Title: Update on National Ambulance Service

Author: Department of Health and HSE
Organisation: Department of Health and HSE
Date: 20 January 2021

Action required:
☒ For noting
☐ For discussion
☐ For decision

Approved for future publication: YES
Summary

- The National Ambulance Service (NAS) is the statutory national pre-hospital emergency and intermediate care provider. The NAS will continue to be an integral component of the response to Covid-19 in 2021, while demand led service delivery requirements remain high.

- Issues currently being managed by the NAS include support of ongoing HSE testing and vaccination rollout requirements, the delivery of core services in the Covid-19 environment, and the expansion of alternative care pathways to facilitate hospital avoidance.

- The NAS is meeting testing requirements using rapid response teams and a dedicated Covid-19 control room, and has conducted over 280,000 tests as of 15 January. This includes approx. 107,000 tests conducted in nursing homes, residential care facilities and community hospitals.

- NAS Covid-19 functions also include workforce support for the HSE vaccine rollout, and provision of assistance “as available” to the Northern Ireland Ambulance Service.

- Ongoing patient critical activities include the operation of the NEOC, 112/999 Emergency Ambulance responses, NAS Critical Care and Retrieval Services and Intermediate Care Service delivery. The NAS has maintained service delivery, including approx. 1,000 emergency calls and 90 intermediate calls completed daily.

- In early January, elements of the NAS surge plan were temporarily activated and further use of surge measures may become necessary as the situation evolves.

- Through the pandemic the NAS has expanded the use of alternative care pathways including community paramedicine and “see and treat”, as an alternative to ED conveyance. Development funding allocated in NSP2021 enables the embedding of these and other strategic care reforms while maintaining core services.

- Early progress has been made in key areas in 2021, including the allocation of six additional staff to critical care retrieval services.

1. Introduction

The National Ambulance Service (NAS) is the statutory national pre-hospital emergency and intermediate care provider. It operates as part of an integrated health system in which care begins immediately at the time that an emergency call is received, and continues through appropriate treatment, transportation and handover of the patient to the clinical team at the emergency department, alternative care facility or service.

This paper updates on the current issues relating to the NAS, highlighting NAS support of ongoing HSE testing and vaccination rollout requirements, the delivery of core services in the Covid-19 environment, and the expansion of alternative care pathways to facilitate hospital avoidance.

2. Covid-19 Functions

In early March 2020, NPHET agreed a proposal from the NAS to provide home testing for Covid-19. This testing, which is ongoing, was facilitated by existing pre-hospital care delivery infrastructure and the introduction of a dedicated Covid-19 control room. The NAS has continued to meet expanding residential and pop-up testing requirements, and has conducted over 280,000 tests as of 15 January. This includes approx. 107,000 tests conducted in nursing homes, residential care facilities and community hospitals.
In response to localised public health measures, the NAS will continue to establish pop-up testing centres, utilising existing and external staff capacity as a rapid response to dynamic testing priorities. The NAS currently has 6 Hazardous Area Response Teams (HART) which provide flexible support to HSE testing requirements by establishing pop-up testing sites.

Additionally, the NAS is providing support to the HSE rollout of the national vaccination programme. In late December, the Minister signed a Statutory Instrument authorising NAS paramedics to administer approved vaccines, and this workforce support will continue to be provided in line with HSE national planning.

In late December and early January, the NAS has provided some temporary assistance to the Northern Ireland Ambulance Service (NIAS) in order to ensure continuity of patient care in Northern Ireland. This assistance is provided on an “as available” basis, under the operational governance of the NIAS CEO and the NAS Director.

3. **Service delivery in a Covid-19 environment**

NAS service continuity is, thus, focussed on the need to safeguard the most vulnerable patients and deliver core services, while performing additional Covid-19 functions in support of HSE implementation of Government policy.

