

**Joint Commissioning Committee**

**EMERGENCY MEDICAL RETRIEVAL AND TRANSFER  
SERVICE REVIEW**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	10/04/2024	
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public	
	Not Applicable	
<b>Awdur yr Adroddiad / Report Author</b>	Stephen Harrhy, Director of Commissioning, Ambulance and 111	
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Professor Philip Kloer, Interim Chief Executive Hywel Dda University Health Board	
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Stephen Harrhy, Director of Commissioning, Ambulance and 111	
<b>Pwrpas yr Adroddiad / Report Purpose</b>	<p>Approving the recommendations from the Director of Commissioning, Ambulance and 111</p> <p>Note:</p> <ul style="list-style-type: none"> <li>the representations raised by Llais and the other representations and the responses updated accordingly Appendices 2 and 3</li> <li>the risk to the Charity</li> <li>the national feedback provided by the Picker Institute</li> <li>the risk to patients and under-utilisation levels across Wales</li> </ul> <p>Endorse further work be undertaken by the Wales Air Ambulance Charity to scope an operational base in line with findings to support future decision making.</p>	
<b>Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
EAS Committee	19/03/2024	Choose an item. Discussed and noted
<b>Acronyms / Glossary of Terms</b>		
CASC	Chief Ambulance Services Commissioner	
CCH	Critical Care Hub	

ED	Emergency Department/s
EMRTS	Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
RRV	Rapid Response Vehicle
RTC	Road Traffic Collision
WAAC	Wales Air Ambulance Charity
WAST	Welsh Ambulance Services NHS Trust

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## 1. SITUATION /BACKGROUND

- 1.1 The purpose of this report is to update the Health Board on the conclusion and the recommended option for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review.
- 1.2 The original EMRTS Service Development Proposal (EMRTS and the Wales Air Ambulance Charity) was received at the Emergency Ambulance Services Committee (EASC) meeting on 8 November 2022 which is a joint Committee of all health boards in Wales. EASC Members (Chief Executives) agreed at that meeting that further scrutiny was required in a few key areas and that this impartial scrutiny would be undertaken by the Chief Ambulance Services Commissioner (CASC) called the EMRTS Service Review.
- 1.3 The purpose of the EMRTS Service Review is:
- To ensure that as many people as possible benefit from the excellent clinical outcomes that the critical care teams of EMRTS deliver (in partnership with the Wales Air Ambulance Charity) where there is currently un-met patient need across Wales (approximately 2-3 patients per day from all health boards across Wales who need the EMRTS service but who currently do not receive it)
  - To improve the under-utilisation of clinical teams across the national EMRTS service (some are busier than others)
  - To ensure geographical coverage across Wales
  - To ensure the use of Rapid Response Vehicles (RRV) when the helicopters are unable to fly.
- 1.4 The (then) Community Health Councils across Wales (now Llais) asked the Chief Ambulance Services Commissioner to undertake a formal engagement process of no fewer than 8 weeks across Wales (this included a review of the process after 6 weeks followed by another 2 weeks of engagement).
- 1.5 The engagement approach delivered on behalf of health boards is summarised below:

Phase	Stage	Purpose	Timing
0	Brief (We are asking...)	Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.	October 2022 – March 2023
1	Engage (You are telling us...)	Gathering of feedback on factors, weightings, and other suggestions to inform Options to be developed.	March-June 2023

Phase	Stage	Purpose	Timing
2	Share (We are doing...)	Outline of options developed from Phase 1 feedback, seeking public and stakeholder comments on options developed, before recommended option going forward to EASC for decision.	October - December 2023
3	Formal engagement	Seek views on: <ul style="list-style-type: none"> <li>The six options shortlisted and evaluated in the Options Appraisal workshop</li> <li>The two shortlisted options - Options A and B</li> <li>The additional actions that have been identified to address the public and stakeholder feedback from Phases 1 and 2.</li> </ul>	February 2024

