

1. Tracey Conroy
2. Secretary General
3. Runal Aire

Air Ambulance Services

The Minister has asked for an update on my note of 13th January 2017 which outlined difficulties with regard to aeromedical services for paediatric transplant patients (appendix A).

Further engagements with the Department of Defence

On 16th January we had a teleconference with the Department of Defence, which was followed up by an email, drawing attention to the fact that the paediatric transplant programme was not sustainable given the level of fixed wing service that was currently available. We requested them to exhaust all possibilities in relation to the prioritisation of the transplant programme and for the retention of Air Corps personnel. We specifically asked that they;

- consider prioritising the transplant programme vis a vis other Aer Corps priorities;
- consider whether it is possible/practical to re-engage retired Aer Corps pilots or engage civilian pilots for the period to end May;
- consider the reintroduction of the incentivisation package to retain existing Aer Corps personnel;
- in view of the air traffic control issues, consider moving an aircraft to Dublin Airport for part of the day;
- examine rosters to see whether it would be possible to concentrate resources such that we have green fixed wing availability (ie available at 1 hours notice) at least for part of the day. This is on the basis that amber availability (2- 5 hours notice) is effectively red (no service);
- explore whether it is possible to push amber to a 1- 5 hour notice rather than 2-5 hours.

The Department of Defence response was on the lines that the SLA in place provides an air ambulance service on an *as available* basis; the Agreement does not, and never has, provided for a dedicated resource. They pointed out that the Air Corps is only one element of the service and suggested that other elements, namely the Coast Guard and private providers, should be used to address our emergency transport needs. They also indicated that they would be happy to participate in a review of the current service and arrangements.

National Aeromedical Co-Ordination Group

Following a meeting of the National Aeromedical Co-Ordination Group (NACG) on 27th January 2017 the Chair wrote to the Department outlining the significant challenges for timely patient transfer, particularly heart transplant patients, and recommended that a review be undertaken of the suitability and sustainability of current arrangements and the arrangements required to support both future and current demands. The Group also requested the Department to examine the potential to have a paediatric organ transplant service in Ireland, possibly in conjunction with Northern Ireland. We responded to the NACG indicating that the concerns expressed by the group were fully shared by the Department and that we were continuing to engage with the Department of

Defence. The introduction of a domestic transplant programme will be considered, however it is questionable whether, given the small numbers of patients involved, that any such service would be sustainable or indeed safe.

HIQA Notification

The NAS has notified HIQA of the current challenges informing them of the efforts that are being made to ensure that transport arrangements are as robust of possible in light of the shortage of Air Corps personnel. These include:

1. Making the Coast Guard and contracted private providers aware of Air Corps limitations and advising of a higher likelihood that either would be called upon to affect a priority 1 transfer;
2. Exploring the use of the private air ambulance provider contracted to the Northern Ireland health system;
3. Exploring the possibility of contracting a private air charter service based in Ireland (as opposed to a private air ambulance provider);
4. Liaising closely with both the Department of Health and the Department of Defence to emphasise the significant issues raised by this development and exploring potential solutions;
5. Liaising closely with Our Lady's Hospital for Sick Children to ensure that both clinicians and families were aware of the issues and of the efforts being made to resolve these, to explore the option of families temporarily re-locating to either Dublin or London, and to ensure that receiving hospitals in the UK were aware of the current difficulties so as to ensure maximum notice was given when organs became available for Irish patients.

Engagement with the Dept of the Taoiseach

On 8th February last we attended a meeting in the Dept of the Taoiseach along with officials from the Dept of Defence. At that meeting the Department of Defence was asked to explore options to increase capacity in the short term, including grounding the Government Lear jet to make it available as an air ambulance. While of course this suggestion is to be welcomed, my understanding is that grounding the Lear jet will not have any significant impact on availability, other than for elective transfers, as the number of pilots who are qualified to pilot the jet is very small.

We have been asked to consider commencing an immediate review of aeromedical service provision to deal with the problem in the longer term. We are currently considering how such a review might be undertaken and whether it should be led by the Department, the HSE or be outsourced to an aviation expert. The review has the potential to be complex and, in order to find a sustainable solution, it may be necessary to undertake a wider review of inter hospital air retrieval services. It is also noted that the *Programme for a Partnership Government commits* to a feasibility study on the extension of the Emergency Aeromedical Service.

The Department would accept that given the small number of patients involved, the provision of a dedicated air ambulance service for paediatric transplant patients is problematic. However, we are of the view that the restoration of the Air Corps fixed wing service availability, to that level enjoyed in recent years, would resolve our current difficulties.

Patients on transplant list

Last week one family, of a cardiac patient, opted to relocate to the UK and the patient was airlifted by the Air Corps. We have asked the HSE to provide financial support to any family who chooses to relocate to the UK because of the current transport challenges. [REDACTED]

As of today there are 5 paediatric patients on UK transplants lists. Two of these are cardiac patients; one in Crumlin Hospital and one is at home [REDACTED]. Both families are aware that there are challenges in relation to the timely transfer to the UK should an organ become available.

Aircraft Availability

Since the start of the year we have had little or no fixed wing availability. The Air Corps notifies the NAS twice daily of aircraft availability - appendix B shows aircraft availability notified since the start of the year and comparable data for last year.

On 30th January the Dept of Defence wrote to us about an issue that had arisen regarding the certification of stretcher equipment used on the CASAs. While a risk mitigation strategy issue was under consideration, the CASA was grounded for some weeks. More recently the Dept of Defence has advised us of further restrictions on fixed wing availability. It appears that one of the two CASAs, which are available to the NAS, requires its engine mounts to be replaced, and to facilitate this, the aircraft will be grounded from 19 February until some time in June. During that period, the remaining CASA will require standard maintenance of up to 4 weeks duration.

Conclusion

We continue to have challenges in relation to the air transport of paediatric transplant patients, particularly cardiac patients, to the UK. Families are aware of the difficulties and one family has taken the decision to relocate. The HSE will make a financial contribution to help support the family, while they remain in the UK. Requests for financial assistance for any family, opting to relocate to the UK in order to mitigate the transport risk, will be considered on a case by case basis.

The NAS is making every effort to put robust arrangements in place but has had no success in securing more timely private air ambulance capacity. It is understood that a private provider based in Northern Ireland is currently recruiting, and in those circumstances, we may have some additional capacity in a few months time. The Coast Guard has been made aware that there will be an increasing reliance on Coast Guard aircraft for emergency overseas patient transfers. Finally, the Department will give further consideration to the proposed review of aeromedical service provision and explore all options to improve the service.

Joan Regan

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