



Oifig Stiúrthóir na Seirbhíse Náisiúnta Otharcharranna,  
An tSeirbhís Náisiúnta Otharcharranna,  
Áras na hAbhann,  
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8<sup>th</sup> October 2020.

Mr. Alan Kelly TD,  
Dáil Éireann,  
Leinster House,  
Dublin 2.

**Re: PQ26133/20. To ask the Minister for Health the reason Thurles, County Tipperary and surrounding areas has been left without ambulance cover for long periods due to personnel being requested to cover other areas of the country.**

Dear Deputy Kelly,

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.

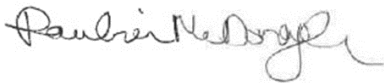
The National Ambulance Service (NAS) priorities pre-hospital and out-of-hospital care to patients most in need. NAS does not and is not confined by any county boundaries or borders with its responses. Therefore, it operates on a region and national basis as opposed to a local basis. All 112/999 requests for ambulance assistance to the National Emergency Operations Centre (NEOC) are logged on a 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.

Prior to the NAS Reconfiguration Programme, the nearest available ambulance could have been passing an incident but with no national communications system this resource could not be diverted to it and the patient had to wait for a resource to arrive from a static location, i.e. ambulance base. Unlike static deployment (station-based system) where dispatched ambulances leave a coverage gap until they return to their home-base after service, dynamic deployment deploys idle 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 than the previous operational configuration of static deployment and ensures better response times. With the usage of dynamic deployment, there is no defined local geographic area covered by any ambulance bases.

I trust this information is of assistance to you 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".

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Pauline McDonagh,  
Senior Executive Officer.