Speech by Minister Leo Varadkar

To outline the reasons for the delay in opening the ambulance centre in Loughlinn, Co.Roscommon and to set out the actions that will be taken to remedy the situation.

- Frank Feighan

I am pleased to be able to outline to the House current developments in pre-hospital services, both nationally and in Roscommon.

The National Ambulance Service (NAS) is working to ensure high quality and timely emergency pre-hospital care, using all available resources as effectively and as efficiently as possible. As with any pre-hospital service, development and modernisation is a continuous process, as technology and clinical standards change.

A significant and ongoing reform programme has been underway in recent years. In 2015, an additional €5.4 million has been provided to improve technology and clinical audit, and to address service gaps, particularly in the west.
It is important to acknowledge that progress is being made. The single national control system, now almost fully operational, is improving our control and dispatch performance. We are continuing to develop the Intermediate Care Service (ICS), which transports patients between facilities, allowing emergency vehicles to focus on emergency calls. The ICS now carries three quarters of the non-emergency workload. We are also moving to more efficient on-duty rostering and developing a national rostering system. 50 additional paramedics are being allocated in the West this year, under this process.

Services in Roscommon have been enhanced significantly since 2011. Roscommon Town currently has three emergency ambulances during the day and two at night, as well as a 24/7 rapid response vehicle, crewed by an advanced paramedic.

It is important to note that we are changing our model of service delivery. We are moving away from the model of care where services are provided locally from a fixed ambulance base in that area. We are moving to strategic deployment, where all resources are deployed across a region.
Within the wider region, the Roscommon area is supported from the north by Boyle and Carrick on Shannon, from the east by Longford and Mullingar and from the south by Athlone. New service capacity in Tuam and Mulranny stations will enhance the coverage across north Galway, west Roscommon and east Mayo.

The Deputy will be pleased to know that refurbishment of the ambulance station in Loughglynn, where ambulances can be based during shifts, is now complete, and staffing issues are being progressed. The NAS expects that the station will be operational in the coming months.

For Roscommon and the surrounding region, we also have the Emergency Aeromedical Service (EAS), based in Athlone. The EAS allows swift transfers of seriously ill or injured patients to the most appropriate hospital. Over 1,000 missions have been completed since June 2012. Counties Roscommon and Mayo have among the highest numbers of EAS transfers.
These are all significant achievements. However, we intend further improve the service. Next month, I expect to receive the independent capacity review, to determine current and future service needs. Areas being examined include staff numbers and skill mix, as well as resources and deployment locations.

I am confident that these reforms and reviews will lead to improvements in our pre-hospital emergency care services, to the benefit of the people of Roscommon and the rest of Ireland.
BRIEFING NOTE FOR TOPICAL ISSUE DEBATE - LOUGHLYNN AMBULANCE STATION

Loughglynn facility and Ambulance Resources Roscommon

Refurbishment of the former Garda station at Loughglynn is now completed and discussions are underway concerning staffing of this facility. Any delay to the opening of the station is as a result of the need for agreement on staffing. The Loughglynn station will allow for strategic placement of emergency ambulance resources during shifts, to ensure coverage across the region as required.

Roscommon is currently resourced with an Emergency Ambulance and Rapid Response Vehicle cover 24/7. The level of cover provided is rostered for three Ambulances by day and two by night with a response vehicle with an Advance Paramedic 24/7. There are also ambulance bases in Boyle and Carrick on Shannon to the north with each having a single crew 24/7. The addition of the 24/7 crew into Tuam will also enhance the coverage across the region of north Galway, west Roscommon and east Mayo.

Crews in the North of the county have the option of bringing patient to SGH and in the east of Roscommon to Mullingar. This can be managed by control using the nearest appropriate ED.

The general area of Roscommon can also be supported from the north by Carrick on Shannon, to east by crews in Longford and Mullingar and to the south from Athlone. We do not have response time data on a county by county basis.

