

Extra-Ordinary Public Board Meeting

Tue 09 April 2024, 09:00 - 10:00

Virtually via Microsoft Teams

Agenda

09:00 - 09:05
5 min

1. PRELIMINARY MATTERS / MATERION RHAGARWEINOL

1.1. Welcome & Introductions / Croeso a Chyflwyniadau

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd Iechyd

1.2. Apologies for Absence / Ymddiheuriadau am Absenoldeb

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd Iechyd

1.3. Declarations of Interest / Datganiadau o Fuddiannau

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd Iechyd

09:05 - 09:50
45 min

2. MAIN AGENDA

2.1. Emergency Medical Retrieval and Transfer Service - Service Review/ Y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys – Adolygiad Gwasanaeth

Discussion / Trafodaeth

Paul Mears, Chief Executive / Prif Weithredwr

- 2.1a EMRTS Service Review - HB 9.4.2024.pdf (11 pages)
- 2.1b App1 EMRTS Review Engagement Report (FINAL) EASC 19 Mar2024.pdf (71 pages)
- 2.1c App2 Issues raised by Llais following Phase3 engagement EASC 19 March 2024.pdf (4 pages)
- 2.1d App2.1 Llais Letter to all HB's EMERTS March 2024.pdf (5 pages)
- 2.1e App2.2 - CASC Letter to Llais Updated Position.pdf (3 pages)
- 2.1f App2.3 - CASC Letter to Llais email 2.4.2024.pdf (3 pages)
- 2.1g App2.4 -EMRTS Service Review Letter Llais 4.4.2024 inc TL and Rec 4.pdf (6 pages)
- 2.1h App2.5 -EMRTS Service Review letter email with Llais 4.4.24.pdf (2 pages)
- 2.1i App3 Further responses post engagement EASC 19 Mar 2024.pdf (4 pages)
- 2.1j App4 Picker Report EASC 19 Mar 2024.pdf (32 pages)
- 2.1k App5 EIA EASC EMRTS Service Review End Phase 3 EASC 19 Mar 2024.pdf (50 pages)
- 2.1l App6 EMRTS Final Report-compressed EASC 19 Mar 2024.pdf (86 pages)

09:50 - 09:55
5 min

3. CLOSE OUT BUSINESS / BUSNES I GLOI

3.1. Any other Business / Unrhyw Fater Arall

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd

09:55 - 10:00
5 min

4. DATE AND TIME OF NEXT MEETING / DYDDIAD AC AMSER Y CYFARFODNESAF

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd

The next meeting of the Health Board is scheduled to take place on Thursday 30 May 2024 at 10:00am

Agenda Item

2.1

CTM BOARD

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE REVIEW

Dyddiad y Cyfarfod / Date of Meeting	09/04/2024	
Statws Cyhoeddi / Publication Status	Open/ Public	
	Not Applicable	
Awdur yr Adroddiad / Report Author	Stephen Harrhy, Director of Commissioning, Ambulance and 111	
Cyflwynydd yr Adroddiad / Report Presenter	Paul Mears, Chief Executive	
Noddwr yr Adroddiad / Report Sponsor	Stephen Harrhy, Director of Commissioning, Ambulance and 111	
Pwrpas yr Adroddiad / Report Purpose	Approving the recommendations from the Director of Commissioning, Ambulance and 111	
	Note:	
	<ul style="list-style-type: none">the representations raised by Llais and the other representations and the responses updated accordingly Appendices 2 and 3the risk to the Charitythe national feedback provided by the Picker Institutethe risk to patients and under-utilisation levels across Wales	
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.		
Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
EAS Committee	19/03/2024	Choose an item. Discussed and noted
Acronyms / Glossary of Terms		
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

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"> The six options shortlisted and evaluated in the Options Appraisal workshop The two shortlisted options - Options A and B The additional actions that have been identified to address the public and stakeholder feedback from Phases 1 and 2. 	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	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Inspiring People Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality	Choose an item.
	If more than one applies please list below:

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

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



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Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review – Engagement Report

01 March 2023 – 29 February 2024

This report has been prepared by the Emergency Ambulance Services Committee Team to summarise the process and findings of engagement on the “EMRTS Service Review” led by the Chief Ambulance Services Commissioner from March 2023 to February 2024. 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.

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1.Executive Summary

This engagement report provides a comprehensive overview of the public engagement process undertaken during the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review in Wales.

The Review was initiated due to public interest in potential changes to air bases, aiming to address unmet patient needs, make effective use of resources, provide effective geographical coverage and solve emerging challenges. It is led by the Chief Ambulance Services Commissioner (CASC/Commissioner) on behalf of the Emergency Ambulance Services Committee (EASC), made up of Health Boards across Wales (see sections 3 and 4).

The Review's engagement processes sought to address queries and gather feedback for consideration in the Review process (see section 5).

The engagement involved citizens, stakeholders, professionals, community leaders, and government officials throughout the process in discussions about how the air ambulance service could be developed (see section 6).

Various engagement methods were employed, including drop-in sessions, public meetings (both in-person and virtual) and online surveys, as well as using Health Boards existing engagement mechanisms. Communication efforts were bilingual and accessible. Feedback mechanisms were in place to capture stakeholders' input and their protected characteristics under the Equality Act 2010 (where they were happy to share these), which was used to refine the engagement process and Equality Impact Assessment continuously. Adjustments were made based on feedback to enhance user experience and participation (see section 7).

Over the course of three phases, spanning 23 weeks, a total of 45 engagement sessions were conducted, supplemented by Health Board engagement mechanisms. Each phase built upon the previous one. Across all engagement phases there has been more than 1000 engagement session attendances and more than 2,500 responses submitted via all feedback routes, plus two petitions objecting to any base changes affecting Caernarfon and Welshpool reflecting public sentiment garnered significant support. Of the 2500 responses, a total of 999 were

EMRTS Service Review – Engagement Report

www.easc.nhs.wales

received from a representative panel (via You.Gov hosted by The Picker Institute). While geographical demographic data was not collected uniformly across all engagement methods, analysis of available data reveals insights into the geographical distribution of respondents, most recently in Phase 3 where the majority of feedback came from individuals within the Powys Teaching Health Board (PTHB) and Betsi Cadwaladr University Health Board (BCUHB) areas. Additionally, a higher participation rate was observed in this phase among older age groups, particularly those aged 55 and above, while younger age groups were less represented. However, it should be noted that this is where data was provided (see section 8).

The engagement process has yielded valuable insights from both the public and stakeholders, revealing a nuanced understanding of service priorities, concerns and suggestions. Feedback has been collected through representative surveys as well as localised engagement sessions, highlighting national perspectives as well as those specific to Caernarfon and Welshpool areas (see section 9).

The Picker Institute's report highlights the Welsh public's priorities for EMRTS, emphasising the importance of effective road response, adequate training and support for staff, equal access to services for all citizens and a commitment to maintaining current standards of care. These findings align with the overarching values and aims of the EMRT Service and EAS Committee.

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):

- That current bases should not change due to the impacts on rural areas
- 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.

Concerns have also been raised about EMRTS's specialisation and the potential loss of experienced staff due to base relocations. Stakeholders express a desire for a more adaptable clinical model and emphasise the vital role of EMRTS in providing critical care services, particularly in rural communities.

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; and
- 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.

Additional feedback regarding Health Boards, the Welsh Government and other emergency responders highlights scepticism about service developments and funding arrangements, alongside calls for enhanced engagement and consideration of rural healthcare needs more broadly. The importance of maintaining openness and transparency throughout the decision-making process also emerges.

Feedback highlighted perceived negative impacts on various equality characteristics. It is unlikely that the Review will have any specific impact on this, as the service is provided to all based on clinical need alone. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality, protected characteristics this cannot be discounted (see Section 10).

In conclusion, the emerging themes of feedback has been consistent throughout all three phases of engagement with little variation between phases. The engagement findings show the complexity of balancing national priorities

with localised concerns, emphasising the necessity of ongoing engagement to shape the future of EMRTS effectively in Wales.

2. Introduction

This engagement report provides:

- An outline of the background and context of service development of the EMRTS Service Review
- An overview of the engagement approach plan and process / actions undertaken with stakeholders
- An analysis of the engagement responses received.
- Summary conclusions drawn from the engagement process.

Please note that the Engagement Report is solely a report on the engagement process and what was heard. The EMRTS Service Review document contains details of the recommendations being made to the EAS Committee.

3. Background and Context

The air ambulance service in Wales is a partnership between the Wales Air Ambulance Charity and the EMRTS of NHS Wales. It is a highly specialised service providing pre-hospital critical care across Wales, taking the emergency department to the scene of an incident for life and limb trauma. It is complementary to the emergency service delivered by the Welsh Ambulance Services Trust.

The Wales Air Ambulance Charity provides the bases, helicopters, cars, pilots, fuel and maintenance. EMRTS is made up of the clinical teams from NHS Wales, with four bases at Caernarfon, Welshpool, Dafen (Llanelli) and Cardiff. All 4 teams work together to serve the population of Wales.

In August 2022, public and press interest was triggered by a leaked document about potential changes to air bases (namely Caernarfon and Welshpool) being discussed by the Wales Air Ambulance Charity and the EMRTS team.

In September 2022, a 'Focus On' session was held at the EASC (the Joint Committee of all Health Boards in Wales which commissions the air ambulance service), on the EMRTS Service and potential opportunities to develop the service.

The original EMRTS Service Development Proposal (EMRTS and the Wales Air Ambulance Charity) was received at the EAS Committee meeting on 8 November 2022. A number of comments and queries had already been received from key stakeholders from Caernarfon and Welshpool areas and the Committee Members agreed that further scrutiny was required in a few key areas. It was agreed that this scrutiny would be undertaken by the Commissioner and the EASC Team in the form of the EMRTS Service Review.

The EMRTS Service Review was to start the work afresh and be independent of the initial EMRTS Service Development Proposal. The Review, led by the Commissioner, was to include public engagement considering the queries, concerns and suggestions from public and stakeholders, focusing on how to further improve the air ambulance service in Wales.

The purpose of the EMRTS Service Review is to:

- **Help more people.** The service already does a great job saving lives and helping those needing critical care. But not everyone who needs this help can get it currently (this is unmet patient need). Historical data from the service showed that there are patients who need the service but are not receiving it currently, right across Wales. On average, there are approximately 2-3 patients per day across Wales who have an 'unmet need' for the service. The Review looks at ways to make sure more people can get the help they need, which means saving even more lives and helping people get the best possible critical care at scene, no matter where they are.
- **Use resources better.** Right now, some clinical teams in Wales are busier than others. There are different reasons why the teams may not be able to respond to the current unmet need, such as teams may already be tasked, weather factors, vehicle maintenance or the base team may be offline (i.e. no shifts operating at that time). Additionally, some clinical teams are not being used to their full capacity when they are available on shift (this is called 'under-utilisation'). This under-utilisation happens across different bases and calendar years, suggesting that crews could attend emergency calls in various parts of Wales or at different times of the day if their location or shift times were adjusted. A better way to make the best use of these highly skilled clinical teams is needed so everyone gets the help they need, no matter where they live or when they need it.
- **Spend money wisely:** The Charity has an obligation to its donors and the Charity Commission to make the best use of the money it receives to continually improve the service with EMRTS. Similarly, NHS Wales needs to make sure that the public money to pay for these clinical teams is used in the best way possible.
- **Solve problems:** Some people worry that changing things might cause new problems, like making it take longer for help to arrive. The Review looked at this carefully to understand worries and find solutions that work for everyone.

While "unmet need" refers to the existing demand for the service that is not currently being met, "lives saved" typically pertains to the impact of the service in providing critical care and saving lives.

To clarify, the proposed change aims to address the unmet need by enhancing the service's capacity and coverage, thereby potentially saving more lives. By ensuring that the service can effectively respond to the existing demand and reach more patients in need, it is anticipated that more lives can be saved. Therefore, the focus is on improving the service to meet the identified needs and enhance outcomes rather than directly equating unmet need with lives saved.

The Commissioner committed to four elements shaping his considerations throughout the Review, they are:

- **Modelling data** – a helpful guide using historical data but not to be taken on its own
- **Evaluation framework** – using commissioning goals and metrics that were tested during engagement Phases 1 and 2
- **Feedback** – giving conscientious consideration to the issues raised through the engagement process with public and stakeholders
- **'Red lines' and 'common sense' test**; for example:
 - not to position assets with worse flying conditions; or
 - more people will get the service across Wales; not only would more people get the service but if anyone who gets a service now will still get a service in the future.)

4. Planning for the Future Service

In response to the above findings, the Review has considered a number of options for future service development.

An iterative process throughout the engagement identified and modelled a number of options which included:

- **Phase 1** – three broad options of proposed model options were discussed:
 - Existing bases and changes to these
 - Having a new base in the centre of North Wales (by closing other bases)
 - Other ideas or scenarios (by asking for suggestions in Phase 1 engagement)
- **Phase 2** – a 'long list' of 20 options (from option 1 to option 6c) were developed from the 3 broad areas, based on feedback and suggestions in Phase 1
- **Phase 3** – six options were shortlisted (from the long list of 20) with two identified 'highest scoring' options from an options appraisal workshop of NHS Wales representatives using the agreed evaluation framework

The long list of 20 options were modelled by an external provider (Optima). A combined dataset from the period 1 June 2022 to 31 May 2023 was used. This time period was chosen to reflect the developments in EMRTS (since 2015 at its start). It gave the best way to use the data based on how the service is currently set up.

The aim has been to ensure optimal matching of capacity to demand and develop the most robust and sustainable model for the future of the service. 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.

Due to the predominance of feedback from the engagement stating that 'no change' in service bases would be optimal, the status quo option was considered as part of this process and was carried forward as part of the long and shortlisting process for comparison purposes. This was discounted before Phase 3 based on the level of unmet need, unequal and low levels of utilisation (including no-arrival days) alongside the lack of night time

capacity and population coverage. Every modelled scenario was able to deliver an improvement from the baseline “do nothing” position, as such demonstrating that the current service operating model is not optimised.

5. Engagement Scope and Purpose

The Review and this document use the terms 'engagement/engage' to mean the continuous involvement of, and informal consultation and discussions with, citizens, staff, staff representative and professional bodies, stakeholders and third sector and partner organisations regarding service development. (N.B development is used to reflect that there are no proposed changes to the ways the patients receive the service although technically the Welsh Government Guidance does not differentiate between 'development' and service 'change') .

The rationale for conducting public engagement was to have a constructive and meaningful conversation with public and stakeholders about how to further improve the air ambulance service in Wales in response to the queries and concerns raised to the initial *EMRTS Service Development Proposal*, that were emanating from Caernarfon and Welshpool areas specifically.

The engagement would enable public and stakeholder views and concerns to be fully understood and responded to as part of the overall Review led by the Commissioner.

An internal steering group was established in EASC and in September 2022, the EASC Team approached the (then) Community Health Councils (now Llais) for advice on the suitable engagement model for the EMRTS Service Review.

The Community Health Councils across Wales asked the 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. This engagement approach reflected the Welsh Government's Guidance on NHS Service Change, which was extant at that time, specifically for a 'moderate service change' as it exhibited some of the following characteristics detailed in the guidance:

- change of location from which a service is delivered within a health board area
- partial service withdrawal
- anticipated moderate number of people affected or small change with moderate impact
- moderately sensitive issue locally

- closure of small facility with limited facilities (such as branch surgery or small community clinic)

The engagement process has been presented and detailed in every EAS Committee meeting to sight Members on the overall progress of the delivery of the engagement programme, as well as the emerging themes from public and stakeholder feedback.

From 1st April 2023, the guidance on engagement was changed along with the establishment of Llais as an independent body. A letter from Llais CEO was received by the Commissioner on 29 November 2023 that formally raised concerns about the next steps of the Review recommending that this Review was taken to further stage of engagement (the new guidance does not differentiate between engagement and consultation). Following discussions between the Commissioner and Llais on 15 December where Llais accepted the proposed additional 'Phase 3 engagement' augmenting the original planned approach. The letter of recommendation was considered at the EAS Committee on 21 December the EAS Committee agreed to go to a third and final stage of engagement in February 2024 based on the Commissioner's 15 December discussions with Llais. This would include engagement on shortlisted Options following the Options Appraisal process.

The third and final engagement period was agreed as a 4-week period, online during February 2024 and in order to address the needs of the digitally excluded, the health board engagement teams would provide local opportunities for their populations to be supported to contribute to this important opportunity through non-digital as well as digital means.

The purpose of engagement was:

- To inform and engage with all stakeholders and the general public about how air ambulance service in Wales could be improved
- To set out the analysis undertaken of current service usage patterns, the conclusions reached as a result and to explain the possible options for future service operations.

- To provide full opportunity to receive feedback, queries, suggestions, alternative options and concerns.
- To collate all feedback as the basis for reporting back to Health Boards, Llais and the EAS Committee.
- To consider feedback in developing options to further improve the air ambulance service as a result.

The Commissioner has had an ongoing dialogue with Llais since autumn 2022, attending formal meetings (such as their Senior Management Team) and informally with the CEO and Deputy CEO as the national leads.

Some senior Llais regional officers have also attended in-person and online sessions in Phases 1 and 2.

To keep abreast of emerging themes from the Phase 3 engagement feedback as it was received and maintain the timescales for recommendation to EASC in March 2024, the EASC Team provided Llais with regular feedback updates to demonstrate that due consideration is being given to feedback.

6. Stakeholders

Stakeholder mapping was completed that identified potential stakeholders including:

- Residents within the PTHB and BCUHB footprint areas
- Opposition campaign groups/Community leaders
- The general public
- EASC Members
- EMRTS staff
- Wales Air Ambulance Charity (staff and trustees)
- Local MPs, MSs and Councillors
- Welsh Government officials
- Voluntary sector
- NHS Wales Health Boards (Comms & Engagement leads, service change leads etc. Stakeholder Reference Groups and Partnership Boards)
- Welsh Ambulance Services NHS Trust (staff and patient panels)
- Community Health Councils/Llais
- Local, hyperlocal, regional and national media

Anyone who contacted the Commissioner and his team about the EMRTS Service Review were added to the Stakeholder Distribution List to receive regular updates about this issue with a request that they let the EASC Team know if they wished to be removed from the list (in line with Information Governance requirements).

7. Engagement Methods

Approach

The communication and engagement plan sought to build trust and confidence in the engagement process. As well as creating a conducive climate for constructive dialogue, the engagement approach aimed to:

- Provide fact-based information to clarify and aid understanding of how the extant service is provided in partnership between the Charity and EMRTS;
- Enable a transparent and thorough public engagement process to help inform a final EASC recommendation, Health Board consideration and decision;
- Provide reassurance to stakeholders about future service operations and opportunities around service developments;
- Meet the Welsh Government guidance, enacted by the (then) Community Health Council (now Llais) and their resultant requirements and recommendations.

The Gunning Principles were considered in underpinning the communications and engagement approach, and delivered in the following key activity phases:

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...)	Listening phase and 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, and work done (data and information requested etc.) from Phase 1 to explain options being considered and ultimately going forward to EASC for decision.	October - November 2023
3	Commenting...	<p>Asked for views on:</p> <ul style="list-style-type: none"> • The six options shortlisted and evaluated in the Options Appraisal workshop • The two shortlisted options - Options A and B • The additional actions identified to address the public and stakeholder feedback from Phases 1 and 2. 	February 2024

Communication and PR

A dedicated area on the EASC website was created and a substantial amount of information was published in readiness for the engagement process to start. This took account of information and queries in order to clarify the facts for participants recognising the technical and service operational complexities involved. This included Frequently Asked Questions (FAQs) and an explainer video.

A campaign visual identity and supporting assets were developed for the engagement and communications packs were supplied to all Health Boards, in all phases, for consistent messaging and promulgating within respective Health Board footprints.

The engagement programme was dependent on the localised promotion of events being shared through Health Boards' channels, local media outlets, and community leaders such as the Facebook campaign groups - which both have substantial followers totalling almost 17 thousand people at its height.

This onward cascade was encouraged in all formal EASC communications by asking interested stakeholders to speak to their friends, families, neighbours and colleagues about the engagement, and the many ways people can provide their feedback.

Health Board Communication and Engagement teams, and Service Change leads, supported the engagement programme in their respective areas. This included sharing through normal practice and existing networks, ensuring inclusion on key meetings and using digital and social media channels.

Regular updates (EMRTS Service Review Stakeholder Briefings) were issued electronically on a regular basis via the Stakeholder Distribution List and published on the EASC website. As of 04 March 2024, 17 Stakeholder Updates have been published.

