



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

PAC-R-208

Correspondence 3.12
Meeting – 15/12/2011



13th December 2011

Ms. Eimear Lavelle,
Committee Secretariat,
Committee of Public Accounts,
Leinster House,
Dublin 2.

Dear Eimear,

I refer to correspondence dated the 3rd November 2011 from the Irish Fire and Emergency Services Association regarding the Dublin Fire Brigade Ambulance Service which was forwarded to the HSE to prepare a note on the issues raised therein.

I attach for the Committees attention a response note from our National Ambulance Service.

If any further information is required please do not hesitate to contact me.

Yours sincerely,

Ray Mitchell
Assistant National Director
Parliamentary & Regulatory Affairs Division

HSE National Ambulance Service briefing response to the correspondence to the PAC from the Irish Fire and Emergency Services Association

For record purposes, it is important to highlight that the HSE National Ambulance Service (NAS) is the largest statutory ambulance service in the State with approximately 1 million patient contacts annually, some 250,000 of which are emergency incidents.

At the outset it is important to state that the HSE National Ambulance Service (NAS) recognises and greatly values the work of Dublin Fire Brigade in the delivery of Ambulance Services to the population of the Greater Dublin Area, alongside the National Ambulance Service. These arrangements between the HSE and DCC are based on the recommendations contained within the 1993 Review of Ambulance Services in Ireland.

Notwithstanding the foregoing, the HSE, through the NAS is the statutory agency with responsibility for pre hospital emergency care in this State. Consequently, any investment in improving services throughout the State, including Dublin, has been channelled through NAS.

The information provided to the PAC refers to a case addressed by the EU Court of Justice and a subsequent ruling relating to Section 25 of the Fire Service Act. It is worth noting that Local Authorities whom are the statutory Fire Authorities have not chosen to exercise this provision. The National Directorate of Fire and Emergency Management within the Dept. of Environment, Communities and Local Government is currently undertaking a review of the role and function of the 37 Local Authority Fire Services.

In any event, the Comptroller and Auditor General has dealt with the matter of duplication of services that currently prevails in parts of Dublin. Specific reference will be made latter in this report.

The HSE NAS is committed to delivering Pre Hospital Emergency Care Services in line with best practice and in accordance with the standards outlined by the Health Information and Quality Authority which, amongst other targets, requires a response to 75% of immediately life threatening calls within 8 minutes. The NAS is very clear of the continued requirement to involve other "Blue Light" services in the delivery of Pre Hospital Emergency Care Services. The Government Task Force Report on Sudden Cardiac Death recognises this point in Recommendation 5.19 of their report, which sets out:

A tiered response system should prioritise the training and equipping of rapidly deployable 'uniformed responders' such as:

- Full time fire services in urban communities

- Retained fire services in rural communities

While this report focuses on Sudden Cardiac Death, the principle of Fire and Rescue personnel responding to life threatening emergencies in tandem with the PHECC Training and Education Standards for Emergency First Responders, adopted and implemented by many Local Authorities, can provide a significant cohort of suitably trained, equipped and disciplined personnel to respond to Road Traffic Collisions from geographically well placed locations.

Aligned to this the NAS is of the view that the ongoing investment in new purpose built Fire Stations, many of which are geographically well placed and vacant most of the time, could provide an ideal network of facilities from which to dynamically deploy NAS resources with a view to further improving response times. In the interest of Value for Money and maximum use of taxpayer assets, the NAS has been engaging with the Department's of Environment, Transport and Health to progress these issues across the country.

The matter's outlined above have also been referenced in a paper to the Road Safety Authority identifying what actions need to be taken to improve emergency response to Road Traffic Collisions.

The HSE, at the Public Accounts Committee meeting of March 2010 set out its intention to reduce the number of centres in Ireland that receive ambulance calls and dispatch resources, from 10 to 1 with a fallback centre for resilience purposes. This has also been identified as primary objective to be achieved under the Public Service Agreement 2010-2014. The Comptroller and Auditor General has commented on existing control arrangements in Dublin, from a Control perspective, in Chapter 40 of his report identifying in Section 40.28 that the lack of a single point of contact for all ambulance calls for Dublin City and County was not a satisfactory arrangement for supporting the needs of patients or clinicians.

The current Ambulance Control structure reflects the organisational structures that were put in place whereby Ambulance Services were delivered through the Health Boards with operational or geographic boundaries. A centralised Ambulance Control function will assist in reducing response times to emergencies by elimination of boundaries thus allowing a system whereby the nearest available resource is dispatched to an incident. Also, internationally, there has been a consistent approach to migrate to centralised Control Centres given the opportunities to maximise investment in Estate and ICT infrastructure, secure efficiencies of volume and develop specialism and expertise among a key group of staff. The Garda Inspectorate Report of October 2009 outlines:

“The State has already made the very sensible decision that the imminent National Digital Radio System should be available to all “blue-light” services. Similarly, it makes economic sense for the emergency services to share control rooms and operate seamless CAD services.

Such an arrangement would be entirely consistent with the OECD vision of an integrated Irish Public Service in which people “*are enabled to work together across existing structures to allow greater connectivity between different sectors ... [and] more collaborative, horizontal approaches ...in responding to societal needs.*”⁹⁵

Even in the best economic circumstances, the State and its taxpayers can ill afford to fund three national fire control rooms, eight national ambulance control rooms and two national Garda control rooms.”

In line with the above, one of the key determinants in identifying the location of the National Control Centre was the requirement to have sufficient space and data communications infrastructural capacity to cope with the entire national call volume for all ambulance service related activity and any other future requirements.

This development will as stated above, be progressed under the auspices of the Public Service Agreement 2010-2014. In this context, the HSE is currently engaged with and will continue to engage with those unions, and only those unions that are party to that agreement and who hold negotiating rights for the relevant grades.

As previously stated, the arrangements between the HSE and DCC are based on the recommendations contained within the 1993 Review of Ambulance Services in Ireland. In addition to the recently published HIQA Response Times and Quality Standards for Pre Hospital Emergency Care, there have been significant developments in Training and Education, Priority Dispatch, Vehicle and Equipment and Patient Safety Standards. Consequently, the HSE is of the view that it is entirely appropriate to reflect on and revise as appropriate, our current arrangements with DCC.

In this context, the HSE NAS engaged in discussions with Dublin City Council (DCC), including Dublin Fire Brigade (DFB), for a number of months with regard to a Cooperation Agreement between the organisations for the provision of Ambulance Services in parts of Dublin City. The HSE is intent on ensuring that DCC, through DFB, will continue through an agreed process, to be an integral asset of the National Ambulance Service in the delivery of pre hospital emergency care services and other important services under the control and direction of a single National Control Centre operated by the HSE's National Ambulance Service.

HSE National Ambulance Service