



Oifig Stiúrthóir na Seirbhíse Náisiúnta Otharcharranna,  
An tSeirbhís Náisiúnta Otharcharranna,  
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Mr. Pádraig Mac Lochlainn TD,  
Dáil Éireann,  
Leinster House,  
Dublin 2.

3<sup>rd</sup> November 2020.

**Re:**  
**PQ 31624/20.**  
**To ask the Minister for Health the availability of ambulance services in the Inishowen peninsula, County Donegal on a 24/7 basis.**  
**PQ 31625/20.**  
**To ask the Minister for Health the number of emergency calls to date in 2020 from residents of the Inishowen peninsula, County Donegal requesting an ambulance that could not be served with an ambulance due to the fact none were available or the closest ambulance was too far away at that time.**

Dear Deputy Mac Lochlainn,

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

Currently, there is a crew operating twenty-four (24) hours/seven days a week from the Carndonagh base. Supporting this service, there are emergency ambulance crew resources of sixty-three (63) hours (nine [9] hours per day seven [7] days per week) and sixteen (16) hours of Community Paramedic services all based from Bunrana.

Determining the optimum number of Emergency Ambulances and their deployment locations is informed by both historical data and future projections of anticipated emergency call volumes within the areas to be served, i.e. an evidenced based approach. Currently, no additional resources have been sought for the Inishowen Peninsula.

The National Ambulance Service (NAS) priorities pre-hospital and out-of-hospital care to patients most in need. NAS does not and is not confined by any county boundaries or borders with its responses. Therefore, it operates on a region and national basis as opposed to a local basis.




Seirbhís Sláinte | Building a  
Níos Fearr | Better Health  
á Forbairt | Service

All 112/999 requests for ambulances assistance to the National Emergency Operations Centre (NEOC) are logged on an unified technology system that includes systematised caller questioning, provides pre-arrival instructions and the dispatching of appropriate aid to medical emergencies. Allied to this is the Pre-Hospital Emergency Care Council's eight principles for Dispatchers which is used when dispatching available resources to an incident. The first principal is to task the nearest available resource to the highest priority incident. This ensures that the right resource, is sent to the right call, each time to cater for the patient's needs in the shortest possible time.

Unlike static deployment (station-based system) where a dispatched ambulance leaves a coverage gap until it returns to their home-base after service, dynamic deployment deploys available emergency ambulances to different locations and this leads to an increase in demand coverage. This has resulted in the most appropriate responses to patients most in need and ensures better response times rather than the previous operational configuration of static deployment. With the usage of dynamic deployment, there is no defined local geographic area covered by any ambulance base.

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

Yours sincerely,



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Pauline McDonagh,  
Senior Executive Officer.