and volunteer.

Mr SQUIBB - Just going back to the clinical council again, your executive summary indicates that that was revamped. Is that a result of the 1994 review?

Mr O'KEEFE - No, the actual clinical council was revamped only recently to make it, I guess, more represent the differences that we were now going into with a private operator as a result of the factor that the Director of Ambulance Service - and I am saying 'director' - has the overriding authority for the constitution of ambulance operations in this State and, as such, we wanted to make sure that the issues were relevant to operational issues versus the issues around the aspects of how the systems operate - in other words, the areas where we were looking at the private provider. We

didn't want to have any conflict of interest in those discussions so in those areas of the discussions the Ambulance Service is not part of the Tasmanian Ambulance.

I would just like to add that I don't have direct, and I am not a part of that review group, and unfortunately my understanding of all the operations of the clinical council isn't as clear as certainly our CEO, who working with this constantly, would be. So if there are any particular issues regarding the composite and make-up of that and how each component has come into place, it would have to be recommended that they be asked at a later stage of the CEO.

Mr SQUIBB - In relation to regional representation and regional feedback, when you were going through the committees you did refer to the fact that regional managers are involved. My earlier recollections of the administration - and this is going back some years - that there were regional advisory committees and then when they were disbanded and the service was put on more of a statewide basis, I think you used the local health forums as a sounding board in the regions. What opportunities are there at the moment for the general community to have input, as has been the case in the past?

Mr PRESHAW - There is no structure within Ambulance that takes that into account but there are the government community forums that, I would imagine, if people needed input into ambulance services, they could do it through that forum.

Mrs SILVIA SMITH - Just looking at the submission here and talking about the internal committees, I noticed one internal committee noted here is the fleet management group. Are you able to advise the size of the fleet and at what stage the vehicles are upgraded to a new vehicle, I suppose would be the real issue, wouldn't it? We have heard over the years some various comments about this. I wonder if you could just give a brief outline of how this committee works and what is the process of managing the fleet?

Mr O'KEEFE - The fleet management group is made up of representatives from each of the regions and also the volunteer association, and volunteers actually provide a representative to the group as well. So we are looking at capturing, I guess, a reference from all the areas.

This group principally designs the policy and the direction for the fleet and as of about February this year we have had an interim fleet manager help with this process to make sure that we sort out some of the issues. As you would all be aware, we have had certain problems with some of our vehicles and since that time has been rectified and we don't have any further problems with these vehicles.

Given the nature of our fleet, we try to optimise the fleet to get the best outcome for patient care and for the dollar that we put into it. As such, we have designed certain vehicles, or depending on types, to retire at a certain stage based on what is the best time frame for that vehicle.

Most of our fleet, and currently the new Mercedes fleet, as many would have heard about, we look at around about $150 000 to $180 000 as a rough figure that we look at for retirement - or around about five years. We think at that particular time that there would be significant changes in design and, as you mentioned earlier, OH&S issues and we make sure that we keep up with those design changes and certainly medical

equipment and terminology changes to the degree that we need to change the interiors and this time frame seems to be a rough figure that we work at.

Mr SQUIBB - Do you rotate them around?

Mr O'KEEFE - Yes, we do; we rotate them and are rotating them all around the State. There are vehicles on the east coast that were only two months ago in Launceston and vice versa for the north west, south and all over. At the moment we have found that - and I would suggest that currently, even now, the fleet that is in Tasmania is probably the best fleet in Australia with what we have got currently in place now - the average age of our fleet would be somewhere between three to four years.

CHAIR - You've recently had some additions, haven't you? You have replaced some of the fleet?

Mr O'KEEFE - We've had a rolling program of upgrade of 72 vehicles, which has been put in place over the last three years through this Government.

Mr SQUIBB - So 72 vehicles are being replaced out of a fleet of how many?

Mr O'KEEFE - Total fleet that the - in ambulance fleet I am talking about, not the support units which are the sedans which go through fleet care, and I just want to say that our fleet replacement program also is looking at the independent ambulance services that are strategically located in various places in Tasmania. That fleet varies a little bit because sometimes we are down on a fleet but it is around about 101-102 vehicles in total.

Ms THORP - You mentioned that the changeover of the vehicles process has been going for about three years, was that a marked change from the system being used prior to that?

Mr O'KEEFE - Prior to that it was very ad hoc and we were getting to a stage where we were having significant problems because of the age of the fleet and a higher potential for breakdown and, as such, our maintenance costs were going through the roof because we had to repair and prevent that type of event happening. It didn't prevent it all the time, as you would be well aware. This program has replaced, as I said, 72 vehicles in the last three years. I think in the four years prior to that we had replaced only 20 vehicles. During 1998 there was actually no vehicles replaced in the service at all.

Ms THORP - And have you had an opportunity yet to see any change in maintenance costs through that process?

Mr O'KEEFE - Significantly gone down. The position we believe is, and if I can make an example, the Tasmanian Ambulance Service has gone strategically towards the Mercedes ambulance vehicles and these are specially made in a factory in Germany. As I understand it, they are the only vehicles made in the world specifically for ambulance and most ambulance services in Australia - and when I say that, I think all ambulance services in Australia are going down a similar line.

The example in New South Wales is that the fleet manager - we had a meeting with all fleet managers recently - indicated that he was having trouble from one of the ministers of Government because he was concerned that the ambulance was actually buying extra

vehicles. When it was asked of this fleet manager why this was happening he indicated it wasn't because they were buying extra vehicles, it was because the fleet maintenance costs were down significantly and the actual time frame that the ambulances were out of service because of their significant benefits and increased amount of time that they could be on the road before maintenance. Where he had planned on, with the previous vehicles of having 45 vehicles off the road - that was per day - he only had nine vehicles as a result of the Mercedes and that meant that there was a lot more vehicles to provide service to the public. In our case certainly we don't have that amount of vehicles because they're looking at something like 600 vehicles.

Ms THORP - What happens to the old ambulances?

Mr O'KEEFE - We tender them through the government sale process through an auction agency; they are put on the Internet for people to tender to.

Ms THORP - Do they change jobs though? Do the newer vehicles have certain tasks and the older vehicles get different tasks? Do you understand what I am saying?

Mr O'KEEFE - I think so. We have a strategy that means that we place the newer vehicles in the higher demand stations and as they age a little and are changed insofar as, I guess the older vehicles we would have a potential for further maintenance issues, we try to make sure that they are moved into like a circular pattern - in other words, we move them out in the middle of their life into the lower demand stations but at the final stages we bring them back into the main central station so if there are any issues of maintenance we have got them at the main headquarter stations where they can be backed up immediately. From what we understand with the Mercedes, they have a life potential on the motors on these vehicles, they estimated one million kilometres, and we are only using them less than probably one-third of what their serviceable life is. We do that specifically because of safety.

CHAIR - Is that before you change them?

Mr SQUIBB - Are they completely fitted out or are they a modular system where you change the module like you used to?

Mr O'KEEFE - I guess they are a van-type vehicle. In the past we used to get what would be called a 'cab and chassis'. The problem with that was that you found that if you needed to change something there was a significant cost involved in that change. These vehicles are approximately $80 000 per unit less than the previous vehicles and because they're modular you end up with a componentry that's fibreglassed; it fits inside this vehicle and those fibreglass modules and you end up with a right-hand side and a left-hand side, you end up with stable components which are your floor and your ceiling which we don't change very much - which means in the event of equipment change or some speciality that we need to do, we don't have a complete vehicle change to upgrade it if that is needed during its life as well, which is a significant benefit to costs. Also, because the fibreglass isn't exposed to the weather and fatigues issues that you normally associate with external components of the vehicle, it means that we will be able to get almost double the life out of interiors before a refit. The design of these vehicles is that when their serviceable life is up we only change the actual modular units inside them - in

other words, we sell off the shell and we change the interior into another vehicle, which is a significant cost saving in the process to what we are spending at the moment.

Mr SQUIBB - Do they come fitted with the fibreglass module or are they still manufactured in Tasmania?

Mr O'KEEFE - No, they are manufactured in Tasmania, up the north-west coast.

Mrs SILVIA SMITH - Just while we are still on the vehicles, you mentioned earlier that you had solved a problem with the vehicles at some stage, what was that problem?

Mr O'KEEFE - The media had placed a lot of prominence on the fact that we had a teething problem with the Transit vehicles that we had put into service, and that was a cooler line problem needing to be moved from one side of the motor to the other. That problem has been rectified and it was done under the warranty issues from the design people.

Ms THORP - I don't know if it is possible for you to answer this, but if you could let me know what the average age of the fleet would have been prior to 1998 to what it is now and what is your forward planning?

Mr O'KEEFE - I would think that the average age for the vehicles prior to 1998 would be in the vicinity of six to eight years, probably around about six years as an average at that time - I would need to go through and test through those vehicles to find out; it's just testing my memory from that time. The ongoing program that we have in place here is a position that we are putting to Government at the moment for additional funds to continue the program of rolling change over the following years and that will be subject to the determination of Government.

Mr SQUIBB - But these vehicles would probably last six or eight years anyhow, is that what you're saying?

Mr O'KEEFE - Yes.

Mr PRESHAW - If I could just say that I notice the director urged you to have a look at the vehicles and I would urge the committee to have a look at both the Mercedes vans and Transit vehicles because they are certainly very impressive.

Mrs SILVIA SMITH - Some of us were fortunate enough, Madam Chair, to be on the north-west coast over the last 12 months or so and we were very impressed by the work that is being done on the modules et cetera on the vans.

Mr O'KEEFE - It is also a positive for the company as a result of it. I think they are being seen as a leader in the development of vehicles and, as such, they have expanded. I think they are building for nearly every ambulance service in Australia as well.

Mrs SILVIA SMITH - That is excellent news. Thank you for that.

CHAIR - Did you say the rolling program at present changes them every three years? I noticed Geoff asked you if they would last six years.

Mr O'KEEFE - No, I mentioned the actual changeover time we estimate to be around about the five-year mark and that will vary. We call it a 'retirement strategy' that we put in place and this retirement strategy is designed for all ambulances of course in the State, not just Tasmanian Ambulance Service. We are looking at the coverage pattern for all ambulances and it is based on when that vehicle is right to be retired out of the organisation. Our strategy at the moment, because we may find, as Mr Squibb mentioned, that it may be six years.

Mr SQUIBB - That is with the Mercedes?

Mr O'KEEFE - Yes. Our position is we need to have some way of planning what the changeover costs will be and when that should be. With a certain vehicle we may find that the replacement vehicle might be exactly the same and it may be ineffective to change it at that particular time because the interior is going to be the same and the vehicle may be the same because the way they are going they could very easily last that length of time, and so we are looking at five to six years, but effectively we put a plan in for five years.

Mr SQUIBB - Is it the intention to retain Transit as well or not? They would gradually be phased out?

Mr O'KEEFE - The planning is at the moment is that the Transit will be gradually phased out. The Mercedes is actually a cheaper vehicle than the Transit -

Mr SQUIBB - And last longer.

Mr O'KEEFE - Yes, that's exactly right. An example is that we've got a scheduled service time on Transit of, say, 5 000 kilometres and realising that an ambulance, understandably, has a lot more extreme demands on a vehicle than what a normal operation would have of a Transit van, we have a certain scheduled program times that mean we undertake certain componentry trains and servicing. With the Transit, it's 5 000 kilometres and in certain areas in this State you might have that vehicle changing over or coming in for service at, say, two and a half weekly intervals, three weekly intervals. With the Mercedes that service time currently is 15 000 kilometres. We are anticipating after tests that it will probably be 20 000 kilometres. So the issues of changeover, of crew movements and the costs involved in that has been quartered. The other thing is, if we are talking about the Ford fleet which were our previous fleet, we were looking at something in the vicinity of 35 to 40 litres per 100 kilometres. The current Mercedes vehicle is actually running at around about nine litres per 100 kilometres in ambulance environment.

Mr SQUIBB - That's better than a sedan.

Mr O'KEEFE - Well, it is a diesel vehicle so therefore you're getting the benefits of diesel but certainly the costs to us and effectively the costs to Government and the taxpayer have significantly been halved. That's more than that. We actually estimate somewhere in the vicinity of 60 to 70 per cent.

CHAIR - Really. That's wonderful. Anything more on the vehicle design? Do you have anything you want to add to that Dr Brand?

Dr BRAND - I think the one area that needs to be looked at in the future - and they have put forward the planning - is that it is important to have a regular planning in terms of funding for replacement of the fleet otherwise if you leave it for too long you end up with a huge amount of funding that is required in a one-off and so replacing it on a regular basis as we put forward in this is an important component of any fleet.

CHAIR - Has that happened in the past few years?

Dr BRAND - This is where the $7.5 million has been put in over the three-year period and it would be important that we actually continue to put funding in on a regular basis and not to say we have a really good fleet now; there are still vehicles that need replacing as we move along.

Ms THORP - Is it appropriate to lead onto funding issues at this stage?

Mr SQUIBB - I was just going to ask before we went off vehicles, what percentage of your running cost comprised the fuel component?

CHAIR - Would you like to take that on notice?

Mr SQUIBB - And I guess the follow up question on that is you are obviously using diesel in Transit as well?

Mr O'KEEFE - No, the Transit is a six-cylinder regular unleaded vehicle.

Mr SQUIBB - Any consideration being given to gas - for running the vehicles, I mean?

Mr O'KEEFE - We certainly looked at it from the aspect of the Transit vehicle. The manufacturer and the company that was involved in it certainly was involved in discussions in regard to changing it to gas but they felt that under the warranty issues they wanted to continue with the premium unleaded program until further down the track. Of course I guess we haven't got that far because we have decided to change away from the Transit vehicles as the principal vehicle that the ambulance service goes into. Diesel, in the context of fuel economy and the cost to us, is significantly cheaper. Even though gas is a cheaper product, the actual cost of the diesel in the running performance is significantly less and I don't think you can actually convert diesels to gas.

Mr SQUIBB - Mercedes don't make a gas one?

Mr O'KEEFE - Not that I am aware.

CHAIR - While we are on this, have they always run on diesel?

Mr O'KEEFE - No, the previous vehicles - the Mercedes ambulance is the only front-line ambulance that we have run on diesel, apart from a prototype vehicle which was a Ford prototype vehicle that we tried some time ago and it was very specific for its use.

CHAIR - Would you say therefore at this stage with the three-year rolling program and the use of diesel and the efficiency of the later models, that the Government is getting better service for its dollar than it was, say, five years ago or is that too difficult to answer?

Mr O'KEEFE - I would say significantly, considering you have a vehicle that has a purchase difference for the base vehicles without the interior fit out of something like $80 000.

CHAIR - Has the number of vehicles in the service been reduced at all in the last few years?

Mr O'KEEFE - The number of vehicles in service is the same as what it was probably three years ago. We are currently reviewing that position to see if we can improve that because of the better standards of maintenance.

Mr SQUIBB - So the increase in the number of ambulance officers has that been - obviously if you are not putting more ambulances on, they're being deployed in some other way.

Mr O'KEEFE - Part of that is being absorbed by the fact that, if you can understand, we had vehicles that we had specifically there for maintenance. They are actually not in maintenance as a result of the better standards. That means that we have the vehicle fleet better balanced -

Mr SQUIBB - More vehicles on the road.

Mr O'KEEFE - without actually increasing the vehicle numbers.

CHAIR - That's good.

Mrs SILVIA SMITH - Just before we finally go off vehicles there is just one other area, on the rolling program of changing vehicles et cetera over, what sort of a program have you in place of the continuous upgrade one could say, of certain pieces of equipment within those vehicles - resuscitation units, heart units et cetera, all those sorts of things? I know it is slightly different.

Mr O'KEEFE - No, that's fine. That again has been an area where we have had some difficulty in replacing some of the equipment that was ageing and having problems with maintenance.

In the last year or so we have had a significant injection of funds to try to help that replacement program and equipment-wise in the last 12 months, between funding that has been provided by the Federal Government and from our own internal budgetary, we have injected something like $750 000 into upgrade of equipment specifically for ambulance.

Mrs SILVIA SMITH - It has an ongoing program to see that that continues to happen or are you going to put into place a program to continue that?

Mr O'KEEFE - When I say 'certain pieces of equipment' we are talking more about the monitor defibulator units that we have had to replace and that is where most of the money has gone into, otherwise most of our equipment is probably as good as, if not better, than any Ambulance Service in Australia.

CHAIR - That's very encouraging.

Ms THORP - Obviously a lot of decisions you make are funding-dependent, that's the case with any service. How would you image the service could be different should a levy system be introduced similar to the Fire Service?

Mr SQUIBB - Reintroduced.

Mr O'KEEFE - I guess the benefits would be perhaps if that funding was allocated to the Ambulance Service a slight improvement in certain pieces of equipment and certainly certain areas of the Ambulance Service would make it a little bit easier.

The Ambulance Service, as I stated, has a very good standard of equipment and we are very proud of the officers we have there, volunteer and permanent. I am not sure how much improvement that would make, except that it would be a process for channelling funding into the service through a particular program.

Ms THORP - So you are saying if there was an ambulance levy reintroduced and it was hypothecated with the service it might be a long-term confidence, if you like, that that is where the fund is coming from so you would know that it be a vehicle replacement program.

Mr O'KEEFE - Continuity of planning and process would certainly be improved through that and some station buildings et cetera would be, I am sure, given some face lifts and benefits of that.

Ms THORP - Could it have potential implications for services or looking after the volunteer service?

Mr O'KEEFE - Yes.

Ms THORP - It mentions things like uniforms and training, issues like that. Would it have implications there?

Mr PRESHAW - I think it is fair to say that often the funding for volunteers and the resources provided to volunteers depends on the funding available. Certainly if there was a levy as such, one would hope in that result in being more funding available and that would certainly be applied to volunteers and other areas of need.

Mr SQUIBB - But government could always appropriate more in any one year, just as a change of government could always introduce or abolish the levy.

Mr PRESHAW - Yes.

CHAIR - What about assistance to non-government ambulance services? How does the Tasmanian Ambulance Service interact with the non-government ambulance services and what are they?

Mr O'KEEFE - We have non-government ambulance services, I guess in a strict term would only be the St Marys Red Cross, if I can remember rightly, as far as specifically non government - and St Johns, sorry. The other services are linked within the department either hospitals and ambulance or community and rural health and those services are based specifically at Scottsdale, Oatlands and Queenstown. The independent service or the Red Cross ambulance service that is at St Marys, I think, is the only ambulance service -

Mr PRESHAW - There is also Swansea, Glamorgan.

