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19th November 2019.

Ms. Lisa Chambers TD,
Dáil Éireann,
Leinster House,
Dublin 2.

Re: PQ 44636/19: To ask the Minister for Health if his attention has been drawn to the fact that nine times to date in 2019 it took at least an hour for an ambulance to arrive at a life threatening emergency in County Mayo; and if he will make a statement on the matter.

Re: PQ 44637/19: To ask the Minister for Health the HIQA recommended response time for an ambulance to arrive on scene; and if he will make a statement on the matter.

Re: PQ 44638/19: To ask the Minister for Health if his attention has been drawn to the fact that County Mayo had the worst response time in the country for an ambulance to arrive at a life threatening emergency (which was 3 hours and 50 minutes); the steps he is taking to address the matter; and if he will make a statement on the matter.

Re: PQ 44639/19: To ask the Minister for Health the steps he is taking to address the response times for an ambulance to arrive at a life threatening emergency in County Mayo; and if he will make a statement on the matter.

Dear Deputy Chambers,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

The National Ambulance Service (NAS) is the statutory pre-hospital emergency and intermediate care provider for the State and is divided into three operational areas. They are: North Leinster; South; and West; operating from one hundred locations across the country. The call taking and dispatch function is operated by the NAS National Emergency Operations Centre (NEOC) which operates across two sites in Dublin and Ballyshannon.



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All calls to the National Ambulance Service (NAS) are categorised under the internationally recognised Advanced Medical Priority Dispatch System (AMPDS). This system ensures that life threatening calls receive an immediate and appropriate response, while lower acuity calls may have to wait until an emergency resource becomes available. All NAS resources are dispatched to calls across the country by the NEOC on a nearest available (to the incident) basis and not on a county boundary basis. Between 1st January and 30th September 2019, the total call volume of 112/99 calls for Mayo was 6,006 with 7,594 NAS resources deployed to these scenes.

Echo calls have the highest priority (Category 1) and refer to cardiac or respiratory arrests and there were fifty-five (55) calls for the period 1st January and 30th September 2019. None of these calls had a response time on scene of more than one hour. Delta calls (life threatening non cardiac or respiratory arrest) are the second highest priority (also Category 1). There were 1,921 calls during this calendar period and for 98.23% of these calls (1,887) NAS resources were at the scene in less than one hour. The one.seventy-seven percent (1.77%) equating to thirty-four (34) calls outside the period of one hour can be related to a number of different factors such as weather, road conditions, day/night driving and rurality of the patient's address. NAS call takers stay on the line with all patients to provide 'Pre-arrival instructions' to the callers at the scene. This includes medical advice and counselling until the ambulance arrives.

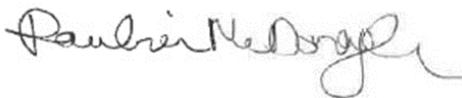
The HIQA response times for ECHO and DELTA calls with a patient-carrying vehicle as on the scene of an incident is eighteen (18) minutes and fifty-nine (59) seconds. The call of three hours and fifty minutes related to a mountain rescue where the crew were on-standby at the designated pick-up location waiting for patient hand-over from the mountain rescue team.

At a local level in Mayo, the NAS is also supported by Community First Responder schemes, responding to particular types of medical emergencies (i.e. cardiac arrest, respiratory arrest, chest pain, choking and stroke), where it is essential for the patient to receive immediate life-saving care whilst an emergency response vehicle is en route to the patient. In January, the number of active CFR groups in Mayo were two with five in training. By 20th September 2019, the number of active CFR groups had increased to three with six groups in training.

The NAS has recently established a Clinical Hub to implement the 'Hear and Treat' alternative care pathway for low acuity calls that do not require the dispatch of an emergency ambulance.

I trust this information is of assistance to and should you require additional information please do not hesitate to contact me.

Yours sincerely,



Pauline McDonagh,
Senior Executive Officer.