

Following the engagement phase – further questions have been raised:	CASC Response
Mission Creep / Narrative slippage Case for change and not understanding why; use of old data	The EMRTS Service Review has comprehensively reviewed the EMRTS service which was started afresh. The level of unmet need for patients remains between 2 and 3 people per day. The review identifies clearly why doing nothing is not a viable option
Fait accompli of options provided for the ‘desired result’	As requested by EASC – HB representatives were nominated and attended the Option Appraisal workshop where all six options were assessed. Two clear top scoring options emerged and additional criteria were identified as needing to be developed
The Unmet Need – questioning the numbers and how these vary across Wales	This is correct – the change if approved will not meet all unmet need but will make inroads into reducing the level. The issue of unmet need is addressed in the Review document
Lack of clarity on additional scene attendances (not worth the effort of moving a base)	5 criteria have been used to assess options and additional factors identified in the engagement process – have also been taken into account. As stated, this is not just about chasing numbers
No robust evidence of clinical outcomes for the unmet need cohort	Service evaluation report included in the Review which clearly described beneficial clinical outcomes
Underutilisation and dispatch protocols disadvantaging mid /north assets	Utilisation and dispatch protocols included in the Review
No rationale for reorganisation	Case for change and rationale included in the Review
The ‘additional extras’ – no opportunity for the public to comment on the detail (within the consultation process)	Recognised and included in the Review
Separate additional critical care provision in rural Wales from this unnecessary centralisation	It is difficult to separate the issue, but considered in the Review

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The Scoring/Ranking Workshop - why hold a workshop? And only identify 2 preferred options and challenge on the impartiality of the process and the 'experts' in attendance	Phase 1 and 2 recognised the need to evaluate options against a range of key criteria - factors and weightings. EASC agreed that health boards should participate and nominated key senior staff to attend, from a range of disciplines
	<p>Members of the Air ambulance charity and EMRTS were present at the workshop to answer technical questions and did not take part in the scoring of the options. Details of the workshop are included in the Review</p> <p>The workshop was well evaluated by the representatives</p> <p>Detailed information was made available prior to the workshop</p> <p>Option appraisal workshops are a key element to Review processes</p> <p>The EASC team and myself did not participate in the scoring of the options.</p>
No public participation in the Option Appraisal Workshop	The public were asked to comment on the factors, weightings and options in phase 2 prior to the workshop. The weightings were amended in line with the feedback received.
The Preferred Options - little variation between option A and B	This was the result of the Option Appraisal Workshop which I carried out fairly and consistently
Claims of improved services being unsubstantiated and reduced population coverage	This is factually incorrect
Risk of both aircraft off line at once and weather issues	Weather information previously shared, risk of consolidating assets in one base understood
Potential loss of skilled staff, impacting recruitment and retention	Recognised and included as a factor in the option appraisal
The loss of the aircraft as an 'anchor' for Critical Care services in Mid and North West Wales	Not clear what this means as aircraft will not be lost - this is an all Wales pre hospital critical care service
Irreversibility of the change	Recognised and understood

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The lack of a proven, sustainable model for RRV provision to/in Mid and North West Wales when the aircraft is offline, and the inability of the RRVs to attend incidents across a substantial area of Mid/North West Wales if centrally based at Rhuddlan.	Agree - the location of RRVs is critical for the population of the whole of mid and north Wales
Additional flying time and topography	These are taken into account in the report
The Questionnaire was 'leading' and the document was overly long at 80+ pages and did not meaningfully engage with the public; suggestions for other ways of engaging were provided	Every effort was made to ensure that all of the relevant information was shared. Engagement leads in health boards supported the work and it was in line with best practice An easy read version was produced to help all members of the communities and there were 11 ways of responding to the engagement including by telephone and email
Ministerial Oversight – Llais asked to take up concerns raised with the Minister	Noted
Need for ongoing monitoring, benchmarking and appraisal of the new operating model to be independent of EMRTS and Charity management	Agree - commissioning approach
Raised issues in relation to the Wales Air Ambulance Charity; damage to the brand; raising funds	These are matters for the Charity – however, they are trusted and key partners and provide 2/3 of the funding for this amazing service
Our preferred option from the consultation shortlist continues to be Option 6. We strongly believe that the only acceptable option would see the retention of 4 separate crewed air bases, with helicopters and RRV backup, at their current geographical distribution, and would wish to see this provision enhanced in order to meet the unmet need identified, especially through the development of a 'late shift' (or potentially 24 hour operation) in Mid/North Wales and the provision of a RRV capable of responding to the needs of the more urban-based population of North East Wales.	Noted

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Following consideration of points raised in your most recent report however, we understand and appreciate the shortcomings of Option 6.	Noted
Preferred options – additional new options for Caernarfon and Welshpool including relocation of Caernarfon	Recommendations have been made in the Review