Mr O'KEEFE - Glamorgan, sorry, which is an incorporated body, and Oatlands is linked with the council, local government and the resourcing to those is that we provide support in regard to training of the staff of the unit, normally to the volunteer level course, and we provide equipment support. There is significant funding that goes through in purchase of equipment and some of the main items that we have purchased, we have also provided enough funding and equipment to provide them with that equipment as well. With the vehicles, we are in the process of interchanging their vehicles as well as ours, so the vehicles will be changing as well. Housing and garaging and so on is also supplied in support to them.

Mr SQUIBB - Could you place on record the relationship with the service provided by St John?

Mr SQUIBB - That obviously isn't an ambulance service, is it, under the definition of the act?

Mr O'KEEFE - Under the act I understand that it is noted in the actual pages from the director. It has its own capacity to operate separate as an ambulance service. They provide a very complete role, I think, to the training function within the State. They also look after some contractual events, as in football and some of those things which provide a very big support to us, and certainly we have a close association with the St John Ambulance.

Mr SQUIBB - They don't provide a transport service or transfer. I remember several years ago there was quite a bit of controversy in regard to the service provided to a sporting organisation, whereas St John was actually able to be there on the ground, but even though the hospital was only a block away they were not permitted to transport the patient from the sporting arena to the hospital.

Mr O'KEEFE - I guess it's past custom practice that operates and the St John Ambulance normally operate as a unit that covers the contractual events. I guess most members would have seen the vehicles on the road and they do a very find job at doing that. In the event of a major incident certainly or our resources being stretched, we would bring them in and have them linked into the main network of providing a resource to provide patient care - and that would mean whatever was to be directed to be the best outcomes of the patient. In that circumstance I don't know and I would have to go back to the original information to give you the understanding of the reason why. I would have to take that on notice.

Mr PRESHAW - Madam Chair, if I could just add something there. The St John Ambulance assist us with running our voluntary units at both Dodges Ferry and at Triabunna. They have a St John Division in those areas and they run the ambulance service in conjunction with us in those areas and do a very good job.

Ms THORP - They also have a new vehicle, haven't they, down at Dodges Ferry?

Mr PRESHAW - Yes, Dodges Ferry has just got a nice new vehicle out of that because previously they weren't really part of us; they were running a sort of first response service using their own resources in Dodges Ferry. We have since given them a new Transit I think, or a VW?

Mr O'KEEFE - A VW.

Mr PRESHAW - We presented that to them a few months ago. We have a very good relationship with St John. Traditionally, Mr Squibb, they don't transport; that's an accepted agreement between them and us and that works quite well.

Mrs SILVIA SMITH - But on request, when necessary, that option can be exercised?

Mr PRESHAW - Certainly. Yes, if for any reason we couldn't - if they needed transport and they called us and we said, 'We can't get there for 20 minutes, you take the patient to the hospital' - that is part of the agreement that they would do it by agreement with us.

Mr SQUIBB - And there's no legal complications in that situation? They are covered?

Mr O'KEEFE - Certainly if we had events like were in America just recently or anything less than that but of a major note that would stretch our resources, we would be the first on the phone to them to ask for their linking and working into the network for providing care.

Mr PRESHAW - Our multiple casualty incident plan actually mentions St John as a support agency to call on if our resources are stretched in any incident.

CHAIR - So what you are saying, Ted, is if New Zealand keeps on beating us at cricket and there was a riot at the ground, you would get St John over to help carry away the casualties?

Mr PRESHAW - We might deal with that ourselves.

Laughter.

Mr O'KEEFE - In actual fact I think Western Australia is St John-based with its ambulance service.

Mr SQUIBB - Having mentioned interstate, and I know it does not completely come within the terms of reference, but I was hoping to slip it in somewhere. I asked the question some months ago - and I haven't had a response yet - what is the situation regarding the financial and service arrangements between jurisdictions? If I was a Tasmanian travelling through South Australia or one of the mainland States and had the need for an

ambulance, is there a reciprocal rights arrangements or what are the financial arrangements in situations where a person from another State has to use the service?

Mr PRESHAW - There are reciprocal rights between the States. About six months ago in fact it maybe about 12 months ago, I think, South Australia which is now not St John, sorry, actually withdraw from those reciprocal arrangements.

Mr SQUIBB - It was in fact South Australia? That was my main concern. Is South Australia unique from that point of view? Are there arrangements with all the other States?

Mr PRESHAW - The arrangements are still in place for the rest of the States; South Australia is the only one. What we did was advise the people of Tasmania via the media that they had withdrawn and therefore, if they were in South Australia on a visit, they had to make their own arrangements and they may not be covered by ambulance.

Mr SQUIBB - And South Australia's recent decision, does that apply to all States or is it just Tasmania that is affected?

Mr PRESHAW - No, they have withdraw from the reciprocal arrangements between all State ambulance jurisdictions.

Mr O'KEEFE - If I may add, the position of the reciprocal arrangement was only ever an agreement between the body that was made up of the convention of ambulance authorities. I understand that there is no actual written agreement between any of the States and, as such, I suppose it is a loosely formed process. Certainly, as Ted indicated, South Australia is the only one that has exempted itself from that and so we manage the process accordingly.

Mr SQUIBB - So obviously South Australians visiting Tasmania would give an address just over the border.

Mr PRESHAW - Interestingly, with South Australia, if one of their residents visiting Tasmania needed an ambulance, their service pays for it. So it's only our people visiting their State or any people from the rest of Australia visiting their State that aren't covered.

Mr SQUIBB - So you haven't considered doing that for Tasmanians who might be visiting South Australia?

Ms THORP - Do Tasmanians go to South Australia?

Mrs SILVIA SMITH - Yes, I do.

Mr PRESHAW - I'm not sure under the act whether we're allowed to, but I don't think so, no.

Mr SQUIBB - Thank you for that opportunity, Madam Chair.

CHAIR - Well, moving on to operational services. Has the way the Tasmanian Ambulance Service operated in the north and the south undergone any changes in the last few years?

Mr O'KEEFE - I understand you're talking about the non-urgent patient transport versus the emergency transport?

CHAIR - Yes.

Mr O'KEEFE - Approximately 15 years ago we had the change of patient transport in the north-west; I think it was approximately 10 years ago that the north developed a non-urgent patient transport. In the last 12 months, just over 12 months now, there has been a non-urgent patient transport unit set up in the southern part of Tasmania.

CHAIR - Can anyone suggest why that policy was changed to include the south?

Mr O'KEEFE - The position of having a non-urgent patient transport system had been looked over, I think, over a few years and certainly there had been ongoing consultations in regard to what was going to be the best way to organise the non-urgent patient transports. I guess it was accepted that the Tasmanian Ambulance Service was having problems responding to some of the emergency calls around the southern, specifically Hobart area, as a result of the demands on the non-urgent transport side. I guess it was really consequential to that; there was a need seen, there was a committee that reviewed it and they followed up with a recommendation that indicated the need for a non-urgent patient transport service to be set up. It is currently set up under the guidance of the Tasmanian Ambulance Service in the south, where the others are actually hospital-based in the north and north west.

Mrs SILVIA SMITH - Just for the record, could you outline briefly what non-urgent transfer patient covers?

Mr O'KEEFE - Non-urgent transport is the patients who are being moved from medical centre to medical centre, from hospitals or maybe to hospital for an appointment for some scan or test. They can be in the form of sitting patients or they can be stretchers. The design of the non-urgent patient transport system that is operated within the health system principally has stretchers but we do have certain cars that are used as well where you have the patient sitting alongside, but it is primarily for diagnostic cum treatment areas that are non time critical.

Mr SQUIBB - I am aware, Madam Chair, that this issue has been raised by another parliamentary committee but, for the benefit of this committee, are you able to provide financial records of the income and expenditure for this aspect of the service? If not today, on notice.

Mr O'KEEFE - Certainly on notice. I understand that the Public Accounts Committee have all the figures in regard to it.

CHAIR - We can get them from the Public Accounts Committee. We can get all the documentation from them that we need and we will proceed to get them from the Public Accounts Committee. In fact, I thought that was already -

Mr SQUIBB - There is a report out but I'm not sure whether those figures are included, and they wouldn't have included the figures for the financial year ended 30 June 2001, I wouldn't have thought.

Mr O'KEEFE - I'm not sure how far they are projected but I understand the basis of their cost attribution has been looked at from as close as it possibly can to a 12-month period, so it would be very close to it, I would imagine.

CHAIR - So you run 12-month projections?

Mr O'KEEFE - Well, in actual fact they have been operating for 12 months as of 30 June 2001 and, as such, the figures in the final context of the allocation and the breakdowns have been done on a 12-month case load of actual cases. Originally there were some variations and certainly some input from different parts and that was based originally on the fact that we were estimating the final quarter or the latter part of the year but, as it went on, it actually took the full figures into account.

CHAIR - If we do need to come back to you -

Mr SQUIBB - Obviously there will be some witnesses coming forward who may well raise issues we would like to follow up and I would like the opportunity to either recall the witnesses if necessary and also accept the invitation for the inspections.

CHAIR - I think that's a very good idea. I'm sure we'd all like to go and have a look at the vehicles.

Mr O'KEEFE - We would be very pleased for you to view the whole ambulance service: the communications right through to the centres and to the volunteer units.

CHAIR - Members of the committee will not be allowed to drive the vehicles.

Mr SQUIBB - Thank goodness for that.

Laughter.

CHAIR - Moving on, anything else on the non-urgent transfer of patients?

Mr SQUIBB - I find I am a little bit at a disadvantage at this stage, not having heard from other witnesses, so I would like the opportunity if necessary.

CHAIR - What about aeromedical services - we are here in section (b) of the terms of reference - operational services?

Mrs SILVIA SMITH - Perhaps Garry could outline just briefly what the aeromedical services cover and then we could go from there.

Mr O'KEEFE - Perhaps I can split it into two because I'm normally based in the northern part of Tasmania and, as such, the fixed-wing aeromedical retrieval and aeromedical service operates out of there and Ted looks principally after the south, so if we can switch between us.

We operate our contract with RFDS and they supply pilots and aircraft to move patients and we move a significant number of patients around the State and interstate over the year. I think, roughly, in the last year we have moved something like 560 patients through that medium from major centres. Our program is to transfer patients for what we consider longer distances through the aircraft because it provides the best balance of resourcing and also minimises the time when you have vehicles interchanging across the State for the urgent cases and so there are significants benefits to that. The contract was a five-year contract and it's due for renewal in June next year. We are starting the processes now for developing the contract and setting up the new contract for the ongoing program.

Mrs SILVIA SMITH - It is an excellent facility at Western Junction, too.

Mr O'KEEFE - Yes, it is.

Mr O'KEEFE - Just recapping on that, the air ambulance undertook 656 cases; I think it was over about 800-odd hours of flying.

CHAIR - Is that in the 12-month period?

Mr O'KEEFE - In the 12-month period. 125 of these cases had medical escorts, 62 cases were to Melbourne, 302 cases were to Hobart, 73 cases were to Launceston, 29 of these were from Flinders Island and 35 were from King Island during the year.

Mrs SILVIA SMITH - Fairly wide-ranging.

Mr O'KEEFE - We have noted in the last five years - four years now, because it isn't completed, the contract , four and a half years - that the actual case load has increased by 79 per cent since the contract was initiated.

Mrs SILVIA SMITH - Any reason for that that you know?

Mr O'KEEFE - There has been a change in the retrieval program and the requirement to provide, I guess, a better level of patient care and that has meant that we have moved a lot more perhaps critical patients through the air than we had done in the past and the time frame that that often involves is a lot more so, as a result of that, the increases have come about.

CHAIR - I suppose it is hard to estimate the outcomes of that kind of service. If there are better outcomes for the patient - is there any evidence about that - that would be a guesstimate, I guess.

Mr O'KEEFE - I think that would be very much the case because it would be an individual thing but the principle behind it is that with the specialist care that gets provided at the regional centres - and we are talking about rural hospitals or small areas - and we fly the aircraft in to sometimes pick up a trauma case that actually has come from an ambulance and it is only a very small percentage that that provides for. That means that the patient care at the level of the specialist is initiated at that point, which means that they are often

then referred into surgery and further treatment at a quicker time interval so the patient outcomes inevitably must be better as a result.

CHAIR - Could you explain how these services are equipped? How the planes are equipped?

Mr O'KEEFE - The air craft, I would suggest, is very much like the inside of an ambulance. It has the specialist level care and the equipment that is in an ambulance and we have that duplicated in the aircraft, plus perhaps some specific equipment that would be of benefit to the specialist that's on board. That specialist equipment gets taken on and off based on the case.

Mrs SILVIA SMITH - On all transfers or all major transfers of patients, is there always a flight paramedic in attendance on the plane?

Mr O'KEEFE - Yes, and on the specialist transfers where we have critical patients, in the main have a specialist anaesthetic registrar or a specialist in emergency care that actually provides response. We were discussing the issues just in general conversation with RFDS recently who provide the King Air B200 aircraft that's currently provided for air ambulance operations and it is still noted, as I understand, to be the best aircraft for aeromedical evacuations in the world that's used currently at the moment for the distances that we use. I understand that the replacement aircraft for that would be in the vicinity of somewhere between $6 million and $8 million, depending on whether you can get a good secondhand one or a new one.

Mrs SILVIA SMITH - And still on the issue of flight paramedics, how many are there based in Launceston? You are talking about a lot of hours and I am just thinking in a day, if you have more than one case, how many paramedics have you got access to or on the books that you can use?

Mr O'KEEFE - The last figure I believe is 10 and that varies a little bit on people moving in the organisation, but 10 that are actually nominated to aeromedical evacuation roster. In other words, we have a specific roster. That roster means that we have a person working on a day shift and another one working a night shift and we only have one on at any one time. But they are specifically rostered to provide the aeromedical support and they are trained, as I understand it, the only university-based training program in Melbourne which trains the aeromedical staff in Victoria.

Mrs SILVIA SMITH - That's for fixed wing, and what about the other areas, though - the rotary wing service, for example?

Mr PRESHAW - I think Garry is handing over to me here. As of 1 July last year, the police in conjunction with ourselves introduced a new twin-engine helicopter, which you have most likely seen a lot of in the media and justifiably so. As a result of that we have ended up with a lot more professional helicopter response. The training is done regularly in conjunction with the police and it is a very good service.

Obviously it's also a fairly expensive service and we try and ensure that when we use it is only for patients that we can't move by any other means, such as patients in the wilderness, and certainly these days with satellite phones and things like that, global

positioning systems and the alarms that people can hire and take into the wilderness, we tend to respond to more of those sort of cases.

In the cases that aren't the wilderness ones, that we need to make a judgment as to whether we use the helicopter or not, we often err on the side of caution by putting the aircraft on standby until we get some valid information and that might only mean waiting five or 10 minutes until a policeman or someone gets to the scene because often members of the public ring up going past with their mobile phone, 'There's an accident up at Bronte Park, looks bad, they haven't even stopped, you may need the helicopter', so if we are not careful in our response we could waste a lot of money in helicopter hours in sending it up to those sort of cases.

In fact, for example, we had one the other day where someone who had had a little too much alcohol I think came to the turn off at Bronte Park going a bit quick, tried to turn the corner and rolled their car. There was a demand for the helicopter. We actually in a weak moment, because we couldn't get some valid information in the time frame that we required it, sent the helicopter and it turned out to be someone who was just - he ended up being arrested, I think, for excess alcohol. So we do need to be careful, and I notice in one of your submissions there is criticism of the way we do the turnouts for the helicopter. But in genuine cases, it goes off and we have usually two pilots, a police crewman who is responsible for working the winch and a very well-trained ambulance paramedic with extra training who is winched down to many patients, is responsible for what we call 'packaging' the patient, which is making them ready for being winched up again, and they winch the patients up and into the helicopter and then are winched up themselves and off they go.

In some cases of course they can land next to the incident, which they often do as well, but in areas where there is lose sand and twigs and things, they don't like landing if they can help it or down through trees or whatever, if they can't do that. So it is a very good service and the people involved are well trained. There is a lot of equipment that is being sourced through the Tasmanian Air Rescue Trust, which is part of the helicopter service, by donations from areas such as Rotary clubs. We have got a lot of medical equipment for the helicopter through that and that's been excellent. It is well provisioned, well resourced and we just need to be a little bit careful in its use because it is also quite expensive.

Mrs SILVIA SMITH - On that issue, without every wishing to put a dollar value on a life or a need to use a helicopter, just as a broad-base statement, are the Tasmanian taxpayers getting value for money that is put into that service, in your opinion?

Mr PRESHAW - I believe so, yes.

Mrs SILVIA SMITH - I have been fairly heavily involved in issues of why it was set up in the first place. I know initially the discussion of it was when Wayne Rowlings was down at Strahan, has it been used for any of those fishing boat rescue needs?

Mr PRESHAW - I don't think so.

Mrs SILVIA SMITH - Because there is a problem there.

Mr PRESHAW - That's more the police area than ours, I should say, because unlike the Sydney Hobart response where you saw paramedics going down the line, in our service they have police divers who go down the line to those sort of things. I have the advantage of having two sons who are police divers so I know that they haven't responded to those and I don't believe there has been a response to any of those sort of incidents since the new helicopter service came about but, as I was going to say, the problem is the timing. To get to the west coast in a helicopter and then save someone's life who's drowning is most likely out of the question, unless you happen to get there just when they finally let go of the boat or the boat finally sinks. There is obviously an opportunity there but I think it is -

Mrs SILVIA SMITH - A bit like the Sydney-Hobart issue that you mentioned.

CHAIR - Anything further on aeromedical services? If not, we will on to contract services. What can you tell us about contract services or have we done enough on that area?

Mrs SILVIA SMITH - We did touch on that.

Mr O'KEEFE - Yes, that is right, plus the Tasmanian Ambulance Service is contracted to provide support and safety services to sporting fixtures and public events which are deemed to have a higher risk level than, say, the St John or Private Ambulance Service in those circumstances. Certainly there is a Department of Police and Public Safety that issues permits for these events and that often requires a certain level of medical support or ambulance response.

CHAIR - Would that be something like horse racing, where there are quite sever accidents?

Mr O'KEEFE - Yes.

CHAIR - But not to general -

Mrs SILVIA SMITH - No, no - where the likelihood is of severe trauma, I would suggest, it would probably be more likely.

Mr O'KEEFE - Yes, certainly those types of events. There are a number of classifications that are evaluated through that program.

Mr PRESHAW - We used to be used for things like the show, for example. I think the Royal Hobart Show and other shows realised they most likely got better value for their dollar in having St John. They had a number of people who could circulate around the ground, whereas with the Ambulance Service you had an ambulance in the middle of the ground. St John, if they needed us, they started treatment and called an ambulance. We have a radio linkage with St John so they can call from those sort of things, and that works well.