For any misunderstood or misinterpreted information circulating about this complex issue, this was clarified by the EASC team on the website so that everyone had access to the same information and the campaign group organisers were helpful conduits to sharing this via their social feeds as well as through hyperlocal sites.

The Commissioner received national and local media interest about the EMRTS Service Review, with interviews and statements provided to all media bids received, as well as issuing media releases to media outlets proactively.

All erroneous and inaccurate media coverage was followed up with factual clarification and offers of additional interviews with the Commissioner.

Engagement Materials

The EASC Team worked with Health Board engagement, communication and service change leads in developing engagement materials at the outset of Phase 1 and again in Phase 3. These materials were shared with Community Health Councils/Llais colleagues, to test the initial drafts and comments received and considered recognising the level of detail needed to clarify complex information.

EMRTS Service Review – Engagement Report

www.easc.nhs.wales

Phase 2 materials were developed from Phase 1 materials and were also shaped by the feedback from participants during Phase 1.

Despite this being a clinically and operationally complex service, efforts were made to make information as simple as possible including FAQs and glossary of terms throughout the engagement.

For those wanting to see the more detailed and technical information and data, all EAS Committee meeting papers and updates related to the EMRTS Service Review, as well as supporting documents, were published on the EASC website.

A core bilingual engagement documents pack was produced for each engagement phase, published on the website and also shared within sessions:

Engagement Materials		
Phase 1	Phase 2	Phase 3
<ul style="list-style-type: none">• Full technical document• Everyday summary document (main engagement document)• Easy Read document	<ul style="list-style-type: none">• Commissioner's Phase 2 Report• Plain language version• Supporting Documents (containing full technical details and breakdown of information, signposted in the Commissioner's Report) including:<ul style="list-style-type: none">○ History of EMRTS	<ul style="list-style-type: none">• Commissioner's Phase 3 Report• Easy Read version

Engagement Materials		
Phase 1	Phase 2	Phase 3
	<ul style="list-style-type: none"> ○ Engagement - What We Did and What We Heard ○ The Picker Institute Report ○ Historical Data Information Pack ○ Drive Time and Population Coverage ○ Weather Data ○ Optima Modelling ○ Presentation Slides (presentation with audio) 	
Supplementary materials were also made available and updated throughout the engagement, including:		
<ol style="list-style-type: none"> 1. FAQs 2. Presentation slides 3. Video explainer of EMRTS services 4. Signposting to organisational websites and formal corporate documents (annual reports and plans etc.) 5. Equality Impact Assessments (EAI's) 		

The Commissioner's Phase 2 Report and engagement documents were factual in that the options modelled had not been assessed or interpreted, meaning that there was no 'preferred' option, and therefore no 'recommendation' at Phase 2 of the engagement.

The Commissioner's Phase 3 Report included details of the shortlisted options and the options appraisal workshop outcome where two of the six options had scored the highest against the evaluation criteria.

Hard copies of all the bilingual documents were taken to the in-person engagement sessions (Phases 1 and 2) and anyone needing alternative formats was encouraged to contact the EASC Team directly who would help.

For in the in-person sessions in Phases 1 and 2, a 'question slip' was made available on entry to session for attendees to detail their question on if they felt uncomfortable asking questions themselves.

Engagement Sessions Format (Phases 1 and 2)

The engagement format covered a mix of different formats and times to suit as many people as possible. For example, virtual sessions for those with travel and access issues, and informality of drop-ins compared to the formality of public meetings. Emphasis was placed on giving people options to engage in the way that felt most comfortable to them, and local community leads were engaged at the formative stage of localised arrangements, in terms of locations, venues and timings.

There were three types of engagement sessions:

- **Drops-ins** – this format allowed for more informal 1:1 conversations. Respondents could ask questions and provide feedback to the Commissioner and EASC Team.
- **Virtual/online public meetings**
- **In-person public meetings**

All public meeting sessions followed the same format which included a presentation by the Commissioner, followed by 'open floor' Question and Answer time, regardless of whether this was in person or online.

The presentation slides used in the public meeting sessions were available on the EASC website and participants were reminded of all the ways in which their feedback could be provided along with the core engagement materials and supporting documentation that was publicly available.

Whilst the engagement was all-Wales to reflect the national remit of the service, much of the interest and concern emanated specifically from within BCUHB and PTHB areas. Therefore, the face to face engagement sessions focussed the footprint where there were more concerns of localised positions and perspectives.

The offer to meet with anyone, or any groups, who may be interested in hosting a specific event remained in place since the engagement began and were worked through to effect this, added into the timetables as they were confirmed. (The timetables for the public engagement sessions can be seen at Appendices A and B)

In addition, virtual private meetings have been held throughout the engagement (for example, politician's sessions, internal staff sessions).

Welsh Language and Accessibility

All documents were produced bilingually and online to increase accessibility with screen readers and Easy Read versions were produced.

Simultaneous Welsh translation was provided by an external supplier at the public meetings, whilst bilingual members of the EASC Team were available at all public meetings, drop-ins, and the virtual sessions online.

Whilst venues were chosen for accessibility, people who were intending joining a session were also encouraged to contact the EASC Team with any specific accessibility requests for each venue, although none were received.

The virtual sessions and online Picker survey, promoted by Health Boards was open to everyone across Wales, not just the localities to the Caernarfon and Welshpool bases.

To aid participants joining the virtual/online public meetings, the EASC Team produced a guide on how to use Microsoft (MS) Teams and simultaneous Welsh translation was available on the MS Teams platform.

Capturing Feedback

The intention was to provide as many options as possible for stakeholders to provide their feedback that suited them best which included:

Feedback Routes/ Response Mechanisms	Phase 1	Phase 2	Phase 3
Attending a drop-in engagement session	✓	✓	n/a
Attending a public meeting	✓	✓	n/a
Attending a virtual public meeting	✓	✓	n/a
Completing an online survey Phase 1- Picker Institute hosted Phase 3 – EASC hosted	✓	n/a	✓
Telephone answer line: 01443 471520	✓	✓	✓

Feedback Routes/ Response Mechanisms	Phase 1	Phase 2	Phase 3
Email: EASCSERVICEReviewQueries@wales.nhs.uk	✓	✓	✓
Online Query Form: https://easc.nhs.wales/engagement/sdp/ for any specific queries, requests or suggestions.	✓	✓	✓
Online questionnaire - Easy Read version	✓	n/a	✓
Completed downloaded Easy Read questionnaire emailed to EASCSERVICEREVIEWqueries@Wales.nhs.uk	✓	✓	✓
Letters	✓	✓	✓
Hard copy questionnaires *Phase 1 via Freepost (the Picker Institute)	✓	n/a	✓
Via Health Boards	✓	✓	✓
Via CHC/Llais representatives	✓	✓	✓

In Phases 1 and 2 notes were made by the EASC Team at each of the drop-ins, public meetings, and online sessions. Online sessions were also recorded, all public meetings in Phase 2 were professionally video recorded for note-taking purposes.

Online Survey and Representative Sampling

The Picker Institute was the external supplier that provided questionnaire design, data collation, analysis and reporting in Phase 1. This included a representative sample via You.Gov, to complement the engagement activities delivered by the EASC Team. The Picker Institute was commissioned to host, collate, and analyse the questionnaire response comprising:

- Online survey
- Hard copy survey data entry (via freepost)

- Co-ordinate representative sample responses (online).

Their remit was to provide an expert review, host an online survey, and provide a representative view of public perceptions on what constitutes high quality care.

Other than commissioning the external supplier, the Commissioner and EASC Team was not involved in the work done by the external supplier (data collection or analysis from online and hard copy responses).

Listening and Learning

Feedback about the engagement process itself was encouraged to help the EASC Team continually improve and make the engagement as effective as possible. This was done through a feedback form on the EASC website that was promoted within engagement sessions, as well as informally and anecdotally with participants at events and through third parties.

All feedback received was considered and acted upon, for example:

- The MS Teams function was adjusted based on some user feedback, to enhance user participation
- Times of some events were adjusted
- How materials were set out and the information explained was adapted.

Summary of Engagement Activity						
Phase	Time Period	Duration	Drop-In Sessions	Face to Face Public Meetings	Virtual Public Meetings	Total Sessions
1	15 March 2023 - 16 June 2023	14 weeks	8	14	11	33

Summary of Engagement Activity						
2	October 9 and November 12, 2023	5 weeks	5	5	2	12
3	01 -29 February 2024	4 weeks	n/a	n/a	n/a	n/a
TOTAL	n/a	23 weeks	13	19	13	45

As this table summarising the activity shows:

- In Phase 1 there were 14-weeks of engagement,
- In Phase 2 there were 5 weeks,
- In Phase 3 there were 4 weeks
- There has been 23 weeks with 45 engagement sessions.

It should be noted that each phase of engagement built on the previous one(s) and did not disregard any of feedback received in the previous phases.

8. Outcomes and Responses

Representative Panel (You.Gov via Picker)	999
Online Survey (Picker Institute)	198
Freepost questionnaire returns (Picker)	53
Online questionnaire (EASC)	568
Hard copy (letters, questionnaires)	15
Correspondence (e-mails, e-forms)	735
Telephone messages	24

Sessions Attendance

Phase 1 Sessions Attendance		
Date	Area	Number
04 April	Newtown	127
11 April	Virtual/online	10
13 April	Welshpool	15
13 April	Builth Wells	24
17 April	Virtual/online	12
18 April	Knighton	60
20 April	Virtual/online	9
26 April	Welshpool	180
27 April	Dolgellau	15
27 April	Caernarfon	28
28 April	Pwllheli	27
03 May	Wrexham	20

Phase 2 Sessions Attendance		
Date	Area	Number
12 October	Welshpool	52
3 October	Newtown	51
16 October	Machynlleth	25
17 October	Bangor	6
19 October	Pwllheli	53
20 October	Virtual/online	4
21 October	Virtual/online	7
	TOTAL	198

Phase 1 Sessions Attendance		
Date	Area	Number
04 May	Colwyn Bay	15
04 May	Tywyn	40
15 May	Virtual/online	5
17 May	Aberystwyth	11
18 May	Virtual/online	0
22 May	Virtual/online	2
23 May	Machynlleth	150
24 May	Tywyn	31
25 May	Anglesey	27
31 May	Virtual/online	0
05 June	Newtown	62
	TOTAL	870

There was a decline in session attendance for Phase 2 compared to Phase 1 but a combined total attendance of just over 1000 people. Attendance at the engagement sessions and participation in providing feedback is shown in the tables.

Petitions

The following petitions were shared with and noted by the Commissioner:

Route	Petition Statement	No of signatures:
Via Rhun ap Iorweth's MS office	<p><i>"Save Dinas Dinlle Air Ambulance Base.</i></p> <p><i>Plans are being made to close the Dinas Dinlle Air Ambulance Base as part of the plans to restructure the service that also includes the closing of Welshpool base and relocate to a site which is yet to be announced further up the North Wales Coast.</i></p> <p><i>The re-structure will lead to a reduction in staff, medical and technical and a reduction in the resources available which will inevitably lead to response times to the most rural areas of Gwynedd and Anglesey.</i></p> <p><i>The Air Ambulance service has proved to be invaluable to our rural communities In Gwynedd and Anglesey and to the Agricultural sector by being able to respond quickly to accidents and illnesses.</i></p>	108

	<i>The Dinas Dinlle base is central for Rural Gwynedd and Anglesey and an increase of only minutes in response times to accidents and serious illnesses will threaten lives."</i>	
Cllr Joy Jones	<i>"HANDS OFF Our Air Ambulance base in Welshpool. There is a proposal to move the Air Ambulance service from its base in Welshpool Powys, this is a vital service which saves many lives... This service is extremely important to Powys due to the rural areas & huge distances we have to travel for emergency care. With lack of road ambulances in our area, it is important that we keep the air ambulance in Powys where it can be scrambled quickly to reach patients. If this moves & serves a larger area it will have a serious impact on patient's health and urgent treatment... Many families & patients value the service from the air ambulance based in Welshpool. Please don't move it away from its base in Welshpool.... This proposal needs to be stopped."</i>	37, 844 (as at August 10, 2023)

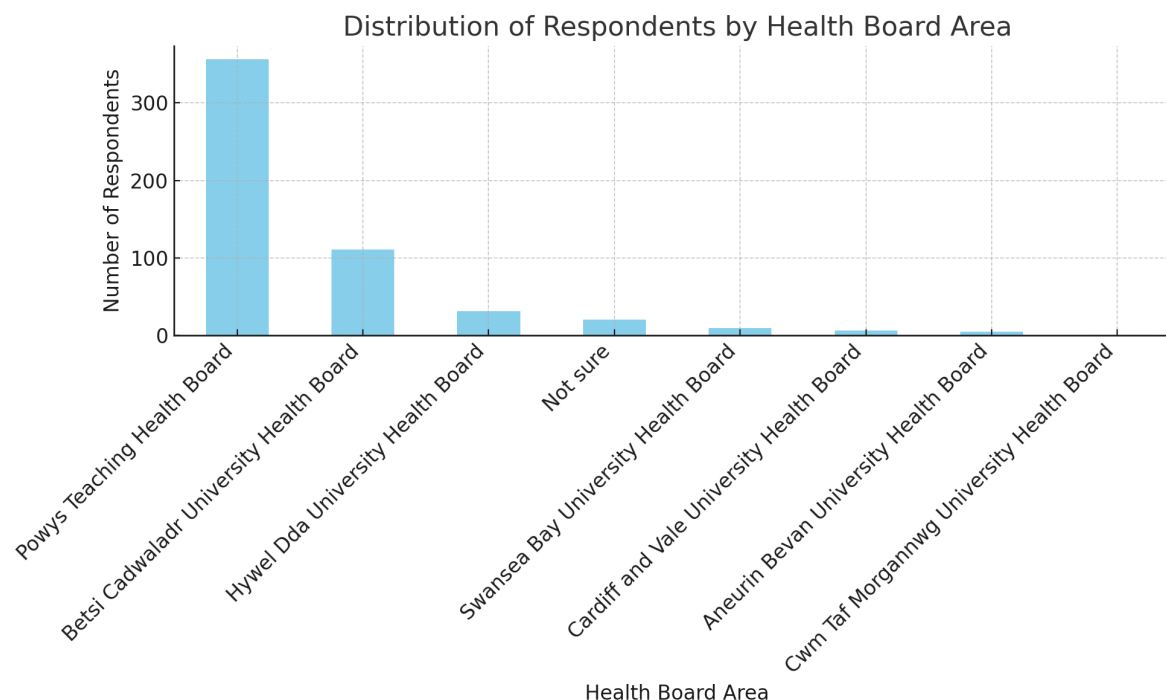
Who We Heard From

The Commissioner's offer to meet with anyone, or any groups, who may be interested in hosting a specific remained in place since the engagement began and were worked through to effect this, added into the timetables as they were confirmed. Virtual private meetings have been held throughout the engagement (for example, politician's sessions, internal EMRTS staff sessions, Charity Trustees, opposition campaign group organisers etc.).

The survey conducted by the Picker Institute in Phase 1 used a representative sample for the population of Wales through You.Gov methods.

Additionally, in Phase 3's online questionnaire survey, providing personal data was optional. The following data shows the range of respondents for Phase 3, where they chose to provide this data.

Health Board Analysis

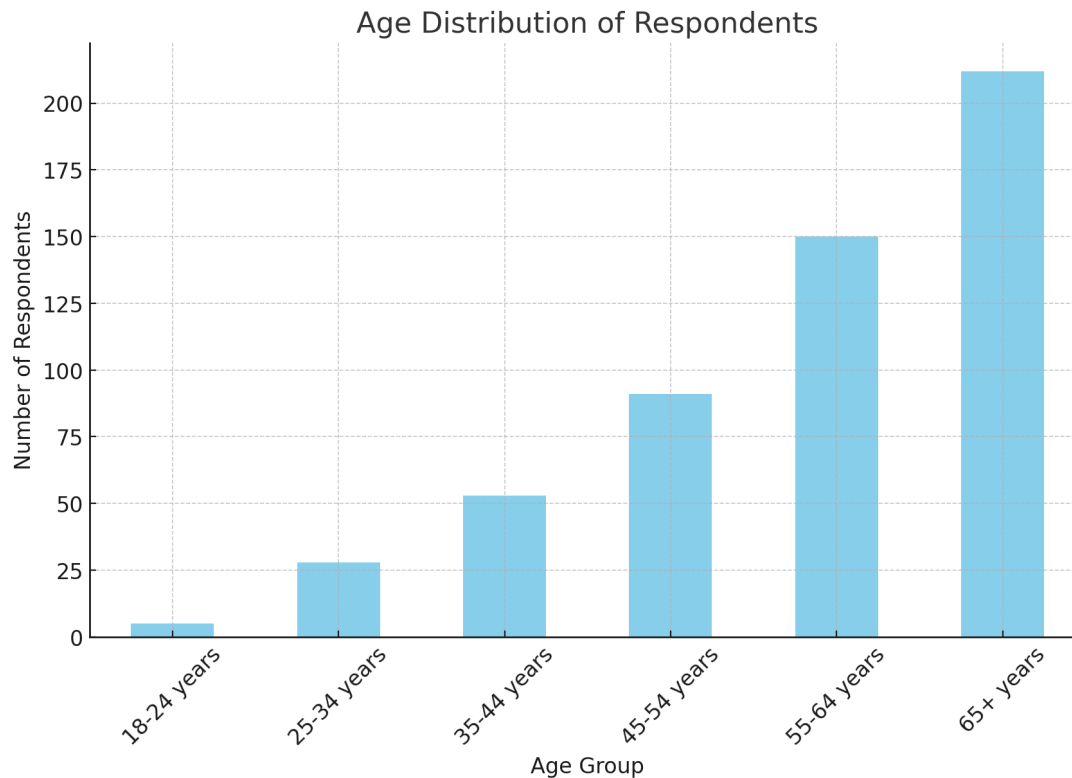


The analysis of the Health Board areas based on the feedback data reveals the distribution of respondents across different Health Boards in Wales. The graph and the data indicate the following distribution:

- PTHB has the highest number of respondents, with **356** entries, indicating a significant interest or concern among individuals in this area regarding the subject of the feedback.
- BCUHB follows with **111** respondents, showing notable engagement from this region as well.
- Hywel Dda University Health Board (HDUHB) has **31** respondents, indicating a moderate level of participation.
- A small number of respondents are Not sure of their Health Board area, totalling **20**.
- Other Health Boards like Swansea Bay, Cardiff and Vale, Aneurin Bevan, and Cwm Taf Morgannwg Health Boards have fewer responses, with **9, 6, 5, and 1** respondent respectively.

This distribution highlights a predominant interest and concern among individuals in the PTHB and BCUHB areas. The significantly lower numbers in other Health Board indicate either a lesser awareness of the Review or differing levels of concern about the issues addressed in the feedback.

Age Analysis



18-24 years: 5 respondents
25-34 years: 28 respondents
35-44 years: 53 respondents
45-54 years: 91 respondents
55-64 years: 150 respondents
65+ years: 212 respondents

The data indicates a higher participation rate among the older age groups, particularly those aged 55 and above, which comprise the majority of the dataset with 362 respondents.

The younger age groups, especially those between 18 and 34 years, have significantly lower representation, with only 33 respondents combined.

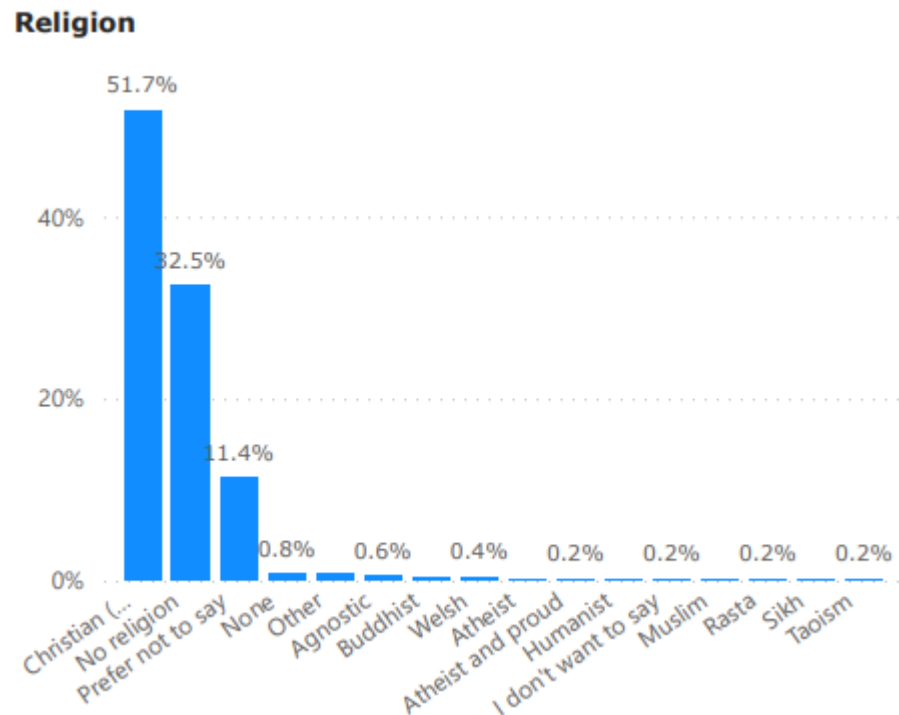
The predominant age group, 55-64 years, followed by the 65+ years category, suggests that the feedback collected might be particularly reflective of the priorities, concerns, and perspectives of the older population.