## 2. SPECIFIC MATTERS FOR CONSIDERATION

### Engagement Process

- 2.1 The approach to the formal engagement process has been presented and detailed in previous EASC papers, most recently on 19 March 2024.
- 2.2 The EMRTS Service Engagement Report (**Appendix 1**) details the engagement methodology, participation and emerging themes following all three engagement phases.
- 2.3 In summary:
- 23 weeks of engagement with 45 engagement sessions between March 2023 and February 2024 inclusive
  - In Phase 1, there were 14-weeks of engagement, more than double the time recommended for the initial 'listening' phase
  - In Phase 2 there were 5 weeks, more than double the time recommended for the second 'listening' phase
  - Phase 3 has comprised 4 weeks online engagement throughout February with Health Boards complementing by using their extant activities and engagement structures to give the opportunity to their respective populations to participate
  - Across all engagement phases there has been more than 1000 engagement session attendances and more than 2,500 responses submitted via all feedback routes.
- 2.4 Phase 3 engagement built on the previous two engagement phases undertaken in 2023 and did not disregard any of feedback received in the previous phases.

- 2.5 Phase 3 engagement concluded on 29 February where 568 questionnaire responses were received. Where data was provided, the breakdown of responses by Health Board area is as follows:
- 66% response from Powys THB
  - 20.6% Betsi Cadwaladr UHB
  - 5.8% Hywel Dda UHB
  - 1.7% Swansea Bay UHB
  - 1.1% Cardiff and Vale UHB
  - 0.9% Aneurin Bevan UHB
  - 0.2% Cwm Taf Morgannwg
  - 3.7% 'Not Sure'
- 2.6 To keep abreast of emerging themes from the feedback as it was received and maintain the timescales for recommendation to EASC in March 2024, the EASC team provided Llais and with regular feedback updates to demonstrate that due consideration is being given to feedback. An email response to the draft Engagement Report was received from Llais on 8 March 2024 and for ease of reference as table as a response is attached at **Appendix 2**. A further letter was received on Sunday 17 March 2024 from Llais and is attached at **Appendix 2.1**. At the EASC meeting on 19 March 2024, it was agreed that the Chief Ambulance Services Commissioner would respond formally and in detail to the Llais letters. These and the Llais acknowledgements are attached as **Appendix 2.2, 2.3, 2.4** and **2.5**.
- 2.7 Snap-shot reports of feedback have been provided to Health Board colleagues and Llais national leads each week throughout February including a final summary report from the feedback received.
- 2.8 Each week, information was provided within a PowerBI in order that information could be examined by each Health Board. A summary was also provided of any engagements undertaken by the Chief Ambulance Services Commissioner.
- 2.9 The feedback received in the most recent engagement – Phase 3 – has not identified anything materially different from themes in earlier phases.
- 2.10 However, Phase 3 engagement did note the negative sentiment towards the engagement and decision-making processes. Additional responses have been received following the closure of the formal engagement phase and these have been answered in **Appendix 3**.
- 2.11 The Commissioner has been available to all stakeholders in Phase 3 of this Review as has been done throughout the Review period.

## Engagement Conclusion

2.12 Feedback throughout the overall engagement falls into two general categories:

- You.Gov representative sample reflecting the national perspective
- Feedback from engagement shown in emergent themes reflecting localised perspectives from Caernarfon and Welshpool surrounding areas predominantly.

2.13 It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.
- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
- Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.
- Calls for decision-makers to reconsider proposed options and prioritise the health and safety of residents.

2.14 These themes highlight the importance identified by the respondents to the need to address the needs of rural communities not near to hospitals, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales.

2.15 Notwithstanding the concerns of the public and stakeholder feedback in these areas from where it was expressed that citizens feel more vulnerable, there is a consensus of understanding that:

- Un-met patient need must be provided for by the service
- Highly skilled clinical teams need to be used in the best way to provide for patients; and
- That rural communities should not be disadvantaged in order to achieve this.