Mr SQUIBB - I was interested in the comment earlier when you referred to criticism in one of the submissions about helicopter usage.

Mr PRESHAW - I am not sure it was criticism; it was mentioned, I think, in the unions submission - they sent us a copy. It mentioned, I think, there was some, not so much

criticism, but observation of the way we called the helicopter out and put it on standby before sending it, in some cases.

CHAIR - Rescue operations - I think we have touched on those operations too.

Ms THORP - I have a question, if I may? I was just wondering if you would like to comment on ongoing training in the rescue operations area if the program is to keep the most up-to-date procedures et cetera.

Mr O'KEEFE - It is important to realise that when we class rescue operations it is broken into, I suppose, wilderness response and vehicular rescue. With vehicular rescue we are the party that is contracted, with the appropriate authority, to extricate the patients. In wilderness response, we are not the primary response; it is the police, and that is their area to manage. We provide the patient care and therefore, inevitably, are involved in getting to the patient to provide that level of treatment prior to the patient being extricated. As such, we have a dual role in our training functions.

In the vehicular rescue, which is our highest need in rescue operations, we have an ongoing training program which sees our staff reviewed and reassessed about every 18 months. That is varied slightly - and as we have made comment perhaps previously and in the notes - the service over the last few years has had an increase in numbers of new students coming on board - and that is for different reasons: for fatigue coverage and so on. As such, we have had a high need for our training units to put a lot of energy into the training in getting the new students up to the qualification program they have to go through. We have had times where we have been slightly behind in our ongoing rescue training, but that has improved and we have a program due to start within a few weeks again, isn't it, of rescue training for members across the State.

Ms THORP - Can I follow that line about the new students? It is slightly off the topic, but that it is interesting that you are saying that you have an increase in new students. I would imagine the service would see that as a positive, new people coming in?

Mr O'KEEFE - It is very positive, I believe, for career and aspirations of many people in Tasmania. I guess it is one of these catch-22 systems; the reality is that it strains our system to have a high number of students because we need to have a qualified member with that student who comes on and so the training is both an in-theory, in-block training as well as an on-the-road-training and a practical component of it. The role means that it limits some of our other training because there is such a constant program of training. But certainly the students are always State-trained. When we actually bring on some qualified people, there is, I guess, a high percentage of people who are trained in other States or may be previously from other States. I guess the retention of those people varies; some of them like to rotate through other ambulance services. We prefer to have students trained but there is only a limit that we can take.

Ms THORP - So there would be an ideal number. You wouldn't want to get above or wouldn't want to get below.

Mr O'KEEFE - Yes, that is right. When we get above it we end up with the potential of two students going on an ambulance and we can't do that. Right through to the superintendents, Ted who is superintendent of Southern Region, you will see he is in

uniform, and one of the reasons behind that is because he may be out on the ambulance within the next half an hour of being at work. It doesn't matter whether he's working in the role in charge of the region because the demands can vary. We can never ever plan for that potential. We try to plan against what we see is that the balance of providing level of care to cost.

CHAIR - We are getting very close to time now and I think we have talked a lot about the vehicles. What about communication systems? Do you find them satisfactory?

Mr O'KEEFE - Ted is more in charge of the communication side of it and I can probably hand over to him.

Mr PRESHAW - I am not actually in charge any more because we've had a restructure which is what I used to be, but I know a little bit about it.

CHAIR - This involves response times and call-out times and so on.

Mr PRESHAW - If you want response times, as average response times, I think we would need to take that on notice - if you want specific questions on response times - because we haven't really brought any of that information, but certainly we would be more than happy to provide it.

CHAIR - We will take that on notice, thank you.

Mr SQUIBB - The new paging systems?

Mr PRESHAW - The new paging systems are all but in; there are some transmitters that need to go in - some in the north west, I believe. But in the meantime we are using the Tascall service. Eventually it will be a fully Tasmanian Fire Service system; we will be using their transmitters and with us using the system.

Ms THORP - VHF?

Mr O'KEEFE - Yes, it is a VHF radio base. If I can just add in, the paging systems that we use are linked via the computer-aided despatch. I would ask that the committee certainly take a chance to have a look at the communication centre because I think it is very important for you to see how it actually operates from that level.

The pagers are linked to a crew and then that crew is linked into the computer on a daily basis on their signing on. In the event of us getting a call to a case, as the communications person is going through entering the details of the case, once the principal details are collected it automatically projects them to that crew and on the case through the control operator through the panel once that is assigned. So the details and the response information is progressed to the crew as soon as we possibly can. It is probably one of the best in Australia as a result of that, as far as the information getting across.

Ms THORP - How do they receive it? On a monitor or a verbal over the radio?

Mr PRESHAW - No, they carry pagers on their belts. Both the crew would get it, so if Garry and I were working together on an ambulance and we were logged on ambulance no. 1 and they send it to ambulance no. 1, we would both get the message on the pager.

Ms THORP - So it is a text message?

Mr PRESHAW - It is a text message. I would imagine eventually we will have them linked to the vehicles and they will be getting data information to the vehicles, but that is another step. This works very well because if they're sitting down having a cup of coffee at their ambulance station they have the information before the operator has finished taking all the other information that surrounds the case: they have the information as to the location and the condition of the patient, whereas the operator may well be giving ... instructions to the caller as to how to deal with the patient prior to the ambulance getting there. It is a bit hard to explain this without you seeing it and, as I say, if you come up to Comms, I would be more than happy to explain it to you there and it will all become apparent and become obvious when you see it up there.

CHAIR - Unless there is something specific, I think we should leave it until we go and have a look at it.

Mr SQUIBB - Are all your calls received at the centre in Hobart?

Mr PRESHAW - In Hobart, yes.

Mr SQUIBB - Are all 000 calls from there or does a 000 call go somewhere else and then if it is ambulance it's transferred to you?

Mr PRESHAW - Sorry, 000 calls are actually received in Melbourne initially by Telstra. I know there has been some publicity about all of this, but my attitude has always been it doesn't matter where they receive the 000 call as long as it doesn't delay the call or put any impediment into the progress of the case and we get it just as quick. It is just as quick to answer it in Melbourne - well, that is no problem. Then it is transferred to us -

Mr SQUIBB - Once it is ascertained that the call is for an ambulance it comes straight -

Mr PRESHAW - They already know, the software in Melbourne knows that it's coming from Tasmania, right? They just say, 'Emergency, which service please, fire, police or ambulance?'. If they say, ambulance, they just press a button ambulance and it comes into the control centre and it knows enough to know that if it is coming from the south of the State it will go to the south, the southern operator, and they take the call - it might be three or four seconds, and that would be exactly the same three or four seconds that would have happened if it had been answered in Hobart or Perth or anywhere else.

Mr SQUIBB - So if it is a call coming in from, say, the Murchison Highway or somewhere -

Mr PRESHAW - Oh, that's very topical.

Mr SQUIBB - Let's change it then, we'll make it the east coast.

Mr PRESHAW - No, no.

If I could just explain it. Telstra used to have problems; they could not tell a mobile phone was coming from and that was the problem, that was the problem with us. So whilst the software could tell that if you were dialling from a 62 number it was coming from the south of the State and therefore when they got it in Melbourne it connected back to the south of Tasmania. If it was a mobile phone, all it knew was your billing address - which is no doubt in Devonport, I assume - and it didn't know where the call was coming from, you might be in Western Australia with your mobile phone.

They have advanced that software and it now knows that you are calling from Western Australia, so it will put you in an area and it knows the area that you are calling from. So that if you are in Western Australia and you wanted an ambulance with your Devonport mobile phone it will be smart enough to connect you to the ambulance in Western Australia in the district you're calling from.

Mr SQUIBB - So just to clarify that. If it was a call coming in, say, from the west coast -

Mr PRESHAW - Conversely, yes.

Mr SQUIBB - 000 goes to Melbourne, once they determine that it's ambulance it then comes to Hobart or does it go directly to the north-west headquarters?

Mr PRESHAW - No, it goes to Hobart. The whole of our communication system is in Hobart.

Mr SQUIBB - And then from Hobart - how would you get that message then to the north-west?

Mr PRESHAW - Well, we would be taking the message to, say, Devonport. Once we have taken the details of where the case is and the condition of the patient that gets put onto the pager of the person sitting in the Devonport ambulance station or maybe sitting outside the shop because he has gone the shop or wherever they are, the nearest ambulance is called.

Mr SQUIBB - I have it now.

Mr O'KEEFE - And the other benefit in going through that 000 system is that in the communication centre in Hobart - and I would like you to see that as well - there is a monitor which is a caller line identification. If it's a residence they can actually bring up the information of the actual location and information at that location, so that aids in quick selecting and verification of where that person is.

Mr PRESHAW - Which has cut down our hoax calls to nearly zero. It is very good - we know where you're calling from. We ring people back and say, 'Are you sure that you're calling from wherever?'

Mrs SILVIA SMITH - If I could just take that one step further, the comment on the new software that's able to identify a mobile phone in a specific area, you are only talking Australia, I presume. For example, people travel now all over the world and that might be their access to a service and of identifying -

Mr PRESHAW - We are only talking Australia, but still when they pick up their English mobile phone and ring up in Tasmania it has a link to a transmitter and that's what the software identifies, the transmitter.

Mrs SILVIA SMITH - I'm not very software-minded on these things. If I could get up to the centre I'd have a look and I'd certainly work it out from there.

Mr PRESHAW - The software is just the computer program that does it all.

CHAIR - I think we will really benefit, Silvia, from viewing this communication centre.

Mrs SILVIA SMITH - I think so, yes, we're sort of flying without a visual.

CHAIR - We have run a little over time and you've been excellently patient and good helping us this morning and you've had quite a long stint in the chair, so unless there is one particularly urgent question from a committee member that we won't be able to check up when we get to the communication centre or down to the ambulance station itself we will take it but we are over time.

Mr SQUIBB - I want to at some stage pursue the private provider business, patient transfer and you're going to get some information.

Could I just ask, in relation to the Public Account Committee's Report where GPOC found that the department hadn't applied competitive neutrality principles to the patient transport service and that it did not take a public benefit assessment as prescribed, since that report has that taken place, can you tell me?

Mr O'KEEFE - There has been a full -

Mr SQUIBB - I know you have the KPMG - the KPMG Report is the response to that, is it?

Mr O'KEEFE - Yes, that's right. There was a public interest and I think it was a submission put out. There was a regulatory impact statement and all that information was provided in the report. I know that all the information has evaluated what was the right charges and processes to set.

Mr SQUIBB - That detail is not in the actual report itself but it's probably as information that the committee had access to and we obviously will have access to that.

CHAIR - Is that all, Geoff?

Mr SQUIBB - At this stage, yes.

CHAIR - Lin, you have a question, have you not?

Ms THORP - Yes, just briefly touching on the volunteer section of the terms of reference, I just wondered if you would clarify the position in terms of public liability insurance for volunteers, are they covered under the Tasmanian Ambulance Service public liability insurance?

Mr O'KEEFE - Yes.

Mr PRESHAW - That's been an issue that's been raised by volunteers regularly. If there were any public liability issues people would in fact need to sue the Tasmanian Ambulance Service, they wouldn't sue the individual volunteers and that's fully covered.

Mrs SILVIA SMITH - Just to hit one very quick one on the last term of reference, private providers, I was just wondering what their relationship is between private providers and the Tasmanian Ambulance Service?

Mr O'KEEFE - I think there is a working relationship between the two. Each one has its own areas of cover and response so, I guess, that's based on that level of discussion and communication.

CHAIR - How many private providers are there, Garry?

Mr O'KEEFE - One, Ambulance Private.

CHAIR - Well, if there's nothing else from the committee at this stage - we are aware of your willingness to come back if we would like to ask you further questions. You have invited us to have a look at the ambulance station to view the vehicles and to have a look at the communications centre.

Ms THORP - Yes, I hope we can take that up.

Mr PRESHAW - If I could also point out, Madam Chair, that the CEO is most likely going to be back next week.

CHAIR - It's a matter of getting the committee together and I tell you what that's no easy matter.

Mr PRESHAW - It maybe that there'll be an opportunity for him to talk with the committee, I'm not sure of that.

CHAIR - Thank you all for coming along this morning and for being so helpful. We look forward to catching up with you again at some future date.

Dr BRAND - Thank you very much for giving us the opportunity to come to the committee.

THE WITNESSES WITHDREW.

Mr CHRISTOPHER HOLLOWAY, VICE PRESIDENT, GLAMORGAN AMBULANCE SERVICE, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR (Mrs Bladel) - Mr Holloway, have you been issued with a copy of the terms of reference?

Mr HOLLOWAY - I have just received them.

CHAIR - You have been kind enough to give us a submission. Would you like to speak to your submission and take us through it?

Mr HOLLOWAY - Thank you, Madam Chair. The Glamorgan Ambulance Service was pleased to be invited to submit our comments. I think what we are really getting at with our main concerns is something that we have been talking about for the last 10, 15 and maybe 20 years and that is that we still have problems with the recruitment and the retention of the recruits training. Insurance was just mentioned, and I understand that Mr Preshaw and Mr O'Keefe both stated that public liability extends to the volunteer ambulance officers. That has been a grey area for some considerable time and I understand from some of those who are considering to act as volunteers, particularly where we come from, that is a very big issue, litigation, as it is of today.

Communications: being in a remote area, we do have associated problems with communications. We are linked with the pagers that the previous gentlemen have both mentioned and we also have associated radio problems and the radio problems I mean being in the vehicles themselves. It is difficult; we have black spots on the east coast where we do find it difficult. In some instances we can't even use our mobile phones and we can't use the radios in the vehicles that are provided so we do have problems. Sometimes we've stopped and gone into a house, if it is needed, if there is a deterioration in the condition of a patient. These are concerns to us.

CHAIR - So you've had to go into a house and use their private phone line?

Mr HOLLOWAY - Yes.

CHAIR - Does that happen very often, Mr Holloway?

Mr HOLLOWAY - Not a lot. In eight and a half years I've probably done that about four or five times, but when you multiply that by - we have 18 volunteers and I'm not suggesting that they've all served the same time but some have served a lot longer, in fact some have been there for 30 years - so it does occur.

Mr SQUIBB - You also indicate - through you, Madam Chair - in your submission that part of the problem, in your opinion, is due to the lack of maintenance.

Mr HOLLOWAY - Yes, maintenance is an issue. I can recall one instance where I couldn't get out from where I live at Coles Bay to headquarters and when they went to have a look at the reason why, it was painfully obvious that the transmitter located at Mount

Paul, which is some 10 kilometres from Coles Bay, was pointing out towards sea. That is an isolated case but that did occur, so obviously we were left alone with a patient and no-one to talk to.

CHAIR - That's pretty frightening.

Ms THORP - As somebody who uses VHF radio myself, I know that over the recent 12 months or 18 months there has been a new receiver put in at Cape Raoul - there seems to be an ongoing program. Is the east coast getting some of this new upgraded VHF facility?

Mr HOLLOWAY - Yes, I believe so. There was talk that we were going to get another one up at Cape Tourville, which is within the national park at Freycinet. The problem with that one is that it was to help marine users. I can't see why couldn't link in with them, not being an expert in that field. I suggest that if they are putting in a transmitter then there shouldn't be too many problems -

Ms THORP - You are using VHF radios?

Mr HOLLOWAY - Yes.

Ms THORP - I don't think it matters whether it is put in for marine use or land-base use -

Mr HOLLOWAY - But as long as we have that channel available, that's the important thing.

Mr SQUIBB - The matter that you referred to previously where it was pointing out to sea, was that pointing out to sea to cater for marine users or was it lack of maintenance?

Mr HOLLOWAY - That was the one installed on behalf of Tasmanian Ambulance to improve our service up on the east coast.

Ms THORP - It is my understanding - through you, Madam Chair - that since MAST has had a licensing system and they have been hypothecating funds into different services, a lot of the money has been going into upgrading VHF services, which is why a lot of marine users have moved from 27 meg. and VHFs can be used by multiple services.

Mr HOLLOWAY - I also have a charter boat up there so we very rarely use the 27 meg. any more - it is all VHF. You get a better coverage.

We also have concerns for the plans of the future on the east coast in regards to Tasmanian Ambulance that, being a private service that we are, we find because of the isolation it is difficult to meet on a regular basis. I also was advised of a recent appointment at Tas Ambulance of Mr Pat Reardon but the funding is only for three months. We have grave concerns for the availability of the Tas Ambulance training which is so necessary, particularly for our volunteers who are coming in from, say, off the street right through to the current level 2s that we have. Past this point of three months, I don't know what is going to happen there. I was very disappointed when I found out that the funding was only for three months.

CHAIR - Have you raised this with Tas Ambulance at all?

Mr HOLLOWAY - I found this out last night.

CHAIR - So you haven't had an opportunity.

Mr HOLLOWAY - No. I didn't attend the last volunteer meeting, unfortunately, and that is where it was discussed.

CHAIR - What period was that three months to cover in time?

Mr HOLLOWAY - I understand that is probably from mid-November through the next three months. He is engaged to do the training for the volunteers.

CHAIR - What period would you see as satisfactory?

Mr HOLLOWAY - Well, I would certainly consider three months as a short term, but I'd expect at least 12 months. You can get some sort of continuity then rather than just a short three months. Whether the position is advertised again or not, I don't know.

The recognition as volunteers - there is a perception that the volunteer ambulance officers do not gain the recognition within the community. It has been said to me that they run a long second to the volunteer fire officers, so there is a low profile existing within the rural and remote areas and that also is stopping some of the volunteers coming forward.

CHAIR - Would you say this affects morale?

Mr HOLLOWAY - It certainly does.

The vehicles that we mentioned, that has been largely addressed in the last few weeks because in Coles Bay our F250 ambulance has just been replaced with a more modern Volkswagon, be it three years old with 97 000 kilometres, but I understand that is only for two or three months until such time as some of the Ford Transits are taken out from Tas Ambulance and put into the remote areas. So that is, to some degree, being addressed.

I did mention the training. We need consistent training. We also have registered nurses. My wife is a registered nurse and we have had a couple of others who have been volunteers. They must follow Tas Ambulance protocols. We can't use epipens for anaphylactic reaction - it's a shot of adrenaline - because we have a lot of tourists, as you know, up on the east coast and some may be allergic to jack jumpers - quite a few people are. They can carry their own epipen, you can buy them over the counter at the pharmacies, but unfortunately as volunteers we are not allowed to administer them.

