



Oifig an Stiúirthóra Oibríochtaí  
An tSeirbhís Náisiúnta  
Bloc 4, Lárionad Gnó,  
Tulach Mhór,  
Co. Uíbh Fhailí, R35 FH59

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Ref: WM/PQ/230103

Deputy Jackie Cahill,  
Dáil Éireann,  
Leinster House,  
Dublin 2

03 January 2023

**PQ 61767:**

**To ask the Minister for Health the reason that ambulance response times per county or CHO are not deemed a key performance indicator for HIQA, the HSE or the NAS; if consideration is to be given to changing this; and if he will make a statement on the matter. -Jackie Cahill**

Dear Deputy Cahill,

The National Ambulance Service (NAS) has been requested to reply directly to you in the context of the above Parliamentary Question which you submitted to the Minister for response.

The NAS operates on a national basis and mobilises responses to calls for assistance through the NAS National Emergency Operations Centre (NEOC), which operates across two sites (Dublin and Ballyshannon), based on patient needs, ambulances may travel to and be dispatched from various locations irrespective of their base as they are not confined to work in geographical areas.

The current deployment model is designed around international best practice and has eliminated previous practices where the nearest ambulance was not always dispatched due to former legacy boundaries.

Demand via the 999 service has increased by 14% since 2019. To ensure those patients with life threatening or potentially life threatening illness or injury receive the fastest response, all 999 calls are clinically triaged. National aggregate response times targets for these calls are set out in the HSE's National Service Plan each year and are described as ECHO (Life threatening cardiac or respiratory arrest) or DELTA (life threatening illness or injury, other than cardiac arrest). These calls account for approximately 48% of all 999 calls.

80% of calls described as ECHO (Life threatening cardiac or respiratory arrest) and 50% DELTA (life threatening illness or injury, other than cardiac arrest) are subject to response times targets of 18 minutes and 59 seconds or less by a patient carrying vehicle. These targets are national aggregate targets, i.e. an average of performance achievement across the country. The 18:59 minute target was originally recommended in 2012 as part of a report by HIQA to the Minister for Health and the HSE under section 8(1j) of the Health Act 2007. In addition to response time targets NAS also uses Clinical Key Performance Indicators to better measure patient outcomes rather than time based targets alone which have limited clinical relevance.





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All other 999 calls (approximately 52%) are not encompassed by any response time target, are responded to in priority order based on clinical triage and when a response resource becomes available, hence during very busy periods, these calls can wait longer for a response. Thankfully, it remains the case that the majority of 999 calls do not relate to life threatening emergencies.

In the case of the lower acuity 999 calls, these can be further triaged through our NEOC Clinical Hub by trained doctors and nurses to establish if sending an emergency ambulance is appropriate compared to other options such as self-care, visiting a Pharmacy, a GP or GP Out of Hours Service. Therefore, life-threatening calls receive an immediate and appropriate response, while lower acuity calls may have to wait until a resource becomes available.

I trust that this information is of assistance.

Yours sincerely

William Merriman  
Director of Operations  
National Ambulance Service