Gender Analysis

The data shows the high levels of feedback from women at 55.9%, followed by 38.8% male, 5.0% preferred not to say, and 0.2% non-binary.

Religion Analysis

The highest proportion of respondents (51.7%) selected Christian, followed by 32.5% with 'no religion' and 11.4% selecting 'prefer not to say'. The data shows lower participation levels among other religious groups as shown in the chart:

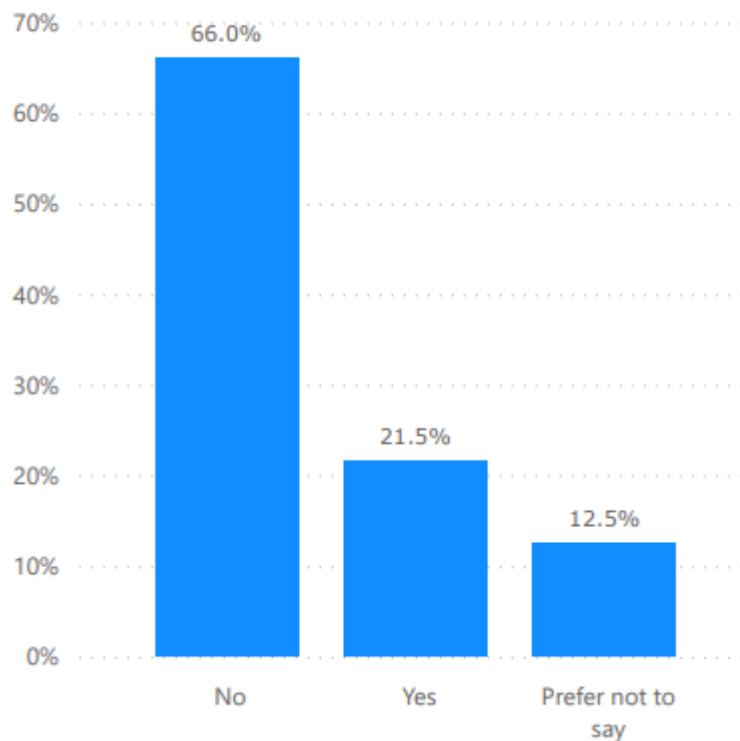


Sexual Orientation Analysis

Data shows a higher participation rate among the 'Straight or Heterosexual' group at 82.1% compared to 13.4% who selected 'prefer not to say'. There is lower participation from groups including bisexual, gay or lesbian,

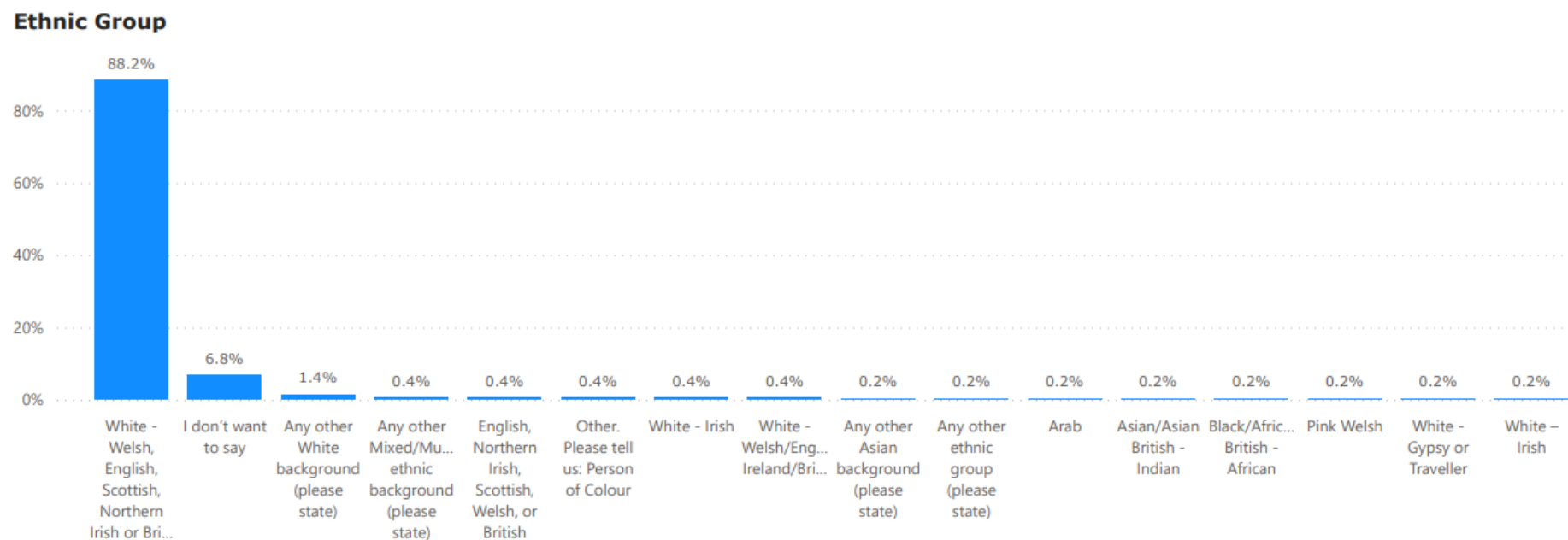
Disability Analysis

Disability



The data indicates that the majority of respondents did not have a disability (66%) compared to 21.5% who answered 'yes'. 12.5% chose 'prefer not to say'.

Ethnic Group Analysis



The data shows high participation levels with 'white' ethnic groups at 88.2% compared to any other other ethnic group and only followed by respondents 'preferring not to say' at 6.8%.

9. Engagement Findings

What Public and Stakeholders Said (Thematic Analysis)

Feedback throughout the overall engagement falls into two general categories:

1. You.Gov representative sample reflecting a national perspective
2. Feedback from all routes and engagement sessions shown in emergent themes reflect localised perspectives from Caernarfon and Welshpool surrounding areas predominantly.

Conclusions of The Picker Institute's report on feedback ([Supporting Document](#))

This report represents the data collected and collected by Picker for the Emergency Medical Retrieval and Transfer Service Review where the Welsh public were invited to respond, to provide a representative view of public perceptions on what constitutes high quality care relating to the EMRTS. The Picker Institute's report details the feedback collated and analysed and does not include the feedback gathered by the Commissioner and the EASC Team at the engagement sessions held in person or virtually.

The survey data provides insight into the Welsh public's priorities for this service. The most important priorities to the Welsh public when considering changes to EMRTS include:

- An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason;
- If services change, there should be good training and support available for staff to make the best use of their advanced skills;
- Everyone in Wales should have equal access to the service
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today.
- When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- 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.

These findings highlight that strategic changes should ensure equity and equality of provision of care, with forethought for contingencies incorporated into the planning.

These findings align with the EASC's overarching values and aims.

Conclusions from EASC led engagement feedback

The feedback gathered by the EASC Team reflect localised perspectives from Caernarfon and Welshpool surrounding areas:

About the first EMRTS Service Development Proposal...

- **Feedback** – There's a perception that the proposed changes are driven by cost-saving measures, which raises concerns about potential service cuts. Concerns have been raised about funding any relocation or new base, with worries about resources being redirected from frontline services. There are concerns regarding the initial EMRTS Service Development Proposal, with scepticism about the Rhuddlan model being based on assumptions rather than historical data that could support its coverage and scepticism about the effectiveness of the Rhuddlan base due to its proximity to the coast. There's a significant concern that relocating base locations from Caernarfon and Welshpool could result in fatalities in those localities due to decreased accessibility to emergency medical services.

About weather and environment...

- **Feedback** – Concern that merging air bases in north Wales into one could limit service capacity during adverse weather conditions, when flying is restricted and that weather in Rhuddlan base is worse compared to Caernarfon and Welshpool bases. Some suggest relocating the Dafen (Llanelli) base instead, citing weather impacts shared in a weather data report. Concern about continued deterioration of environmental factors (such as flooding) affecting timely response by car to rural areas. Another suggestion is to conduct flood mitigation works at Welshpool to enhance its utilisation.

About the data...

- **Feedback** – Perception that the original data time reference period was in a 'Covid pandemic' year and therefore would not be typical in its demand because of the lockdowns imposed on the public. There was also a perception that the initial EMRTS Proposal was 'flawed' and now 'discredited' by data modelled and shared in Phase 2 and 3.

About response times...

- **Feedback** - For those in localities near to Caernarfon and Welshpool bases, there are concerns that the service will take longer to respond if it originates from bases other than Caernarfon or Welshpool. Additionally, there are concerns about the current Rapid Response Vehicle (RRV) locations and their ability to respond effectively. There's also apprehension about the mental and emotional stress patients may experience while waiting for an emergency response from "out of area" if base locations are moved and response times are prolonged. Rural mobile phone coverage is seen as adding delays when calling 999 compared to urban areas. There's a reliance on air support to provide a response within the "golden hour" compared to road response. The perception is that a local base always provides a local response, and any move would impact EMRTS response times for rural

patients. Moreover, there's a perception that a base location in mid Wales can reach everywhere quicker across all of Wales due to its central position.

About emergency healthcare needs relating to rural versus urban areas...

- **Feedback** - There is a perception that if bases move, current local base communities will no longer receive any service from EMRTS. Concerns have been raised about the vulnerability and inequality faced by mid, rural, and coastal communities compared to those closer to better road infrastructures and hospitals. The current bases are perceived as a local lifeline, providing reassurance through their visual presence. Road infrastructure limitations can impede emergency road response by the Welsh Ambulance Service Trust (WAST) due to weather and road closures. There are concerns about the proportion of high-risk jobs and activities in rural areas leading to a higher incidence of need compared to urban areas. Additionally, there's concern about air assets' ability to reach rural areas from north Wales, such as crossing the Eryri (Snowdonia) and Berwyn mountains. Lastly, there's a call for equity to be considered in the evaluation process and framework, given the variable access to health services across Wales.

About EMRTS...

- **Feedback** - There is overwhelming appreciation for the individuals providing critical-care emergency services. However, there persists a perception that EMRTS primarily operates as a 'fast ambulance/scoop and run service.' Concerns have been raised about EMRTS's specialisation, with suggestions for a more adaptable clinical model to respond to a wider range of conditions in rural and remote areas. There are worries about potential staff turnover if base relocations occur, leading to skill loss and financial expenses in recruitment, as well as local economic impacts. Suggestions for renaming EMRTS to options such as "Flying Doctors," "Air

Hospital," or "Flying Hospital" have been proposed. There's also concern about staff morale due to frustrations about not reaching more patients and maintaining clinical competencies. Staff also express a desire to support the critical care hub more.

About Health Boards, Welsh Ambulance Service and other emergency responders...

- **Feedback** - There is scepticism about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in a worse service. Emergency Medical Retrieval and Transfer Service is seen as providing comfort to communities, especially as delays in handovers affect the Welsh Ambulance Service Trust's ability to respond. There's concern that any base moves could negatively affect other emergency responders in the Powys area. Additionally, there's concern about paramedic staffing levels in mid and rural Wales.

About EMRTS Staff...

- **Feedback** – All staff are driven by serving patients who need the EMRTS critical care. There appeared to be more interest amongst staff from north and mid Wales than from south based teams based on session attendance. Responses from participants generally fell in two categories: support for developments that would enable as many patients to receive the service as possible, and those who want to maintain the current base arrangements. Staff have different views on how the current high under-utilisation levels affect staff as some feel that not responding to enough jobs adversely affected their clinical proficiency whilst others feel that training scenarios are sufficiently maintain clinical competencies. Some concern expressed about working different shift patterns and the potential loss of skilled staff should any changes take effect and staff did not

want to change their base arrangements. Some staff also concerned about optics of 'leaving communities' where they have been for some time. Some staff also expressed support for Option 6c.

About the Charity...

- **Feedback** - There are concerns that the Charity will lose the goodwill of support in base location areas, potentially leading to a decrease in charitable donations and destabilising the partnership service. Additionally, there's concern that the Charity may not support the decision of the EAS Committee. Stakeholder relations and potential reputational damage are also concerning. However, there is expressed support for working with the Charity and Emergency Medical Retrieval and Transfer Service on initiatives such as addressing flooding risks in Welshpool and fundraising efforts. There's a strong sense of support and passion for the service, with a feeling of local "ownership". Moreover, there's a perception that communities in rural and mid Wales are the most generous donors to Charity fundraising efforts.

About Welsh Government and Policy Makers...

- **Feedback** - There are concerns about the funding of the air ambulance service in Wales, with a view that it should be entirely funded by the Welsh Government. There's a request to consider additional bases and funding rather than relocating existing base locations. Additionally, there's a perception that citizens in mid and rural Wales are disadvantaged compared to those in urban areas in the north and south by public services generally. There's also concern that the new 20mph speed limit will negatively impact road ambulance response times, exacerbating existing challenges. Citizens were keen to see more engagement from Welsh Government.

About the engagement and decision-making processes...

- **Feedback** - supports the proposed evaluation factors and suggested adjusted weightings for them. There has been a mix of positive and negative sentiment: acknowledgment of the thoroughness, transparency, and delivery of the engagement process; and criticism for alleged 'bias' in questionnaire design, and pre-determined decision making. The feedback reflects how the Commissioner has been trusted and seen as someone who keeps promises and is true to their word in this Review. The clear presentation of complex information is appreciated, as is the use of different data ranges and the development of options. The level of detail provided is also appreciated and maintaining openness and transparency throughout was requested. However, feedback received later during the engagement sees some criticism for information being too complicated and some queries and scepticism about the engagement, purpose and approach to the Options Appraisal and decision-making processes.

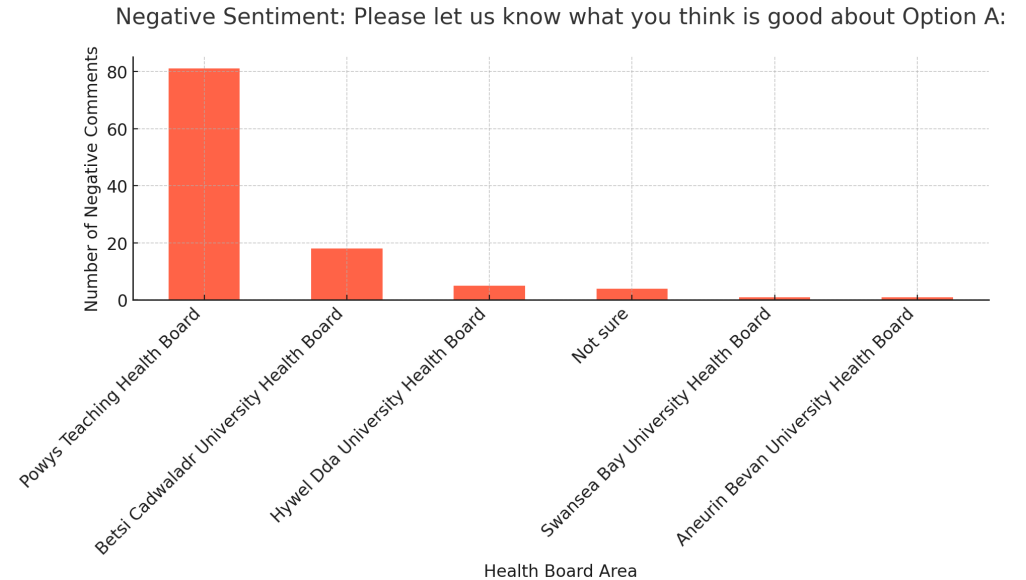
About Options Developed...

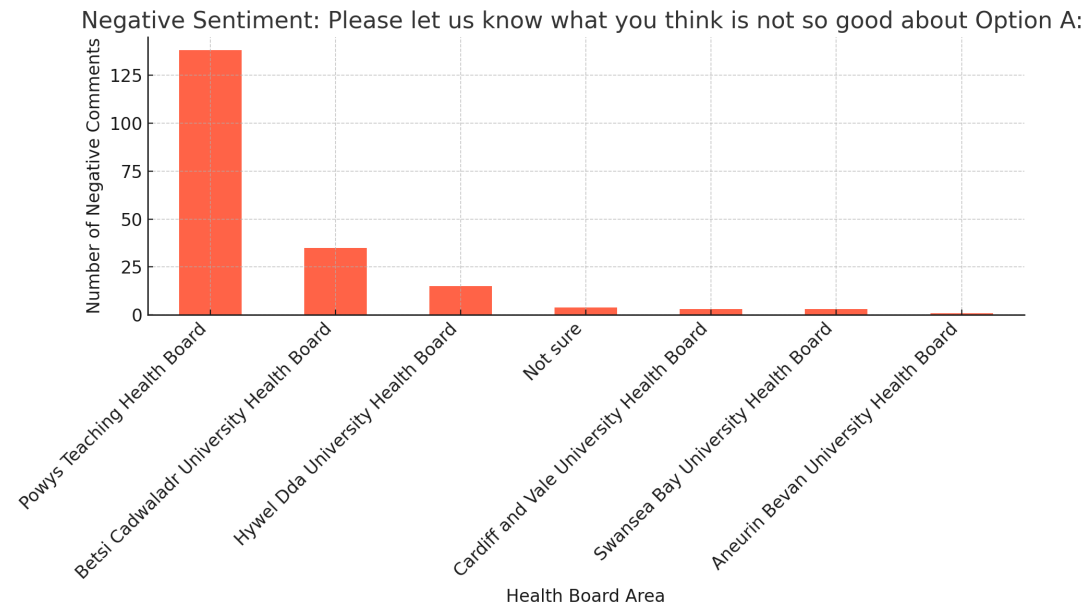
- **Feedback** - The feedback indicates support for Option 1 (do nothing), suggesting that maintaining the current setup is preferred by majority of respondents from areas near to Caernarfon and Welshpool bases. However, in Phases 2 and 3 there is support for Option 6c (neither option A or B) from PTUHB and BCUHB areas specifically. 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.e. for teams to operate from different locations when on shift). There is support for making Welshpool or Caernarfon bases operational 24 hours a day, which would provide an additional night service to better serve the needs of the communities.

There is a consistent view from stakeholders that the gains illustrated in the modelling are too marginal to justify any reconfiguration, especially considering the margin of error with modelled data.

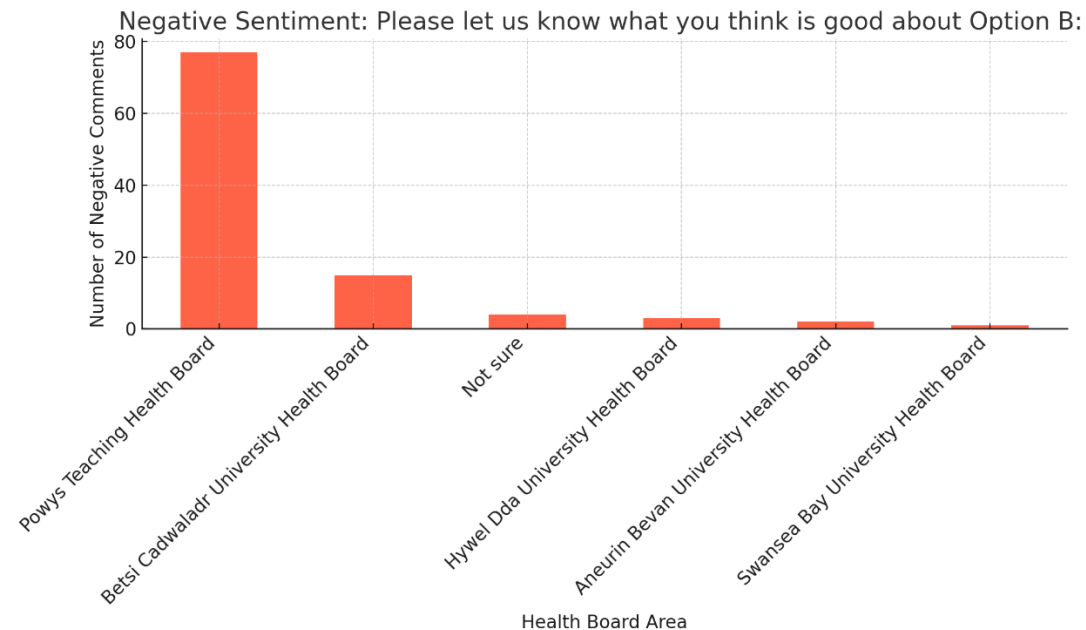
Feedback about Options A and B are set out below.