Mr SQUIBB - What about the registered nurses?

Mr HOLLOWAY - No, even a registered nurse -

Mr SQUIBB - As a volunteer?

Mr HOLLOWAY - My wife was working in hospitals for 30-odd years giving injections every day and all of a sudden she has joined the ambulance with us for the past 12 months and she is frustrated that she knows what the patient needs and yet she cannot administer that herself. So there are concerns. I was of the opinion about five years ago that those volunteers living in rural and remote areas would be, say, upgraded so they could provide analgesic or something for pain if they considered it necessary. I have turnarounds, the longest turnaround has been 15 hours on one case, where I've gone into Mount Graham in the Freycinet National Park, we've treated the patient, brought the patient back and I've had to travel from there down to the Royal and back home, a 15-hour turnaround and that guy was in a fair bit of pain.

CHAIR - And you weren't allowed to administer an analgesic?

Mr HOLLOWAY - No, we could administer ...only, but that means you have got one bottle which may last - it's on demand - 20 to 30 minutes so you have to carry those sorts of things in where, if we had something else -

Mr SQUIBB - So there isn't a medical centre or a private practitioner somewhere in the area -

Mr HOLLOWAY - Not in Coles Bay; there is at Bicheno

Mr SQUIBB - Obviously closer than the Royal.

Mr HOLLOWAY - Sure. By the time you're getting out of the Freycinet National Park about two o'clock in the morning, it's difficult to find people.

Ms THORP - Could any of those issues that you have just raised be addressed by a revisit to the protocols perhaps?

Mr HOLLOWAY - Yes, although I don't believe it should be open slather for everyone, but maybe some training for some remote and rural areas and that those with the expertise may be able to administer analgesia if it's required.

Ms THORP - So some variation on the protocols to suit certain areas and certain personnel?

Mr HOLLOWAY - Yes. I had this discussion with Mr Rod Mason from Tas Ambulance four or five years ago and he considered it was a good idea but that's as far as it has gone, unfortunately. In the meantime we have still got patients out there who are suffering a great deal of pain from time to time.

Ms THORP - So someone like your wife, to use that as an example, perhaps her qualifications be noted and she be given permission, for want of a better word, to do procedures that would not normally be done within that protocol?

Mr HOLLOWAY - Yes, that's what we are referring to and it's not just us, it's where you do not have access immediately to any sort of practitioners or the health centres. We have a very good health centre in Bicheno but that closes at five o'clock of an evening.

CHAIR - Have you raised this issue since five years ago?

Mr HOLLOWAY - Yes, that has been raised as a matter of concern on a considerable number of times and we don't seem to get anywhere with it, unfortunately.

The administration of being a privately operated service, the administration needs, I believe, addressing as well. We could do with some assistance there. It is time consuming with regard to ordering of stock, book-keeping et cetera. We could certainly do with somebody there on probably a fortnightly basis, even if it is only half a day a fortnight or something just to keep up with the stock and maybe, just maybe, the stock that's about to run out, the expiry time is close by, that that may be returned into Tas Ambulance where it may be used within the next two or three weeks. What's happening now is we don't know what we are going to need in three months' time and some of the drugs not being used and they have to be discarded. So I consider there is a lot of waste there but, if we had a tap in with Tas Ambulance, I feel sure that we could overcome that problem.

Mr SQUIBB - Similar to what they do with their vehicles.

Mr HOLLOWAY - Exactly.

CHAIR - Is this an issue you have raised, Mr Holloway?

Mr HOLLOWAY - Personally no, but this is my first time at representing the association as I am the new vice president for one month, I think.

CHAIR - It is a bit of a tall order to ask you these questions.

Mr HOLLOWAY - I don't mind at all. I have been in the background as a volunteer for over eight years, so I am happy to do so.

CHAIR - So it's an observation which you have made. Well, I will open it up for questions from the committee.

Mr SQUIBB - The obvious one I guess - why does the Glamorgan Ambulance Service have to provide the service rather than the Government who provide a similar service into other communities around the State with far less population than you have?

Mr HOLLOWAY - Well, someone had to ask the $64 000 question; I didn't expect it first up, but one wonders.

Mrs SILVIA SMITH - Because there would be quite an influx of tourists during the season so there would be a need for it.

Mr HOLLOWAY - Coles Bay alone on some days has 4 000 to 5 000 tourists through. We have the Freycinet National Park interpretation centre which will be coming on line March-April next year. There will be more tourist buses, consequently we have people in there who are elderly, who go on those bus tours. There are going to be a lot of people there and it's increasing all the time.

The visitation of Coles Bay alone last year was 350 000 people, yet there is only a resident population of 130, so it puts a fair strain on - we have only got four active volunteers in Coles Bay so sometimes you just down tools and just go. The pager goes off and off you go.

Mrs SILVIA SMITH - So is the service looking at talking with Tas Ambulance and seeing if they can perhaps put a service there and use the volunteers in addition to?

Mr HOLLOWAY - They haven't considered that at all but they have certainly been requesting the assistance of a paramedic at Swansea for some time, which is only 40-45 minutes away, whereas now we are relying on a paramedic from Scamander and then he or she has to be there.

Mrs SILVIA SMITH - That's a long way.

Mr HOLLOWAY - So we're looking at least an hour and 10 minutes from there. If the paramedic is out on a case from there then we're relying on someone from Campbell Town, then they've got to be there - so it's not easy.

CHAIR - How many call-outs a year would you have?

Mr HOLLOWAY - I can give you exactly. Coles Bay was shown as nine for last year -

CHAIR - Yes, with your breakdown from different areas.

Mr HOLLOWAY - But last week we had four, so we just don't know, the year before was 26. I am sure it was nine.

Mrs SILVIA SMITH - There's a comment here in the year ending June 2000, the number of cases the GAS responded to was 209.

Mr HOLLOWAY - Yes, for the whole service for our area. That has gone up, the figure for this year it is going to be well up if this trend continues.

Mrs SILVIA SMITH - They had 22 call-outs within a 14 day period in March just for the Swansea unit which, from that statement, it's quite a lot.

Mr HOLLOWAY - Oh, yes. Last Friday, take that as an example, we didn't receive a call at Richardson's Beach, which is in Coles Bay - the call went to Swansea. Through their pagers they were called out so, in turn, when they rang through to Tas Ambulance, obviously Coles Bay were not there, Swansea was not aware that Coles Bay 108 hadn't been called. So Tas Ambulance then paged out the Bicheno crew - which is some half an hour away - we were all sitting around there at 10.10 on Friday morning without one pager going off. A young boy fractured his patella so he was in a great deal of pain for some period of time.

These things do occur, it's unfortunate, but I think that we should get these isolated cases and bring them to a head and resolve the matter somehow; it's just totally unnecessary.

CHAIR - So this was a breakdown in communications?

Mr HOLLOWAY - Yes.

Mrs SILVIA SMITH - We were talking earlier about the changeover of vehicles from Tas Ambulance Service outsourcing their older vehicles. What happens with your service with the upgrading and equipment? We talked about defibrillators and those sorts of things, what happens there for you, do you have to upgrade it yourself or do you get equipment sent down to you from the Tas Ambulance Service?

Mr HOLLOWAY - No, we upgraded these new starts, we did that ourselves. We were promised three, some persons unknown reneged on that, so we went ahead and raised the funds and purchased two and we lease on other.

Mrs SILVIA SMITH - And is this the normal method for you having to upgrade equipment or change equipment?

Mr HOLLOWAY - Yes.

Mrs SILVIA SMITH - So that's quite a task in itself in a unit that's not that big.

Mr HOLLOWAY - Well, it is, because we are only reliant on donations. We have a newsletter that goes out with the rates demand each year and two years in a row it hasn't gone out for various reasons - I don't really want to go into that. We do receive from the State some case money - it is always 12 months behind - but that's starting to dry up as well.

Mrs SILVIA SMITH - So in your service how many units do you provide and where are they?

Mr HOLLOWAY - We have four vehicles: two located at Swansea, one at Bicheno, one in Coles Bay. Currently we have 18 volunteers for those four vehicles, so it's pretty thin on the ground.

Mr SQUIBB - The cost for fuel of the vehicles and other running costs and the cost of your phone system, is that covered by Tas Ambulance Service?

Mr HOLLOWAY - No, the cost associated with maintenance and service of the vehicles is borne by the Glamorgan Ambulance Service. Now with the introduction of the first of the vehicles from Tas Ambulance, we will be obliged to pay for maintenance, servicing, fuel, et cetera.

Mr SQUIBB - So other than community fund-raising, where else do you get funding from?

Mr HOLLOWAY - As I said, the donations.

Mr SQUIBB - So that's part of community fund-raising. But you cannot charge a fee for service?

Mr HOLLOWAY - No, we are not obliged to. It would require a change of an act of Parliament to enable us to do that. We have already investigated that. If it was just $50, or something like that, it would at least go towards some fuel cost.

Mr SQUIBB - I would think that the government of the day or the department ought to be looking very favourably at guys such as yourselves who are providing such a service at very little cost.

Mr HOLLOWAY - I understand that last year the on-call time equated to about $6 million in Tasmania for volunteer ambulance officers so it's a substantial saving on someone.

CHAIR - That's a huge amount, isn't it? It's a marvellous service.

Mr SQUIBB - We ought to be highlighting that in this year of the volunteer.

CHAIR - Indeed we should. Well, in this report we may very well do that. Any further questions for Mr Holloway.

Mrs SILVIA SMITH - I would just like to comment on the submission itself. It certainly gives us a very good picture of what is happening with your service. You have even given us some recommendations and I find those really interesting. I certainly would imagine that this committee would take those into consideration when we do our report. It is an excellent submission in that respect. I thank you for that because it has certainly given me a good outline of your service. I was totally unaware of your service.

Mr HOLLOWAY - And that's what we find up there as well. We are not out there for all the glory but occasional recognition doesn't go too badly for some.

CHAIR - Everyone needs that, Mr Holloway, especially when you are providing such an excellent and valuable service.

Mrs SILVIA SMITH - And you recognise the value of the helicopter service too. Being a remote region that's fairly obvious, isn't it?

Mr HOLLOWAY - Yes, undoubtedly. We were the first to use Rotorlift actually. Now with mobile phones being used in the area, we have instances where a visiting doctor on his yacht has got on his mobile and the next thing the chopper is in the air. Nobody knew what was going on, so the chopper came in on the advice of the doctor, picked up the patient and disappeared - that's something different.

CHAIR - Whisked out from under your nose as it were.

Mr HOLLOWAY - Virtually, yes.

Mrs SILVIA SMITH - Is your mobile phone range okay now or do you still have black spots?

Mr HOLLOWAY - There are a few black spots. Yes, on Telstra we're okay, but for anybody going in there with Optus it is just hopeless. When I was on local council up

there up till about six months ago, before I resigned, I had allocated moneys to purchase mobile phones for the service.

Mr SQUIBB - Despite the huge commitment, your opening statement indicates that it's the wish of your organisation to remain independent and to continue to provide the service rather than have Tas Ambulance Service provide a service in that region?

Mr HOLLOWAY - I think so. All we are wanting is assistance. I think we are quite capable on our own with the assistance of Tas Ambulance and we need that to be consistent - not just for two or three months and then all of a sudden they forget about us.

Mr SQUIBB - If your organisation found that, because of lack of volunteers and lack of resources, it had to close down, what is the alternative?

Mr HOLLOWAY - Well, that's probably a question you need to put to Tas Ambulance - what plans do they have for the future of the East Coast should that event occur. We have been going there for 37 years or something.

Mrs SILVIA SMITH - It is probably not going to occur yet but, from your comments, I believe that some assistance in administration for the organisation would be of great benefit.

Mr HOLLOWAY - Yes, that's all we need, some sort of assistance. They have got the expertise they could surely give us a little bit of that.

CHAIR - Any further questions to Mr Holloway?

Mr SQUIBB - I am just trying to look back and compare the East Coast to the West Coast -

Mr HOLLOWAY - You can't compare then.

Mr SQUIBB - I know you can't do that but from the point of view of the provision of ambulance services, Tas Ambulance Service does provide the service on the West Coast I believe. Are you aware that they do?

Mr HOLLOWAY - Yes.

Mr SQUIBB - With a smaller resident population -

Mr HOLLOWAY - They wouldn't have the visitation numbers that we have.

Mr SQUIBB - That's the point I was going to make. So it would be difficult for the Government to justify not providing a service if need be when certainly smaller permanent communities and communities who have such large numbers at certain times of the year are left without a government-funded service.

Mr HOLLOWAY - We certainly need the help but, notwithstanding, I wouldn't begrudge the West Coast because they have a heavy industry over there so they need something as well.

CHAIR - They also have very difficult climatic conditions. I mean, they are often blocked in with snow and so on, so I suppose the -

Mr SQUIBB - I am not trying to suggest they shouldn't. I am putting a case for the East Coast to get a better service or more assistance.

CHAIR - That is right. If there are no more questions I will thank you very much, Mr Holloway, for taking the time to come down to Hobart and visit us and give us the benefit of further information by talking through your submission and I do thank you for that submission. As Sylvia pointed out, it was an excellent submission and it has been very helpful. We will most certainly call upon it as we prepare our report and let's hope that things will be noted.

Mr HOLLOWAY - Thank you very much.

THE WITNESS WITHDREW.

Mr DAVID WATSON, AMBULANCE PRIVATE PTY LTD, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR (Mrs Bladel) - Thank you for coming along. For the record, do you realise that you are being recorded? Thank you very much for responding to our advertisement to come along. That's good of you. Would you like to tell us a little bit about your service, please?

Mr WATSON - As you are probably aware from what was said earlier on, I am the only private provider of ambulance services on the east coast of Australia. There is one other provider of a private ambulance in Western Australia and that's the sum total. There are an emerging number of private patient transport services, particularly in Victoria, and I think we will see them continue to grow but I think somehow we managed to strike at the right time and we actually have a licence to operate a private ambulance service.

CHAIR - Could you describe your service to us, as you go along?

Mr WATSON - I probably should start a little bit earlier than that actually. My background is that of ambulance. I spent some 25 years with the Tasmanian Ambulance Service. Of that 25 years, 17 years was spent as a paramedic. Just prior to finishing, I was the supervisor of the communications centre in Hobart. I took over at a particularly messy period and did a lot of work to bring it up to scratch.

CHAIR - When was that?

Mr WATSON - I left the service in 1998 so for most of the mid-90s I suppose I was heavily involved with communication issues. It was not just the communication side; I was actually the practitioner in charge of the communication centre so it was up to me to ensure that it operated in a genuine way. In the early 1990s I started looking at what we were doing as an ambulance service and felt that we could improve it and at that stage the idea of a private service was born. Three ambulance officers, including myself, approached the service and asked for a licence to operate. That was in '92 and we eventually got a licence in '98. By that stage the other two ambulance officers had dropped out of the system and I was the only one running. Thus Ambulance Private was born.

It was given some sort of assurances that it wouldn't succeed but for a two-year period though we were extremely successful. We expanded four times over and our catchment was very successful.

CHAIR - So when you say you expanded four times over, what does that mean?

Mr WATSON - We started with one vehicle and one person. We ended up with three vehicles, a helicopter, a plane and 28 staff. So we did very well. We are very pleased with ourselves. Unfortunately, that changed very dramatically with some of the changes that took place within the Health Department and that has curtailed our activities to an extreme level, so we are now surviving but we are very much a marginal business.

CHAIR - Right. So you have got three vehicles?

Mr WATSON - Still running three vehicles around the State.

CHAIR - A plane?

Mr WATSON - Yes, we have got a liaison with TasAir to provide a plane and we have a helicopter, which doesn't get off the ground at all now.

CHAIR - Did you own the helicopter or -

Mr WATSON - No, we were leasing it at all times.

CHAIR - You were leasing and you were arranging through TasAir to use their plane?

Mr WATSON - Yes.

CHAIR - Was that satisfactory?

Mr WATSON - TasAir? The link up with TasAir is very good. So effectively that's Ambulance Private in a nutshell. What do we do? We spend most of our time I suppose moving patients between hospitals, private homes, doctor's surgeries and the like. During the weekends and sometimes during weekdays we do a fair amount of contractual work for sporting organisations and industrial organisations. We saw problems some two years ago when the Health Department was changing and we took on training. We now provide a full range of workplace training and we have also found an unusual niche in as much as we are taking people backwards and forwards to the mainland by either the TT-line or by our aircraft and that's at about half the cost of the existing air ambulance operation, which is fairly attractive obviously to quite a number of people.

CHAIR - Yes, indeed. So what cost is it?

Mr WATSON - Well, to give you an indicative cost, we flew a patient across the other day; our cost came in at about half the cost of the air ambulance - and that included all the road-going transfers as well - so we are looking at probably a price of around about $6 000 or $7 000 by air ambulance as a package versus our plane which charged out at about $3 200. It's a big difference.

Mr SQUIBB - And your clients - are their expenses covered by medical benefits or private health cover?

Mr WATSON - No, it's a very messy area. Tasmania is an exclusion and it's a bit of a throw back. Tasmania traditionally has provided free ambulance services to everybody. Now, that changed back in about '96, I think, when the private hospitals had charges laid upon them. We have also always charged insurance companies and MAIB for their work. The private funds have not really considered that the law has changed so at this stage you have private hospitals which are being charged to provide transport and they can either go to the Government and be charged a fixed rate or they can come to us and be charged less. Obviously it is fairly attractive for them to come to us. They're in a

position where they cannot pass those charges on; they have to absorb them into their budget.

Mr SQUIBB - So if it was an emergency ambulance service that would be covered, I assume?

Mr WATSON - Yes.

Mr SQUIBB - Whereas patient transfer is regarded differently?

Mr WATSON - Yes. A patient going on for urgent treatment to another hospital is considered to be an emergency and no charge would be raised. You've got to walk a little bit of an awkward line actually as to the criteria and where patients fit into it. But certainly for the bulk of the patients that they move - the more stable patients - the private hospitals are charged and have to absorb that into their own budget.

Up until now Calvary, Mersey and the like have absorbed that into their budget. Hobart Private recently announced earlier this year that they would no longer absorb it into their budget and they're charging patients direct. In other words, if you've be admitted to Hobart Private from a nursing home you would have had a free ambulance to take you to the hospital but on your return, after your leg has been pinned or whatever and require an ambulance to go back, the charge will be borne by yourself as an individual.