Enhancements to the ambulance service in the last 12 months include the elimination of on call in Carrick on Shannon, the introduction of a 24/7 service into Tuam in April of 2015 and Mulranney in West Mayo in Mayo which will assist crews across Mayo. All of this will have a positive knock on effect to Roscommon.

National improvements to the ambulance service

NAS Control Centre Reconfiguration Project
Rationalising of control rooms to one national centre on two sites, Tallaght and Ballyshannan, is on target for completion this year. The full computer-aided digital platform is expected to be operational by year end.

Intermediate Care Service (ICS)
The ICS is focused on non-emergency clinical transport, including inter-hospital transfers and lower acuity work. This allows emergency resources, which traditionally provided these services, to focus on responding to emergency calls. The service was significantly expanded in 2014, with 25 additional intermediate care vehicles, at a cost of approximately €3.25m. In February 2015, 77% of inter-hospital transfers were made by IC vehicles.
Emergency Aeromedical Support Service (EAS)
The EAS provides dedicated aeromedical support to the NAS in the west, specifically where land ambulance transit times would not be clinically appropriate. The EAS has now completed almost 1,000 missions. One third of these have involved STEMI-type heart attack patients, who need time-critical transfers to primary PCI units for successful treatment.

The EAS Establishment Group was set up to examine how to place the EAS on a permanent footing. The group’s report was presented to the Minister in December 2014. A draft Memo to Government proposing the establishment of a permanent service, with aerial support by the Air Corps, was shared with Dept of Defence in February 2015; a response is awaited.

Alternative Models of Care
The NAS is examining alternatives to the current care model, where every patient is transported to an emergency department, regardless of their condition. This was also a recommendation in the HIQA ambulance report.

The models being explored are:
- **Treat and refer:** immediate treatment at the scene and the patient referred for appropriate care to a non-ED setting. A pilot scheme in the South East has been focussing on epilepsy and hypoglycaemia.
- **Hear and treat:** clinical advice to emergency callers and then advice on other care pathways, such as GP out of hours, mental health services, community pharmacies etc. The NAS is examining the resource requirements for the NAS and the wider health service.
- **Wider range of care destinations:** transport patients from the scene, depending on clinical presentation, to a wider range of care destinations, for example a Local Injuries Unit or appropriately resourced primary care centre.

The NAS is consulting with the National Emergency Medicine Programme on these options.

Ambulance Response Times
In 2011, HIQA published key performance indicators for emergency response times and recommended response time targets. The HSE has implemented response time standards on a phased basis, in tandem with planned service improvements. The 2015 targets are for a patient-carrying vehicle to be on scene within 18 minutes 59 seconds for 80% of 112 calls for potentially life-threatening conditions (ECHO – life-threatening cardiac or respiratory; DELTA – other life-threatening).

- For February 2015, there was a 21% increase in ECHO calls compared to 2014 and a 7% increase in DELTA calls.
- In February 2015, 78% of ECHO calls and 65% of DELTA calls were responded to within the target time. Despite the increase in activity, this is an improvement of 5.5% from ECHO calls and 3% for DELTA calls from 2014 response time performance.
**Ambulance Service Reviews**

There are three separate reviews of different aspects of pre-hospital emergency care.

**HIQA Review:** HIQA’s review of NAS governance arrangements was published in December 2014. Many issues identified in the report are already being addressed as part of the NAS reform programme or are prioritised for attention in 2015.

The report was critical of the relationship between Dublin Fire Brigade ambulance service and the NAS. The HSE has prioritised this for improvement in 2015. A key recommendation was for Dublin Fire Brigade to fully engage with the National Control Centre reconfiguration project. The HSE, Dublin City Council and the Dublin Fire Brigade Unions have agreed in principle on the integration of emergency ambulance call taking and dispatch. A joint forum has been established to progress this matter.

**NAS Capacity Review:** The NAS commissioned a comprehensive analysis of overall resource levels and their distribution against demand and activity. This will determine the appropriateness of current resource levels and deployment. It will also identify where resources should be placed to best meet the needs of the service at national and regional level.