'Good' about Option A: Despite being a prompt for positive comments about Option A, there was a substantial number of negative sentiments, particularly from the PTHB (**81**) and BCUHB (**18**). This indicates that respondents from this area struggled to identify positive aspects of Option A, and their comments were instead reflective of underlying concerns or dissatisfaction. Age groups with the most negative sentiment were predominantly 65+ years (**53**) and 55-64 years (**29**).

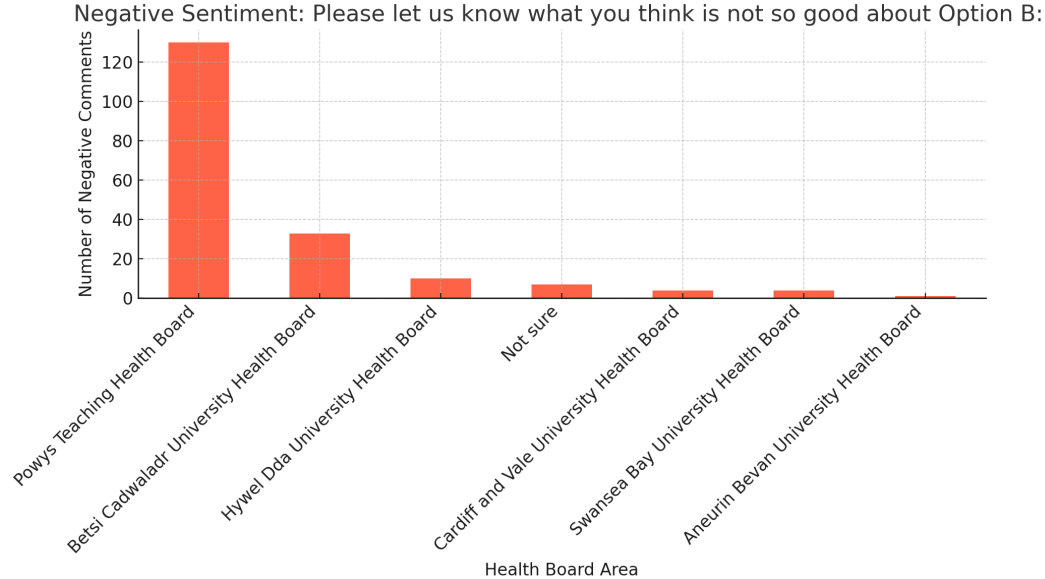




'Not So Good' about Option A: A large number of negative comments were noted, again with PTHB leading significantly (**138**), followed by BCUHB (**35**). This suggests that the concerns in this area are particularly strong regarding Option A. The age groups 65+ years (**72**) and 55-64 years (**56**) showed the most negative sentiment.



'Good' about Option B: Similar to Option A, the prompt for positive comments about Option B still attracted negative sentiments, predominantly from PTHB (**77**) and BCUHB (**15**). Older age groups showed more negativity with 65+ years (**42**) and 55-64 years (**33**) leading.



'Not So Good' about Option B: This aspect also revealed a high volume of negative comments from PTHB (**130**) and BCUHB (**33**). They highlight specific areas of concern or dissatisfaction with Option B among residents, which may require further attention and action. The 65+ years (**74**) and 55-64 years (**51**) age groups were again the most represented.

Across all categories, PTHB area consistently stands out with the highest number of comments. This suggests a strong level of dissatisfaction or concern in this area regarding both Options A and B.

The BCUHB area also shows considerable concerns, although less than Powys, indicating it is another key area of concern.

Age-wise, most feedback is from the older age groups, particularly those aged 65+ years and 55-64 years. This trend suggests that these age groups may have specific concerns or expectations that are not met by Options A and B.

The concentration of negative sentiment in these specific Health Board areas and among older age groups could be indicative of areas where additional focus is needed to address concerns, possibly related to healthcare access, quality of services, or communication about the changes proposed in Options A and B.

Equalities Impacts...

- **Feedback** – Feedback showed a perception of negative impacts for those equalities characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. There is a belief that changes to operational arrangements would include changes to clinical decision-making and dispatch from 999.

Impact on Well-Being of Future Generations Act

This section summarises some of the impacts on wellbeing that we have heard during the engagement from respondents in the Caernarfon and Welshpool bases surrounding areas:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsible Wales	People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity and climate	People regularly expressed concern about the loss of services in their area, often wider than health services but believed that the EMRTS service made them feel safe and secure; often, people supported the need for change to help more people but only if it didn't mean moving the air base from their locality

Wellbeing Goal	Considerations	Examples of Feedback
	A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.	Concerns about weather, more frequent flooding affecting ability for road responses.
A resilient Wales	<p>People in terms of their use of the physical environment: consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological</p>	<p>Feedback suggested investing in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to alleviate overall demand on emergency services.</p> <p>During the engagement process, people regularly raised concerns about the road infrastructure and the high level of road accidents in the local area. They raised concerns about the local industries of farming and forestry work being dangerous with high levels of accidents and incidents.</p> <p>Less was mentioned about green spaces and the mental health /wellbeing of local people although the potential move of the air base did make them feel less safe.</p>

Wellbeing Goal	Considerations	Examples of Feedback
	resilience and the capacity to adapt to change (for example, climate change).	Some shared another air ambulance consultation - Hampshire Air Ambulance who were consulting with the public to move of the base of their helicopter to an area closer to the densest population, from a rural area. The environmental impacts and shorter journey times for patients were highlighted as well as the ability to provide a better service to the previously location area. This was a topic of interest within the social media groups who believed that the consultation being held was fairer and more open. The work was considered and overwhelmingly provided a very similar set of issues (to the EMRTS Service Review) in trying to get to see more patients but not excluding rural areas. This service provided one helicopter to 1.8million people. The service in Wales operates 4 helicopters to 3.1million people.
A healthier Wales	People being able to improve/ maintain healthy lifestyles: consider the impact on healthy lifestyles, including health eating, being active, no smoking/smoking cessation, reducing the harm caused by alcohol and or non-	Scepticism expressed about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in worse services. There's concern that any base moves could negatively affect other emergency responders in the Powys area.

Wellbeing Goal	Considerations	Examples of Feedback
	<p>prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.</p> <p>A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.</p>	<p>Overwhelmingly, local people to the air bases considered themselves much safer in terms of having a local air base. Frequently people misunderstood that EMRTS did not provide a fast ambulance and regularly suggested that this was all that was required. The pre-hospital critical care service meant that many felt this was very important as they did not have a district general hospital</p>
A more equal Wales	<p>A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).</p> <p>People being able to access the service offered: consider access for those living in areas of deprivation and or those experiencing health inequalities</p>	<p>Wider discussion was heard in relation to primary care services as well as ambulance services. The low level of performance in the areas was a topic of concern and the potential change for this high-end service seemed to escalate the perceived impact.</p> <p>A range of potential perceived equality impacts have been identified in the previous section about emergency health needs for rural communities – with mitigation actions agreed as appropriate – as part of any decision-making process.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of cohesive communities	<p>People in terms of social and community influences on their health: consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identify; cultural and spiritual ethos</p> <p>Attractive, viable, safe and well-connected communities.</p>	<p>Local communities visited had a high-level belonging and use of social networks. The responses reflect the sense of a community asset and the strength of feeling to maintain this. There was balance, that the service should see as many people as possible, as long as this did not move the base.</p> <p>Many local (to base) respondents suggested that if the base was moved that they would no longer contribute to the Wales Air Ambulance Charity. This was a frequent response which suggested that they felt the service was closing and there would not be a service. Despite reassurances this message appears to be unheard.</p> <p>Respondents have identified concerns about overall community viability and cohesiveness about public services generally. They have identified concerns about an erosion of public services that believe will affect people's choices around moving to or staying in rural areas, and this might affect overall community sustainability.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of vibrant culture and thriving Welsh language	<p>A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.</p> <p>People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life</p>	<p>No examples were shared; however, every session had simultaneous translation and 121s had bilingual staff ready to engage with the public. All documents were produced bilingually</p> <p>There are opportunities to continue to support and develop the service through the medium of Welsh.</p>
A prosperous Wales	<p>An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.</p> <p>People in terms of their income and employment status: consider the impact and availability and accessibility of work, paid and unpaid employment, wage levels, job security, working conditions</p>	<p>People raised the dangerous occupations regularly.</p> <p>Respondents expressed concerns that the loss of EMRTS and other health services primary care GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc.</p>

Summary of Emergent Themes

There was good quality dialogue and/or feedback in all sessions - drop-ins, in-person public meetings, and virtual/on-line.

Whilst the focus of the engagement has been on the EMRTS Service Review and how to develop the air ambulance service that is provided in partnership by the Wales Air Ambulance Charity and Emergency Medical Retrieval and Transfer Service Cymru (NHS Wales), throughout the dialogue feedback surfaced that covered health and social care issues more broadly. This has provided rich intelligence shared with colleagues across NHS Wales and Welsh Government.

Many personal experiences and testimonials were shared during the engagement through all response routes. This feedback highlights the value placed on the service and the general sense of anxiety over any proposed base move amongst respondents living in the Caernarfon and Welshpool areas (BCUHB and PTHB.)

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 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 prioritize the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the needs of rural communities and protected characteristic groups, ensuring timely access to pre-hospital critical care and maintaining essential life-saving services across Wales.

Notwithstanding the concerns of the public and stakeholder feedback in these areas there is a consensus of understanding that:

- Un-met patient need must be provided for by the service; and
- Highly skilled clinical teams need to be used in the best way to provide for patients.

In addition, the national feedback concluded 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.

After the engagement phase had concluded, further questions have been raised that are detailed in Appendix C for completeness.

10. Governance and Risk Issues

In conducting this engagement, the EASC Team has followed the Welsh Government's extant guidance on engagement, with advice from the national leads of Llais, as well as working with communication and engagement and service change leads of NHS Wales Health Boards.

Equality Impact Assessments (EIA's) were produced at intervals throughout the engagement and were made available to the public. The EIA has been done in line with Cwm Taf Morgannwg University Health Board's (CTMUHB) process, as the host organisation for EASC.

Feedback from the engagement on equality impacts have been identified and are reflected in the Engagement Findings section and noted in the updated [EIA](#). The themes highlight the importance identified by the respondents to the need to address the unique needs of rural communities, those with protected characteristics under the Equality Act 2010 and those who are socially and economically disadvantaged, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales. The extra mitigating actions detailed in the Follow Up Actions section detail the mitigations being proposed to address the potential impacts on these groups.

Feedback highlighted perceived negative impacts on various equality characteristics. It is unlikely that the Review will have any specific impact on this as the service is provided to all based on clinical need alone. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted.

Because of the importance of the issues under consideration as a result of this engagement and the strength and breadth of concerns raised, the EAS Committee decided that the preferred and recommended option going to Committee for decision would also be taken back to each respective Health Board for individual Board consideration before a collective Joint Committee decision is made.

The Committee has noted the following risks throughout the Review:

- There is an ongoing risk of delaying service reconfiguration 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.
- There is also the matter of ongoing under-utilisation of clinical teams across EMRTS in the context of ongoing unmet patient need across Wales.
- Staff morale within EMRTS as detailed in the feedback.
- Any changes to the planned and agreed engagement and decision-making process and ensuing adjusted timeline could affect the Wales Air Ambulance Charity's position within the partnership arrangement.
- Potential loss of good will and fundraising support for the Charity.

11. Follow Up Actions

Some of the emerging issues are not within the scope of the Review such as the 'loss of public services in rural communities'. However, the Commissioner's role presents a unique opportunity to recommend some mitigations to address some of the issues raised in the engagement.

These mitigations could help to address the issues heard in the public engagement about concerns that:

- WAST services are regularly being pulled out of area and lengthy handover delays negatively affecting ability to respond to communities
- Mid, rural, and coastal communities are more vulnerable and 'less equal' than those in urban areas (that are found closer to better road infrastructures and general hospitals) and therefore need something more tailored to suit their rural needs
- EMRTS is too specialised. The service could respond to a wider range of conditions in rural and remote areas through a more tailored clinical response model
- Paramedic staffing levels in mid and rural north Wales are difficult
- EMRTS staff retention could be negatively affected with any base moves
- The Charity could lose the goodwill of support in base location areas. The impact on charitable donations could reduce and destabilise this important service
- The vulnerability of rural communities generally (the sense of 'all other services have been lost already')
- Current bases seen as a 'local lifeline' and seeing the air ambulance is reassuring to communities.

These mitigations have developed throughout the engagement process. They have surfaced in response to the extensive listening during earlier engagement phases, as detailed in the list above. The mitigations involve placing bespoke road-based enhanced and/or critical care services in rural and remote areas. This could give better geographical coverage. These mitigations could be taken within normal 'business as usual' arrangements and therefore with no added costs. This forms Recommendation 4 in the Review.

12. Conclusions

The engagement exercise has engendered considerable public interest and significant overall numbers of participants/responses between March 2023 and February 2024 inclusive.

The emerging themes of feedback has been consistent throughout all three phases of engagement with little variation between phases. The feedback received in the most recent engagement – Phase 3 – has not identified anything materially different from earlier phases.

A number of key issues and themes have been identified, which have been useful in informing future plans and actions:

- The majority of responses from PTHB and BCUHB areas specifically have expressed concern about any base location changes to Welshpool and Caernarfon respectively, believing that they would have a detrimental impact on people living in these areas being able to receive the service.
- The representative sample survey of Wales (via the Picker Institute) presented a national perspective and showed support for everyone in Wales having equal access to the service, structured to treat as many people as possible, with a plan for the service to support patients to the same standard as it does today.

Feedback from all engagement phases have been considered at each stage and has helped the development of a preferred and recommended option for Health Board consideration and Committee decision as detailed in the EMRTS Service Review document.

If the operational base changes do go ahead there is potential for adverse impact on some EMRTS staff, who may not want to change their operational bases; and the Charity, which may lead to a reduction on charitable donations.

The Committee, EMRTS and the Charity should consider options for monitoring these potential impacts so that action to address this service sustainability can be kept under review. A schedule for reporting to EMRTS staff,

Llais and communities on progress to deliver agreed mitigations and on monitoring these possible impacts should be agreed.

13. Next Steps

This Engagement Report will be shared with the EAS Committee at the meeting on 19 March 2024 along with the EMRTS Review document, updated EIA, written feedback from Llais and Committee paper. All Health Boards will consider the same papers prior to an extraordinary committee meeting being held on 28 March 2024 to consider feedback from these meetings and to make a decision on the way forward.

A review and learning session will be held to reflect on the experience of this engagement and help inform the wider development of the Committee's approach to continuous engagement and involvement.

Contact Details

The Chief Ambulance Services Commissioner and the Emergency Ambulance Services Committee team can be contacted in the following ways:

In writing: Emergency Ambulance Services Committee
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Email: EASCSERVICEReviewQueries@wales.nhs.uk

Phone: 01443 471520

Website: www.easc.nhs.wales

APPENDIX A - Phase 1 Sessions Timetable

Venue	Format	Date	Times
Bear Lanes Shopping Centre, Broad St, Newtown SY16 2QZ	Drop-Ins	Tue 04 April	9.30am-1.30pm
Tesco, Pool Rd, Newtown SY16 1DW			11am-3pm
The Monty Club, 11 Broad St, Newtown SY16 2LU	Public Meetings	Tue 04 April	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Microsoft Teams	Virtual Public Meeting	Tuesday 11 April	12.30pm-1.30pm
Microsoft Teams	Virtual Public Meeting	Tuesday 11 April	6pm-7pm
Welshpool Town Hall, High Street, Welshpool SY21 7JQ	Drop In	Thursday 13 April	11-2pm
Royal Welsh Showground – Members Centre Builth Wells	Public Meeting	Thursday 13 April	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Microsoft Teams	Virtual Public Meeting	Monday 17 April	12.30pm-1.30pm
Microsoft Teams	Virtual Public Meeting	Monday 17 April	6pm-7pm

Venue	Format	Date	Times
The Community Hall, Bowling Green Ln, Knighton LD7 1DR	Public Meeting	Tuesday 18 April	6pm-7pm
Microsoft Teams	Virtual Public Meeting	Thursday 20 April	12.30pm-1.30pm
Microsoft Teams	Virtual Public Meeting	Thursday 20 April	6pm-7pm
Welshpool Town Hall, High Street, Welshpool SY21 7JQ	Drop In	Wed 26 April	11-3pm
Welshpool Town Hall, High Street, Welshpool SY21 7JQ	Public Meeting	Wed 26 April	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Byw'n Iach Glan Wnion (Fitness & Sports) Dolgellau, Arran Rd, Dolgellau, LL40 1LH	Drop In	Thursday 27 April	12-3pm
The Celtic Royal Hotel Caernarfon	Public Meeting	Thursday 27 April	5.30pm-7pm
Ysgol Glan Y Mor, Pwllheli, LL53 5NU	Public Meeting	Friday 28 April	7-8pm
Eagles Meadow Shopping Centre, Smithfield Rd, Wrexham LL13 8DG	Drop In	Wed 03 May	12pm-3pm
Holt Lodge, Wrexham Rd, Holt, Wrexham LL13 9SW	Public Meeting	Wed 03 May	5.30pm-7pm

Venue	Format	Date	Times
Bayview Shopping Centre, Sea View Rd, Colwyn Bay LL29 8DG	Drop-In	Thursday 04 May	10am-2pm
Byw'n Iach Bro Dysynni, High St, Tywyn LL36 9AE	Drop-In	Thursday 04 May	10am-2pm
Microsoft Teams	Virtual Public Meeting	Monday 15 May	1pm – 2pm
Microsoft Teams	Virtual Public Meeting	Monday 15 May	6pm – 7pm
Aberystwyth Football Club Park Avenue, Aberystwyth SY23 1PG	Public Meeting	Wednesday 17 May	6pm – 7pm
Microsoft Teams	Virtual Public Meeting	Thursday 18 May	12.30pm – 1.30pm
Microsoft Teams	Virtual Public Meeting	Monday 22 May	1pm – 2pm
Y Plas, Machynlleth, Powys, SY20 8ER	Public Meeting	Tuesday 23 May	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Byw'n Iach Bro Dysynni (Fitness Centre), High Street, Tywyn, LL36 9AE	Public Meeting	Wednesday 24 May	6.30pm-7.30pm
Ysgol Uwchradd Bodedern, Bro Alaw, Bodedern, Ynys Môn, LL65 3SU	Public Meeting	Thursday 25 May	6pm-7.30pm
Microsoft Teams	Virtual Public Meeting	Wednesday 31 May	1pm – 2pm
The Monty Club, 11 Broad St, Newtown	Public Meeting	Monday 05 June	6pm-7.30pm

Venue	Format	Date	Times
SY16 2LU			

APPENDIX B - Phase 2 Sessions Timetable

Venue	Format	Date	Time
Welshpool Town Hall 42 Broad St, Welshpool, SY21 7JQ	Public Drop-in	Thursday 12 October 2023	12:00 - 15:00
Welshpool High School Salop Rd, Welshpool, SY21 7RE	Public Meeting	Thursday 12 October 2023	18:30 - 19:30
Theatr Hafren - Newtown Campus Llanidloes Rd, Newtown, SY16 4HU	Public Drop-in	Friday 13 October 2023	12:00 - 15:00
Newtown High School Dolfor Road, Newtown, SY16 1JE	Public Meeting	Friday 13 October 2023	18:30 - 19:30
Machynlleth Rugby Club Plas Grounds, Bank Lane, Machynlleth, SY20 8EL	Public Drop-in	Monday 16 October 2023	12:00 - 15:00
Ysgol Bro Hyddgen Greenfields, Machynlleth, SY20 8DR	Public Meeting	Monday 16 October 2023	18:30 - 19:30
Bangor City Council Offices Ffordd Gwynedd, Bangor, LL57 1D	Public Drop-in	Tuesday 17 October 2023	12:00 - 15:00
Bangor City Council Offices Ffordd Gwynedd, Bangor, LL57 1D	Public Meeting	Tuesday 17 October 2023	18:30 - 19:30
Plas Heli Glan y Don Industrial Estate, Yr Hafan, Pwllheli, LL53 5YT	Public Drop-in	Wednesday 18 October 2023	12:00 - 15:00
Ysgol Glan Y Mor Pwllheli, LL53 5NU	Public Meeting	Wednesday 18 October 2023	18:30 - 19:30
Microsoft Teams Live Event (Joining Link)	Virtual Meeting	Public Thursday 19 October 2023	18:30 - 19:30
Microsoft Teams Live Event (Joining Link)	Virtual Meeting	Public Friday 20 October 2023	13:00 - 14:00

