


Submission to the Joint Oireachtas
Committee on Health on behalf of
SIPTU members in the HSE –
National Ambulance Service (NAS)
and the Dublin Fire Brigade
Ambulance Service (Dublin City
Council)

15th December 2021





**Fairness
at Work
and
Justice in
Society**

Opening Remarks

Chairman, on behalf of SIPTU we would like to thank you and the members of the Joint Oireachtas Committee on Health for inviting us to discuss the challenges faced by our members working in the HSE National Ambulance Service and Dublin Fire Brigade's Fire Based Emergency Medical Service

SIPTU represents over 1,600 members in the National Ambulance Service, all of whom are critical to the delivery of care and emergency services in our communities. The HSE NAS provides the following supports to the public throughout the State: Emergency Ambulance Service, Intermediate Care Transport, Mobile Intensive Care Ambulance and Neo-Natal Intensive Care Ambulance.

In Dublin, there is a dual system operated by NAS and DFB which has serviced the citizens well over many years. DFB Ambulance Service employs 110 personnel across all grades of ambulance professionals, including 80 Advanced Paramedics. DFB Ambulance Service receives back up support from 840 para medical first response fire fighters, 21 paramedic first response fire appliances and two emergency fire appliances, offering a rapid first response deployment to any pre-hospital emergency. There are extremely high levels of unit hour utilisation experienced by the ambulance services.

Ambulance capacity in Ireland has been at a low level historically with demand increasing over the years. For example, monthly demand in the second half of this year is at levels normally experienced in December pre-COVID-19. COVID-19 has obviously affected all aspects of the health system from Primary Care to Hospital Care. Pressures on these areas of the system also have a knock-on effect on the ambulance services.



Hospital offload delays have increased in number and time duration. Call volume through emergency control centres has increased. Time duration of each call has extended due to additional PPE and infection prevention control measures required when managing COVID-19.

Ambulance crews experience the effects of lengthening response times, which in turn have an effect on the welfare of staff working in such a busy system, both in the control centres and operationally.

SIPTU representatives have expressed deep concerns over the high level of pressure on the ambulance service, with paramedics frequently diverted from other parts of the country under a system which has been widely criticised by staff and has seen many members suffer from burnout. Staff recruitment and retention in the services has become a serious issue.



In DFB's based Emergency Medical Service, ongoing crewing shortages have meant that, at times, up to 20% of the frontline DFB fire appliances have been taken out of service, resulting in a corresponding reduction of available paramedics.

We want to share our concerns about the effect this is having on the morale of our members who provide frontline ambulance services throughout the Republic of Ireland and the concerns which our members have about the perceived lack of public confidence in an essential lifesaving service.

As you are aware, Chairman, Deputies and Senators, both from your work on the Committee and in your own constituencies, public concern has grown throughout the country as a consequence of several high profile cases in

which ambulance response to a specific incident or event have been flagged.

We are here today not to blame but to assist the Joint Oireachtas Committee on Health to examine all factors involved in the delivery of ambulance services, to do what we can to identify the growing challenges confronting this essential frontline service and assist the professional ambulance personnel.

Ambulance professionals in both the HSE NAS and DFB have a proven tradition of putting the care of the patient first and this ethos has been well demonstrated by their commitment to developing from a patient transport service to a sophisticated, first point of control, medical intervention. This



has required the strategic educational development of personnel whereby Ambulance professionals are trained to the level of Emergency Medical Technician, Paramedic and Advanced Paramedic all of whom are equipped to deliver the earliest possible medical intervention thereby giving the patient the best possible outcome.

Our members in Health are also committed to the Bachelor of Science degree programme in Pre-Hospital Emergency Medicine supported by University College Dublin and University College Cork.

Those who deliver frontline emergency ambulance services are deeply affected when a failure to deliver the best medical intervention or meet the recommended response times are linked to an adverse outcome for a patient as many of our members working for our Ambulance services live in the communities in which they are deployed to serve.

Despite restrictions on resources in these difficult times, ambulance professionals continue to develop their skillset and the service in the interests of the public.



Pre-Hospital Emergency Care Council (PHECC)

It is important to note that SIPTU has been to the forefront of the development and professionalisation of the ambulance service as it has evolved since 2001 and which is overseen and regulated by the Pre-Hospital Emergency Care Council (PHECC). PHECC is also the licensing authority for all qualified ambulance personnel.

Resources

To assist the Committee in its work we will give a brief overview of the resources which the ambulance service utilises and deploys in its daily work.

- Population of Republic of Ireland: 5 million
- No population centre greater than 1.3 million
- Geographic area: 84,421 Square Km
- Ambulance Stations: 110 including 12 Dublin Fire Brigade stations.
- Ambulances Services Budget: €138.5 million including €9.2 million for Dublin Fire Brigade
- Staff level: HSE National Ambulance Service: 1,615
- Dublin Fire Brigade Ambulance Service: 110
- Call Volume: 280,572 excluding other patient transport activities provided by Intermediate Care Vehicles
- Fleet: HSE NAS: 265
Emergency Ambulances (patient carrying)
- DFB: 12 Emergency Ambulances (patient carrying) plus 22 Fire Appliances available to assist in emergency response.
- Fleet support: HSE NAS Rapid Response Vehicles: 56
- Officer Response Vehicles: 64
- Motorbikes: 6
- Intermediate Care Vehicle: 54 can be used if available for first response.