When you turnaround and go to your private fund you are going to be told, 'No, that's not appropriate.' It's a very messy area and it's causing some strife right now. I would be surprised if some of you, as politicians, hadn't already been contacted by people who are very offended by that. It becomes a bigger issue when they're further away and the bill starts getting bigger. It is an issue that I would be happy to see the funds change. Certainly we've seen that some of the smaller funds and the funds operating from the mainland, like AXA, have changed, but Medibank Private, MBF and St Lukes - the three main players in Tasmania - have not moved at all.

CHAIR - Medibank Private is a national scheme.

Mr WATSON - Sorry Medibank Private is a national but they draw up an exclusion for Tasmania and MBF is the same. If you've got a Victorian registration for MBF you are treated differently from the way you are treated in Tasmania.

CHAIR - Is that so?

Mr WATSON - Yes, as an MBF member in Tasmania, I have an exclusion on ambulance in Tasmania. It's very naughty. That was an off the cuff comment - I shouldn't have said that!

Mr SQUIBB - Exclusion on ambulance or patient transfer?

Mr WATSON - Right across the board.

Mr SQUIBB - Because normally your ambulance would be free.

Mr WATSON - Yes; it's a very fine line when you look at what is the difference between patient transport and ambulance.

Mr SQUIBB - I'm trying to determine that.

Mr WATSON - It's to do more with paperwork than it is with reality. A vehicle with a stretcher in the back and with a person offering a degree of care is an ambulance. Call it what you want, it's an ambulance. Unfortunately, we have this proliferation of patient transport, which has jeopardised what we're doing.

It has jeopardised it in two ways. First off, as far as patient care goes, these things are stripped down to the bare minimum; they carry extremely little equipment, if any - sometimes a bottle of oxygen and that's about as far as it goes.

CHAIR - That's for patient transfer.

Mr WATSON - Patient transport, yes.

I have a real problem -

Mr SQUIBB - But by the same token, how could you justify utilising a fully equipped and advanced life support staffed vehicle for non-emergency patient transport -

Mr WATSON - I think you can. It really comes down to the fact that patients being moved around the State for any reason are within a hospital environment or within a medical environment for a reason. To suggest that once they've left the hospital they can go into a lesser level of care until they arrive at the next hospital is a pretty shaky philosophy.

The other problem is too that we know that a lot of patients moved by the larger government ambulances are not highly appropriate for the level of care that they can be capable of getting. We accept that. A patient's need goes up and down like a yoyo but the State requires a fixed amount of vehicles at a certain level to be able to cover the State's requirements. So if a plane does come down we need to be able to send 40 ambulances to that site. It's not good enough to send, say, 10 ambulances and 30 patient transport vehicles if they can't look after a broken arm or a broken leg because they're not set up to do anything acute.

CHAIR - So you can't take any care in that sense that -

Mr WATSON - You're limited by the vehicle and also by the staffing and the staffing level is very much at the lower level for patient transport. We elected to go with full ambulances. We believe that the fully equipped ambulance is a better option. Also - and this might sound a little bit silly - but as a Tasmanian I happen to believe that the State does require a fixed response. Whether that's made up of half government and half private is irrelevant. The vehicles should be equipped to a set standard; the vehicles should be compatible with each other so that my stretcher fits into a government ambulance stretcher. If you allow a proliferation of patient transporting without those standards, you can have a real mess on your hands when you do actually require a large response.

CHAIR - So what kind of equipment do you carry on your ambulances, Mr Watson?

Mr WATSON - We cheated. Having had a background of ambulance for many years we buy our vehicles at Mader International Pty Ltd up in Penguin. Our vehicles are actually Volkswagons - we happen to like the Volkswagons better than the other offerings around. They're equipped and built to the government standard.

We use the same suppliers of equipment that the Government uses because it's much easier for me to say, 'Here is a complete duplicate ambulance - barring the highest level of the paramedic drugs.' Obviously we do not carry narcotics. That way there is no question about the level of the equipment or the vehicle you are providing.

As far as staffing goes, the other thing I do is pick up off duty ambulance officers when I need them for special requirements and they can walk straight into one of my vehicles, close their eyes and know that the boxes they pick up will be the same as in their own vehicle and equipped to the same level.

CHAIR - So you can use the State's off-duty ambulance officers?

Mr WATSON - When necessary, yes, we have a small number of ambulance officers who have indicated they would like to also work with us. They are part-time and they've been given clearances through the system.

We also use a number of part-timers ourselves; we also use a mixture of nursing staff at varying levels as well. So it's really a matter of trying to match the requirements of the job to the person. Suppose you have a very messy orthopaedic transfer to do to Melbourne - if you put an orthopaedic nurse on board plus an ambulance officer you have the best balance of logistics for the patient.

CHAIR - I am interested in the cost - when you can say you can do it for half the price of the air ambulance service. Why is that?

Mr WATSON - I accept the fact that we use a smaller plane - I don't know whether any of you are aircraft-oriented at all, but we use the Aero Commander, which is getting fairly long in the tooth, but it is a reliable, solid, dependable plane and it is maintained obviously at the same level. It is not a pressurised plane and it doesn't travel very fast so there's a limit on its height and there's also a limit on the suitability of patients that you would put on board. With recent surgery cases and neurological patients, you would want to be very careful about flying.

So having got the limitations of a smaller plane - unpressurised and travelling slower - we happen to pay half the price for flying time. So even though it might take two hours to get to Melbourne instead of, say, an hour and half, the savings of cost factor is just unbelievable.

Mr SQUIBB - So it's only on the air transportation that you'd come in cheaper than what the Government's charging?

Mr WATSON - Oh, no, I'd like to think that our charges across the board are consistently cheaper than those of the Government.

Mr SQUIBB - I understood your concern was the opposite.

Mr WATSON - Yes, we're getting into some messy areas. As of a month ago you've got new charges that have been introduced by the Government, which cut their existing charges by at least a third.

CHAIR - Is that so?

Mr WATSON - Yes, it's not bad. I must be the only operation in Australia that has managed to reduce its prices in the last 10 years. I find it very offensive. I argued against it, I believe I put a lot of very solid material down to say that the basis of their charges were extremely suspect. I was also given assurances that the charges they were going to introduce were only for the south of the State and I was given that assurance in writing and they have now introduced those statewide.

CHAIR - In what service?

Mr WATSON - We have jumped probably a little bit further than I wanted to straight off, but we're talking exclusively here of patient transport service.

As you are aware I went to GPOC, there was a finding from that; there were two findings that had to be done. First up was a cost attribution was model that said, 'Tas Ambulance, you're introducing charges to the public, you have to justify those charges'. So that was the first package that they had to come up with very quickly and they went to KPMG -

Mr SQUIBB - Eventually.

Mr WATSON - to sit on the committee, not to chair it or run it but to sit on the committee and give it some degree of authority.

They looked at a variety of prices for the southern patient transport service, which at that stage had been operating for some five months. They extrapolated all their prices and said, 'Okay, if we've got five months figures we'll make them 12 months' which was illogical. They put them out as a general statement and said, 'Here's the basis of our new charges'.

They had forgotten a variety of things - like the second ambulance they were using, three stretchers at $4 000 each, no insurances, no profit margins, no maintenance on the vehicles. They had allowed $4 000 for fuel but in actual fact their mileage said it was $10 000 - there were a lot of problems with the figures.

We went back to their committee about three times. We were eventually told they didn't want to talk to us anymore and they went ahead with the paperwork they'd put out. That was the basis of the new figures that they've charged out for and I still believe - and we put paperwork together to support this - that they were violently understated. They have ignored that now and they have gone ahead with new prices, which are now one-third cheaper than ours.

CHAIR - So would you be able to supply this committee with copies -

Mr WATSON - I can provide you with every piece of the documentation that we provided to that committee. I can provide you with the final papers that were sent off to the committee saying that it had violently understated what it had done.

CHAIR - And that would have all your costs listed?

Mr WATSON - What I've done is try to work very carefully with the documentation they've given us and highlighted the areas that they have not put charges into - say, costs of insurance and stretchers and the like. They came up with a fixed figure and said their patient transport service in the south had cost them $160 000 -

CHAIR - This is Tas Ambulance Service you're talking about?

Mr WATSON - Yes - or projected $160 000 in the first year of operation.

CHAIR - So you have copies of those figures, you say?

Mr WATSON - Oh, yes.

CHAIR - Of their charges and costs?

Mr WATSON - Yes. So they based their charges on $160 000 worth of expenditure. We argued strongly and said, 'Look, we know that it's actually $249 000 that we're aware of and it could go way, way past that but we know of the $249 000'. Unfortunately they've gone ahead and issued their prices out on $160 000, which has the effect of putting us very close to a marginal enterprise.

CHAIR - Sorry to keep on this, but you say -

Mr WATSON - No, it's pretty important stuff.

CHAIR - that they have understated their prices?

Mr WATSON - Very much so, yes.

CHAIR - So what proof can you offer us?

Mr WATSON - The first financial papers they put out costed their patient transport service at $130 000.

CHAIR - And you had those papers?

Mr WATSON - Oh yes, these are public papers.

Mr SQUIBB - And that was one that allowed for $4 500 for fuel costs, was it?

Mr WATSON - Yes.

Mr SQUIBB - In fact in their evidence this morning they indicated it was closer to $8 000.

Mr WATSON - It was closer to $10 000 actually.

Mr SQUIBB - They were talking about 79 000 kilometres and using, I think, around about the 10 litres per 100 kilometres.

Mr WATSON - Which left them nothing for maintenance and nothing for tyres and nothing for brakes and nothing for bodywork. They had two accidents in the year which they hadn't priced. I have got no problems with a genuine competitor. I expect to be in competition.

CHAIR - Can we just keep on with the prices just for a moment. Sorry about that.

Mr WATSON - Okay. So going back to the first part then. Their first documents that were released said that the patient transport service in the first year of operation projected would cost $130 000. They then revised that after our second meeting and said, 'Okay, we will accept $160 000.' We came back and said, 'Wrong, try $249 000'. Now, sitting in on that meeting was Damon Thomas and Nick Behrens from TCCI. They were also highly offended by what they saw.

CHAIR - So we will endeavour then to get that evidence - having got some record - and we will be able to check those statements with them.

Mr WATSON - Yes, it's a major issue. Effectively they were given a certain amount of money - $132 000 from Cabinet, but their admitted expenditure is $160 000 and I think more likely $249 000. Now, that's a long way over what they were given to set the service up and run it.

CHAIR - It certainly is. And your own expenses, can you give us a breakdown of your charging and your costs?

Mr WATSON - Yes. I walked this route with the Public Accounts Committee and I was asked for things like profit and loss over a three-year period, which I provided, but I made them very short figures without a lot of detail in them. That obviously offended one of the committee members who asked for more detail and when he did ask for more detail he was going down to the names of my staff, the amount that I paid them, wages, cost of tyres and so on. I felt at that stage that I had a serious problem - that somewhere down the line as a commercial operation, I really felt that that was inappropriate.

I must admit now I am still walking the same line - somewhere down the line I feel that Ambulance Private's personal details should remain Ambulance Private's. If that offends the committee, I would prefer to work around that and be specific about the information you want.

CHAIR - I can understand the commercial-in-confidence business but if you are saying the Tas Ambulance Service has understated their costs and their charging then surely you have to provide this committee with the similar evidence of your -

Mr WATSON - Surely then my prices would be in themselves justification. If I can charge extra job -

CHAIR - Yes, that's no criticism but it is just so we can have the complete comparison.

Mr WATSON - I would prefer not to stack myself up against their running costs. It's information we have never wanted to release to the public or to a committee at any level. It's very much a personal thing. I would prefer to stand on the basis of my charges as I charge my clients.

CHAIR - Well, then could we get a copy of those charges?

Mr WATSON - Certainly, I would be more than happy with that.

CHAIR - I would also like to see your expenses for the other things like the aircraft usage and so on. I mean, you have made a statement that you can do this at half the price; I think we would like to have the figures to show that that is so.

Mr WATSON - But as you can understand, giving you the full listings of my prices is the sort of thing that you don't normally hand out to anybody at any level. My charge for, say, a two-hour flight is a fixed item. This is what I would charge for a two-hour flight and you can compare that very easily with what's being charged by the government side of it.

CHAIR - Well, you will give us those?

Mr WATSON - Yes, and would be very happy to do so. I am not trying to limit the committee in any way at all, but I guess there is somewhere down the line I would like to keep some things at Ambulance Private, private to Ambulance Private, if I can say that.

Mr SQUIBB - And I guess it's probably not really our concern to go into that much detail but it is our concern to look at the pricing and charging structure for the public funding and we ought to be able to get that from annual reports and the accounts. I think the problem comes, from the little bit of reading I have done, as to where some of those costs associated with providing the patient transport service are in fact absorbed by the ambulance service in general. Would that be a fair -

Mr WATSON - Yes, there's that factor and the other factor also is your costings. The financial cost attribution model was done on the southern patient transport service, which is an embryo service - it has only been operating now for 18 months. The figures they used to actually come up with working costs were based on six months of expenditure.

Mr SQUIBB - But now we should have a full year.

Mr WATSON - Well, it gets messy though. Now you have certainly got the full year and nothing provided by Tas should be rubbery. It should be 'Here's our expenditure up to June of this year.' Where it gets messy is the prices that they have now achieved from that costing model have been applied across the board to the north and north west and those operations have been in existence for 10 or 15 years. Now, I also know that those operations are much more expensive than the southern one.

CHAIR - So how do you know that?

Mr WATSON - I'm in the industry, I keep a very close eye on expenditure. I also know that those operations are quite different from operating with two volunteer level ambulance officers, which is what the southern model is. They are using a hospital orderly as a driver and a nursing sister alongside him providing the medical component. Just on wages alone, that's almost double what they are paying at the moment down south.

CHAIR - All right. Well, we can follow that line of information up.

Mr WATSON - I guess one of the other comments I heard this morning too follows on from that and raises this ongoing problem - who owns the patient transport service in the north and north west? They were hospital based 100 per cent some two years ago. Their physical location has moved across to be within the ambulance stations and ownership seems to be bandied around between Tas Ambulance and the hospitals, depending on the situations system. It is a bit confusing to know whether you are talking about the ambulance service running patient transport, which they certainly do. But then the head of patient transport, Steven Simmons, who works out of Launceston, is also a hospital employee, so it does get a little bit mixed up. But he sits on committees with Tas Ambulance, so the clear ownership is very messy so far as patient transport fits in at this stage.

CHAIR - Don't they all belong to the same department?

Mr WATSON - It is all Health. There's no question about that.

CHAIR - I don't see anything shonky about that.

Mr WATSON - The last thing I want to suggest is there is anything shonky but I think it would be a lot easier if it was quite transparent - if the CEO of Ambulance had patient transport and ambulance under his umbrella instead of this mixed up thing where it's a little bit of this and a little bit of that.

Would it be possible for me to just come back to a couple of the earlier points?

CHAIR - Yes, certainly.

Mr WATSON - Senior officers group, when we talk about committees - that committee has been around for some time in Tas Ambulance and I asked for some freedom of information material on that regarding patient transport service before and I found that it seemed to be a group that had no minutes and no recorded detail.

CHAIR - Sorry, we are talking about your service.

Mr WATSON - I am sorry. I thought I was open to the terms of reference of the committee - that I could talk about Tas Ambulance. If that's not appropriate I can move on.

CHAIR - But you are not part of Tas Ambulance Service?

Mr SQUIBB - No, but raising concerns.

CHAIR - I see. Sorry.

Mr WATSON - They are only small points but certainly the senior officers group, which is a fairly significant group, from what I understand has no minutes and no recorded detail of what they actually discuss, which seems to be a very, very risky sort of business. I know patient transport and Ambulance Private has been heavily discussed in that committee and yet there is no recording of any sort of deliberations and decisions from them. I wonder if there is the opportunity to tidy up that area. I know it is a concern of mine.

The clinical council is a much bigger issue and I would like to talk about that for a moment if I could. The clinical council is actually set up under the '82 Ambulance Act to advise the Director of Ambulance Services on ambulance matters. The way it is structured in the Act and my clear understanding of it is that it is set up to advise the minister on the Tasmanian Ambulance Service, not ambulance services across the board in Tasmania. That in itself is a risk. I believe it should actually be a more encompassing role covering all of ambulance but then we come back to the individual make-up of the committee and I believe that first off it is unwieldy and oversized but it has half representation from the doctors at various levels using ambulance service or having connection with them and the other half is made up of staff of Tasmania

Now, the clinical council is being used to dictate policy to Ambulance Private and I have a major problem with the fact that my competitor is actually half the make-up of the committee organising my future and I really believe that it is way, way over time that the clinical council was moved half a step aside and possibly reduced in format to, say, a doctor and a senior practitioner and having a high degree of autonomy. I believe that Tony Bell, the doctor in charge of clinical council, has had discussions along this way but it hasn't really panned out to anything. There is a need for a clinical direction of the ambulance service in Tasmania but to do that you need to move it slightly out of where it is at the moment. That was all on the clinical council.

Aero-medical services - I certainly obviously wanted to talk about that and I guess we have covered it pretty well because, as I said, there is a major issue there. I am starting to wonder - and I am going to tread on a very sacred cow here - whether Tasmania, as an island, does require both a fixed wing and a rotary wing response. It is a fairly major step to take. The flying costs between the two different vessels are very similar. There is not a lot of difference between an hour in a fixed wing and an hour in a rotary. You are paying a retainer to both organisations - a large retainer that says, 'Here's your stake money and we will pay an hourly rate on top of that again.'

In the case of the RFDS - and again this is only my knowledge of it, not my complete understanding - that if the flying hours drop you increase the stake money so it is really a guarantee that this minimum amount will be coming regardless of how it happens. I've had an impact on Air Ambulance, I know that because I have taken patients from the air and put them on the road - and it is possible that the stake money has had to increase to cover the fact that Ambulance Private is working in that area.

I'm starting to wonder - I really do believe this now - whether we actually require both services in this State. I believe that really we should be concentrating on a rotary service and getting out of planes altogether. Certainly there is no question about the anecdotal evidence that suggests that a patient leaving Launceston by plane has waved goodbye to

their relatives at the front door of the hospital, the relatives have driven down to Hobart and been standing at the front door of the hospital to receive them at the other end. So road and air are not totally dissimilar.

Mr SQUIBB - When you're making that sort of statement are you considering just the intrastate movements? Surely you wouldn't use a rotary aircraft to transfer patients from Tasmania to the mainland.

Mr WATSON - No. For the number that are going across the Bass Strait and their appropriateness to go via that method - certainly there has been an increase because of the downsizing of our commercial flights because we've lost that ability to put patients on to commercials with the freedom we had in the past - it is possible that our cost savings would be greater by bringing Vic Air across to pick up our patients and take them back.