APPENDIX C – Further Queries

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
Mission Creep / Narrative slippage Case for change and not understanding why; use of old data	<i>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.</i>
Fait accompli of options provided for the 'desired result'	<i>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</i>
The Unmet Need – questioning the numbers and how these vary across Wales	<i>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.</i>
Lack of clarity on additional scene attendances (not worth the effort of moving a base)	<i>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.</i>
No robust evidence of clinical outcomes for the unmet need cohort	<i>Service evaluation report included in the Review which clearly described beneficial clinical outcomes.</i>
Underutilisation and dispatch protocols disadvantaging mid /north assets	<i>Utilisation and dispatch protocols included in the Review.</i>
No rationale for reorganisation	<i>Case for change and rationale included in the Review.</i>

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
The 'additional extras' – no opportunity for the public to comment on the detail (within the consultation process)	<i>Recognised and included in the Review.</i>
Separate additional critical care provision in rural Wales from this unnecessary centralisation	<i>It is difficult to separate the issue, but considered in the Review</i>
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	<i>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</i>
	<i>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 The workshop was well evaluated by the representatives Detailed information was made available prior to the workshop Option appraisal workshops are a key element to Review processes The EASC team and myself did not participate in the scoring of the options.</i>
No public participation in the Option Appraisal Workshop	<i>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.</i>
The Preferred Options - little variation between option A and B	<i>This was the result of the Option Appraisal Workshop which I carried out fairly and consistently</i>

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
Claims of improved services being unsubstantiated and reduced population coverage	<i>This is factually incorrect</i>
Risk of both aircraft off line at once and weather issues	<i>Weather information previously shared, risk of consolidating assets in one base understood</i>
Potential loss of skilled staff, impacting recruitment and retention	<i>Recognised and included as a factor in the option appraisal</i>
The loss of the aircraft as an 'anchor' for Critical Care services in Mid and North West Wales	<i>Not clear what this means as aircraft will not be lost - this is an all Wales pre hospital critical care service</i>
Irreversibility of the change	<i>Recognised and understood</i>
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.	<i>Agree - the location of RRVs is critical for the population of the whole of mid and north Wales</i>
Additional flying time and topography	<i>These are taken into account in the report</i>
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	<i>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</i>
Ministerial Oversight – Llais asked to take up concerns raised with the Minister	<i>Noted</i>
Need for ongoing monitoring, benchmarking and appraisal of the new operating model to be independent of EMRTS and Charity management	<i>Agree - commissioning approach</i>

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
Raised issues in relation to the Wales Air Ambulance Charity; damage to the brand; raising funds	<i>These are matters for the Charity – however, they are trusted and key partners and provide 2/3 of the funding for this amazing service</i>
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.	<i>Noted</i>
Following consideration of points raised in your most recent report however, we understand and appreciate the shortcomings of Option 6.	<i>Noted</i>
Preferred options – additional new options for Caernarfon and Welshpool including relocation of Caernarfon	<i>Recommendations have been made in the Review</i>

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>

Issue raised	CASC Response
	<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>

Issue raised	CASC Response
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 'Welsh Government's guidance' 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>

Issue raised	CASC Response
<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>

Llais,
33-35 Heol y Gadeirlan,
Caerdydd,
CF11 9HB

Llais,
33-35 Cathedral Road,
Cardiff,
CF11 9HB



By email only

15 March 2024

Dear Chief Executive,

Following the publication on the 12 March 2024 of the papers for the next meeting of the Emergency Ambulance Services Committee (EASC) on 19 March 2024, Llais has prepared an update for consideration by all Health Boards at their forthcoming Board meetings.

Llais had access to meeting papers, including the final Emergency Medical Retrieval and Transfer Service (EMRTS) review recommendation report, at the same time as the public on 12th March 2024.

Llais raised concerns with the EMRTS review team before Phase 3 that the timescales of this last stage were tight and shared concerns that these timescales should not compromise the important need of meaningful consideration of the comments, views, issues, and concerns shared by individuals during Phase 3 nor the final decision-making process.

Throughout the process The Board of Community Health Councils/ Llais have listened and shared what has been heard with CASC, EASC and the seven Health Boards.

This summary builds on the Llais feedback given throughout the process and relates to Phase 3, recognising that the concerns and issues raised have been consistent throughout the process.

What have we heard?

We have predominantly heard from the communities of Mid and North Wales; the feedback Llais has seen largely mirrors the themes reflected in the EMRTS Phase 3 Engagement report.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

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CF11 9HB

Llais,
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Cardiff,
CF11 9HB



In addition, Llais has heard:

- People and communities are not reassured of the impact of the proposal on rural areas.
- People and communities are not reassured that there will be no impact by the decision to move bases.
- People feel strongly that Option A and B will lead to a further reduced emergency provision in rural Wales – DGH/ WAA/WAST (particularly given red call response time statistics) (*Llais recognises that this is somewhat addressed in the final report recommendation 4*)
- Concerns about further erosion of services to rural areas.
- People and communities do feel they have been engaged with, but some report not feeling listened to.
- A continuous feeling, as per other phases, that a decision had been made before any engagement had been undertaken.
- People found it hard to understand because of the complexity and volume of the documentation, and the lack of clearly summarised information for those who wanted the facts.
- The workshop (to decide on shortlist of options) was not inclusive i.e. no community representation.
- That the only two options provided in Phase 3 were option A) a base in Rhuddlan and option B) a base in Rhuddlan with an RRV in Wrexham.
- Conflicting analysis of EASC's data [by a member of a campaign group]

Cadeirydd / Chair: **Athro / Professor Medwin Hughes DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

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Llais' observations

Although NHS bodies retain the responsibility for service change, it is important that they work in partnership with their communities and develop proposals in a genuinely co-designed way. Llais remains concerned that not enough clear and easy to understand information was provided for people to be able to engage effectively in Phase 3 and for informed views to be considered and reflected in the final proposals. Such as:

- There was a high volume of social media comments (circa 17K FB comments) and petitions that have not yet been analysed nor taken into account in writing the final recommendation report.
- Llais remains concerned that the Phase 3 engagement may have digitally excluded some people from effectively engaging with the process.
- We have some concerns that there is insufficient detail in the five recommendations to provide assurance that community concerns have been a) addressed b) incorporated and c) mitigated.

Representation has been made to EASC in Llais' response to the Phase 3 engagement report, which we note EASC will address at the Joint Committee Meeting.

Yours sincerely

Angela Mutlow
Strategic Director of Operations & Corporate Service

Llais,
33-35 Heol y Gadeirlan,
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CF11 9HB

Llais,
33-35 Cathedral Road,
Cardiff,
CF11 9HB



Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

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Cadeirydd / Chair: **Athro / Professor Medwin Hughes DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

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Cally Hamblyn (CTM UHB - Corporate Governance)

From: Emergency Ambulance Services Committee
Sent: 02 April 2024 13:33
To: Angela Mutlow
Cc: Lee Leyshon (CTM UHB - EASC and NCCU); Stephen Harrhy (CTM UHB - Corporate Development); Alyson Thomas; Emergency Ambulance Services Committee
Subject: EMRTS Service Review letter
Attachments: 24.04.02 - CASC Letter to Llais Updated Position.docx

Hi Angela, please find the attached letter from Stephen.

I hope this is helpful.

Kind regards,
Matt

Matthew Edwards

Pennaeth Comisiynu a Pherfformiad • Head of Commissioning and Performance

Pwyllgor Gwasanaethau Ambiwlans Brys • Emergency Ambulance Services Committee

Uned Gomisiynu Cydweithredol Cenedlaethol • National Collaborative Commissioning Unit

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Alyson Thomas
Chief Executive
National Team
Llais

By email only

Date: 2 April 2024

Dear Alyson,

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

Thank you for your time yesterday when we were able to meet to discuss the current position and next steps of the EMRTS Service Review.

Thank you for confirming receipt of my recent letter responding to Llais' representations and for confirming the key matters on which you require further information for Llais; namely the decision-making process timeline and the detail around Recommendation 4 of the Review's proposed recommendations.

I was grateful of the opportunity to confirm 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.


I trust you find the extension of the timeline provides an opportunity for thorough consideration of representations made by Llais and is a helpful assurance.

In respect of the detail for Recommendation 4 within the Review, I can confirm that further detail has been worked on since the recommendations went to the EAS Committee meeting on 19 March and I will be in touch within the next week where I will be able to share more about what this bespoke service could like, however as I explained in our meeting, this is subject to further detailed work and engagement. We are keen that there is sufficient information about R4 to enable a meaningful engagement conversation and would welcome your comments on this in due course. I would anticipate that this work and engagement would take a couple of months before going back to the Joint Commissioning Committee for final approval – possibly by the start of autumn.

I trust this letter is helpful assurance on these two key matters.

As always, I am grateful for your time and advice as we have stepped through this process and I am keen to ensure we maintain this, recognising that this work is likely to continue in the coming weeks and months.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Stephen HARRY'.

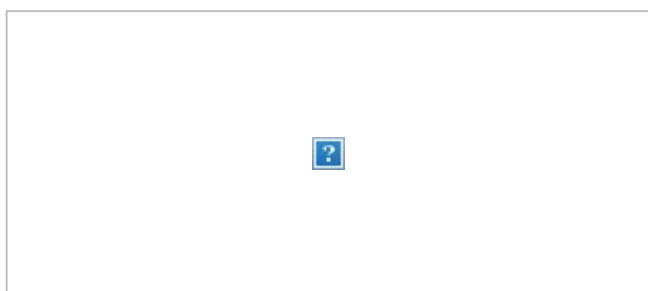
Stephen HARRY
Chief Ambulance Services Commissioner

From: [Angela Mutlow](#)
To: [Emergency Ambulance Services Committee](#)
Cc: [Lee Leyshon \(CTM UHB - EASC and NCCU\)](#); [Stephen Harrhy \(CTM UHB - Corporate Development\)](#); [Alyson Thomas](#)
Subject: RE: EMRTS Service Review letter
Date: 02 April 2024 13:42:28
Attachments: [image001.png](#)
[image003.png](#)
[image005.png](#)
[image006.png](#)

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Many thanks



Angela Mutlow (She/Her)

Cyfarwyddwr Strategol
Gweithrediadau a Gwasanaethau
Corfforaethol
Strategic Director of Operations
and Corporate Services

Tîm Cenedlaethol - National Team

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Sylwch: Os cewch e-bost gennyf y tu allan i oriau arferol, mae hynny oherwydd fy mod yn ei anfon ar amser sy'n gyfleus i mi. Nid wyf yn disgwyl ichi ddarllen nac ateb tan eich oriau swyddfa arferol.

Please Note: If you get an email from me outside normal hours it is because I am sending it at a time convenient to me. I don't expect you to read or reply until your normal office hours.

Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth. Os ydych yn dymuno cyfathrebu ymhellach yn Gymraeg, rhowch inni of gwelwch yn dda.

If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence. If you wish to correspond further in Welsh please let me know.

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From: Emergency Ambulance Services Committee <CTM_CASC_EASC@wales.nhs.uk>
Sent: Tuesday, April 2, 2024 1:33 PM
To: Angela Mutlow <Angela.Mutlow@llaiscymru.org>
Cc: Lee Leyshon (CTM UHB - EASC and NCCU) <Lee.Leyshon@wales.nhs.uk>; Stephen Harrhy

(CTM UHB - Corporate Development) <Stephen.Harrhy@wales.nhs.uk>; Alyson Thomas
<alyson.thomas@llaescymru.org>; Emergency Ambulance Services Committee
<CTM_CASC_EASC@wales.nhs.uk>

Subject: EMRTS Service Review letter

Hi Angela, please find the attached letter from Stephen.

I hope this is helpful.

Kind regards,
Matt

Matthew Edwards

Pennaeth Comisiynu a Pherfformiad · Head of Commissioning and Performance
Pwyllgor Gwasanaethau Ambiwlans Brys · Emergency Ambulance Services Committee
Uned Gomisiynu Cydweithredol Cenedlaethol · National Collaborative Commissioning Unit

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A wnewch chi ystyried yr amgylchedd cyn argraffu'r neges hon
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Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg.
Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.

You are welcome to correspond with the health board in Welsh or English. We will respond accordingly and this will not delay the response.

Dolen gyswllt at ymwadiad Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
- <https://bipctm.gig.cymru/defnydd-or-wefan/ymwadiad-e-bost>

Link to Cwm Taf Morgannwg Health Board email disclaimer -
<https://ctmuhb.nhs.wales/use-of-site/email-disclaimer>

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***Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yw enw**
gweithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg

****Cwm Taf Morgannwg Health Board is the operational name of
Cwm Taf Morgannwg University Local Health Board***

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 Harrhy \(CTM UHB - Corporate Development\)](#); [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

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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, appearing to read "Smtham".

Stephen Harrhy
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.

From: [Angela Mutlow](#)
To: [Matthew Edwards \(CTM UHB - NCCU - Emergency Ambulance Services Team\)](#); [Alyson Thomas](#)
Cc: [JCC Commissioning – Ambulance Services](#); [Emergency Ambulance Services Committee](#); [Stephen Harrhy \(CTM UHB - Corporate Development\)](#); [Gwenan Roberts \(CTM UHB - NCCU Corporate\)](#); [Lee Leyshon \(CTM UHB - EASC and NCCU\)](#)
Subject: RE: EMRTS Service Review letter
Date: 04 April 2024 13:37:05
Attachments: [image001.png](#)
[image003.png](#)

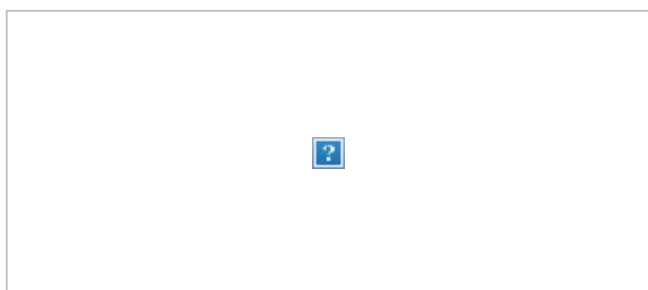
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Hi

Many thanks for your letter.

We will discuss the contents and will come back to you with any further questions.

Many thanks



Angela Mutlow (She/Her)

Cyfarwyddwr Strategol
Gweithrediadau a Gwasanaethau
Corfforaethol
Strategic Director of Operations
and Corporate Services

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Sylwch: Os cewch e-bost gennyf y tu allan i oriau arferol, mae hynny oherwydd fy mod yn ei anfon ar amser sy'n gyfleus i mi. Nid wyf yn disgwyl ichi ddarllen nac ateb tan eich oriau swyddfa arferol.

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Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth. Os ydych yn dymuno cyfathrebu ymhellach yn Gymraeg, rhowch inni of gwelwch yn dda.

If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence. If you wish to correspond further in Welsh please let me know.

Mae manylion ein hysbyseb preifatrwydd ar gael ar ein gwefen www.llaiscymru.org/
Details of our privacy notice are available on our website www.llaiswales.org/

From: Matthew Edwards (CTM UHB - NCCU - Emergency Ambulance Services Team)
<Matthew.Edwards@wales.nhs.uk>
Sent: Thursday, April 4, 2024 1:30 PM
To: Alyson Thomas <alyson.thomas@llaiscymru.org>; Angela Mutlow
<Angela.Mutlow@llaiscymru.org>
Cc: JCC Commissioning – Ambulance Services <nwjccasc@wales.nhs.uk>; Emergency Ambulance Services Committee <CTM_CASC_EASC@wales.nhs.uk>; Stephen Harrhy (CTM UHB - Corporate Development) <Stephen.Harrhy@wales.nhs.uk>; Gwenan Roberts (CTM UHB - NCCU Corporate) <Gwenan.Roberts@wales.nhs.uk>; Lee Leyshon (CTM UHB - EASC and NCCU) <Lee.Leyshon@wales.nhs.uk>
Subject: EMRTS Service Review letter

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
Cydd-bwyllgor Comisiynu GIG Cymru · NHS Wales Joint Commissioning Committee

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Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.

You are welcome to correspond with the health board in Welsh or English. We will respond accordingly and this will not delay the response.

Dolen gyswllt at ymwadiad Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
- <https://bipctm.gig.cymru/defnydd-or-wefan/ymwadiad-e-bost>

Link to Cwm Taf Morgannwg Health Board email disclaimer -
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***Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg**
***Cwm Taf Morgannwg Health Board is the operational name of Cwm Taf Morgannwg University Local Health Board**

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

Following the engagement phase – further questions have been raised:	CASC Response
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

Following the engagement phase – further questions have been raised:	CASC Response
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

Following the engagement phase – further questions have been raised:	CASC Response
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



Chief Ambulance Services Commissioners Report

Emergency Medical and Retrieval Service - Service Review

Supporting Document 3 Picker Report



Emergency Medical Retrieval and Transfer Service Review

Public Engagement Survey

Date: August 2023

Author: Sarah Gunn

picker.org

Picker

Picker is a leading international health and social care charity. We carry out research to understand individuals' needs and their experiences of care. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

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Background

A potential opportunity for a service development for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) was considered at the meeting of the Emergency Ambulance Services Committee (EASC) Joint Committee (consisting of health board Chief Executives) on 6 September 2022. At the meeting Members agreed that additional scrutiny would be undertaken in several key areas.

Given the above requirements and the challenges raised both by Committee members, members of the public, politicians, Llais members (the operational name of the Citizen Voice Body, formerly Community Health Councils, CHCs), and community groups; and to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team undertook to begin the process of undertaking this EMRTS Service Review afresh.

An impartial and objective scrutiny process is being led by the Chief Ambulance Services Commissioner and the team. This is independent of the assumptions and modelling included within the proposal, this is the “EMRTS Service Review”.

The intention is that the approach of undertaking analysis afresh and undertaking formal public engagement will enable the views and concerns of stakeholders to be understood, to agree the rules to be followed when developing options and to agree what is important when comparing different options as part of an open, transparent and robust process. The process is to explore and maximise the additional activity that could be achieved from existing bases and explore options to reconfigure the service.

The EMRTS Service Review was approached in two ways:

1. Face to face and online engagement sessions, led by the Chief Ambulance Services Commissioner and his team at EASC. These comprised:
 - Face to face drop in sessions
 - Face to face public meetings
 - Online public meetings.
2. Picker was commissioned to host, collate, and analyse the questionnaire response comprising:
 - Online survey
 - Hard copy survey data entry (via freepost)
 - Co-ordinate representative sample responses (online)

Picker is the external supplier secured to undertake the second part as detailed above to complement the engagement activities delivered by the EASC team. Picker’s remit was to provide an expert review, host an online survey, and provide a representative view of public perceptions on what constitutes high quality care. This report details the feedback collated and analysed by Picker and does not include the feedback gathered by the Commissioner and the EASC team at the engagement sessions held throughout Wales. Other than commissioning Picker, the EASC team has not been involved in the work done by Picker (data collection or analysis from online and hard copy responses).

Key findings summary

Information about the Emergency Medical Retrieval and Transfer Service Review

24% had heard about the Emergency Medical Retrieval and Transfer Service review from other information sources such as social media, news channels or other online content.

8% had visited the Emergency Ambulance Services Committee website and reviewed information on the Emergency Medical Retrieval and Transfer Service review.

5% of respondents attended one or more of the Emergency Medical Retrieval and Transfer Service review engagement events.

Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

Respondents were most likely to agree with the following priority statements:

95% agreed an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason.

95% agreed if services change, there should be good training and support available for staff to make the best use of their advanced skills.

91% agreed everyone in Wales should have equal access to the service.