The HSE NAS also provides the following supports to the public throughout the State:

- Emergency Ambulance Service.
- Intermediate Care Transport.
- Mobile Intensive Care Ambulance and Neo-Natal Intensive Care Ambulance nationwide.
- Critical care retrieval services nationwide.
- Pathfinder Services nationally in 2022 in line with the Slàintecare report.
- COVID test and vaccination programmes.
- Community Paramedic Programmes in line with the Slàintecare report.
- Incident Response teams nationally to deal with maritime, atypical weather, hazardous, sporting events, assisting public order Army and Garda units, Prison disturbances and major incidents.
- Aero Medical Service nationally.

Impact on Staff

There has been an increase of more than 20 per cent in emergency calls since February 2021 which has contributed to delays in ambulance response times to 999 calls. This has undoubtedly increased pressure on staff. Hours are long and unsocial while delays in offloading patients in emergency departments are causing huge stress for ambulance personnel.

Incidents of burnout and fatigue are rising sharply and the recruitment crisis means that both services are stretched incredibly thin on the ground.

Ambulance personnel can be called-out to a location that can be a 500 mile round trip adding many hours to an already exhausting shift. This is not sustainable.

A strategy for ambulance, fire and emergency services that are properly resourced and which increases the fleet and appliances is required in order to ensure that paramedics are treated with dignity, fairness and respect is essential.



HIQA Recommendations and International Comparisons

Our members in the NAS are committed to delivering the best international standards and have no issue with HIQA as the monitoring agency reviewing and enforcing standards.

However, we ask you to note that the HIQA response time recommendations as outlined in its publication dated 19th January 2011 "Pre-Hospital Emergency Care Key Performance Indicators for Emergency Response Times" proposed:

- **FIRST RESPONSE TO PATIENT WITHIN 7.59 MINUTES**
- **PATIENT CARRYING VEHICLE WITHIN 18.59 MINUTES**

These critical Key Performance Indicators (KPI) are set as recommendations.

However, it is the public perception that these response times are mandatory and when a call is not responded to within these timeframes, the ambulance service is called into question, whether or not the patient or clinical outcome is positive.

Chairman, it is our understanding that HIQA was advised by the PHECC and the ambulance authority that its stated recommendation on response times could not be met at the frequency demanded.

This required that response times would incrementally move from 75% to 90% of all life threatening calls also known by code names:

- **ECHO (RESPIRATORY AND CARDIAC RELATED EMERGENCIES).**
- **DELTA (LIFE THREATENING NON CARDIAC RELATED EMERGENCIES).**

It is our understanding that PHECC communicated its reservations to HIQA on the reasons why the response times could not be met on the following grounds:

- Release of ambulances from Accident and Emergency Departments and patient hand-over.
- Geographic location of ambulance facilities.
- Rural Vs Urban response time variations.
- Road conditions.
- Weather conditions.
- Vehicle availability.
- Crew availability.
- Increases in call volume.
- Demographics and population.

Example of response time data

From 1 January, 2011, HIQA said that it expected that the recommended response times would incrementally progress from 75% to a 90% success rate.

For the purpose of assisting the work of this Committee we suggest that the following data as provided by HSE be noted. The data outlined includes all emergency and urgent calls received by both HSE NAS and DFB Ambulance Service:



Breakdown of calls and response times

2019

- **Emergency and Urgent Call Volume (NAS and DFB): 348,053 (Monthly Average = 29,004)**
- Emergency Call: 327,249
- Urgent Call: 20,804
- Echo Call: 5,215
- Delta Call: 145,136
- Response time ECHO < 18.59 = 79.52%
- Response time DELTA < 18.59 = 55.56%

2020

- **Emergency and Urgent Call Volume (NAS and DFB): 362,954 (Monthly Average = 30,246)**
- Emergency Call: 344,731
- Urgent Call: 18,223
- Echo Call: 5,305
- Delta Call: 132,950
- Response time ECHO < 18.59 = 79.48%
- Response time DELTA < 18.59 = 53.98%

2021 - January to October


- **Emergency and Urgent Call Volume (NAS and DFB): 301,661 (Monthly Average = 30,166)**
- Emergency Call: 288,691
- Urgent Call: 12,970
- Echo Call: 4,923
- Delta Call: 122,416
- Response time ECHO < 18.59 = 75.43%
- Response time DELTA < 18.59 = 45.58%

Capacity Review

In order for a proper discussion to take place on the resources required for the State's ambulance services, it is an absolute imperative that the recommendations of the NAS Capacity Review and any future reviews are fully resourced and implemented.

SIPTU members are committed to work with any and all processes which will advance the ambulance service.

The huge advances made by our members from the ground up are testament to our commitment to improving the HSE NAS and DFB Ambulance Service through the development of ambulance personnel and services.

A blurred background image of a yellow school bus with a teal text box overlaid. The bus is moving, as indicated by the motion blur. The text box is a solid teal color and contains the title in white, bold, sans-serif font.

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