

From: [Matthew Edwards \(CTM UHB - NCCU - Emergency Ambulance Services Team\)](#)
To: [Alyson Thomas](#); [Angela Mutlow](#)
Cc: [JCC Commissioning – Ambulance Services](#); [Emergency Ambulance Services Committee](#); [Stephen Harry \(CTM UHB - Corporate Development\)](#); [Gwenan Roberts \(CTM UHB - NCCU Corporate\)](#); [Lee Leyshon \(CTM UHB - EASC and NCCU\)](#)
Subject: EMRTS Service Review letter
Date: 04 April 2024 13:29:00
Attachments: [24.04.04 - CASC Letter to Llais Add'l info Rec 4 and Timeline.docx](#)
[Recommendation 4 - Draft Principles and further information following EASC 28 March 2024.docx](#)

Hi both, please find the attached letter from Stephen providing additional information on the agreed timeline for decision-making and detail around Recommendation 4.

Kind regards

Matt

Matthew Edwards

Pennaeth Comisiynu a Pherffomiad · Head of Commissioning and Performance
Cydbwyllgor Comisiynu GIG Cymru · NHS Wales Joint Commissioning Committee

Ffôn · Tel: 01443 744951 | WHTN: 01800 2 4951

e-bost · e-mail: matthew.edwards@wales.nhs.uk

We: <https://cbc.gig.cymru> · Web: <https://jcc.nhs.wales>

Alyson Thomas
Chief Executive
National Team
Llais

By email only

Date: 4 April 2024

Dear Alyson,

Re: Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review

Following on from my letter dated 2 April, please find attached additional information relating to the key matters, namely the agreed timeline for decision-making and detail around Recommendation 4.

I have included the updated decision-making timeline whereby Health Boards will consider the Review's recommendations at their respective Board meetings in April. These considerations will then come back to the new Joint Commissioning Committee at the meeting on Tuesday 23 April 2024 for final decision:

- Week commencing 1st April – Paper and supporting pack to be issued to LHBs by no later than 4th April 2024
- Week commencing 8th April - LHBs would need to meet by 11th April 2024, at the latest, to enable a paper to be prepared for JCC
- Confirm CASCs attendance at LHB meetings as required
- Week commencing 15th April – JCC papers issued on 16th April
- Week commencing 22nd April – JCC meeting.

Further detail has been worked up for Recommendation 4. This includes additional information on the bespoke road based service for rural and remote areas and the establishment of a Task and Finish Group. This group will further refine and develop the approach to deliver a detailed implementation plan by the end of September 2024, before going back to the Joint Commissioning Committee for final approval. The additional information is attached to this email. We would welcome your comments on this.

Would you confirm that I have covered the key matters. As always, I am happy to pick up any other matters that you may have as we work through this process.

Yours sincerely,

A handwritten signature in blue ink that reads "Stephen".

Stephen Harry
Chief Ambulance Services Commissioner

RECOMMENDATION 4 – ADDITIONAL INFORMATION

Current wording for recommendation 4

The Committee approves the development of a commissioning proposal for bespoke road based enhanced and/or critical care services in rural and remote areas. It is recommended that the EASC Team establish a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. Recognising that no changes will be made to current EMRTS base locations until 2026 at the earliest.

The Group would work in partnership with health boards and key stakeholders and report to the Joint Commissioning Committee.

General Points of Principle

- Recommendation 4 is a direct response to the concerns raised during the public engagement phases from people who shared their anxiety around emergency health provision in rural and remote areas.
- This is in addition to the highly specialised EMRT Service not a replacement for or instead of
- Many of the concerns raised related to conditions that would not require pre-hospital critical care and so would not fall into the remit to receive the highly specialised EMRTS service as it currently operates.
- Whilst outside the scope of the Review and therefore not required to deliver the additional attendances provided by Recommendation 1, it has been included in response to the concerns raised during the public engagement phases.
- All 4 of the recommendations in the EMRTS Service Review report are to be considered as a 'bundle' and they can be delivered within the existing commissioning allocation for Ambulance and EMRTS services
- No changes to existing base locations would be made until the bespoke service referred to in recommendation 4 was in place
- The service would be provided from two additional bases in rural areas bringing the number of bases available to EMRTS from 4 to 5
- The location of these bases would be modelled to ensure they are in the ideal locations to maximise their effectiveness
- Scope – Joint Commissioning Committee (JCC) to agree on the scope of the work and a Terms of Reference be developed
- Likely to be 6 months work to sign off at the JCC.

Potential Scope and Operating Principles

- Currently the EMRTS service responds to less than 1% of all 999 incidents
- If all of the EMRTS unmet need was responded to this would represent only 1% of all 999 incidents

- It is estimated that this type of bespoke specialist service could respond to circa 12% of 999 incidents in the areas covered which represent the most serious cases in the red and amber 1 categories.
- It is assumed that 2 crews will need to operate 7 days a week 365 days a year
- It is assumed that it would cover remote and rural areas in parts of Powys, Gwynedd, Anglesey and Ceredigion
- It is assumed that the service would be road based and have its own rapid response vehicles
- It is assumed that the vehicles would stay in their own areas to avoid them being taken out of area for potentially long periods of time.

Staffing Principles

- It is assumed that the service would be staffed by critical care practitioners and critical care paramedics
- It is assumed that these staff could be employed in rotational roles into the EMRTS service with potentially 80% of their time in the bespoke service and 20% of their time with EMRTS
- Staff not wishing to rotate into EMRTS would not be required to do so
- It is understood from the CEO of WAST and the EMRTS National Director that these would be attractive posts for paramedics and that it would help to fill previously difficult to recruit to posts in rural areas
- The ability to recruit doctors into the service would be explored, one potential avenue may be links into BASICS schemes and this could be helpful in recruiting new GP's into rural areas and practices.

Financial Principles

- The bespoke service will be financed within the existing EMRTS and Ambulance Service commissioning allocations
- There are significant efficiencies that can be realised from the current underutilisation of EMRTS resources in Mid and north Wales with a combined total of circa 270 days when a crew does not attend a patient per year from the Caernarfon and Welshpool bases (a similar but not so pronounced situation was being experienced in south Wales which led to a Cardiff day time car service being introduced with no additional commissioning allocation)
- WAST have experienced difficulties in recruiting to a number of posts in rural areas particularly Cymru High Acuity Response Unit (CHARU) posts. This new service represents an opportunity to recruit new staff
- Discussions are underway with Welsh Government for a specific capital allocation for EMRTS. If these do not prove successful the approach of bidding for slippage will continue and this has proved effective if time consuming since the establishment of the service.

Other Potential Opportunities

- Enhanced diagnostics linked to 'Connected Support Cymru' and the national diagnostics plan. This will aim to introduce mobile or fixed locations where the populations of these areas can access advanced diagnostics and remote assessment by expert clinicians speeding up their time to definitive treatment.

Benefits

- This service will address the concerns and representations made by members of the public who shared their anxiety around emergency health care provision in rural and remote areas.
- This service will improve patient outcomes and ambulance response times in certain rural areas within Wales
- This service will be available to the highly specialised EMRTS service if needed in certain rural areas
- This service will help to level up access to enhanced clinical care in certain rural areas
- This service will remain within its operational location and not be moved out of area
- This service will provide better value for the overall commissioning allocation made available by Health Boards.