The NAS has requested further analysis on resource and base distribution. This is being carried out and the capacity review is expected to be concluded in June. An executive summary of the draft report was circulated to Oireachtas members at the Joint Health Committee in December. The summary suggests that HIQA’s recommended response time targets cannot be met, and that a substantial increase in clinical resources may only produce a marginal improvement in performance against these targets.

**Dublin Ambulance Review:** Ambulance services in Dublin are provided by Dublin Fire Brigade on behalf of the HSE, funded through Dublin City Council. DFB has 12 emergency ambulances, crewed by paramedic-qualified firefighters. 11 of these are funded by the HSE, at €9.3 m per annum.

The HSE and Dublin City Council jointly commissioned an independent review of services in the Dublin area, to determine the best and most cost-effective model of ambulance provision for the city, including coordination of Dublin services with national provision under the new national control and dispatch system. The review, which requires input from the capacity analysis, is expected to be completed later this year.

The Minister has directed the HSE to publish an action plan by the end of the year to implement the recommendations of these reviews.
Speaking Note for Topical Issue Debate – 30 June 2015
Speech by Minister Leo Varadkar

To ask the Minister for Health the reason for Loughglynn Ambulance not opening? When does the Minister hope this urgent and very necessary service will commence? Can the Minister outline reasons for delay and what steps are being taken to resolve the problem?

- Frank Feighan

I am pleased to be able to outline to the House current developments in relation to the Loughglynn ambulance station.

Firstly, I should explain that the National Ambulance Service (NAS) is changing and modernising its model of service delivery. It is no longer considered appropriate for an ambulance station to provide services only in its own local area. For this reason, the NAS is moving to strategic deployment, where all resources in a region are deployed across that region.

Within the wider western region, the Roscommon area is supported by strategic deployment from the north by Boyle and Carrick on Shannon, from the east by Longford and Mullingar and from the south by Athlone. New 24/7 capacity in Tuam and Mulranny stations is enhancing the coverage across north Galway, west Roscommon and Mayo.
Also in support of strategic deployment, Loughglynn is being developed as a base where ambulances can be located during shifts. The base will provide facilities for staff and clinical storage. The Deputy will be pleased to know that refurbishment of the ambulance station in Loughglynn is now complete. Discussions are ongoing with staff representative bodies, in relation to a number of staffing issues arising from the move to strategic deployment in the region. The NAS expects that the Loughglynn station will be operational following resolution of these issues.

The NAS is working to ensure high quality and timely emergency pre-hospital care, using all available resources as effectively and as efficiently as possible. As for any complex modern health service, development and modernisation never ceases, as technology and clinical standards change.

A significant and ongoing reform programme has been underway in recent years. In 2015, an additional €5.4 million has been provided to improve technology and clinical audit, and to address service gaps, particularly in the west.

The single national control system, which is now almost fully operational, is improving our control and dispatch performance.
The Intermediate Care Service (ICS) transports patients between facilities, allows our emergency vehicles and crews to focus on emergency calls. The ICS now carries over 80% of the non-emergency workload.

We are also moving to more efficient on-duty rostering and developing a national rostering system. 50 additional paramedics are being allocated in the West this year, under this process.

Services in Roscommon have undoubtedly improved since 2011. Roscommon Town has three emergency ambulances during the day and two at night, as well as a 24/7 rapid response vehicle, crewed by an advanced paramedic.

For Roscommon and the surrounding region, we also have the Emergency Aeromedical Support Service (EAS), based in Athlone. The EAS takes very seriously ill or injured patients swiftly to the most appropriate hospital for their needs. Over 1,000 missions have been completed since June 2012. Counties Roscommon and Mayo have among the highest demand for EAS services.
These are all significant achievements. However, we intend to further improve the service. The NAS expects to receive the independent capacity review very shortly, and this will help to determine current and future service needs. Areas being examined include staff numbers and skill mix, as well as resources and deployment locations.

I am confident that these reforms will contribute to the ongoing improvements in our pre-hospital emergency care services, to the benefit of the people of Roscommon and the rest of Ireland.