

CAPACITY REVIEW IS CAUSE FOR MAJOR CONCERN

Unrealistic response targets and a lack of necessary resources, staff and updated work practices are just some of the areas of concern highlighted in a major review of the HSE National Ambulance Service. Report by Michael McHale.

The 'NAS Emergency Service Baseline and Capacity Review', published by the HSE in May, points to 17 areas where improvements can be made to how the ambulance service can carry out essential, life saving work.

Chief among its findings is the belief that, despite a target laid down by the Health Information and Quality Authority (HIQA) that ambulance services should respond to potentially life-threatening emergencies within eight minutes in 80 per cent of cases, this aim is simply unachievable in Ireland.

The review, carried out by Lightfoot Solutions UK Ltd, compared current response times to those achieved in England, where the company has extensive experience in monitoring the work of UK emergency services.

Currently, the eight-minute response target is only met in 26.6 per cent of cases in Ireland.

Even if a raft of improvements were implemented in the sector, Lightfoot concluded that this would rise to just 60.6 per cent, compared to around 79 per cent for a typical English service.



The report also calls for a range of improvements in the HSE National Emergency Operations Centre, including a clinical support desk to offer improved medical advice and services.



The chief reason for this disparity comes from Ireland's large rural areas and population. Here 40 per cent of incidents are in a rural location, compared to just 12 per cent in England.

The review has been met with dismay by the National Ambulance Service Representative Association (NASRA). In its own report last year, it concluded that the HIQA-prescribed emergency response targets were "impossible to meet and are exposing the public to unnecessary danger".

'ACT ON RECOMMENDATIONS'

In its response to the Lightfoot review, NASRA National Chairman Michael Dixon has called on the HSE and the National Ambulance Service (NAS) to act on its recommendations now.

"We have seen a number of adverse incidents in recent years that have resulted from a lack of investment in the National Ambulance Service. The HSE's insistence on defending these response times have now

In a statement to 'Emergency Services Ireland', HIQA said the eight-minute target was part of a "broader suite of measures" in its 2014 report, some of which have yet to be implemented.



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been shown to be completely unrealistic.”

Dixon added that both the HSE and NAS can take no comfort from this independent review, adding that “paramedics on the ground, who work under intolerable pressure, have warned of the inadequacies of personnel and equipment in the ambulance service. “But they have been ignored while the HSE defended the service that has now been shown to be understaffed and under resourced to meet the huge demands on it within the reconfigured hospital system.”

Coinciding with the HSE’s publication of the ‘NAS Emergency Service Baseline and Capacity Review’ was the launch of its new Action Plan for the ambulance service, which it says will allow for the implementations of the review’s recommendations. This is in addition to those of the 2014 HIQA report, which at the time called for an 80 per cent target for responding to call-outs within eight minutes.

ACCURATE REPORTING SYSTEMS

The HSE’s Action Plan highlights ongoing work in developing accurate systems of recording and reporting clinical, response time and other key performance indicators. It also expresses its aims to support staff and management through increased training and support in areas like risk management, performance and quality improvement.

The plan also points to new ways in which patients, particularly those with less serious ailments and in rural areas, can be responded to more quickly. It calls for a community engagement programme to promote the skills of pre-hospital emergency care practitioners like GPs, thus reducing the need for ambulance call-outs.

However given the finding of the Lightfoot review that, in Ireland, there are only 40 per cent as many ambulance calls per head of population as in England, and with access to GPs out-of-hours here being cited as a primary reason for this, it is questionable how much of a difference such a programme can make.

REVIEW CALLS FOR RAFT OF NEW MEASURES

In order to improve the emergency service provided to the Irish public, the review has called for the following measures:

- * Increased investment in vehicle and control room technology;*
- * Redeployment of ambulance stations around the country, many of which, according to the review, “are not well located for the communities they serve”;*
- * A review of the NAS vehicle mobilisation processes, so that the time from identification of the patient’s complaint to vehicle allocation can be eventually halved.*
- * The hiring of an extra 290 full time staff to provide an additional 2,365 ambulance hours, 200 hours in intermediate care vehicles, and 2,990 hours in rapid response vehicles per week. This alone is estimated to cost €15 million per year.*





The review, carried out by Lightfoot Solutions UK Ltd, compared current response times to those achieved in England, where the company has extensive experience in monitoring the work of UK emergency services.