With patients going to the mainland, it is exceptionally rare to have someone going across with such a degree of urgency that they could not afford to have the flight come over and pick them up and take them back. I believe that would be a very interesting cost modelling exercise now.

CHAIR - Wouldn't you prefer to do that yourself?

Mr WATSON - As a commercial operation, we'd be delighted. Obviously you have taken what I'm saying with a grain salt because there's an increase in commercial opportunity for us if the air ambulance decreases or drops out of the State.

Certainly we would look at -

CHAIR - No, but with your own - you say that you -

Mr WATSON - We'd be delighted.

CHAIR - Why don't you contract air -

Mr WATSON - I can't contract to the health department because there is no internal charging structure for transport and I can't compete against zero dollars. That was the big change that took place two years ago.

CHAIR - This is with Vic Air - you can't bring them over to get your patients?

Mr WATSON - I believe that there should be a reasonably clear delineation between emergency transport and routine stable patients and I don't really want to cause confusion within Tasmania. We can do it - there are no troubles with that, but there is as clear understanding that unstable patients are clearly the domain of the government service of Tasmania and I think that should stay, even regarding the air ambulance operation.

CHAIR - So if they have a patient who is in urgent need of medical treatment and has to go to the mainland, you're suggesting they should not have their own fixed winged plane that they should bring a plane from Melbourne?

Mr WATSON - Yes, I think the word 'urgent' in transport to the mainland is really not appropriate any longer. There's nothing that goes across that is so unstable that seconds count in getting them to Melbourne.

CHAIR - All right, so why can't you do that too? You were saying that you contract TasAir why don't you bring a plane across?

Mr WATSON - If I were going to move into the less stable patient transport I think I'd really want a bigger aircraft. We're looking at a Chieftain at the moment - we'll probably move across to that in the next few months. That would be big enough. There are a lot of issues that you really want to consider: - whether pressurisation is appropriate, at what levels and so on. There are a lot of things I'd like to talk about. I'm not so sure -

CHAIR - I'm confused here I'm afraid.

Mr WATSON - Sorry, I don't mean to move across so many points but I guess I've got a time frame I need to be conscious of.

At the moment your air ambulance operation and your rotary wing operation are costing the State a huge amount of money and yet there is a high degree of overlap between the two. I'm quite clear in my mind that the helicopter can pick up all of the I flying that's appropriate, including that of the islands. What isn't picked up can be picked up by private providers and the larger aircraft available from the mainland can come over and pick up patients and fly back again. The cost for those mainland flights is virtually the same as what you're paying now.

Mr SQUIBB - In the case of intrastate, you're saying that there's very little difference in the cost between using fixed wing and the helicopter?

Mr WATSON - Yes.

Mr SQUIBB - The helicopter would have an advantage in that it could go from point to point, rather than have to use airports. So even though it may be slower through the sky, your actual patient transfer from point to point is in fact quicker?

Mr WATSON - Yes.

Mr SQUIBB - And from the point of view of interstate transfers, you've indicated that the number of occasions when that's necessary has reduced - and I assume that's an acknowledgment of the improved medical services that are now available in Tasmania. Would the major transfers be related to spinal injuries and Austin or -

Mr WATSON - I think at the moment they are. We've gone through that period where a lot of the by-pass operations were done on the mainland.

Mr SQUIBB - They're done here now.

Mr WATSON - So we've got spinal, some advanced head injuries and I think we're going to see an emergence of a thing called PET scanning which is not going to be available in

Tasmania and I think if doctors are going to take that much more seriously as far as cancer treatment and some definitive bone scanning goes. I think we could see an emergence of a new level of patient going across to the mainland for that.

CHAIR - Mr Watson, I'm terribly sorry but we are running so much over time.

Mr WATSON - If I've got to stop, I've got to stop. I appreciate that.

CHAIR - I'm sorry but you've raised some very interesting issues here that I think the committee has to do further work on.

Mr SQUIBB - Possible recall even.

CHAIR - Yes. That's what I was about to ask you. Would you mind coming back to talk to us at a later stage because you have raised some very interesting matters?

Our problem is that we've got a teleconference. Thank you very much for giving us your time, we do appreciate that, and for coming along. We will contact you.

Mr WATSON - Thanks.

CHAIR - I didn't get a written submission from you.

Mr WATSON - I've got an opening submission for you.

Mr SQUIBB - It's just a letter.

Mr WATSON - I decided it was one of those things that was going to move over too many territories to try to put it on paper.

Mr SQUIBB - I think that, irrespective of the teleconference, after receiving the information this morning I would like to have done more work on that before continuing.

CHAIR - I quite agree. There's a lot of ground to cover and I think we've only touched the surface. Well, Mr Watson has agreed to come back, so there's no problem.

Mr WATSON - And what did Mr Watson agree to provide? Sorry, I just want to make sure I get all my paperwork right.

Ms THORP - Those comparative costings of what you see as the faults in the State costings $130 000 to $160 000 to $249 000. And your fee structure as compared to their fee structure.

Mr WATSON - Good, I didn't want to get it wrong, thank you.

THE WITNESS WITHDREW.

Mr IAN NIELSON, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED VIA PHONE LINK-UP.

CHAIR (Mrs Bladel) - Welcome, Mr Nielson. Do you have a copy of the terms of reference?

Mr NIELSON - No, I don't have a copy of the terms of reference at the moment. I just have a copy of my submission that I put into you.

CHAIR - Okay. Well, the terms of reference dealt with the Tasmanian Ambulance Service, its administrative procedures and arrangements including the structure of committees, internal review of cases, disciplinary procedures, assistance to non-government ambulance services, policies and practices, and its operational services including non-urgent transfer of patients, aeromedical services, contract services, rescue operations, vehicle suitability and availability and communication system; also volunteer services and private providers.

Thank you very much for your submission and I see that currently you are the unit manager of the SES in Circular Head and that you are a retired paramedic, branch station officer, rescue officer and wilderness rescue officer?

Mr NIELSON - Yes.

CHAIR - And you have been an instructor in both medical and rescue components of the service?

Mr NIELSON - Yes, that's correct.

CHAIR - You were involved with the Tas Ambulance Service from 1962 to 2000?

Mr NIELSON - Yes, that's correct.

CHAIR - All right. First of all, under the terms of reference, we are looking at the administrative procedures and arrangements, including the structure of committees. Can you tell us something about these committees.

Mr NIELSON - Not a great deal. All I can tell you, going on experience only, because I'm not skilled as a lot of people are in putting down exactly what I need to. In the past we had committees - and I know we don't live in the past but you look at what has been good and what has been bad - in the past we had a second OIC to the director. That was Gordon Taylor and now that second OIC was a man that had a lot of skill about him and he used to keep committees under control and see that they were structured right and operating right.

CHAIR - Could you tell me what these committees were?

Mr NIELSON - There were, say, equipment committee, uniform committee, training committee, vehicles - there would be certain finances in that too - but they are the main ones that I was on, and training as per staff and volunteers.

CHAIR - And these were under the watchful eye of this particular second CEO?

Mr NIELSON - Yes, second officer-in-charge there. Once that gentleman left - and he left quite a few years ago, five, six, seven years ago, I am not quite sure of the date - that position was never filled so from then on the committees didn't have a head, a leader there to keep control and direction of them and they got haphazard. Some of them didn't function correctly and equipment was purchased that was inferior. It was just bedlam, to the extent that it created a lot of morale problems and people would just walk away. Go and get their wages only and just be there. We weren't utilising the quality that was there that could have been utilised, it was actually wasted.

CHAIR - Has this changed, to your knowledge?

Mr NIELSON - Prior to me leaving, they put on David Curtis.

CHAIR - You left in the year 2000, I understand.

Mr NIELSON - September 2000. Prior to that they had David Curtis, they put him as superintendent, north-west region - a young man gone up through the ranks who had very high ideals and good patient care skills and reasonably good management skills as far as people, but this gentleman just couldn't get going because of constraints that were put upon him and not a good working relationship there - so after I left the service I was informed that he'd left also; he retired from that position and had gone back onto the road in a limited position to what he could have been. These are the sort of things that concern me greatly.

CHAIR - You talk about the director, your opinion of the director's leadership doesn't seem to be very high?

Mr SQUIBB - Could I just check on that, when you're referring to the director, are you referring to the director as in the head of the department or the CEO of the Ambulance Service.

Mr NIELSON - The Ambulance Service. I have respect for the gentleman, I am not here witch-hunting, definitely not at all; I get on quite well with the director and speak to him. What we really need is good strong leadership and we don't seem to have that, be it one of those reasons that are put there, maybe government constraints or whatever, but to have a good ambulance service or a good any service you need a good strong leader. I do not feel that the leadership was coming or I know it wasn't coming from him as it should. If you get good leadership then you have a follow-on with good staff. They know the leader is coming in right and they do everything and following on and working to keep that leadership going strongly, but this wasn't happening. What was happening was that strong CI's and really good paramedics who were potential supervisors and CI's were sitting back in branch stations doing nothing, just collecting their wages and working with their branches. They were still doing their patient care correctly but they were a loss to the system and this where I feel that strong leadership should be there

from the director. But, as a man, I have utmost respect for Grant Lennox, I'm not criticising the gentleman himself.

CHAIR - Right, I understand. Mr Nielson, are there disciplinary procedures within the service?

Mr NIELSON - If you look at the protocols for that, there certainly are. I strongly wonder whether they are followed adequately; well, they're not and that concerns me very much. Good leadership instils good staff. We go through the system and you have good CI's and we have standards and protocols that we must follow and I have no objection with those, I followed them all my life and I have had times when I've had to be pulled up because the protocol wasn't followed to the best interest of the patient or I didn't write it down so I was reviewed and checked and followed up and put on the straight and narrow. Now when CI's do that, any pulling up is a form of a harassment and they find that they sit back, they don't like it. There's classic examples of good CI's having left the system because a student doesn't like being pulled up or maybe the CI haven't used the appropriate manner or whatever. I have always found CI's have been tough with me too, but straight down the line. You can look at whether you're making a tough decision or you're reprimanded or you're insulted and I've never ever been insulted, just 'Please explain why you've done it this way?' and if your explanation is satisfactory they'll tell you and they won't say, 'It's wrong, it's different; this is the way we'd like it'.

CHAIR - So you think that this committee doesn't work to your satisfaction?

Mr NIELSON - No, it certainly doesn't. You've only got to look at the CI's who have left the service and that's sad because when you get a person up to CI standard and he's disgruntled or disappointed or disillusioned with the service and he leaves something is wrong.

CHAIR - Assistance to non-government ambulance services, have you anything to say about that?

Mr NIELSON - No, I'm not really involved in non-government ambulance services.

CHAIR - Polices and practices?

Mr NIELSON - Policies - and again that goes back to your leadership - if you have a good CI then you get good policies coming out and a good second CI to the director then it keeps a hold on him.

There's a lot of policies about uniform and quality and everything like that but it's never followed exactly. With the uniforms, you can go from station to station right throughout the length and breadth of Tasmania and the quality and the style of uniforms, while they are similar are not the same; poor quality gear and stuff like that. This is where policies are not followed or adhered to rigidly.

CHAIR - Wouldn't there be a central issuing point though for uniforms and equipment?

Mr NIELSON - There certainly is; it comes under the control of the facilities officer. If you look at the facilities officer, he is actually one of the people from my place - I knew his

dad very well from my community and his dad worked as a volunteer in the formative years of the Tasmanian Ambulance Service - he grew up in the service and he had a disability in the service so they put him on as a stores officer and he progressed from a stores officer to facilities officer to where he was handling all major stores, purchases and things like that and he does a lot himself off his own bat without following up. I have dealt with the man; I have argued the point with him and I have told him it has not been right, 'It's crap that you are doing', but he is responsible to the director so there is one man with too much power there.

Mr SQUIBB - Just before we go off policy, Snow, you referred to the overtime and employment opportunities and you seem to be critical of the service, which rather than employing extra staff, are in fact paying existing staff overtime.

Mr NIELSON - Huge amounts.

Mr SQUIBB - Is that still the case?

Mr NIELSON - That's still the case. In Smithton we have a gentleman - there are two officers in Smithon - one of the officers, the original one who was here, has a back injury. They haven't got the staff to replace him so they are replacing him with overtime all the time. The gentlemen who is working a four day block, he will work his four day block, do two days overtime and go back and do two days off. But a lot of times that day off is a day overtime in Burnie, Ulverstone or Devonport or wherever it may be. So a lot of the time he will only end up with one day off or at the most, two days off. That's a huge amount of overtime when you are looking at double time; it runs into big dollars. That is where a lot of money is going down the drain.

Mr SQUIBB - It was indicated to us earlier this morning by the agency that they had in fact - and I am just looking for the figure now - they had in fact employed additional officers, so I am just wondering whether that was having an effect yet. Obviously in Smithton it isn't?

Mr NIELSON - No.

Employing additional officers - and I am talking about employing additional officers out of the State - can I use a little analogy just to tell you: If I was a dairy farmer and I was milking cows and I had good quality cows and I decided to not keep my calves for three years, so I haven't got any going stock, then three years down the track I have got a poor farm, I have got poor cows and I have lost the cream. The ambulance service is the same as that. A few years ago we had a gap where they didn't get recruits, didn't train students, and it went for two or three years and we are suffering from that now.

CHAIR - When would that be, Mr Nielson?

Mr NIELSON - That's going back about eight years ago - in the Field Government roughly - we never recovered from that, never recovered at all from that very thing.

CHAIR - That would be longer than eight years then.

Mr NIELSON - Could be. But over the process they have never actually recovered; they have tried to rebuild it. They have tried to rebuild it by going out and employing staff from the mainland. I don't have a problem with that but what is happening with a lot of the staff that is coming from the mainland, they come over here, they update their skills, they get to paramedical status and most of them - not all of them - go back to their original place where they came from and there's quite a few done that and we have lost them.

Within our volunteer core we have some excellent officers - not all of them; we have got some ratbags in it, like any organisation, you have got some people that never have a good IQ that will ever make an ambulance officer while their two feet are standing on the ground, but there are a lot that certainly would. These volunteers in the past have never got a look in as an employment prospect of joining the ambulance service.

CHAIR - Why would that be? Can't they apply?

Mr NIELSON - They apply but they don't even get a look in. I can quote some very smart people who didn't even come up to scratch and they went away to university - and there's one in Wynyard that's a hearing specialist; she goes and sets up hearing aids and everything like that and a brilliant lady, she is doing well in her own business. There was another gentleman who was no good and he went and became an orderly in the Devonport hospital - that was really sad to see him go because he was a terrific guy, had a lot of knowledge. There are a lot of those people around. There are many incidents I know of where these people have not even got a look in.

Mr SQUIBB - Snow, according to Tas Ambulance Service, in the last financial year they employed an additional 16 officers and in the current calendar year, it is anticipated that a further eight to 10 officers will be employed, so that means that over the last 18 months, 26 additional officers have been added to the service.

Mr NIELSON - If that is the case that's excellent, but where are they from?

Mr SQUIBB - I don't think it matters where they are from, it's where they are allocated to, and obviously in your part of the world you have seen no evidence of that?

Mr NIELSON - No, I haven't seen any at all. As a matter of fact, I'm just a little bit disgruntled that they don't have enough time with their families because they've got to go and do all this overtime. The point I was getting at: why aren't we bringing in a lot more recruits?

CHAIR - That's something, Snow, we'll look into.

Can we have a look at how the operational services are being used? For instance, have you any comments about the non-urgent transfer of patients and how Tas Ambulance Service deals with that?

Mr NIELSON - I can only speak prior to when I left because what's happened since then on non-urgents they seem to think because the non-urgent case it doesn't matter, we can be anything up to an hour - and I feel that at lot of times is inappropriate.

Mr SQUIBB - That's in waiting time you're referring?

Mr NIELSON - Yes. If the ambulance is busy in Smithton and it's gone to Burnie and the volunteers are not available for some reason - and these people have other lives beside just the ambulance service - then it's appropriate to send a vehicle from Wynyard or something like that, depending on their workload when they come down. That has been the case; not at all times, but there's many cases. And half an hour to an hour they think it's quite appropriate for the time -

CHAIR - To keep the people waiting. That's in Smithton?

Mr NIELSON - Yes. Has been in the past.

CHAIR - Where do those ambulances come from then?

Mr NIELSON - There's two in Smithton: there a conventional Australian general purpose ambulance, which is the large one, and then they have a 4 x 4 cruiser troop carrier which is only a one-patient vehicle.

CHAIR - Can you tell me anything about the aeromedical services? It has been claimed that they're not terribly efficient.

Mr NIELSON - With all the dealings I've had with the air ambulance service I've never really had a problem with them. The problems I've had it's never been the ambulance service's fault; it's either been the fog and the wind that blocks the airport or inappropriate lighting procedures they have to get a plane down of a night time. We're going back to 1944-45 vintage system. They've updated it recently - and when I say 1944-45 vintage for the planes, they used to take out the old kerosene lamp and light it with the red thing, you had to fill 'em up and light them, but now they have big battery torches in there that they just go out and light.

CHAIR - This is at the airport?

Mr NIELSON - At the airport, yes.

CHAIR - Oh, right. You know there's fixed-winged and also helicopter service -

Mr NIELSON - Helicopters, I don't have a lot of problem with; I have a problem with the aircraft - the helicopter aircraft. The aircraft we have for the ambulance is a beautiful plane, comes in, lands, goes well and it's lovely to load and offload patients because of its hydraulic lift. The helicopter is a strong aircraft and it's not going to fall out of the sky; there's nothing with the craft mechanically, but it has short struts so it can only land on a green grassy patch or hard sand or road surface. If you go into the south-west and you've got a metre plus of light ti-tree, it can't land. The struts are too low, the aerials stick down; that's really the problem with that aircraft.

Mr SQUIBB - So what's the answer?

Mr NIELSON - The answer I guess is to have bigger struts on it and probably a bigger aircraft. But the aircraft is quite big; it's all right.

I had an incident after I retired - and it was down at Sandy Cape - a runaway motor bike went over a bank and carried on full bore, it was one of those four wheel things. A bloke was sitting on the beach half a kilometre away or up in the sand dunes and it cleaned him up. It snapped his leg and the bloke that came off it was in a pretty bad way with chest injuries and what have you and a badly broken leg. The helicopter came in and I got it to land at Greens Creek and the only place I could get it to land was on a nice semi-grass area - it was summer time - and it could only take one patient.

Mr SQUIBB - Do they have to be able to land, Snow, to take patients?