90% agreed before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

The three top priority statements¹ selected by respondents were:

- 1.** Everyone in Wales should have equal access to the service (61%)
- 2.** The service should be structured to treat as many people as possible (49%)
- 3.** Before any change happens, there must be a plan for the service to support patients to the same standard as it does today (46%)

¹ The phrasing reflects the wording of the online questionnaire, in which definitions were not given and was open to interpretation by respondents. The EASC are resolute that any changes arising will be additionality of provision and not erosion of service.

Methodology

Overall engagement approach

The planned engagement approach is based on 3 key activity phases (Table 1).

Table 1. Engagement approach summary

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.	March-June 2023
2	Share (We are doing...)	Outline of Options developed from Phase 1 to explain Options going forward to EASC for decision and for public comment in advance of EASC final decision.	Autumn 2023

The work done by Picker forms part of Phase 1 that has focussed on ‘listening’ to comments, queries and gathering of feedback on how to develop options to further improve the air ambulance service in Wales.

Questionnaire development

The survey was designed collaboratively between Picker and the Emergency Ambulance Services Committee. The survey was designed to understand the public perspectives on three key areas:

- Information about the Emergency Medical Retrieval and Transfer Service Review.
- Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service.
- Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

The survey was available in English and Welsh (Appendix 1).

Survey fieldwork

The survey used multiple methods of data collection throughout fieldwork (Table 2).

Table 2. Response method count and proportion of total responses

Response method	Count	Proportion of total responses
YouGov panel survey	999	80%
Online survey	198	16%
Paper survey	53	4%
Total	1250	100%

Online survey

The survey was hosted on the third-party online survey portal Qualtrics. It was administered through an open link and QR code, distributed at public engagement events and available online via the EASC website. The online survey was available between 4 April 2023 and 16 June 2023. **The online survey received 198 responses.**

Paper survey

Paper surveys were distributed at public engagement events and returned to a data processing centre who actioned data entry of the responses. These responses were delivered to Picker and uploaded directly to the online survey platform. **The paper survey received 53 responses.**

YouGov Panel

The survey was conducted using an online survey administered to members of the YouGov Plc UK panel of 800,000+ individuals who have previously consented to take part in surveys.

Emails are sent to panellists selected at random from the base sample. The e-mail invites them to take part in a survey and provides a generic survey link. Once a panel member clicks on the link, they are directed to the online survey according to the sample definition and quotas. In this case, the sample definition was "Wales population", representative by geographical region and a quota set at 1000 respondents.

YouGov provided a data set of 1,001 responses, two were excluded as they did not meet the inclusion criteria due to geographical location. **The YouGov Panel received 999 responses.**

All collected data were aggregated into the same dataset. The combined data presented in this report provides a margin of error of $\pm 2.77\%$.

Analysis and reporting

Standard validation practices were used in the survey tool and on the data collected, in this and associated reports to improve representativeness. Practices are outlined below:

Questionnaire Routing

To improve respondent experience, routing was used in the online survey tool and YouGov Panel to ensure respondents were only shown questions that were relevant to them. For example, only respondents who indicated they had seen enough information when answering Q3: "Overall, do you feel like you have enough information to understand the reasons for the Emergency Medical Retrieval and Transfer Service Review" were directed to Q4: "Based on the information you have seen, do you disagree or agree that there is a need to review and improve the Emergency Medical Retrieval and Transfer Service?"

Data cleaning and validation

When the survey closed, the raw data were analysed and feedback that did not meet the inclusion criteria was removed. Criteria for inclusion involved at least 1 completed question from Q2 to Q9 of the survey.

Derived questions

Some questions were not applicable to all respondents but were not preceded by a filter/routing question. These questions have response options such as "Don't know / Can't say". Overall percentages in this report were calculated after removing these non-applicable respondents (Figure 1). This ensures that the reported data remains focussed on those respondents to whom the question applied or who could recall the details. These questions are indicated using a plus (+) symbol, e.g., Q2_1 becomes Q2_1+.

Figure 1. Derived question example (unweighted data)

Q2_1 I have attended one or more of the Emergency Medical Retrieval and Transfer Service Review engagement events			Q2_1+ I have attended one or more of the Emergency Medical Retrieval and Transfer Service Review engagement events		
Yes	97	8%	Yes	97	8%
No	1090	89%	No	1090	92%
Don't know	35	3%			
Total	1,222	100%	Total	1,187	100%

Weighted data

Weighting is a statistical technique in which data is assigned appropriate weights to groups to bring under or overrepresented groups in line with the population.

The responding sample is weighted to the profile of the sample definition to provide a representative reporting sample based on standard Wales demographics by geographic region. The profile is normally derived from census data or, if not available from the census, from industry accepted data. The data in this report has been weighted by region according to Office for National Statistics (ONS data).² The mapping of Unitary Authorities to regions can be found in Appendix 2, the regions are defined as per YouGov methods. To account for

² Mid-Year Population Estimates, UK, June 2020, Office for National Statistics
[<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>]

67 respondents who could not be mapped to a Welsh region due to insufficient information, 67 respondents were added to the total population prior to the proportional calculation.

Table 3. Population and response data with assigned weights

Region	Population No.	% of Wales population	Response no.	% of response	Weight	Weighted % of response
North Wales	703,361	22%	220	18%	1.260824	22%
Mid and West Wales	522,749	16%	343	27%	0.601031	16%
South Wales West	538,488	17%	183	15%	1.160444	17%
South Wales Central	377,168	12%	66	5%	2.253655	12%
Cardiff	369,202	12%	122	10%	1.193443	12%
South Wales East	658,618	21%	249	20%	1.043117	21%
Unknown	67	0%	67	5%	0.000392	0%
Total	3,169,653	100%	1250	100%	-	100%

Data presentation

Throughout this report, percentages have been rounded to zero decimal places. This means that sometimes the total for a single-response question can be just below or above 100%. The percentages reported in this survey represent the weighted data.

Throughout this report, we provided the unweighted number of respondents to each question indicated as n=(x), where x equals the number of respondents. Because responding to each question was not mandatory, the number of respondents to each question varies throughout the results.

Reporting note

Comments, questions and themes received separately as part of the EMRTS service review have been collated by the EASC Team. These will be included in the final communications of this public engagement, in conjunction with findings presented in this report by Picker.

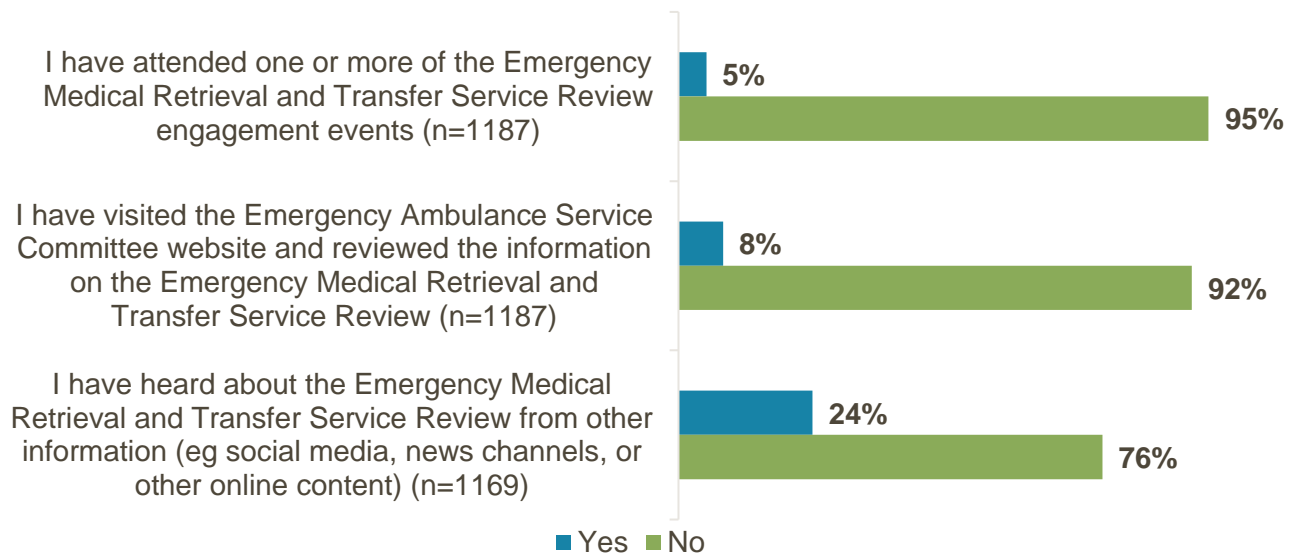
Survey results

Information about the Emergency Medical Retrieval and Transfer Service Review

The first section of the survey sought to understand the level of engagement and information the public has had with the EMRTS review. As shown in Figure 2:

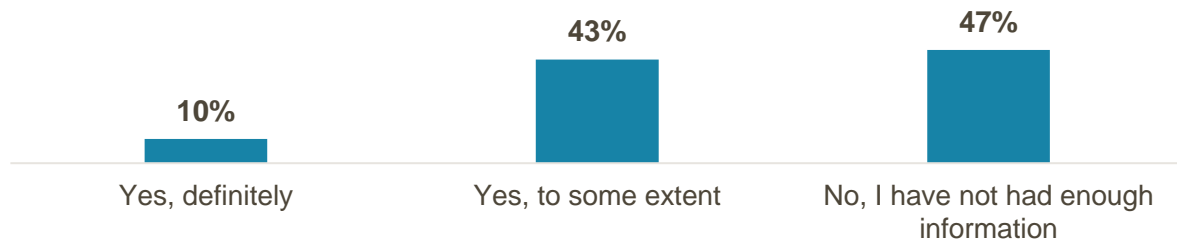
- 5% of respondents attended one or more of the EMRTS review engagement events (n=97)
- 8% had visited the EASC website and reviewed information on the EMRTS review (n=157)
- 24% had heard about the EMRTS review from other information such as social media, news channels or other online content (n=347)

Figure 2. Q2+ For each of the following statements, please select a response from the options below.



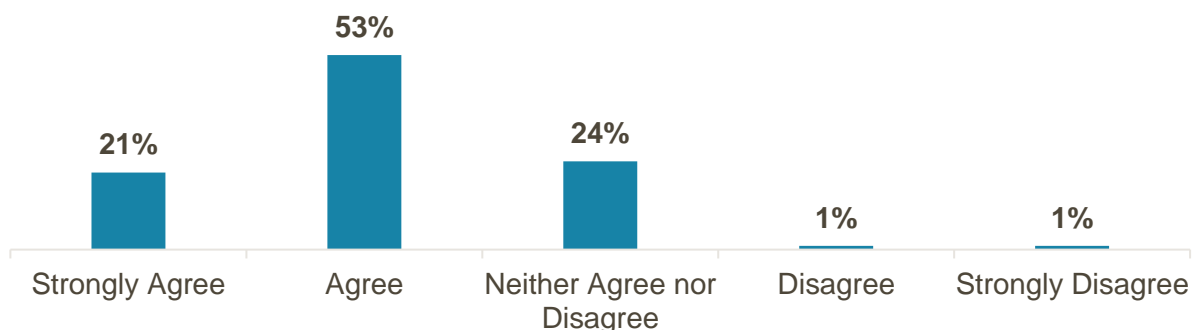
When asked whether respondents felt they have had enough information to understand the reasons for the EMRTS review (Figure 3), 10% said yes, definitely (n=95), 43% said yes, to some extent (n=348), while 47% said no, they have not had enough information (n=362).

Figure 3. Q3+ Overall, do you feel you have enough information to understand the reasons for the Emergency Medical Retrieval and Transfer Service Review? (n=805)



Almost three quarters of respondents (74%, n=383) agreed that based on the information they have seen, there is a need to review and improve the EMRTS. 24% neither agreed nor disagreed (n=120), while 2% disagreed there is a need to review and improve the service (n=12) (Figure 4Figure 5).

Figure 4. Q4+ Based on the information you have seen, do you disagree or agree that there is a need to review and improve the Emergency Medical Retrieval and Transfer Service? (n=515)



A free text question was posed to respondents to ask if there was any additional information that they would have found useful in relation to the EMRTS Review. A number of respondents felt they required more information:

“I have not seen any information about it so perhaps a way of information getting to households in Wales would be good.”

“Full data analysis of the reasoning behind the review and proposed changes.”

“An engagement document which clearly outlines what you want views on. The only thing I can find is a presentation which seems to assume the need for change rather than demonstrate this. There is also a lack of clarity over what you are asking for views on and insufficient information in the presentation [regarding] this.”

Respondents also detailed their concerns about the review, and emphasised how important the air ambulance service is to remote areas:

“Air ambulance support is needed in rural areas where travel to hospital is prohibitive due to the rurality and road network. some farms for example are remote and when patients are in need of emergency medical treatment, air ambulance is a life saver.”

“As a business owner in a potentially hazardous occupation operating in remote locations, I am concerned the re-structure will mean less availability in the areas I operate.”

“Need to understand why they would close the Welshpool area. We need cover in these rural areas.”

“How are you going to get to an emergency fast in rural mid-Wales if you remove the air ambulance from Welshpool? North Powys has a large network of poor rural roads and no A & E department which means it takes a considerable time to get from an emergency to hospital. At the moment our air ambulance can be at the scene of an accident in a very short time, but how much longer would it take from an airfield in North Wales?”

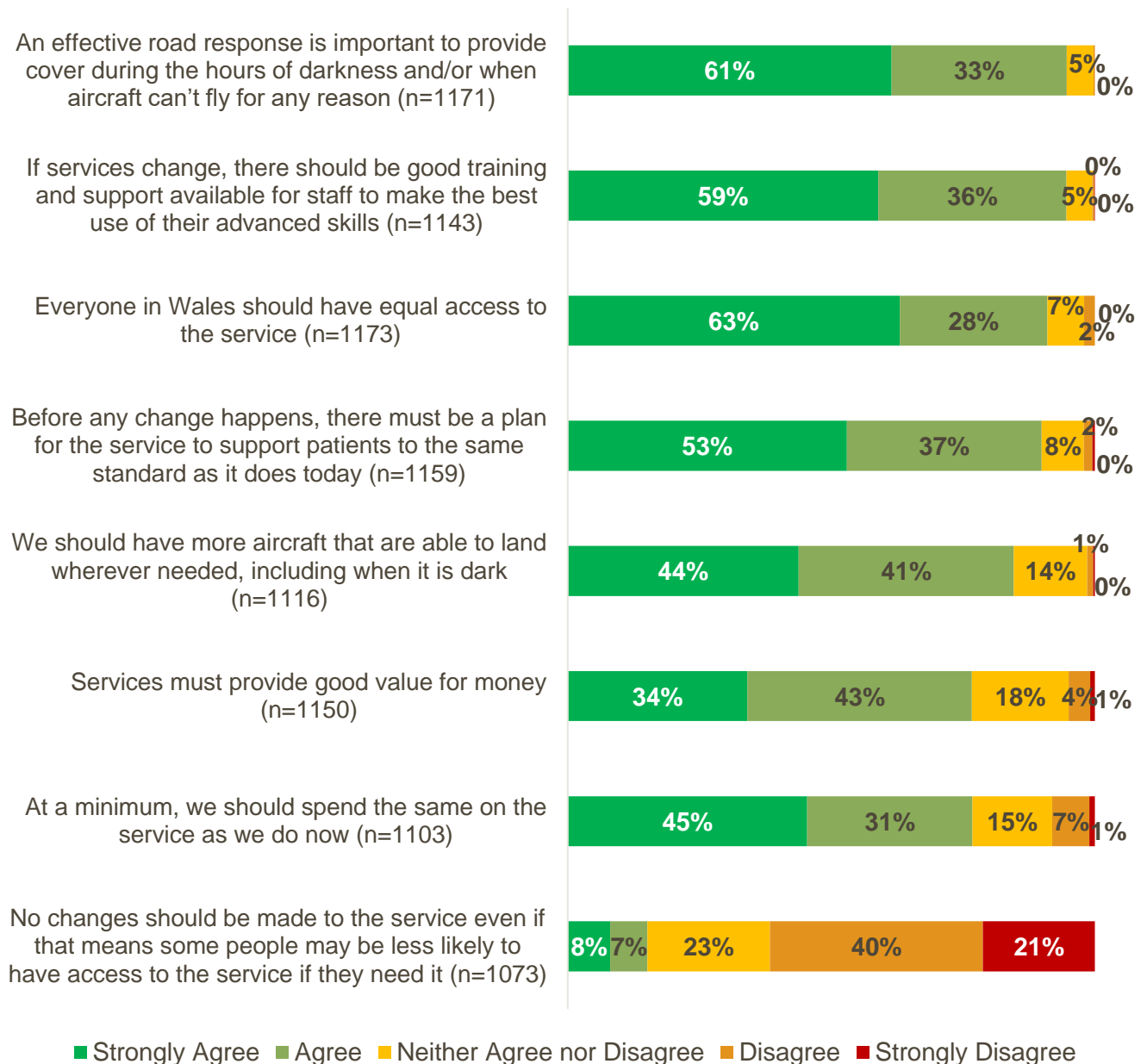
Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

To understand what is important to the Welsh Public when considering changes to the EMRTS, respondents were asked to what extent they agreed with priority statements developed by the Emergency Ambulance Services Committee.

As shown in Figure 5, Respondents were most likely to agree that:

- An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason (95%, n=1113)
- If services change, there should be good training and support available for staff to make the best use of their advanced skills (95%, n=1081)
- Everyone in Wales should have equal access to the service (91%, n=1067)
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today (90%, n=1051)

Figure 5. Q6 Please select the extent to which you agree with the following statements.



All respondents were asked whether they had any comments in relation to the priority statements presented in the survey. A number of respondents commented on the funding necessary for the service:

"All the priorities rely on funding, what's the contingency plan for a revenue shortfall."

"For me, care is paramount. Cost is secondary. Healthcare and emergency response times, literally make the difference between life and death. Which is more important than the 'cost' value."

"Having airborne transport that can land at night may make the cost untenable, but people's lives are priceless."

Several respondents highlighted the importance of the service for remote communities, and these communities need to be prioritised:

“Areas that are difficult to access by road should be prioritised such as rural over cities.”

“This service is critical to us as a rural farm community. We wouldn’t be able to get to hospital in the golden hour by road alone.”

“Prioritisation should be based on difficulty of access and time to get to the end location rather than ‘everyone has access’.”

“It is impossible to have equal access to all services for everyone in Wales unfortunately. That said we should consider that rural and coastal areas are vulnerable places and should be considered when looking to ensure emergency care.”

When asked if there were any other priorities that should be considered, respondents felt improvements could be made to medical emergency service and response across Wales and within hospitals:

“Improving average response times across Wales for all vehicles.”

“Improving land ambulance services especially when bed blocking compromises their job.”

“Keeping staff up skilled and using the most up to date medical equipment and upgrading vehicles when needed.”

“It’s not about people having fair access to the air ambulance, it’s about fair access to hospital in an emergency.”

“None of these things can be properly fixed in isolation- needs to be in conjunction with social care and hospitals.”

The source of funding was also raised, with respondents suggesting the Welsh Government provide funding for the air ambulance service:

“Management structure and the NHS in Wales FULLY funding the Air Ambulance as England does - it’s a travesty that it is currently funded by public donations while our Hospitals and Doctors are poorly run. Who is really receiving the money for the NHS in Wales and where is it being spent??”

“Maybe funding from the Welsh government should be considered for this vital service.”

