



26th September 2025

Deputy Robert Troy
Dáil Éireann
Leinster House
Dublin 2

PQ 44484/25 - To ask the Minister for Health if she will investigate a means to vastly improve the inter-hospital referral system; if she is aware of a number of cases of patients being discharged from one hospital with the advise to attend A&E in another hospital as the patient was not accepted through an inter hospital referral; and her views on whether this is a compete waste of resources and only puts more pressure on the particular A&E Departments, whilst also endangering the outcomes for patients affected. -Robert Troy

Dear Deputy Troy,

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 purpose of Emergency Departments (EDs) is to deal with serious and unexpected illness and injury. EDs operate 24/7 and often experience high volumes of persons presenting. During busy periods or when a significant emergency / trauma is underway 'wait time' in the ED can be extensive. There are many reasons that result in longer wait times such as volume of patients presenting to the ED and the requirement to prioritise.

EDs and their associated hospitals must clinically prioritise those who must be treated first, and those who may need to wait, or those who may need to attend a more appropriate care setting. To ensure this process is clinically safe for patients, Irish hospitals use the internationally tested Manchester Triage Tool.

The Manchester Triage Tool prioritises patients into a number of categories based on their clinical needs. Where a patient is seriously ill or injured, their needs will be prioritised above those with less serious conditions. Ideally, hospitals would be in a position to treat patients on their arrival. However, as demand inevitably overtakes capacity, prioritisation and consequential waiting may occur. In this regard, some patients with less serious needs may choose to avail of alternative options. Many people, whose clinical needs could be more appropriately addressed by self-care, pharmacists, GPs, GP Out of Hours Services and Injury Units, continue to attend EDs.

There are several pathways through which a person may present to an ED including self-presentation or by way of a GP referral letter as deemed appropriate.

A centralised referral system for inter-hospital major trauma referrals operated through the National Trauma Desk of the National Emergency Operations Centre (NEOC) of the HSE National Ambulance Service is also in place. Please see the below link for further information: <https://www.hse.ie/eng/about/who/acute-hospitals-division/trauma-services/1800-trauma/>



Protocol 37 has been developed for emergency inter-hospital transfers for patients who require a clinically time critical intervention which is not available within their current facility. Protocol 37 has been added to the priority dispatch suite used by the National Emergency Operations Centre/HSE National Ambulance Service. Please see the below link to the website of the Pre-Hospital Emergency Care Council for more information on Protocol 37 and pre-hospital emergency care:

<https://www.phecit.ie/>

Access & Integration does not have oversight of the service delivery system and in this regard is not in a position to comment on individual instances where patients may have been advised to leave one ED to present at another ED rather than through the standard pathways.

Although additional clarity was sought on the question raised, this was not received. Therefore, we were unable to address the specific matter further.

I trust this is of assistance to you.

Yours sincerely,

Nessa Lynch
General Manager
Access and Integration