

*(Second Supplementary Order Paper)*

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**DÁIL ÉIREANN**

*Dé Máirt, 16 Samhain, 2021*  
*Tuesday, 16th November, 2021*

2 p.m.

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**GNÓ COMHALTAÍ PRÍOBHÁIDEACHA**  
**PRIVATE MEMBERS' BUSINESS**

*Fógra i dtaobh Leasú ar Thairiscint: Notice of Amendment to Motion*

**200.** “That Dáil Éireann:

notes that:

- the National Ambulance Service (NAS) and emergency services are at crisis point, with health care professionals expecting a very challenging winter with insufficient ambulance capacity;
- response time standards state that life-threatening callouts should be responded to within 19 minutes in 81.5 per cent of cases;
- State-wide response times for life-threatening callouts (Clinical Status 1 – ECHO: Patients who are in cardiac or respiratory arrest) within this timeframe have decreased from 80 per cent in December 2017 to 76 per cent in December 2019, in particular outside of Dublin; and
- State-wide response times for potentially life-threatening callouts (Clinical Status 1 – DELTA: Patients with life-threatening conditions other than cardiac or respiratory arrest) within this timeframe have fallen from 54 per cent in December 2017 to 49 per cent in December 2019, and that rates in the summers of 2020 and 2021 were down on previous years;

further notes that:

- the annual spend on private ambulance services has risen from €2.1 million in 2011 to €10.1 million in 2019;
- in 2019, the three top spenders on private ambulance services were Letterkenny University Hospital (€1.6 million), Mayo University Hospital (€1 million), and Cavan General Hospital (€682,973);
- ambulances are too often travelling in excess of 150 kilometres to reach a destination, with instances in excess of 200 kilometres, and there are extreme geographical disparities in ambulance coverage;
- ambulances are often left idling outside of hospitals due to a lack of bed capacity and an inability to transfer patients, particularly Covid-19 patients, as accident and emergency services are not operating in an efficient and effective manner, resulting in cancellations

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of scheduled care and contributing further to the waiting list crisis;

- an unacceptably high proportion of shifts, possibly as many as half or more, already run overtime, with 12-hour shifts often lasting 15 hours or more, leading NAS staff to have low morale with widespread burn out and occupation-related mental health difficulties; and
- the attractiveness of a career in the NAS is damaged by the terms and conditions of work under the current system, which is a reputational issue also affecting medical scientists and other underappreciated professions in the health service; and

calls on the Government to:

- urgently complete and fund the recommendations of the capacity review on the adequacy of the NAS, to identify additional budgetary needs to phase out the use of private services, reduce reliance on overtime, fill vacancies, and expand staffing and the ambulance fleet to meet need;
- urgently review the adequacy of the spatial distribution and coverage of the ambulance fleet, ambulance stations and rapid deployment points, to ensure an equitable distribution of services across regions and to reach response time standard targets;
- avoid call centres directing long-distance callouts to teams which are nearing the end of their shift and ensure adequate coverage to support this;
- advance legislation relating to specialist paramedic grades and rapidly advance funded expansions to primary and community services, in particular those relating to community paramedicine and chronic disease management, to provide alternatives to hospitalisation and reduce the strain on emergency services;
- establish a clinical framework to provide for ‘hear and treat’ and ‘see and treat’ alternative care pathways, to further reduce hospitalisations;
- provide more appropriate hospital beds to avoid patients being left in ambulances and admit them to hospital in a timely manner;
- expand mental health supports for the NAS workforce, including access to counselling and psychiatric services where appropriate; and
- ensure redeployment opportunities within the health service, particularly to non-emergency community roles, for frontline paramedics who are fit to work but cannot return to frontline emergency roles for health reasons.” — *David Cullinane, Chris Andrews, John Brady, Martin Browne, Pat Buckley, Matt Carthy, Sorca Clarke, Rose Conway-Walsh, Réada Cronin, Seán Crowe, Pa Daly, Pearse Doherty, Paul Donnelly, Dessie Ellis, Mairéad Farrell, Kathleen Funchion, Thomas Gould, Johnny Guirke, Martin Kenny, Claire Kerrane, Pádraig Mac Lochlainn, Mary Lou McDonald, Denise Mitchell, Imelda Munster, Johnny Mythen, Eoin Ó Broin, Donnchadh Ó Laoghaire, Ruairi Ó Murchú, Louise O'Reilly, Darren O'Rourke, Aengus Ó Snodaigh, Maurice Quinlivan, Patricia Ryan, Brian Stanley, Pauline Tully, Mark Ward, Violet-Anne Wynne.*

*Leasú:*

*Amendment:*

1. To insert the following after “but cannot return to frontline emergency roles for health reasons”:

“and

- direct the Health Service Executive to recognise the National Ambulance Service Representative Association, who are members of the Psychiatric Nurses Association, as a trade union with full collective bargaining rights for its members employed in the NAS.” — *Mick Barry, Richard Boyd Barrett, Gino Kenny, Paul Murphy, Bríd Smith.*