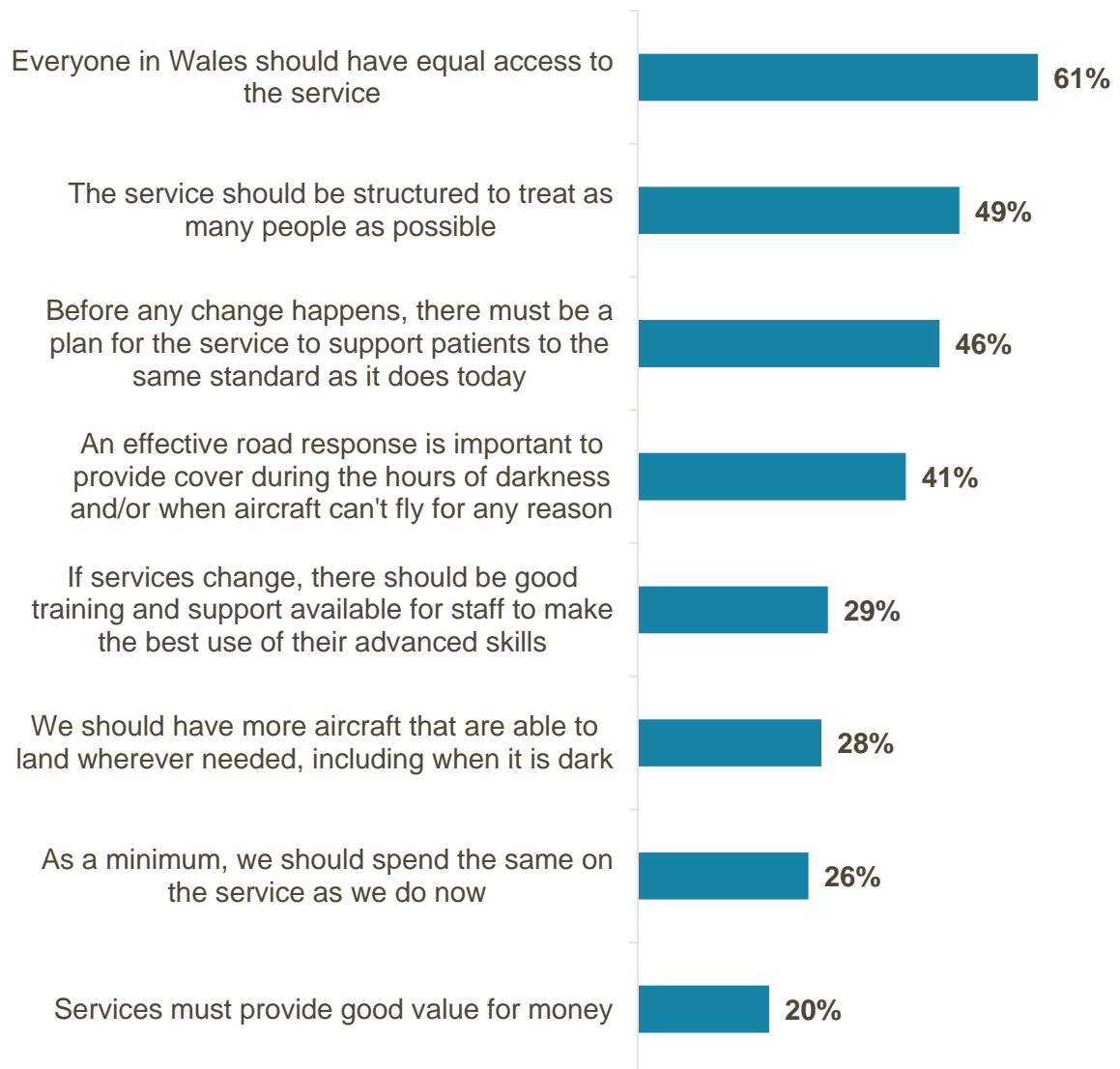
“Proper level of government funding to support this service.”

Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

Respondents to the survey were asked to rank priority statements from least important to most important when considering changes to the EMRTS. Figure 6 shows the percentage of respondents who ranked the priority from 1 to 3 (most important). The three top priority statements selected by respondents were:

- Everyone in Wales should have equal access to the service (61%, n=729)
- The service should be structured to treat as many people as possible (49%, n=568)
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today (46%, n=562)

Figure 6. Q9 Please rank the priorities below from most important to least important. 1 is most important and 8 is least important (n=1165)



Conclusions

This report represents the data collected and collected by Picker for the Emergency Medical Retrieval and Transfer Service Review where the Welsh public were invited to respond, to provide a representative view of public perceptions on what constitutes high quality care relating to the EMRTS. The survey data provides insight into the Welsh public's priorities for this service.

The most important priorities to the Welsh public when considering changes to the EMRTS service include:

- an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason;
- if services change, there should be good training and support available for staff to make the best use of their advanced skills;
- everyone in Wales should have equal access to the service
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- 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.

These findings highlight that strategic changes should ensure equity and equality of provision of care, with forethought for contingencies incorporated into the planning. These findings align with the EASC's overarching values and aims.

Appendix 1 – Picker survey

This is a replication of the survey as implemented online by Picker. English and Welsh versions could be selected, the English text is replicated first then the Welsh.



English (United Kingdom) ▼

Emergency Medical Retrieval and Transfer Service Review engagement survey.

The Emergency Ambulance Service Committee (EASC) is responsible for planning emergency ambulance services across Wales.

EASC is seeking feedback on the future development of the air ambulance service in Wales - a partnership between the Wales Air Ambulance Charity and the Emergency Medical Retrieval and Transfer Service (EMRTS).

Our goal is simple. We want as many people as possible to have access to potentially life saving air and rapid ambulance services, no matter where they live in Wales or when they need help. We want to make sure that the people who need it can have access to a service no matter where they live in Wales or when they need help. We know that this service saves lives, so we want to treat as many people as possible.

EASC is looking for feedback to make sure that when we are undertaking this Service Review, we are looking at the right things and that we understand what you think.

Your views are important to us and to the future development of the Service. Thank you for taking the time to complete this questionnaire, which should take around five minutes.



Emergency Medical Retrieval and Transfer Service Review engagement survey.

Information about the Emergency Medical Retrieval and Transfer Service review

Q1 From the list below, please select the group that best describes you?

- ☐ Member of the public in Wales
- ☐ Community group leader or representative
- ☐ Previous patient of EMRTS
- ☐ Media representative
- ☐ EMRTS member of staff
- ☐ Wales Air Ambulance Charity staff member or trustee
- ☐ NHS Wales Health board / Trust staff
- ☐ Elected political representative (local/regional/national)
- ☐ Community Health Council / Llais
- ☐ Other (please specify) _____

Q2 For each of the following statements, please select a response from the options below:

	Yes	No	Don't know
I have attended one or more of the Emergency Medical Retrieval and Transfer Service Review engagement events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have visited the Emergency Ambulance Service Committee website and reviewed the information on the Emergency Medical Retrieval and Transfer Service Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have heard about the Emergency Medical Retrieval and Transfer Service Review from other information (eg social media, news channels, or other online content)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 Overall, do you feel you have enough information to understand the reasons for the Emergency Medical Retrieval and Transfer Service Review?

- ☐ Yes, definitely (Go to Q4)
- ☐ Yes, to some extent (Go to Q4)
- ☐ No, I have not had enough information (Go to Q4)
- ☐ I have not seen any information about the review (Go to Q5)

Q4 Based on the information you have seen, do you disagree or agree that there is a need to review and improve the Emergency Medical Retrieval and Transfer Service?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don't know / can't say

Q5 Please let us know if there is any additional information that you would have found useful in relation to the Emergency Medical Retrieval and Transfer Service Review: (free text)

Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service.

The Emergency Ambulance Service Committee have developed a set of priority statements to support decision making when identifying any changes to be made to the Emergency Medical Retrieval and Transfer Service. Your responses to this section will support these statements to be grouped into factors so the most important priorities are identified when considering the options for service review.

Q6 Please select the extent to which you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
No changes should be made to the service even if that means some people may be less likely to have access to the service if they need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before any change happens, there must be a plan for the service to support patients to the same standard as it does today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Everyone in Wales should have equal access to the service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We should have more aircraft that are able to land wherever needed, including when it is dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If services change, there should be good training and support available for staff to make the best use of their advanced skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services must provide good value for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a minimum, we should spend the same on the service as we do now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 Do you have any comments in relation to the priorities listed in the previous question?
(Free text)

Q8 Are there any other priorities you think should be considered? (Free text)

Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

Q9 Please rank the priorities below from most important to least important. To rank the listed items, please drag and drop each item into order (1 being the most important and 8 being the least important)

- _____ 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
- _____ Everyone in Wales should have equal access to the service
- _____ An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason
- _____ We should have more aircraft that are able to land wherever needed, including when it is dark
- _____ If services change, there should be good training and support available for staff to make the best use of their advanced skills
- _____ Services must provide good value for money
- _____ As a minimum, we should spend the same on the service as we do now

About you

Whilst your feedback is anonymous, we ask for this information so we can consider local factors and understand more about who is responding to this engagement questionnaire.

Q10 Please enter the first part of your postcode e.g. LL21

Thank you for completing the survey. Your responses are extremely important to us. The Emergency Ambulance Service Committee needs the best available information to allow it to consider if any changes should be made to the Emergency Medical Retrieval and Transfer Service.

Your responses will be used alongside wider information that includes but is not limited to: air ambulance missions from previous years, weather predictions/patterns, and the regional difference in the population across Wales both permanent and seasonal.

If you would like further information about the Emergency Medical Retrieval and Transfer Service reviews and/or to provide further feedback, please use the following link to our website <https://easc.nhs.wales/engagement/sdp/>.



Cymraeg ▼

Arolwg Ymgysylltu Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (GCTMB).

Mae Pwyllgor y Gwasanaethau Ambwlans Brys (PGAB) yn gyfrifol am gynllunio gwasanaethau ambwlans brys ledled Cymru.

Mae'r PGAB yn ceisio adborth ar ddatblygiad y gwasanaeth ambwlans awyr yng Nghymru yn y dyfodol - partneriaeth rhwng Elusen Ambwlans Awyr Cymru a'r GCTMB.

Mae ein nod yn syml. Rydym am i gynifer o bobl â phosibl gael mynediad at wasanaethau awyr a gwasanaethau ambwlans cyflym a allai achub bywydau, ni waeth ble y maent yn byw yng Nghymru neu pan fydd angen cymorth arnynt. Gwyddom fod y gwasanaeth hwn yn achub bywydau, felly rydym am drin cymaint o bobl â phosibl.

Mae'r PGAB yn chwilio am adborth i wneud yn siŵr, pan fyddwn yn cynnal yr Adolygiad Gwasanaeth hwn, ein bod yn edrych ar y pethau cywir a'n bod yn deall eich barn.

Mae eich barn yn bwysig i ni ac i ddatblygiad y Gwasanaeth yn y dyfodol. Diolch am gymryd yr amser i gwblhau'r holiadur hwn, a ddylai gymryd tua phum munud.



Gwybodaeth am Adolygiad y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (GCTMB)

Q1 O'r rhestr isod, dewiswch y grŵp sy'n eich disgrifio chi orau

- ☐ Aelod o'r cyhoedd yng Nghymru
- ☐ Arweinydd neu gynrychiolydd grŵp cymunedol
- ☐ Claf blaenorol GCTMB
- ☐ Cynrychiolydd y cyfryngau
- ☐ Aelod o staff GCTMB
- ☐ Aelod o staff neu ymddiriedolwr Elusen Ambiwylans Awyr Cymru
- ☐ Staff bwrdd iechyd / Ymddiriedolaeth GIG Cymru
- ☐ Cynrychiolydd gwleidyddol etholedig (lleol/rhanbarthol/cenedlaethol)
- ☐ Cyngor Iechyd Cymuned / Llais
- ☐ Arall _____

Q2 Ar gyfer pob un o'r datganiadau canlynol, dewiswch ymateb o'r opsiynau isod

	Ie	Na	Ddim yn gwybod
Rwyf wedi mynychu un neu fwy o ddigwyddiadau ymgysylltu Adolygiad Gwasanaeth Casglu a Throsglwyddo Meddygol Brys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rwyf wedi ymweld â gwefan/ Pwyllgor y Gwasanaethau Ambiwylans Brys ac wedi adolygu'r wybodaeth am yr Adolygiad o'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rwyf wedi clywed am yr Adolygiad Gwasanaeth Casglu a Throsglwyddo Meddygol Brys o wybodaeth arall (e.e. cyfryngau cymdeithasol, sianeli newyddion, neu gynnwys ar-lein arall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 Yn gyffredinol, a ydych yn teimlo bod gennych ddigon o wybodaeth i ddeall y rhesymau dros yr Adolygiad o'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys?

- ☐ Ydw, yn bendant
- ☐ Ydw, i ryw raddau
- ☐ Nac ydw, nid wyf wedi cael digon o wybodaeth
- ☐ Nid wyf wedi gweld unrhyw wybodaeth am yr adolygiad

Display This Question:

If Overall, do you feel you have enough information to understand the reasons for the Emergency Medi... = Yes, definitely

And Overall, do you feel you have enough information to understand the reasons for the Emergency Medi... = Yes, to some extent

And Overall, do you feel you have enough information to understand the reasons for the Emergency Medi... = No, I have not had enough information

Q4 Ar sail y wybodaeth a welsoch, a ydych yn anghytuno neu'n cytuno bod angen adolygu a gwella'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys?

- ☐ Cytuno'n Gryf
- ☐ Cytuno
- ☐ Ddim yn Cytuno nac yn Anghytuno
- ☐ Anghytuno
- ☐ Anghytuno'n Gryf
- ☐ Ddim yn gwybod / Methu â dweud

Q5 Rhowch wybod i ni os oes unrhyw wybodaeth ychwanegol y byddech wedi'i chael yn ddefnyddiol mewn perthynas â'r Adolygiad o'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys:

Deall yr hyn sy'n bwysig wrth ystyried newidiadau i'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys.

Mae Pwyllgor y Gwasanaethau Ambiwlans Brys wedi datblygu set o ddatganiadau blaenoriaeth i gefnogi gwneud penderfyniadau wrth nodi unrhyw newidiadau i'w gwneud i'r

Gwasanaeth Casglu a Throsglwyddo Meddygol Brys. Bydd eich ymatebion i'r adran hon yn cefnogi grwpio'r datganiadau hyn yn ffactorau fel bod y blaenoriaethau pwysicaf yn cael eu nodi wrth ystyried yr opsiynau ar gyfer adolygu gwasanaethau.

Q6 Dewiswch i ba raddau yr ydych yn cytuno â'r datganiadau canlynol:

	Cytuno'n Gryf	Cytuno	Ddim yn Cytuno nac yn Anghytuno	Anghytuno	Anghytuno'n Gryf
Ni ddylid gwneud unrhyw newidiadau i'r gwasanaeth hyd yn oed os yw hynny'n golygu y gallai rhai pobl fod yn llai tebygol o gael mynediad at y gwasanaeth os oes ei angen arnynt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyn i unrhyw newid ddigwydd, rhaid cael cynllun i'r gwasanaeth gefnogi cleifion i'r un safon ag y mae heddiw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dylai pawb yng Nghymru gael mynediad cyfartal at y gwasanaeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae ymateb ffordd effeithiol yn bwysig er mwyn darparu gwasanaeth yn ystod oriau tywyllwch a/neu pan na all awyrennau hedfan am unrhyw reswm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dylem gael mwy o awyrennau sy'n gallu glanio lle bynnag y bo angen, gan gynnwys pan fydd hi'n dywyll	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os bydd gwasanaethau'n newid, dylai fod hyfforddiant a chymorth da ar gael i staff wneud y defnydd gorau o'u sgiliau uwch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rhaid i wasanaethau ddarparu gwerth da am arian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fel isafswm, dylem wario'r un faint ar y gwasanaeth ag yr ydym yn ei wneud yn awr

☐ ☐ ☐ ☐ ☐

Q7 A oes gennych unrhyw sylwadau mewn perthynas â'r blaenoriaethau uchod

Q8 A oes unrhyw flaenoriaethau eraill y credwch y dylid eu hystyried

Blaenoriaethu'r hyn sy'n bwysig wrth ystyried newidiadau i'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys

Q9 Rhestrwch y blaenoriaethau isod o'r pwysicaf i'r lleiaf pwysig.

I raddio'r eitemau a restrir, llusgwch a gollwng pob eitem yn eu trefn (1 yw'r pwysicaf ac 8 yw'r lleiaf pwysig)

- _____ Dylai'r gwasanaeth gael ei strwythuro i drin cymaint o bobl â phosibl
- _____ Cyn i unrhyw newid ddigwydd, rhaid cael cynllun i'r gwasanaeth gefnogi cleifion i'r un safon ag y mae heddiw
- _____ Dylai pawb yng Nghymru gael mynediad cyfartal at y gwasanaeth
- _____ Mae ymateb ffordd effeithiol yn bwysig er mwyn darparu gwasanaeth yn ystod oriau tywyllwch a/neu pan na all awyrennau hedfan am unrhyw reswm
- _____ Dylem gael mwy o awyrennau sy'n gallu glanio lle bynnag y bo angen, gan gynnwys pan fydd hi'n dywyll
- _____ Os bydd gwasanaethau'n newid, dylai fod hyfforddiant a chymorth da ar gael i staff wneud y defnydd gorau o'u sgiliau uwch
- _____ Rhaid i wasanaethau ddarparu gwerth da am arian
- _____ Fel isafswm, dylem wario'r un faint ar y gwasanaeth ag yr ydym yn ei wneud yn awr

Amdanoch chi

Er bod eich adborth yn ddienw, gofynnwn am y wybodaeth hon fel y gallwn ystyried ffactorau lleol a deall mwy am bwy sy'n ymateb i'r holiadur ymgysylltu hwn.

Q10 Rhowch ran gyntaf eich cod post e.e. LL21

Diolch am gwblhau'r arolwg. Mae eich ymatebion yn hynod o bwysig i ni. Mae angen y wybodaeth orau sydd ar gael ar Bwyllgor Gwasanaethau Ambiwlans Brys i'w alluogi i ystyried a ddylid gwneud unrhyw newidiadau i'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys.


Bydd eich ymatebion yn cael eu defnyddio ochr yn ochr â gwybodaeth ehangach sy'n cynnwys, ond heb fod yn gyfyngedig i: deithiau ambiwlans awyr o flynyddoedd blaenorol, rhagolygon/patrymau tywydd, a'r gwahaniaeth rhanbarthol yn y boblogaeth ar draws Cymru yn barhaol ac yn dymhorol.

Os hoffech ragor o wybodaeth am adolygiadau'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys a/neu roi adborth pellach, defnyddiwch y ddolen ganlynol i'n gwefan <https://pgab.gig.cymru/ymgysylltu/agg/>.

Appendix 2 – Regions and Unitary Authorities

Mapping of Unitary Authorities to regions as defined by YouGov for their regional omnibus (<https://business.yougov.com/product/realtime/regional-omnibus>).

Region	Unitary Authority
North Wales	Isle of Anglesey
	Gwynedd
	Conwy
	Denbighshire
	Flintshire
	Wrexham
Mid and West Wales	Powys
	Ceredigion
	Pembrokeshire
	Carmarthenshire
South Wales West	Swansea
	Neath Port Talbot
	Bridgend
South Wales Central	Vale of Glamorgan
	Rhondda Cynon Taf
Cardiff	Cardiff
South Wales East	Merthyr Tydfil
	Caerphilly
	Blaenau Gwent
	Torfaen
	Monmouthshire
	Newport



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www.easc.nhs.wales



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee



Uned Gomisiynu Gydweithredol Genedlaethol

**GWASANAETHAU DIGIDOL
DIGITAL SERVICES**

National Collaborative Commissioning Unit

Equality Impact Assessment Tool EASC EMRTS Service Review

EMRTS SERVICE REVIEW – FINAL REPORT

This EIA builds on the previous iterations during Phases 1, 2 and 3 of the formal engagement processes held during 2023 and 2024.

Section 1 – Preparation		
1.	<p>Title of service</p> <p>-</p> <p>EMRTS Service Review Final Report</p>	<p>Emergency Ambulance Services Committee (EASC) Service Review of the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) who are commissioned to provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility.</p> <p>It is important to note that the way patients receive the EMRTS Service will not change (from the current position) – this is a specialist emergency pre hospital critical care all Wales service which is provided by bringing expertise to the patient wherever the incident occurs. The service is accessed by ringing 999 for the ambulance, the call is screened and the appropriate emergency response is provided depending on clinical need.</p> <p>The EMRTS Service Review, led by the Chief Ambulance Services Commissioner was commissioned by EASC in December 2022 following receipt of the EMRTS Service Development Proposal which was presented to EASC on 8 November 2022. Members of EASC asked for additional scrutiny which led to the EMRTS Service Review.</p> <p>The (then) Community Health Councils in Wales requested that an 8 week formal engagement process should take place to allow opportunity for the public to engage with the work.</p> <p>This EIA updates the previous iteration developed for Phases 1, 2 and 3 of public engagement and are attached for ease of reference.</p>

Section 1 – Preparation

Phases of engagement

Phase 0 – October 2022 to March 2023

This was a pre engagement phase to aid understanding and create optimal conditions for engagement dialogue.

Phase 1 – March - June 2023 (14 weeks) (now working with Llais) The engagement (you are telling us) was to gather feedback on factors, weightings and other suggestions to inform the options to be developed.



Equality Impact
Assessment - EASC E1

Phase 2 – October 2023 – December 2023 (5 weeks)

This was about sharing (what we are doing) outlining the options developed from Phase 1 feedback, seeking public and stakeholder comments on options developed, before recommended option going forward to EASC for decision.