Mr NIELSON - Not necessarily, no. They've got a winching ability - they come up. The other aircraft could just land down in the ti-tree.

I was down in the south-west once upon a time and they actually came right in - this was the earlier chopper - and landed beside me, virtually. There was ti-tree a metre plus high and it just landed there without any trouble at all.

CHAIR - Do you see a useful both types of aircraft?

Mr NIELSON - Certainly. I don't think we can get away from the air ambulance at all because if you have critical patients that you need to get them to Hobart or wherever then that is a really good plane, it's super strong and there is a reasonable amount of room to work in it.

CHAIR - And what about patient transport to the mainland?

Mr NIELSON - Yes, that plane is quite adequate for that, quite a strong craft.

CHAIR - So you think the size of it is adequate?

Mr NIELSON - Yes, the few times I've been in it there's never been a problem with it; it's very strong. I suppose if it was bigger and better it would be nice, but that's quite an adequate aircraft.

CHAIR - And how many crew did it carry?

Mr NIELSON - Two normally.

CHAIR - And the pilot?

Mr NIELSON - Yes. A lot of times it's come into Smithton just on a day run and you might get a paramedic and a pilot with it.

CHAIR - Contract services - have you anything to say about contract services?

Mr NIELSON - No, not really. I don't have a lot to do with contract services, other than that I think the cost is shocking.

CHAIR - Is it?

Mr NIELSON - Yes, that's going everywhere though, whichever insurance company we're in, if you have a street parade all of those sort of things, insurances are knocking us out left, right and centre.

CHAIR - Certainly are.

Mr NIELSON - If you're talking about contract services, say, to cover the motor cycles or the sports cars or racing like this - is that the one you're talking about?

CHAIR - Well, whichever.

Mr NIELSON - They're extremely expensive, they're getting to the stage they're far beyond the finances of any clubs that employ them.

CHAIR - Wouldn't they come under the umbrella of Tas Ambulance Service itself?

Mr NIELSON - It certainly does, but I don't know where the tie is in there; they're fairly expensive.

CHAIR - That might be just running costs, do you think?

Mr NIELSON - Yes, the flag fall cost seem to be the biggest problem.

CHAIR - Well, that is something we can look into further, thanks.

Mr NIELSON - I've never had a lot to do with it.

CHAIR - What about the vehicle fleet that Tas Ambulance Service operates?

Mr NIELSON - Eight years ago, probably a bit more, we had a gentleman down there by the name of Darren Agar who used to be in Hobart and his sole responsibility was the maintenance of the fleet. He was very much a fleet man, he was a Ford man, and he was trained and worked in the fleets all his life. He serviced the vehicles in the north-west region for quite a few years prior to being employed by the service. He kept the vehicles in pretty good shape and he also had a big input into what was coming in, the style of vehicle and what it was used for. Since he has gone they haven't replaced him. The facilities officer has taken on that role with no knowledge at all of vehicles other than on-road driving them and whatever. Really, when you look at what has happened to us, we've purchased all these vehicles, the vehicles system run down - and it was like we were talking about the cows - nobody kept bringing their cars in, the Ford Motor Company had a lot to do with that because they stopped production of these particular vehicles. Nobody actually took any notice of it until we went really broke and the vehicles got extremely high mileages, there was failing everywhere and they were becoming dangerous as frontline vehicles.

So three or four years ago the Government invested a couple of million dollars and we bought all of these vehicles, which were Ford Transits and one Sprinter which was a Mercedes. The Ford Transit were virtually parcel buses around town with a little four-cylinder motor in them and the Tasmanian Ambulance Service has modified them

and put six-cylinder motors into, which meant the braking system was absolutely atrocious for a big powerful six-cylinder that was normally operated by four-cylinders - it cost a lot to modify that, plus the seats weren't any good in it.

CHAIR - When was this, Snow?

Mr NIELSON - This is the current fleet of vehicles that we have now, the Ford Transit.

Mr SQUIBB - They are being phased out though, aren't they?

Mr NIELSON - They should never ever have been phased in.

Mr SQUIBB - But they are being replaced by the Mercedes.

Mr NIELSON - By the Sprinter, yes. I don't have a problem with the Sprinter, it is quite a good vehicle, but why didn't we buy them first.

You see, over the years of late, particularly since this other fellow has gone, we have gone to Toyota little buses, I just can't think of the name of it - it was hopeless anyway and then we went to VWs and a whole range of vehicles that they were playing with that were inappropriate, you couldn't get a standard in amongst anything of it with equipment, storage, passenger comfort or riding - Tarago was the Toyota one they brought in, it's actually useless.

CHAIR - Okay, Snow, thanks for that. What comments have you on the communications system?

Mr NIELSON - The communications system down this end leaves a bit to be desired; it is not effective all the time. The status system can actually fail also on it. The communications system, being a one location, I don't have a problem with. I did originally until I actually saw the benefits of it and they got some of the bugs out of it. I don't think the communications system is any good - if you look at it again it has been money constraints and if you talk to the top technicians - and they want to put in a communicating system that is compatible with most software - that costs big bucks and it does cost big bucks to get it set up properly. But what they're doing is they're taking the next best thing and they will fit that piece in and they'll buy another one off Mark and Watson, they buy another one off somebody else and they try to make the same thing out of bits and pieces; it doesn't work, it's prone to failure all the time.

CHAIR - Thanks, Snow. We are just about to wind up, but what can you tell us about the private providers? There is only one in Tasmania.

Mr NIELSON - Yes, and that is down in Hobart, but I have met him up here; I found him an excellent man. He is really patient orientated and I never had a problem with him. He keeps his vehicles up to scratch and he is a gentleman to talk to and I look at the patient care rapport and this is where I find him excellent.

CHAIR - Good, that's good. Snow, we've just run out of time, I'm afraid.

Mr NIELSON - Thank you for the opportunity.

CHAIR - Thank you very much for agreeing to come on line with us and talk to us and thank you for your submission.

Mr NIELSON - Thank you very much. As the letter said, I am very much for the people and the community, I am not witch-hunting, not at all.

CHAIR - We don't think you are. Thank you very much.

THE WITNESS WITHDREW.

Mr GEOFF BECKER WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED VIA PHONE LINK-UP.

CHAIR (Mrs Bladel) - Mr Becker, I would like to just take you through your submission. Thank you very much for supply that; that has been very helpful. I understand you resigned in November 1999?

Mr BECKER - That's right.

CHAIR - And you had quite a lot of experience in the north-west of the State?

Mr BECKER - Yes, that's true.

CHAIR - Your experience was confined to the north-west?

Mr BECKER - No, it wasn't; I had worked in other areas of the State. I had time in Hobart for a few years and I was also in a position called State Relief for a number of years where I relieved at all the country stations.

CHAIR - And where were you serving, Mr Becker, when you finished up?

Mr BECKER - I was based at Burnie.

CHAIR - You probably know Geoff Squibb, do you?

Mr BECKER - Yes, I have met Mr Squibb through my travels.

CHAIR - We won't go into that, I'll talk to you privately about him.

Laughter.

Mr BECKER - The name's Geoff, too, thanks.

CHAIR - You would have seen the terms of reference and I would just like to walk you through them. We are looking at the Tasmanian Ambulance Service and its administrative procedures and arrangements including, first of all, the structure of committees. What can you tell us about the committee system?

Mr BECKER - Well, for a long time there was a perception among the ambulance officers that the service was run by committees and it certainly had a lot of committees but I suppose the criticism that I would have is that there was very little output from those committees - and that went from the top down. The senior officers group, from where I sat it was dysfunctional. There was a lot of personality issues that came out of it and therefore that sort of demeans the worth of the decisions. I suppose the worst part about that was the decision would be made and if one of those people disagreed with it from that committee, they were fairly open about it so there was never a unified approach in any of the decisions that came from that group.

CHAIR - When you say 'unified approach', do you mean across the State?

Mr BECKER - That committee was made up of the regional superintendents and the chief executive officer and the superintendent of training. I will just use this as an example, if the superintendent of training didn't agree with one of those decisions there was no sort of uniformed approach; he would go out and blatantly speak against what had been discussed. It really made it hard when you were trying at the next level to enforce the changes that were made; it made it very difficult.

That would have to be my biggest criticism of that group and the fact that you never ever - once or twice there were newsletters that emanated from that group, but there was really a lack of correspondence from it. In my time the regional superintendent for that five years had a blatant disregard for it and it made it quite a strained relationship within the region.

CHAIR - The clinical council has been criticised as being unwieldy and over-supplied with ambulance officers instead of - I think the criticism ran on the grounds of one medical person or two doctors, what have you got to say about the clinical council?

Mr BECKER - I think the clinical council at least made some decisions. They took on a couple of tough issues and there was some resolution. I suppose from that point of view I thought that the clinical council at least made some effort to resolve some issues. There was a regular amount of feed-back from the regional medical officers from that council. I thought that particular group, whilst it was used by some people as a bit of a tool to get things, it was at least, in my view, sort of trying to provide some direction in issues.

I haven't really got a view that it was over-wieldy, I felt that it was probably manipulated a little bit but I think that some of the issues that needed resolving they at least dealt with.

CHAIR - So you don't think the membership was too large?

Mr BECKER - Probably not. I think because ambulance covers a broad section of medical areas but having that good cross section did bring across a better range of views and I think - and this is a personal view - it balanced it inasmuch that some of the people from some of the other colleges could balance very highly-spoken views with very high profile ideas, if that makes sense.

CHAIR - That does make sense. We have other comments in your submission so we will move on to internal review of cases. Have you anything to add to your submission?

Mr BECKER - No, not really, other than internal review is probably one of the most important parts of ambulance officer feedback and I think it's going backwards not forwards.

CHAIR - Why do you think that's happening, Geoff?

Mr BECKER - I think there's a couple of reasons. I think that ambulance officers are getting over-sensitive about feedback. I think there needs to be more accountability on

officers and I don't think some officers like that. I support that statement by saying things like in the past there were efforts to try and get a more active feedback system from the hospital and that really caused a lot of concern and angst amongst staff. What happens out there doesn't necessarily always correlate to what's written up and, I suppose, that's the issue and the hospitals are probably the first loop that can recognise any problem areas.

CHAIR - Any comments on the disciplinary procedures of Tas Service?

Mr BECKER - Well, they're a joke, they're an absolute disgusting joke. I have seen people that have got away with basically blue murder in the Ambulance Service. It was a bit based on who you were and how much you yelled. I think there are some people in the Ambulance Service who in private industry would never have survived in their employment like they have in the public service.

CHAIR - To what do you attribute this?

Mr BECKER - I think that the major failing of that goes to the top when issues are processed to a level and then it gets a bit heavy it seems they're just dropped. I know that's a strong statement. I could go back to lots of examples where I've seen that happen time and time again. It was very frustrating as a regional supervisor to go through the process of dealing with issues, only to see them never ever get to any resolution at the end.

Mr SQUIBB - Geoff, it's two years or thereabouts since you left the service, are you in contact with it in any ways these days or would you like to make a statement as to whether you feel that that particular problem has been addressed in more recent times?

Mr BECKER - Well, according to the people I've spoken to - I work for an ambulance body builder now, I work for Mader in Penguin - and I obviously have some contact with ambulance officers and I have also still some close friends within the Ambulance Service, and the feedback that I got is that really nothing has changed.

CHAIR - Right. What about assistance to non-government ambulance services, have you any comments there?

Mr BECKER - No, not really.

CHAIR - We will move on then. What about non-urgent transfer of patients? You did have a few things to say there. Anything to add to that?

Mr BECKER - Yes, I am just a bit concerned that there was a growing attitude amongst ambulance officers that non-urgent transports weren't part of their call function. There were a lot of complaints about ambulance officers who would continually complain that they were sent on a job that they really shouldn't of had to have done. I think that ambulance service is as much about transporting Mrs Jones who has terminal CA as it is about going out to a road traffic accident victim. I think that, with the advent of patient transport, ambulance officers seem to believe that they should do everything now; these people do not work after hours and so there is still, I believe, a role for ambulance officers to play in relation to that.

CHAIR - Is there a bit of a hierarchy there, do some jobs look a bit more glamorous?

Mr BECKER - Yes, and I think people go up the scale, they get to paramedics status and they think that that's what they're for - and that's not all paramedics and that's not all ambulance officers. I was concerned that there was an increasing amount of discontent amongst officers, which seemed to brush off onto the new officers and they seemed to pursue it too, that these people weren't worthy of - 'not worthy', that's probably not the right word - but they were over-skilled to go and treat them, if that makes sense, and I think that's sad.

CHAIR - Yes, I understand. I have come across that attitude myself in my own work.

Aeromedical services - what can you tell us about those?

Mr BECKER - I think the aeromedical service is excellent. I think the service that the RFDS supply is first grade. I'm surprised that Ambulance Service still man it when all around the country there has been a tendency to move to flight nurses. I wonder about the value of tying ambulance officers or ambulance paramedics up on a lot of work that is non-urgent inasmuch that it can be coped with by those personnel. When ambulance officers - we have something like - I think the latest figure I heard the other day from a Victorian source was that there's 200 ambulance officers short or something nationally that we have ambulance officers tied up on planes.

CHAIR - So who do you think should be best on planes?

Mr BECKER - I think that the Royal Flying Doctor Service in other areas use flight nurses they have trained up for that role and they do far greater distances than we do with a variety of patients and, taking into mind, that the critical patient that is moved from a hospital has a doctor with them I just can't see why we need to tie ambulance people up on that service. I know why they do it, because the Ambulance Service generates a revenue out of it from supplying those people, I realise that, but it doesn't make commonsense to me when it goes against all the national trends.

CHAIR - That is on the fixed-wing service, what about the rotor service?

Mr BECKER - Look, I really hadn't had a lot of involvement in that; the new service really started after I left and I just think it was a Godsend to the State. The amount of work that was done in the small helicopter was quite worrying and quite dangerous and I think that, personally, the move to the bigger helicopter is a good move.

Mrs SILVIA SMITH - Geoff, I'm just looking at your submission and I notice a concern you had about there are no facilities at some airports for the safe transfer of patients, in particular in bad weather conditions. What were you referring to there?

Mr BECKER - Well, ambulance officers go out and they transfer patients in rain, hail and snow basically onto aircraft and there's no provision for the aircraft at places like Strahan and, to my knowledge, still not at places like Wynyard and Devonport where they can get out of the weather to do a safe patient transfer. A lot of these patients are critical

movements inasmuch that they are a retrieval from a hospital and there's just not the back-up system there to support it.

Mrs SILVIA SMITH - So they need a bit more infrastructure of some sort?

Mr BECKER - Yes, I'm just talking about a drive-under shelter or somewhere where this can be done in safety and the patients aren't subjects to extremes in weather when moving them.

CHAIR - Yes, it makes sense, doesn't it.

Mrs SILVIA SMITH - Thanks for that, Geoff.

CHAIR - Contract services - any thoughts on contract services?

Mr BECKER - I've had a lot of thought about that and I've thought about it since I worked for the Service too. It's obviously an area where the Ambulance Service makes revenue. I wonder about how that's supplied over the different events and how they come up with what requirement. I see in other States like Victoria a change to private-owned ambulance services providing those services and I wonder why we haven't investigated that more when we are looking at providing the best response to the public for the other stuff.

I suppose what I'm trying to say is: why does a paramedic have to be at the horse races when the potential injury is not that high when you look at what does happen? If the people are trained to an appropriate level back-up can always be called.

I wonder why the Ambulance Service does get involved to the level of contracts that it does, but I can understand it on the other hand; I know that's two bob either way but it doesn't really concern me personally which way they do it, but I just think there needs to be a uniform stand on it.

CHAIR - Where are you working now, Geoff?

Mr BECKER - I'm involved in two things. I'm part-owner of a business that supplies - we do the safety coverage for the Australian rally series on a national basis and also, in the last four months, I have been working for Mader International, the people who are making the ambulances at Penguin.

CHAIR - So you're not in the direct ambulance supply service?

Mr BECKER - No, not any more.

Can I make the point there, that I think that the transport of patients is an ambulance role or the appropriate systems to that. I'm not advocating that that should be opened up too much, don't get me wrong - I might sound a bit double-dutch on that.

CHAIR - What about rescue operations?

Mr BECKER - I have a very strong view - and I formed this view whilst I was still with Ambulance - that Ambulance is not resourced sufficiently enough to carry out rescues. We have a Fire Service that has duplicated the equipment, they have more staff available to respond. In my experience the amount of refreshers and the updates that were done in rescue - and my sources tell me there's one just about to happen on the north-west coast or it just has happened, that is the first refresher in about four or five years. I think that that's dangerous. I think with car designs, the way that its changed and I have spoken to some ambulance officers - because of my rally stuff I have been very involved in finding out the ins and outs of vehicle design - and a lot of people are not up with the latest airbag rescue techniques, they're not up with the latest techniques for extrication. I think Ambulance struggles to keep up its refreshers with its paramedical people without adding rescue on the top. I just believe that in the major urban centres the best thing that could ever happen to rescue is transfer it to the Fire Service.

CHAIR - That was the next question. So you think the Fire Service is much better equipped?

Mr BECKER - Well, I think Fire Service has the time to be able to maintain the knowledge base to be able to keep their skill level up. The Fire Service seem to have the resources to be able to do those sort of things. Because of their lower workload their training regime is much higher. Rescue is very important and it needs to be done properly, but it doesn't mean that the ambulance officers still can't have some control in how the rescue is done but the actual nuts and bolts of doing the rescue, I don't know why that it has to be an Ambulance function.

Mr SQUIBB - Especially with the recent trend of co-location, Geoff, that would certainly support your views.

Mr BECKER - I will use the example at the moment: in Burnie you have one crew working today. If they get a rescue job, they've got to call someone in or they have to get a supervisor or a superintendent to drive the rescue truck if they're available or call someone from Wynyard to Ulverstone to come and get the rescue truck; it just doesn't make good sense.

CHAIR - So you think there should be a bit of a shake-up there, a reorganisation?

Mr BESTER - I think so and I know that that would put me at odds with a lot of Ambulance people, I realise that, because to them it's a reasonably significant part of their wage structure - that's what would put me at odds with them by saying that. But I think, when it comes to the reality of providing the service to the public, it has to be on top of that; that can't be the most important consideration, I'm sorry.

CHAIR - Good, thank you for that one. What about vehicle suitability and availability? I must ask you also, are you aware too of the upgrade in the -

Mr SQUIBB - He's fitting them out.

CHAIR - Yes, you're doing them.

Mr BECKER - We're building them, they're wonderful vehicles.

CHAIR - They're wonderful, that's an honest answer.