In more serious cases, the document calls on the NAS to, “as a priority actively promote the development of a comprehensive national programme of community first response schemes in all rural and sparsely populated areas,” a development which, it adds, will require “a significant increase in local volunteerism” in order to succeed.

RANGE OF IMPROVEMENTS

Damien McCallion, HSE National Director for National Ambulance Service, has welcomed the Lightfoot review, in particular its recommendation for “the development of a new way of measuring our pre-hospital emergency care services that incorporates response times, patient outcomes and patient satisfaction with the service”.

Other countries such as Wales have already moved in this direction which places greater emphasis on outcomes for patients, he added.

The report also calls for a range of improvements in the HSE National Emergency Operations Centre, including the establishment of a clinical support desk to offer improved medical advice and services to patients.

It recommends an improved model for rural and remote locations with an extensive rollout of Community First Responder Schemes, co locations of paramedics with primary care professionals and continued use of the aeromedical services.

And while the review categorically dismisses HIQA’s 80 per cent target for eight-minute emergency responses as unachievable, the Authority has not yet reassessed this aim.

In a statement to ‘Emergency Services Ireland’, it said that the aim of the eight-minute target was to “promote incremental improvement over time against historically achieved performance”. HIQA added that the target was part of a “broader suite of measures,” highlighted in its 2014 report, some of which have yet to be implemented.

The statement did not say whether HIQA will consult with the NAS on a review of response time targets, as recommended by the Lightfoot review.

CFR IRELAND READY TO NETWORK WITH AMBULANCE SERVICE

The National Community First Responder Network – CFR Ireland – has welcomed the publication of the capacity review by the National Ambulance Service, and is available to work with the NAS to improve patient outcomes and save lives.

The capacity review makes two key recommendations with respect to CFRs. Firstly, the National Ambulance Service (NAS) should consider developing the scope of their network of CFR response to include Delta calls, and secondly, to increase the number of schemes to cover many more areas.

Community First Responders (CFRs) are civilian responders who are trained to international standards in cardiopulmonary resuscitation, defibrillation and oxygen therapy. They are part of a local CFR scheme, which is linked to the National Ambulance Service.

When the emergency services are alerted to a case of cardiac arrest, chest pain, choking or stroke, a civilian responder from the local CFR scheme is automatically dispatched to the scene along with the ambulance services.

The local CFRs can often attend the scene before an ambulance will arrive, and in cases where time is critical such as cardiac arrest, this can save lives. Approximately 15 people die from cardiac arrest in Ireland every day. Currently there are almost 150 CFR schemes around the country, all linked to the National Ambulance Service.

John Fitzgerald, CFR Ireland’s co-chairman, said: “CFR Ireland has been working with the National Ambulance Service over the past number of years to increase the number of CFR schemes in operation and at least 30 new schemes are in the early stages of establishment”.

Of the 100 locations, as outlined in the capacity review, identified as being suitable for a CFR scheme, 15 already have a scheme in operation or in the set-up stages. CFRs around the country have indicated their willingness to respond to an increased scope of calls.

Dr David Menzies, Medical Director of CFR Ireland said: “CFRs have demonstrated a willingness and ability to perform to the highest standards. With CFR Ireland and the National Ambulance Service, there is a governance framework that will allow us to develop increased scope of practice for CFRs to improve patient outcomes and save lives.”



For more information about CFR Ireland and how to establish a CFR scheme visit www.cfr.ie Contact medical director Dr David Menzies on 086-8205810, chair@cfr.ie or co-chairman John Fitzgerald on 085-7010383, info@cfr.ie