- 2.16 The national feedback undertaken by the Picker Institute (**Appendix 4**) identified the following priorities:
- Everyone in Wales should have equal access to the service
  - The service should be structured to treat as many people as possible
  - Before any change happens, there must be a plan for the service to support patients to the same standard as it does today.
- 2.17 The emerging themes of feedback has been consistent throughout all three phases of engagement with little variation.
- 2.18 There has been a shift from positive to negative sentiment about the engagement and decision-making process from Phases 1 and 2 that were reported, compared to Phase 3 in responses notably from Powys and Betsi Cadwaladr areas.
- 2.19 An updated Equality Impact Assessment (EIA) is attached at **Appendix 5** and referenced within the EMRTS Service Review Engagement Report as well as published on the EASC website. The EIA has been done in line with Cwm Taf Morgannwg University Health Board's process, as the host organisation for EASC.

### **The EMRTS Service Review**

- 2.20 The EMRTS Service Review is attached at **Appendix 6**.
- 2.21 The Report provides a structured evaluation of the Emergency Medical Retrieval and Transfer Service (EMRTS) within Wales. It outlines the process and methodology used to review the service, covering the following:
- service delivery
  - operational efficiency
  - stakeholder engagement, and
  - analysis of service coverage across Wales.
- 2.22 The Report provides an overview of the historical development of EMRTS, detailing its establishment and evolution into a key component of the prehospital critical care provision in Wales. It addresses the service's role in providing advanced medical interventions in pre-hospital settings, highlighting the unique challenges faced in delivering critical care across the whole of Wales including remote areas.

2.23 The report makes four recommendations as follows:

- **Recommendation 1** – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.
- **Recommendation 2** - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.
- **Recommendation 3** - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee’s commissioning arrangements.
- **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 Ambulance and 111 Commissioning 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 and will be subject to implementation of the plan agreed in September 2024. The Group would work in partnership with health boards and key stakeholders and report to the Joint Commissioning Committee.

2.24 Legal advice has been sought in relation to the Review and has been shared with health boards.

2.25 Members are asked to consider the Review and recommendations to inform the final discussion at the JCC meeting on 23 April 2024.



### 3. KEY RISKS / MATTERS FOR ESCALATION

- 3.1 Public and political concerns remain around the proposed changes to the operation of the EMRTS and the Wales Air Ambulance Charity (WAAC), particularly in relation to the potential closure of local bases and a perceived local loss of service, as per the initial Service Development Proposal. This has resulted in ongoing challenges for the Committee, EMRTS and the Charity.
- 3.2 Members will understand that the WAAC is particularly impacted in waiting for a decision and this is a key risk for health boards.
- 3.3 There is an ongoing risk of delaying service improvement in delivering more critical care to patients across Wales where unmet patient need has been identified as approximately 2-3 patients per day across Wales.
- 3.4 There is also the matter of ongoing under-utilisation of clinical teams across EMRTS in the context of ongoing unmet patient need across Wales.
- 3.5 Staff morale within EMRTS following a protracted Review.
- 3.6 Members are asked to consider and discuss the above risks.

### 4. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below: Inspiring People Sustaining our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality</b>	Choose an item.
	If more than one applies please list below:

<a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Choose an item.
	If more than one applies please list below:
<b>Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	There are ongoing implications which are identified within the Review	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	There are ongoing implications which are identified within the Review	

## 5. RECOMMENDATION

5.1 The Health Board is asked to:

- **APPROVE** the recommendations from the Chief Ambulance Services Commissioner
- **APPROVE** that all the recommendations be considered collectively
- **NOTE** the representations raised by Llais and the other representations and the responses updated accordingly Appendices 2 and 3
- **APPROVE** the work undertaken to further develop recommendation 4 and to 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
- **ENDORSE** further work be undertaken by the Wales Air Ambulance Charity to scope an operational base in line with findings to support future decision making.
- **NOTE** the risk to the Charity
- **NOTE** the national feedback provided by the Picker Institute
- **NOTE** the risk to patients and under-utilisation levels across Wales
- **NOTE** the conclusion of Phase 3 and the overall engagement process
- **NOTE** that the Ambulance and 111 Commissioning Team as part of the new JCC continue to work with your Health Board engagement, communication and service change lead, and Llais throughout the conclusion of the Review.

## 6. Next Steps

6.1 JCC Meeting on 23 April to recommend approval

6.2 Staff, public and stakeholder communication will be issued following the JCC meeting.