

27 September 2023

Ms Fiona Murphy  
Secretary  
Select Committee – Transfer of Care Delays (Ambulance Ramping)

[transferofcare@parliament.tas.gov.au](mailto:transferofcare@parliament.tas.gov.au)

Dear Fiona

Thank you for the opportunity to contribute to the above review.

Right up front, I'm not sure we have much to offer that wouldn't have been thought about by more learned and experienced people, and I'm sure you must have some system design people around who have examined the choke points and flow logics and so on. There are always system faults in any process, and it is usually worthwhile having someone who is not part of the system to have a look, because they can often see the wood for the trees and may have something useful to contribute, but our expertise may be a little too far away from the forest to be valuable.

But I will try and suggest a couple of things that might be slightly fresh, to save you re-reading old ideas over and over again.

Firstly, one obvious idea is to divert the ambulance to the nearest health professional who is trained to deal with the presentation, and that may be a rural GP, rural Generalist or Rural Medical Practitioner collocated at a Tasmanian Health Service facility. This already occurs across the State, but if you are planning to extend it then our advice is consult with the professional bodies (RACGP, RDAT, ACRRM, AMA etc) as you would normally, but please also consider talking to the individual professional who will be taking up the slack at a specific location. There is only so much an individual can do, and their industry/peak body may reflect their view, but there may be location-specific nuances or workforce shortages that are important to understand when making system-wide changes.

Plus it is just good manners to ask people when you want them to do something for you.

Secondly, I'm wondering if it takes a village to prevent an ambulance ride. The emergency departments/hospitals must have data that identifies frequent riders and the reasons for the ride, and there may be preventative activities or program in a community that could reduce the need to call for an ambulance in the first place. Within each community there are health programs funded or managed by the Commonwealth and State Governments, local councils, Primary Health Tasmania, TazReach (Access2Health), various non-government organisations, community and sporting groups etc etc. There may be resources and people that we can tap into that could make a difference in the life of the frequent rider so calling for an ambulance simply doesn't occur to them.



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To co-opt a community in this way would require a mechanism to share data with the requisite privacy permissions, and a means to coordinate activity at a place-based level, but may be worth considering.

And probably cheaper and more effective in the long run than buying more beds at the tertiary hospital.

I wish you all the best for your review and I hope someone comes up with something that completely and utterly surprises and delights the Committee.

Yours sincerely

A solid black rectangular box used to redact the signature of Peter Barns.

Peter Barns

CEO

HR+ Tasmania