

That Dáil Éireann:

notes that:

- the National Ambulance Service and emergency services are at crisis point, with health care professionals expecting a very challenging winter with insufficient ambulance capacity;
- response times standards state that life threatening callouts should be responded to within 19 minutes in 81.5% of cases;
- state-wide response times for life threatening (ECHO) callouts within this timeframe have decreased from 80% in December 2017 to 76% in December 2019, in particular outside of Dublin; and
- state-wide response times for potentially life threatening (DELTA) callouts within this timeframe have fallen from 54% in December 2017 to 49% in December 2019, and that rates in the summers of 2020 and 2021 were down on previous years; and

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 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 leaving National Ambulance Service staff at 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 review the adequacy of National Ambulance Service resources to identify additional budgetary needs to phase out 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 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, in particular into non-emergency community roles, for frontline paramedics who are fit to work but cannot, for health reasons, return to frontline emergency roles.