

Issue raised	CASC Response
<p>On the process:</p> <ul style="list-style-type: none"> Llais doesn't feel that 5 days to respond to such a detailed engagement report is sufficient time to analyse the report and provide detailed points of feedback, so our feedback is more general in its nature. 	<p>I apologise for the short time given to respond.</p> <p>As always, thank you for your feedback.</p> <p>I was aware of the short timescales for this work and I hope that providing the weekly snapshot reports on a weekly basis and by providing the composite report was at least helpful in sharing the feedback received during this Phase 3 of the engagement process</p>
<ul style="list-style-type: none"> Not having the Service Review Report or the EIA makes it difficult to fully assess the engagement report in context. 	<p>Again apologies for this they were being drafted. We would welcome your comments on the report and will consider them as well as the feedback from health boards at the EASC meeting on 28 March 2024</p>
<ul style="list-style-type: none"> It is not clear when reading the Engagement Report what some actions and changes mean for example: <i>“ the Commissioner is proposing a bespoke and ring-fenced resource to be used within a different clinical model for rural communities”</i> Needs an explanation of what this means in practice? Page 37 – <i>“Option 6c proposes the consideration of a 'forward operating base' for Caernarfon and Welshpool to utilise in any occurrence, including fuel and clinical stock, for added resilience.”</i> Needs an explanation of what this means in practice? Page 46 – <i>“The EIAs show that, regardless of the different options that have been developed and considered, the way patients get the EMRTS Service will not change.”</i> In the absence of an EIA, this statement cannot be evidenced. Page 48 – <i>“These extra actions have developed throughout the evaluation process”</i> explanation is needed as to what the actions are and how have they been developed. 	<p>Thank you, this has been amended and forms the basis for recommendation 4 of the review. I will ensure that we explain fully what the proposed recommendations mean and would welcome further discussions with you if this would be helpful.</p> <p>This is the option that many respondents highlighted as one they could support. This is included in the engagement report (page 39) and has been edited to better explain that this means</p> <p>Thank you</p> <p>Apologies for not receiving the most recent EIA. The intention was to explain that patients would continue to access the service as now – via the 999 call to the ambulance service. Patient would</p>

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	<p>not be aware where the team would be operating from in terms of the base as it would depend on their requirement and what type of team would be best placed to deliver pre hospital critical care to suit the incident</p> <p>This has now been amended to better explain this issue</p>
<ul style="list-style-type: none"> As much time as possible (at least 10 days) should be given between publishing the engagement report (and associated papers) and any decision meeting. This is to give everyone sufficient time to develop an informed opinion, to provide feedback, and meaningfully contribute. 	<p>Papers will be shared with EASC members 7 days before the meeting takes place in line with our usual practice. Health boards will also be considering the information and will receive the reports</p>
<ul style="list-style-type: none"> We feel it would be prudent that health boards make their decision before EASC meet. 	<p>Health boards have asked for a further meeting of EASC at the end of March and it has been agreed to hold this on 28 March at 5pm. EASC members have confirmed their attendance</p>
<ul style="list-style-type: none"> Will the notes made by the EASC team at the drop in sessions, the feedback responses, facebook comments and petitions be published for transparency? 	<p>It will be possible to provide the feedback responses but they will take some time to prepare to redact for public sharing. Many respondents provided individual stories and personal information. We can work with you to provide this information. The Picker Institute questionnaire information is already available with information</p> <p>Facebook – we did not receive feedback in this way</p> <p>We have some handwritten notes which have informed discussion and they could be transcribed with time and resource.</p> <p>Petitions - we received one petition and are aware of a further petition from mid Wales but have not received at time of writing</p>
<ul style="list-style-type: none"> Will all responses be published in a separate appendices? 	<p>As above, information can be shared following some additional work required to ensure patient identifiable information is redacted</p>
<p>On the report itself:</p>	
<p>The report is very long and is not written in everyday language. As a result, it will be hard for many people and communities across Wales to</p>	<p>The report has been written for the EASC Committee in the first instance</p>

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fully understand and appreciate the content. Because of this we do not feel the report is accessible as it does not reflect the needs of the diversity of the population	
<ul style="list-style-type: none"> • We suggest that the report is written in everyday language and consideration is given to how the document could be shortened and simplified without losing important information. 	I will discuss this with the Committee on 19 March and respond to you on this matter
<ul style="list-style-type: none"> • Links to other documents with the engagement report should be kept to a minimum where completely necessary. 	Understood. Will make every effort to ensure this is kept to a minimum
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Use of acronyms and jargon should be avoided. 	Agree
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ An executive summary of maximum two pages should be produced. 	This has been produced and is included within the engagement report
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ An Easy Read version of the report and executive summary should be produced. 	I will discuss this with the Committee on 19 March and respond to you on this matter
<ul style="list-style-type: none"> • Where '<i>Welsh Government's guidance</i>' refers to the Welsh Government's Guidance on NHS Service Change this should be made explicitly clear. 	Agree - noted and edited
<ul style="list-style-type: none"> • There are some typos and Americanisation of words within the document which will mostly likely be picked up in proof reading but we wanted to highlight these. 	Agree - noted and edited
<ul style="list-style-type: none"> • The interchange between unmet need and lives saved may cause some confusion as they are both used in reference to rationale for the change. 	Agree - noted and edited
<ul style="list-style-type: none"> • Suggest that '<i>The preferred option following the conclusion of the full engagement period, is set out in the EMRTS Service Review document and if adopted, also details how the service would operate</i>' on P7 is moved, or repeated, to the cover sheet. 	Agree - noted and edited
<ul style="list-style-type: none"> • Page 13 references campaign groups had over 17K FB followers and two petitions are noted (p23), one with very significant responses, but no further comment made within the document. Readers would 	<p>Feedback was not collected by this route (Facebook)</p> <p>Reference on petitions has been included in the findings section. Only one petition received to date (although we are aware of another)</p>

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<p>expect to understand if there analysis of this feedback and how has it been considered.</p>	
<ul style="list-style-type: none"> Llais acknowledges that the report EASC response to the feedback address some of the concerns raised through feedback directly. Some of the responses could be simplified and softened as they read as defensive or dismissive of peoples concerns as currently written. 	<p>Agree - noted and edited</p>
<ul style="list-style-type: none"> There is a very clear gap in engagement with people under the age of 45 (p26), there is no reference to how efforts were made to engage this demographic. 	<p>This was raised in the weekly snapshot reports submitted to health boards and they utilised their local engagement strategies to engage with local communities. Data completion in sharing was optional. Engagement did take place with all members of the community during face to face meetings and a representative sample was captured by the external provider in the YouGov survey. Hope this is helpful</p>
<ul style="list-style-type: none"> P49 - <i>The Commissioner has provided comprehensive responses to concerns, by giving reassurance regarding any perceived impact and advising of additional actions being undertaken to offset/mitigate the concerns.</i> As concerns still remain, as evidenced from the Phase 3 sentiment, Llais suggests rewording this. 	<p>Agree - noted and edited</p>
<ul style="list-style-type: none"> The report has very fairly and honestly reflected the sentiment for and against the different options and provides an honest reflection of the feedback Llais has seen. 	<p>Thank you, my intention throughout has been to openly and honestly engage with the public</p>