In order to achieve this, in March 2020 the NAS established a Covid-19 Control Room within the Clinical Hub at the National Emergency Operations Centre (NEOC). This includes a dedicated Covid-19 dispatch centre, supported by additional clinical staff and the introduction of ‘Protocol 36’, which allows for detailed identification of patients on the 112/999 system who may be Covid-19 positive. NAS data indicates that, in the week ending 17 January, the system identified 12-20% of callers, with a peak of approx. 20% of 112 calls flagged by the system on 12 January.

Existing clinical assessment pathways were amended to allow NAS clinicians, under protocol, to assess possible Covid-19 patients and determine whether transport to hospital or treatment at home is more clinically appropriate. All patients not transported under this clinical pathway are contacted within 24 hours. By emphasising treatment at home, the NAS ensures transport to an acute hospital in serious or life threatening cases, freeing up ED capacity.

In addition to assessment by the clinical hub, the NAS has further expanded the use of alternative care pathways including community paramedicine and “see and treat”, as an alternative to ED conveyance. As indicative, data for the week ending 17 January shows that 377 patients utilised one of these pathways over that seven day period, and 52% of these patients did not then require transport to an ED.

4. **Surge Planning / Maintaining Core Services**

Ongoing patient critical activities include the operation of the NEOC, 112/999 Emergency Ambulance responses, NAS Critical Care and Retrieval Services and Intermediate Care Service delivery. The NAS uses dynamic deployment of resources as part of ordinary care delivery, and this workforce flexibility, as well as enhanced IPC measures, have contributed significantly to ensuring patients continue to receive a timely response. In early January, elements of the NAS surge plan were activated to ensure adequate coverage across the system, most notably through the provision of three Defence Force ambulance crews in Dublin, Cork and Kildare on 16/17 January. Possible further surge responses available to the NAS include additional resource reallocation, recruitment, and support from external agencies.

The NAS has ensured that ordinary service delivery has been maintained throughout the course of the pandemic. In January 2021, this includes approx. 1,000 emergency and urgent call outs and approx. 90
calls completed by the NAS Intermediate Care Service daily. The NAS Director liaises regularly with the Chief Fire Officer of Dublin Fire Brigade, to monitor and ensure service continuity in Dublin.

One aspect of service delivery that has proved challenging to the NAS is the utilisation of Community First Responder Groups, comprised of volunteers who attend to certain emergency calls in their locality. NAS affiliated Community First Responder Groups were stood down in early 2020, in part due to difficulties with infection prevention and control. The safe reactivation of these support services is now progressing incrementally, and 39 schemes are currently operating in the community.

5. Strategic reform in the Covid-19 Context

In line with Sláintecare and the NAS Strategic Plan Vision 2020, the NAS is evolving from an emergency medical service to a mobile medical service of the highest quality. This is a model which aims to treat patients at the lowest appropriate level of acuity, resulting in a better experience for the patient and more efficient use of resources.

Funding provided in 2020 enabled the expansion of alternative care pathways aligned with NAS strategic reform and Covid-19 hospital avoidance efforts, and in 2021 funding of €5m allocated to NAS enhanced community initiatives provides an opportunity to embed these pathways, with a view to reducing hospital attendance and improving patient experiences over the longer term. An additional €5m in new development funding in 2021 will provide for the enhanced capacity and technology in the NEOC Clinical Hub, and the training of paramedics to meet baseline capacity needs.

Work on these initiatives has commenced. Six advanced paramedics are currently providing clinical support within the critical care retrieval services, reducing the need for critical care nursing staff for patient transfers. In Q1 2021 the NAS will further increase capacity in the clinical hub, expand the reach of “see and treat” and community paramedicine, and increase paramedic capacity in support of baseline needs.

6. Conclusion

The NAS has proven to be an adaptive and resilient component of the national response to the pandemic, and has to date maintained ordinary service delivery and protected core services while providing key Covid-19 functions in support of HSE national planning. Further use of surge measures may become necessary as the situation evolves.

The strategic care initiatives progressed by the NAS while working within the Covid-19 environment are demonstrative of the way in which the evolution of the NAS delivers enhanced system integration and reduced pressure on acute hospitals. Continued focus in 2021 will embed and expand these reforms.

ENDS