



Oifig Stiúrthóir na Seirbhíse Náisiúnta Otharcharranna,
An tSeirbhís Náisiúnta Otharcharranna,
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10th December 2019.

Mr. Denis Naughten TD,
Dáil Éireann,
Leinster House,
Dublin 2.

Re: PQ 48785/19: To ask the Minister for Health the steps he is taking to improve ambulance response times in rural areas; and if he will make a statement on the matter.

Dear Deputy Naughten,

The Health Service Executive (HSE) 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. The NAS National Emergency Operations Centre (NEOC) received accreditation as a Centre of Excellence in 2015 and was awarded 'ISO 9001:2008 Accreditation' in 2016 which is a key internationally agreed standard for internal quality management. Treatment commences the moment a 112/999 emergency call is received as callers can be given instructions by the trained emergency call takers to deal with a number of situations including CPR, defibrillation, choking, control of external bleeding and childbirth all while the emergency resources are en route to the scene.

Internationally, it is recognised that achieving response times in rural settings can be problematic for any ambulance system. Therefore, considerable planning and effort went into establishing the Emergency Aero Medical Service by the NAS, the Irish Air Corps and the Irish Coast Guard (IRCG) and it is an essential part of our country's emergency response particularly in the West of Ireland. This service is a great example of three State agencies working together to provide a service for the citizens of our state in a cost effective manner. Since January 2019, the following missions were completed.



Service	Missions Completed
EAS HEMS	281
IRCG HEMS	38
Cork HEMS	64
EAS Inter-Hospital Missions	5
EAS Inter-Hospital STEMI Missions	5
IRCG Inter-Hospital Missions	29
IRCG Inter-Hospital STEMI Missions	8

Introduction of Alternative Care Pathways

In line with international evidence, the NAS is introducing a new model of care in which callers to 112/999 are triaged to ensure they receive the most appropriate care and response to suit their needs. These changes are designed to clearly identify those patients who require an immediate life-saving response – ‘Emergency Care’ (these patients will receive the highest priority response in the fastest time), and those ‘Urgent Care’ patients who can be managed more appropriately in a care setting other than an Emergency Department (ED). The model of care is supported by enhanced interactions with Community First Responders, Hospital Groups, Primary Care, Social Care and Mental Health Service.

The new model of care provides care delivery through a variety of means such as the following:

Clinical Hub

Introduced to the National Emergency Operations Centre (NEOC) in 2018, the NAS Clinical Hub (Phase 1 – Hear and Treat) targets low acuity calls whose needs are more appropriately met via alternative care pathways other than the ED. The Clinical Hub provides advice on self-care, discharge or referral to other appropriate local treatment pathway, e.g. GP and primary care, local based urgent care service, specialist services – such as mental health service, social care services and dental services.

Phase 2 of the development of the Clinical Hub, in partnership with HSE Mental Health, NAS initiated a new ‘Your Mental Health’ information phone line to provide information on mental health supports and services across the country provided by the HSE and their funded partners. In preparation for the information and sign posting service going live, the NAS staff call takers received additional training from mental health professionals which included ‘SafeTALK’, ‘ASIST’, ‘Understanding Self-Harm’, Bereavement etc., to assist them in delivering an effective Sign Posting Service.

Community Paramedics

The NAS is currently engaged in cross-border collaboration with Co-operation and Working Together (CAWT) partners in the implementation of a new form of community-based health care in which paramedics work in collaboration with General Practitioners and members of the Primary Care Team serving a defined geographic population. The Community Paramedic Pilot project supports existing health services in the designated area by providing integrated health services in partnership with other health professionals. The role will include clinical assessment and treatment of low-acuity illness and injury and arrange for appropriate follow up to community based services. The role also includes work in the area of health promotion, wellness and mental health.

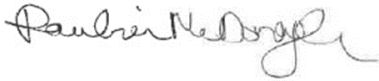
Community First Responders

Community First Responders (CFR) are groups of volunteers who, within the community in which they live or work, are tasked by the NAS to respond to emergencies appropriate to their skill set. The NAS is currently supported by over 250 CFR schemes where CFRs respond to calls where it is essential for the patient to receive immediate life-saving care (cardiac arrest, respiratory arrest, chest pain, choking and stroke) whilst an emergency response vehicle is

en route to the patient. These Schemes are supported by three (3) NAS Community Engagement Officers.

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

Yours sincerely,

A handwritten signature in cursive script, appearing to read "Pauline McDonagh".

Pauline McDonagh,
Senior Executive Officer.