Mr BECKER - All I can say is - and I have to be careful because of my employer relationship - I think that we are very lucky to be getting the quality of vehicles that they are and I think the Mercedes platform is excellent. All I would hope is that a suitable ongoing replacement program is maintained to keep the fleet up to scratch.

CHAIR - They do tell us that they have a rolling three-year program.

Mr BECKER - That would be great because I think that the vehicles they have gone to - every Ambulance Service in Australia has them - and I'm looking in front of me and I have about 50 of them sitting here to be built from all over Australia, so I think that speaks enough. I think that the vehicles are fine.

CHAIR - What about the communication system, which is a very big part of the whole operation?

Mr BECKER - In my experience it was lacking in some areas and it was excellent in others. The biggest downside of the communication system is that it needs some dedicated leadership and it needed some people to deal with the issues on a day-to-day basis.

I think it was unfair to expect the southern superintendent to have all that extra responsibility as well as his region on top of it. I think that that is what sort of got communications a bad name inasmuch as dealing with the issues.

On the other hand my experience was, yes, we had some bad experiences with a few communications officers on isolated occasions but I think communications officers do a bloody wonderful job in extraordinary circumstances and that needs to be recognised.

CHAIR - And you're very supportive of the volunteer system and the volunteer services.

Mr BECKER - We wouldn't survive without them. It nearly brings tears to my eyes when I still hear that some of the stations are not getting the support that they should. I will single King Island out because it's pretty passionate to me: in seven years, I know for five years for a definite fact they never had a visit from a superintendent, and I think that's absolutely disgraceful.

When I was there we had a regular ongoing program where we used to go and visit the island; that was stopped for financial reasons, and yet these people were expected to perform at the utmost level all of the time. They're an integral part of the service, the service couldn't survive without them - and I know that there are some professional officers who say we shouldn't have them at all and I think that they just need to get their heads out of the sand because in isolated communities they serve us well, they put their heart and soul into it and we need to do more. It is more in the areas of caring for them. Yes, it's great now that they've got a better training structure but it's the psychological support that they need, the ability for someone to be able to support them when they're in real need. For example, like when the air crash happened there when the nurses were killed, I went over on the first plane to spend some time with them and I got into a bit of trouble for going from some of my superiors who thought it was inappropriate but it

wasn't to go over there and take over, it was to go over there and give them some support and they're the sorts of things that should happen.

I suppose that ties into another area that concerns me. We expect volunteers, for example, on King Island who go out and do the races and the service gets paid for that, and yet there's nothing given to the volunteers in return. I know that was a major issue and it fired up when I was there and I feel strongly, I think the volunteers shouldn't be expected to go out and do that sort of revenue raising without the appropriate support or the support back into their community.

CHAIR - Thank you for that, Geoff. The last point is on private providers, we have a couple of minutes, what have you to tell us?

Mr BECKER - Well, I have to say that my experience with all of that is that the Chief Executive Officer of the Ambulance Service has had a passion against private providers, especially one in particular, and that really was the focus of the majority of attention that he paid.

I think there is a place for private providers in the provision of non-urgent emergency care. I don't think there is a place for private providers in the transporting of urgent cases; I think that that should and always will believe strongly that that should stay within the realms of an ambulance service. I think they are best capable but I don't, on the other hand, believe that they are the only people that should be able to provide some response to those sort of incidences. By that, I'm not saying - and I'm talking more contractural basis there, I'm talking more about, for example, motor sport events - I think other providers can provide the emergency care or the initial care but the actual transport of patients should always be an Ambulance Service function, especially of critical patients.

CHAIR - Geoff, you've been very kind. Are the committee indicating any further questions? We have half a minute. It looks like the committee are very satisfied with your responses, Geoff, so I'll thank you once again for taking part in this inquiry and if we need to talk to you again I'm sure we'll ring you up.

Mr BECKER - Thanks. Can I just say that I'd really like to see the Tassie service just return to the status that it had 10 years ago; it was the best ambulance service in Australia. I want to make the point I don't think it's the materials that are stopping it, I think it's the drive at the top that's got to start changing.

CHAIR - That's a fair comment to end up on.

Mr BECKER - Thank you very much.

THE WITNESS WITHDREW.

Ms DIANNE COON, VOLUNTEER AMBULANCE OFFICERS ASSOCIATION OF TASMANIA, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED VIA PHONE LINK-UP.

CHAIR (Mrs Bladel) - Ms Coon, what I might ask you to do is to speak to your submission about the things that mostly concern you.

Ms COON - Certainly. Thank you very much for the opportunity to talk to us. I am aware that telephone evidence is unusual and I thank you for that opportunity. I am assuming that you committee members have read my submission, so I will not go back through it instead, as I say, to do the highlights.

I presume the general information on logistics of ambulance volunteers has been made fairly clear to you and I'm sure there will be no argument on those. The main aspirations of ambulance volunteers that we particularly need government help with are those that are towards the end of the submission, both of those from our, more than a bandaid report which you should be in receipt of and particularly the strategies. Of those there are really three headings that are important.

The first is adequate funding for Ambulance via a levy or charge. It would seem to us that for many years under governments of probably three different colours if you go back to 1989, for many years the Health department has received funding that hasn't kept up with the amount of cases that ambulance services have. I believe you will find that in every other Australian State there is some form of levy or charge on the public for ambulance services. That was something that became very clear to us when we went to a conference on emergency services volunteers in Canberra and felt considerably poor compared to our colleagues. I would strongly encourage our legislators, through your committee, to look at the most appropriate way in Tasmania to apply that. Our request would be that those funds then get directly applied, or a proportion, of course, to the Ambulance Service rather than to general revenue. We then will actively go into bat to get a budget allocation for volunteers particularly, but it seems to us that there's just not enough money to run Ambulance Services properly and the people who suffer most for that are those on the very end, which is people at the end of the distribution line, so that's largely volunteers.

The second one that is easier and cheaper - and you would be aware that from our strategies document and more than bandaid volunteer recognition has been really important in tangible ways. There's recognition in two ways listed in there. One is public recognition and, I might say as an aside for the benefit of the committee, that we're not getting better on that. Eight members of the Tasmanian Ambulance family, you might say, two salaried officers and six volunteers went to the emergency management summit in Canberra in October and they had an overview of what's happening in emergency management. They had things from SES and Fire and Coast Watches and Salvation Army and Anglicare and they had no volunteer ambulance, which upset our South Australian colleagues, strangely enough, even more than it upset us - and these were the people who actually funded our report. It shows that around the State there are many thousands of people working as ambulance volunteers who have

been forgotten, even on a national basis, and that was significantly upsetting to the people who were there.

CHAIR - I can imagine that would be.

Ms COON - The second element of recognition, of course, is that there are lines in government budgets for volunteers and, in this case, for lines in the Tasmanian Ambulance Service for volunteers. I am aware that there are officers within the Ambulance Service, the service is trying to ... and I will be happier when there is a budget for that, then I can go and bat for helping the budget becomes.

But a third issue that is cheap is that the volunteer contribution to this State - and I would like to see it on all volunteers in all areas, but the one that we can get our handle is on the volunteer contribution to the Ambulance Services in the State be recognised in the Health department's annual budget. I am aware that now that should be a relatively easy thing to do because of some other things the Ambulance Service have had to do in relation to competition. They have in fact costed volunteer contributions and in my previous involvement in other organisations interstate the simple acknowledgement of how much you and your colleagues do for us has been extraordinarily good for people's self-esteem.

We note with pleasure that the minister recognised our association in last year's Health annual report and we thank her for that. It was done at fairly late notice so that we were talked about rather than a great deal of consultation - and I understand how that happens. But a simple issue of a figure would be easier to do - I will leave it up to you to work out the politics of it -

CHAIR - Okay.

Ms COON - but to us that's fairly important. Don't be fooled, I've never spoken to a volunteer who wants to be paid for what they do, they simple want to be resourced to be able to do it and it would be nice for people occasionally to know that they exist and what they do.

CHAIR - Dianne, what about training?

Ms COON - The second and hugely high priority for ambulance volunteers is training, and that's more or less when we come back to the funding issue. Training time and time again is the thing that causes us to lose volunteers after a short, sometimes a long time and causes us to fail to recruit them. An equally important third aspect of it is that the inability to provide consistent, high-quality training causes us to lose salaried ambulance officers who either won't do it because they can't countenance doing it badly or they just get burnt out. There are some terrific people working within the Tasmanian Ambulance Service who've worked so hard at trying to provide high-quality service and there's so few of them, they spread them so thin, the best way to burn yourself out is to work in volunteer training. I find that very sad.

Probably, I would like at this juncture to record a terrific contribution to the Ambulance Service from Rod Mason who, I understand, has resigned his position and we will be dealing with him directly and telling him how much we value what he's done. I don't for

one moment point to any issue of mismanagement but I would suggest that after years in that job he's lasted longer than anybody else I've seen. Part of that is because it's so hard to continue a job that's so poorly resourced with so many people who need you. I fear that we won't get anybody who wishes to do the job or anybody with half the qualifications and quality because why would you do it?

CHAIR - That's true. Dianne, while we're talking about training and people's valuable service, the question about rescue has risen, performing rescue services. Do rescue operations every come across volunteer's operations, has that ever happened?

Ms COON - Well, I'm aware that it's a very contentious issue among the salaried officers. In rural areas many rescues are performed by SES, as far as I understand. I know here on the west coast the nearest rescue unit for us would be the local SES. I fortunately haven't had an accident of that nature to deal with but the motor vehicle rescues would be done by SES, as indeed many of the others. The last few rescues we've done on the west coast have required helicopters which are initiated by, of course, the police, so volunteers do those - and in the case of the west coast several volunteers have double hats, they're both SES and ambulance volunteers.

CHAIR - Right. Okay, any questions from the committee? Everybody is happy with your replies. Have you any comments on aeromedical services? Does that ever impinge on your area?

Ms COON - Very, very much so. I believe it's the Ambulance Service, I'm not quite sure how the negotiations have worked but on the west coast for many years we could not get aeromedical retrieval more or less ever and we were forced to drive patients of all sorts of -

Mr SQUIBB - Why couldn't you get the service, Di? Was that because of lack of funding or because of the type of aircraft being used?

Ms COON - No, I believe was lack of funding or perceived lack of funding. We were certainly made to understand that it was matters political and matters financial rather than funding. We had heard directly from the people who were authorising it more than once that it wasn't worth air transporting this fellow because he was probably going to die anyway, which is pretty hard when you have his wife standing at your elbow.

We've had that a few times and we've had fairly vigorous fights on mobile phones with people saying, 'You want me to drive this van and a person with serious illnesses, take the only paramedic from anywhere from New Norfolk to Burnie and put him in Burnie and in our case leave two exhausted volunteers who had already been on an eight hour job or you can send a plane and take this sick man straight out' and they said, 'No, we want you to drive him'.

Those things were two or three years ago; quite a lot of work has happened in the meantime. We still experience a lot of frustration in getting the retrievals and getting them timely. Certainly the fact that the community's expectations of what happens and what actually happens are two different things. In every case - and we found ourselves explaining this to a couple of newcomers recently - it is still quicker for us to pick up a patient and drive them straight to Burnie; they will almost always get to hospital quicker

if we pick them up and belt to Burnie. From Strahan we could get there probably 2 hours 45 minutes in an ambulance because you don't go as fast as in a private car because you have precious cargo in the back. We could get there quicker than it would be to negotiate the retrieval, have them task their plane and get the plane to Strahan, load up and get them back. If it was a critically ill person we'd be driving them, we've never seen a patient get to hospital in under three hours.

CHAIR - And that is by aircraft or by -

Ms COON - Aircraft. On the west coast the helicopters are at the edge of their range.

Mr SQUIBB - Even the new one?

Ms COON - I think that's improved. We have had a helicopter retrieval from a motor vehicle in Strahan where, I think it might have been two choppers, I didn't do the job, but they actually landed the choppers in the caravan park next to where the accident was and they took those patients to Launceston. I think it definitely has better range, but there's still an issue of fuel and things with those.

Mr SQUIBB - Not with the new one, I don't think.

Ms COON - We've certainly had retrievals from that new one with a spinal injury. For instance, there's a young man now I know of who is now walking, the helicopter was the last in a series of night interventions that mean that instead of him being a paraplegic he is walking; we feel pretty pleased about that one.

CHAIR - Yes, indeed.

Ms COON - I would actually note for the committee's benefit that the only reason he's walking is because one of his mates had the training and the presence of mind not to move him, so it goes back to first-aid training. If his mates had done like all the previous people do and whacked him on the back of a truck and driven him out over bumpy sand dunes, we can't preserve his spine if it's already broken. Time and time again all we do is apply appropriate equipment to deal with better first-aid, so the community must be trained in first-aid as often as we can do it because otherwise, if nobody calls an ambulance, we can't go and help resuscitate and if nobody keeps a patient still their spine is already broken before we get there.

CHAIR - Thanks, that's a pretty alarming scenario.

Dianne, would you say that there's a use within the State for both fixed-wing and rotor?

Ms COON - I would have thought so, definitely. So much of our State is away from air fields. That young man is walking because of a helicopter; there's no way we would have got him out safely without pulling him straight off the dunes. That wasn't finding the location of a lost person, that was simply where he'd managed to injure himself.

But the fixed-wing are fairly useful to us. I'm not able to speak with any detail on how they can provide medical service within the planes and the helicopters. For instance, we

had a neonatal retrieval in a fixed-wing and I'm not sure whether that could have been done in the chopper.

CHAIR - Is there anything further you'd like to add to what you've already said, Dianne?

Ms COON - Well, for the information of the Parliament, something that came very strongly out of our last volunteer association meeting at St Marys a couple of weeks ago was that certainly for ambulance and probably for all emergency services volunteers since I spoke to a number of them in Canberra we feel that the International Year of the Volunteer has actually been a sham. We have found it demoralising and probably the only thing that has increased is our cynicism. That's not to say there haven't been good people trying but we've found that it seems to have been basically a place for a few public servants to think about how they might spend some money and most of it hasn't come back to us and people have made just made small token gestures and then done nothing else.

You maybe aware that I have, and will, continue to kick up some fuss until it gets fixed. The Tasmanian Ambulance volunteers won a National Health and Medical Research Council volunteers in health award and we were invited, not invited, my air fare was paid to go to Parliament House on 21 September or something like that to receive the award. A PR firm was organised to make the presentations and this was going to be a great big deal, then they decided to cancel because it was a bit too hard and we received the scungiest piece of paper I've ever seen sent to me in the mail with basically not even a covering letter.

Mr SQUIBB - When you said air fares to Parliament to receive it, was that Hobart or Canberra?

Ms COON - Canberra. It's not in your bailiwick, it's in your Federal colleagues, but I believe you should be aware of it.

Ms Thorp - A hiss boo.

Ms COON - Well, more than. Of course I didn't lie down quietly, as you may have already -

Mr SQUIBB - That's unusual.

Ms COON - Yes, thank you, Mr Squibb.

I didn't lie down quietly, and I'm not sure whether any of the other 16 recipients did because I never got the chance to talk to them, but I made very clear that, 'I'm sorry, if you thought if we were good enough to cart us to Canberra for a presentation' -

CHAIR - Yes, it does seem odd.

Ms COON - 'surely at least you could say, 'Okay guys, Canberra is not a possibility now that Ansett have stopped flying, how else do you want this award to be presented?' Currently, through the Federal member for Lyons, Dick Adams, his office is looking into some ways to present it in the State. We are hoping a senior member of the Government or the Governor or somebody can do it because I refuse to accept a bit of paper sent to

me in the mail. I believe that if we were good enough to win this award then we ought to have the chance to celebrate that publicly.

I wrote them a fairly stinging letter, you might imagine, that said, 'You've actually insulted us now. You're trying to be nice to us and all you're done in this International Year of the Volunteer is when things got tough you just withdrew'. The perspective that I wanted to give is that it is such an irony because in ambulance volunteer terms you need us when things get tough. The three examples I used were, imagine how the two or three Waratah volunteers felt when they were sent to Cradle Mountain and told there were 20 patients. They were the first ambulance on the scene and the next ones were probably another 20 minutes away. If we'd followed the NH&MRC rule we would've said, 'Oh, it's a bit too hard, we'll just turn around and go home'.

Instead we're in terror here in Strahan of having something nasty happen with boats. We have one ambulance here, we have another two half an hour down the road. If this was Hobart you'd drop 12 ambulances on it, in Strahan you'll never get 12 ambulances to it and so we know that when the going gets tough the tough get going and yet when it comes to actually recognising this, when it gets a bit hard, people just withdraw. So we found that particularly offensive, I have to say. I actually asked the members at the last meeting what they felt about the International Year of the Volunteer and for the consideration of our parliamentarians I think it's worth saying that we don't think it's been any value at all.

CHAIR - Thanks for those comments, Dianne, we will see what we can do about that for you. We're about to wind up, but is there anything further you'd like to say.

Ms COON - No, I'm very pleased to have had the chance of a hearing and they were all of the things that I wanted to communicate to you. The report from 'More than a Bandaid' that we presented -

CHAIR - It's an excellent document.

Ms COON - is very good and we're very proud to have been part of it and I think we should all be proud that that came out of our university, the UDRH. I might acknowledge - and I believe, Mrs Bladel, you were at the presentation at Triabunna -

CHAIR - Yes.

Ms COON - and I acknowledged then that that partnership, I think, was one that will continue.

CHAIR - Oh, good.

Ms COON - And you might be aware that that is now a national project. I am on the - and the UDRH and Grant Lennox and his colleague, Ted Preshaw, from the Ambulance Service are on what's called the 'Project Management Team' for an Australasian study. We have New Zealand and every State in Australia except New South Wales, who don't have ambulance volunteers, to replicate this on a smaller scale but to replicate this nationally. It would be nice to acknowledge that. It was an initiative that came out of here and a research project that came out of Tassie that everybody has taken on.

CHAIR - That is something, isn't it? We can do things pretty well in Tasmania.

Ms COON - We can. The research is being run by Judy Walker and Christine Fahey; they're doing an extraordinary job.

CHAIR - When we do things in Tasmania I think we do them well, we don't get recognition for it either from that big island up there.

Ms COON - No, but at least we can blow our trumpet down here often enough.

CHAIR - We can indeed and we'll make sure that something happens about those dingy bits of paper.

Ms COON - Thank you.

CHAIR - Thank you very much on behalf of the committee. It's been lovely to talk to you. If we need to get back to you, I'm sure you don't mind if we do.

Ms COON - I'd be very pleased to. Thank you very much for your valuable time for listening to me today.

THE WITNESS WITHDREW.