

Prehospital care

Pre-hospital emergency care in Ireland

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In contrast to public perceptions of Ireland's economic success, public dissatisfaction with its health service has been rising rapidly; long waiting lists, crowded emergency departments, and contrasting public and private care models have led to demands for change. In response, the Health Reform Programme introduced on 1 January 2005 has set the scene for significant reorganisation of acute hospital care, primary and continuing care services, and associated personal and social services.

A key thrust of the reforms is the centralisation of hospital services from the current 45 acute hospitals, each with an emergency department, to around 13 regional centres, each acting as a hub for emergency care.¹ The plan is hotly contested by political, professional, and parochial groups, and clearly has major implications for pre-hospital emergency care providers.

Other key influences on pre-hospital emergency care in Ireland at present include:

- The establishment of the Pre-Hospital Emergency Care Council in 2000
- The introduction of advanced life support training for ambulance services
- Proposals to integrate all statutory ambulance services into a single national service; currently, the eight Health Board Ambulance Services and Dublin Fire Brigade together deal with approximately 250 000 emergency calls each year
- Government task forces on cardiovascular health (1999),² helicopter emergency services (2004)³ and sudden cardiac death (2005)

- Increasing cross border collaboration on health at many levels
- Widespread uptake by GPs of immediate care training
- A policy commitment by the Irish College of General Practitioners (ICGP) to have defibrillators in every general practice.

The Pre-Hospital Emergency Care Council (PHECC) is a statutory body with responsibility to regulate the professional standards and training structures associated with pre-hospital care.⁴ It accredits training institutions, develops clinical practice guidelines through its medical advisory group and registers emergency medical technicians and paramedics for professional practice. Its leadership role in advocating further development of prehospital care has been highly influential and it has also acted as an important driver of research and collaboration between ambulance services, general practitioners, training bodies, and academic institutions.

The Centre for Immediate Care Services (CICS) at University College Dublin has worked with the ICGP and others to provide immediate care training in cardiac and trauma emergencies for many years.⁵ Approximately 400 one day places are provided each year and a large proportion of Ireland's 2500 general practitioners have attended at least one course in the past decade. Much of Ireland's population lives in rural or remote areas; the development of a dozen out of hours cooperatives since 1998 has brought significant improvements to the care of those populations and to the working lives of the many GPs who participate. However, the role

of those co-operatives in providing emergency care is variable; in some areas, close dispatch and care links exist between co-operatives and ambulance services, while in other areas, the services are quite distinct.⁶ The Medical Emergency Responders Integration and Training (MERIT) Project is a 2005 initiative by CICS funded by PHECC and the Department of Health and Children, which is exploring innovative mechanisms to link all of the relevant providers. Ireland has had no equivalent to the UK BASICS organisations; MERIT may well see the development of a professional and contractual system of support by medical practitioners for the ambulance service, but in the context of evidence based control systems and support mechanisms ranging from telephone advice to attendance at all agreed incidents.

Ireland's developing services are actively engaged in ensuring that standards, organisation, and integration of pre-hospital emergency care continue to improve. The opportunity to learn lessons from other systems and to contribute to the developing evidence base for high quality care is an important component of that development.

Emerg Med J 2005;22:893.

doi: 10.1136/emj.2005.031591

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Accepted for publication 11 October 2005

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