Final Equality Impact
Assessment - EASC E1

Phase 3 – 1 to 29 February 2024 (4 weeks)

Seeking views on the six options shortlisted and evaluated in the Options Appraisal Workshop and allowing the public to comment on the two shortlisted options – Options A and B. It also included the additional actions that had been identified to address the public feedback received from Phase 1 and 2.



Final Equality Impact
Assessment - EASC E1

In summary

- 23 weeks of formal engagement was undertaken
- 45 engagement sessions
- more than 1000 engagement session attendances
- more than 2,500 responses submitted via all feedback routes.

Update reports have been provided to every meeting of the Emergency Ambulance Services Committee

<https://easc.nhs.wales/the-committee/meetings-and-papers/>

Section 1 – Preparation

The Joint Committee of all health boards in Wales agreed to a phased approach to the work to develop the EMRTS Service Review, led by the Chief Ambulance Services Commissioner. The EIA for the Phase 3 engagement which followed the Phase 2 Chief Ambulance Services Commissioner's Report that set out the developed Options based on the feedback from the first phase of engagement that took place between March and June 2023. It was a summary overview document of the work undertaken and was accompanied by several detailed factual and technical documents that provided further information, all of which remain available on the EASC website.

A report was also commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov. The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care (further information included in section 7).

Phase 2 engagement continued in listening to the public and stakeholders of the public engagement in October and November 2023 where developed options were shared from what was heard in Phase 1. Both EMRTS staff and the Wales Air Ambulance Charity (WAAC) were stakeholders in this Review and their feedback has been considered within the process alongside all feedback received.

Phase 2 gathered more feedback on the options that were developed to further improve the air ambulance service in Wales, and this had been considered alongside taking each option through the agreed evaluation framework in an Options Appraisal Workshop.

The Options Appraisal Workshop took place on 12 January 2024 and involved representatives from Health Boards and NHS Trusts in Wales. This resulted in a short list of two options that included a preferred option and the Phase 3 engagement aimed to gather feedback from the public in line with the previous approach.

Section 1 – Preparation

Options Workshop – identified Six Shortlisted options

Short List Option No.	Option
-	Do Nothing – Baseline
1	2A) Welshpool 1400-0200. Change the Welshpool shift to 14:00 - 02:00 hours.
2	2B) Caernarfon 1400-0200. Change the Caernarfon shift to 14:00 - 02:00 hours.
3	3D) North Central Wales near A55 0800-2000 + 1400-0200. Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 and change the shift timings to 08:00 - 20:00 and 14:00 - 02:00.
4	4C) Improve 3D, adding car shift 2000-0800 in Wrexham.
5	5C) Improve the baseline, adding car shift 2000-0800 in Caernarfon.
6	6C) Improve 2B, adding car shift 2000-0800 in North Central Wales near A55.

Best scoring Options were 3 & 4 which in phase 3 are referred to as Option A and B within the Phase 3 documentation.

Short List Option Ref No.	Option Description	Final Option Ref:
3	3D) North Central Wales near A55 0800-2000 + 1400-0200. Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 and change the shift timings to 08:00 - 20:00 and 14:00 - 02:00.	Option A
4	4C) Improve 3D (above), adding car shift 2000-0800 in Wrexham.	Option B

Phase 3 engagement asked for comments on the six options shortlisted, the two highest scoring options, and feedback about the process.

CASC Response to Phase 3 Engagement

Each week a snapshot report was developed for EASC Members, which was shared with Llais and also the communication, engagement and service change leads in health boards. Each week, information was provided within a PowerBI in order than information could be examined by each health board. A summary was also provided of any engagements undertaken by the Chief Ambulance Services Commissioner.

Email attached of weekly emails sent to EASC members and health boards



Weekly emails sent to EASC members and health boards

Section 1 – Preparation

Composite PowerBI report attached of all feedback received



Phase 3 Composite
Feedback.pdf

Summary of all engagement carried out in Phase 3 by the Chief Ambulance Services Commissioner



Chief Ambulance
Services Commissioner

Summary of Phase 3 - overall 568 responses

Feedback was received in a number of ways – all feedback was considered equally important no matter which way it was submitted:



- the online questionnaire
- completed questionnaire emailed to EASCServicereviewqueries@Wales.nhs.uk
- hard copy questionnaire received at the National Collaborative Commissioning Unit
- telephone messages
- online query form from the EASC website (SDP query)
<https://easc.nhs.wales/engagement/sdp/>
- direct emails to the EASCServicereviewqueries@Wales.nhs.uk
- Letters
- Online questionnaire - easy read version
- a completed easy read questionnaire emailed to
EASCServicereviewqueries@Wales.nhs.uk

Consistent feedback was received in Phase 3 (as with Phases 1 & 2) concerns included opposition to closing bases, closing services, distance from hospitals, would lead to a loss of lives, impact on Charity donations, timely treatment affected, whether decision already made, no consideration for rural areas, hazardous occupations, roads, accessibility and geography, quick ambulance response, personal stories emphasise life-saving impact – frustration, disappointment and plea to reconsider the proposal – particularly from the communities near to Caernarfon and Welshpool bases. Questions were also raised about the engagement process and the questionnaires.

It is evident from the public feedback in phase 3 that there were several common themes and concerns regarding the proposed changes to air ambulance services in Wales. Here are the key themes:

1. Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.

Section 1 – Preparation		
	<ol style="list-style-type: none"> 2. Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas. 3. Criticism of the proposed new location for air ambulance services and doubts about its effectiveness. 4. Belief of the impact on rural communities, aging populations, and workers in hazardous professions. 5. Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability. 6. Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure. 7. Emphasis on equitable access to pre-hospital critical care across all regions of Wales. 8. Calls for decision-makers to reconsider proposed options and prioritize the health and safety of residents. <p>These themes highlight the importance identified by the respondents to the need to address the needs of rural communities, ensuring timely access pre hospital critical care, and maintaining essential life-saving services across Wales.</p>	
	<p>Is this a new policy/service or a policy/service development?</p>	<p>EMRTS is an existing service which is clinically led and managed. EMRTS Cymru has been commissioned by the Emergency Ambulance Services Committee since 2015 and as part of their commissioning are required to meet specific commissioning intentions to review and improve services. The EASC EMRTS Service Review has scrutinised the:</p> <ul style="list-style-type: none"> • Geographical coverage • Rapid Response Vehicle Usage (RRV) • Utilisation (some bases are busier than others) • Unmet need (2-3 people a day would benefits from the EMRT Service but do not received one). <p>The Review has recommended that the service could be developed to provide EMRT services to more people if changes were made to bases. The final 4 recommendations are as follows:</p> <p>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.</p> <p>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.</p>

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		<p>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.</p> <p>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.</p>
2.	Service Aims and Brief Description	<p>EMRTS Cymru working with the Wales Air Ambulance Charity has been reviewing its service to comply with the Commissioning Intentions set by the Emergency Ambulance Services Committee</p> <p>The service aim is to:</p> <ul style="list-style-type: none"> provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility. <p>This highly specialist critical care service is about 0.7% of all 999 emergency calls to the Welsh Ambulance Services NHS Trust.</p> <p>The Service Development Proposal presented to EASC on 8 November 2022 identified opportunities to significantly improve services, although, this would involve closing two air bases and opening a new combined base in mid north Wales.</p> <p>The EASC agreed that more scrutiny was required and the EASC Team, led by the Chief Ambulance Services Commissioner were asked to scrutinise the work. This has led to the EASC Service Review of EMRTS.</p> <p>The EIA of the original service development proposal is added here:</p> <p> Equality Impact Assessment - EMRTS</p> <p>Mission Data for EMRTS Information from the EMRTS Annual Reports (below) https://emrts.nhs.wales/about-us/key-documents1/</p> <p> EMRTS Mission data from the annual report</p>

Section 1 – Preparation

Overview of the EMRTS Services – Annual Missions

	Male	Female	Paediatric	Median	Age Range
2015-2016	69%	31%	16%	47	0-97
2016-2017	70%	30%	27%	46	0-98
2017-2018	68%	32%	Not available	46	0-96
2018-2019	67%	33%	12%	45	0-97
2019-2020	66%	34%	12%	49	0-101
2020-2021	66%	34%	9%	Not available	Not available
2021-2022	68%	32%	14%	Not available	Not available
2022-2023	67%	33%	Not available	Not available	Not available

Patient incident location by Health Board

AB – Aneurin Bevan University Health Board; **BCU** – Betsi Cadwaladr University Health Board; **CV** – Cardiff and Vale University Health Board; **CTM** – Cwm Taf Morgannwg University Health Board; **HD** – Hywel Dda University Health Board; **ABM / SB** now Swansea Bay University Health Board (previously Abertawe Bro Morgannwg – which ended in 2019); **P** - Powys Teaching Health Board.

	AB	BCU	CV	CTM	HD	ABM/SB	P	England
2015-2016	10%	14%	7%	7%	18%	23%	19%	2%
2016-2017	12%	16%	6.5%	4.5%	19%	21%	19%	2%
2017-2018	10%	31%	8%	6%	15%	14%	15%	1%
2018-2019	13%	27%	13%	6%	15%	15%	10%	1%
2019-2020	13%	25%	14%	10%	14%	13%	9%	2%
2020-2021	19%	16%	19%	15%	11%	13%	6%	1%
2021-2022	18%	20%	19%	14%	13%	12%	6%	2%
2022-2023	20%	17%	17%	14%	13%	10%	7%	2%

Section 1 – Preparation

Patient destination by Health Board

AB – Aneurin Bevan University Health Board; **BCU** – Betsi Cadwaladr University Health Board; **CV** – Cardiff and Vale University Health Board; **CTM** – Cwm Taf Morgannwg University Health Board; **HD** – Hywel Dda University Health Board; **ABM / SB** now Swansea Bay University Health Board (previously Abertawe Bro Morgannwg – which ended in 2019); **P** - Powys Teaching Health Board.

	AB	BCU	CV	CTM	HD	ABM SB	P	NHS England	Left in community
2015-2016	6%	8%	21%	5%	9%	26%	1%	24%	19%
2016-2017	7%	8%	21%	4%	9%	28%	1%	22%	26%
2017-2018	6%	25%	16%	6%	9%	21%	<1	17%	23%
2018-2019	7%	21%	20%	6%	10%	19%	<1	17%	15%
2019-2020	4%	18%	24%	5%	7%	18%	<1	24%	29%
2020-2021	4%	18%	24%	5%	7%	18%	<1	24%	29%
2021-2022	7%	12%	38%	7%	7%	14%	1%	14%	32%
2022-2023	9%	12%	38%	7%	7%	11%	<1	16%	19%

Section 1 – Preparation

The table below shows the year age profile by bands/percent for 2019-2023 inclusive (Source – EMRTS Team mission information). Age profile per HB area attached at **Appendix 3**.

Age group	Percentage in age groups 2019-2023
0-4	6.3%
5-9	1.9%
10-14	3.0%
15-19	4.6%
20-24	5.2%
25-29	5.4%
30-34	5.6%
35-39	6.1%
40-44	5.8%
45-49	6.3%
50-54	7.3%
55-59	8.8%
60-64	8.0%
65-69	7.2%
70-74	6.1%
75-79	6.3%
80-84	3.6%
85-89	1.7%
90-94	0.6%
95-99	0.1%
Total	100.0%

Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics.

However, the main mission categories (as below) are:

- Road incidents: there is evidence that socio-economically deprived areas suffer more than affluent areas in terms of road incidents. Road traffic related injuries, particularly for child pedestrians, are among the greatest of all health inequalities, with much higher rates in children from families led by parents in unskilled employment or from deprived neighbourhoods (source: [EM template for sub leg \(senedd.wales\)](#))
- Cardiac arrest: the risk of cardiac arrest increases with age and is also associated with higher levels of deprivation
- Other trauma: this is a broad category including multiple trauma incidents and equality profiling information is not available
- Falls: the risk of falling increases with age and can be more common amongst those experiencing disabilities and health conditions associated with gait and mobility including neurological conditions.

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Types of incidents

Incidents attended include the following:

(Source: [Service Evaluation of the Emergency Medical Retrieval & Transfer Service \(EMRTS\) Cymru \(nhs.wales\)](#) page 20).

NATURE	2015*	2016	2017	2018	2019	2020*	TOTAL
ANIMAL RELATED INJURIES	9	12	12	10	16	2	61
BREATHING PROBLEMS	27	58	82	110	147	35	459
BURNS OR EXPLOSIONS	18	14	34	44	62	12	184
CARDIAC ARREST	172	240	272	411	509	163	1767
CARDIAC RELATED	34	50	69	60	66	8	287
DROWNING	7	13	16	21	25	7	89
FALLS	112	208	226	215	252	104	1117
OTHER MEDICAL	16	37	20	44	83	34	234
OTHER TRAUMA	122	220	254	341	382	112	1431
PENETRATING TRAUMA	17	47	47	58	69	39	277
PREGNANCY OR CHILDBIRTH RELATED	8	5	8	7	13	7	48
ROAD INCIDENTS	275	404	409	398	499	103	2088
SEIZURES	22	52	59	64	108	30	335
STROKE	5	11	13	8	19	3	59
TRANSFER	103	162	165	194	203	59	886
UNCONSCIOUS	36	66	126	148	180	74	630
TOTAL	983	1599	1812	2133	2633	792	9952

Table 2 Nature of incident (5 years)

Cases attended by category are also included in the Information from the EMRTS Annual Reports (below) <https://emrts.nhs.wales/about-us/key-documents1/>

Summary information setting out the demographic profile of the people of Wales based on 2021 census information is available from the NOMIS website: [2021 Census Profile for Wales](#).

Information at local authority level is also available from the NOMIS website and from the StatsWales website at [StatsWales Equality data](#).

Given that there is some evidence that mission categories attended by EMRTS may have a direct association with equality factors such as age, deprivation and disability, the EASC team co-ordinated engagement activity at a national level primarily through digital and stakeholder channels, and health boards were also asked to amplify this through their local channels with a particular focus on key audiences who may not have digital access. Materials were provided in a range of formats including easy read in order to increase opportunities for participation.

Section 1 – Preparation		
3.	Who Defines the Service? -	<p>The EASC EMRTS Service Review is being led by Stephen Harrhy, Chief Ambulance Services Commissioner on behalf of the Emergency Ambulance Services Committee. EASC also has an independent Chair, Dr Chris Turner.</p> <ul style="list-style-type: none"> • The national director for EMRTS Cymru is Professor David Lockey. • The Wales Air Ambulance Charity Chief Executive is Dr Sue Barnes. <p>Together, working in partnership the EMRTS Cymru service has developed to its current position.</p>
4.	Who is Involved in undertaking this EqIA?	<p>Gwenan Roberts, EASC Committee Secretary Stephen Harrhy, Chief Ambulance Services Commissioner Ross Whitehead, Deputy Chief Ambulance Services Commissioner, EASC Team Lee Leyshon, Deputy Director of Communication and Engagement, EASC Team Matthew Edwards, Head of Commissioning and Performance EASC Team Ricky Thomas, Head of Informatics, National Collaborative Commissioning Unit. Advice given by members of the All Wales Health Board Communications, Engagement and Service Change Group</p>
5.	Other Policies and Services	<p>Phase 3 engagement completed on 29 February 2024 and the Chief Ambulance Services Commissioner has taken into account the feedback received and made recommendations for presentation at the EASC meeting on 19 March 2024. This meeting will take place prior to consideration by health boards and therefore a further meeting of EASC has been arranged on 28 March 2024 for the final decision making, taking into account the views of all health boards in Wales.</p> <p>The aim of the recommendations will be to enhance the EMRTS ability to provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility.</p> <p>This is an all-Wales pre hospital critical care service provided from four bases across Wales.</p>

Section 1 – Preparation		
		<p>EASC agreed on four specific areas related to base activity, these were:</p> <ul style="list-style-type: none"> • Geographical coverage • Rapid Response Vehicle Usage (RRV) • Utilisation (some bases are busier than others) • Unmet need (2-3 people a day would benefits from the EMRT Service but do not received one). <p>These have been completed and have been presented during the phases of public engagement and there has been significant feedback particularly from Powys and Betsi Cadwaladr health board residents.</p> <p>The service works closely with the Welsh Ambulance Services NHS Trust (also commissioned by the EASC) and with health boards. There is also mutual aid between the air ambulances services in the UK where they help each other at time of need and where it is possible to do so.</p>
7.	What might help/hinder the success of the service?	<p>The impact of the original service development proposal was to raise concerns in local rural communities in mid and north west Wales and that they would lose their air base and they believed therefore the service itself. This led to the development of Facebook social media pages in support of maintaining the status quo – Welshpool page has over 10,000 followers and over 6,000 followers for the Caernarfon base.</p> <p>The public feedback has not changed throughout the engagement phases despite assurance given that 'if patients receive a service now, they will also receive if a change were made'.</p> <p>The service is highly valued by the people of Wales and the Wales Air Ambulance Charity is very successful and well supported.</p> <p>To provide an unbiased view for the all Wales service, a report was commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov. The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care. The most important priorities to the Welsh public when considering changes to the EMRTS service included:</p>

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- an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason
- if services change, there should be good training and support available for staff to make the best use of their advanced skills
- everyone in Wales should have equal access to the service
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- 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.**



Picker Report EMRTS
Aug 2023.pdf

The CASC recommendations will impact on the staff who currently work in the specific air bases of Welshpool and Caernarfon if EASC approve that the bases move to a different location.

If the change is approved, an implementation plan will be required and local line EMRTS managers and the EMRTS Cymru senior team would deal with these matters in line with all Wales NHS Workforce policies.

The Wales Air Ambulance Charity will have their own arrangements for change within their organisation.

The service currently provided by the partnership between the EMRTS Cymru and the Wales Air Ambulance is widely supported and well thought of throughout Wales. This world leading service has been independently evaluated and has been found to lead to:

- Increased chance of survival (37% reduction in mortality after 30 days)

Section 1 – Preparation																										
		<ul style="list-style-type: none">• Taking the patients to the right place first time (42% bypassed local hospitals to get to specialist care)• Flying emergency department 63% of patients had treatments at scene previously only available in hospital• Attracting new consultants into Wales - 12 new consultant recruited, attracted to work with the service (as at 2020).																								
8.	Is the policy/service relevant to “eliminating discrimination and eliminating harassment?”	<p>It is unlikely that this Service Review will have any specific impact on this as the service is provided to all based on clinical need alone.</p> <p>However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted.</p> <p>During Phase 3, the feedback received primarily came from mid and north Wales - over 86% of responses were received from the Powys and Betsi Cadwaladr health board areas. Overall, respondents have indicated that they believed there would be an effect on those with protected characteristics, most significantly for disability, pregnancy and age.</p> <div><h3>Questionnaire Characteristics</h3><p>Respondents believe the following would be affected by any change:</p><div><div>Health Board</div><div>Age</div><div>Option</div><div>Marital Status</div><div>Number of responses</div></div><div><div>All</div><div>All</div><div>All</div><div>All</div><div>568</div></div><table><tr><td>Age</td><td>Disability</td><td>Sex/Gender</td><td>Sexual Orientation</td></tr><tr><td>193</td><td>257</td><td>46</td><td>32</td></tr><tr><td>Gender Reassignment</td><td>Race</td><td>Marriage / Civil Partnership</td><td>Pregnancy</td></tr><tr><td>32</td><td>38</td><td>34</td><td>198</td></tr><tr><td></td><td>Religion</td><td>Welsh Language</td><td></td></tr><tr><td></td><td>28</td><td>78</td><td></td></tr></table><p>The responses received during phase 3 showed a perception amongst responders, particularly from mid and north Wales of adverse impacts for those equalities characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh language.</p></div>	Age	Disability	Sex/Gender	Sexual Orientation	193	257	46	32	Gender Reassignment	Race	Marriage / Civil Partnership	Pregnancy	32	38	34	198		Religion	Welsh Language			28	78	
Age	Disability	Sex/Gender	Sexual Orientation																							
193	257	46	32																							
Gender Reassignment	Race	Marriage / Civil Partnership	Pregnancy																							
32	38	34	198																							
	Religion	Welsh Language																								
	28	78																								

Section 1 – Preparation

There remains a belief that changes to operational arrangements would include changes to clinical decision-making and dispatch from 999. There is a perception that those living rurally would also be disadvantaged.

The Review has examined how crews were tasked and were assured that there were no questions within the dispatch protocols that related to equalities characteristics or impacted on those living in rural areas across Wales.

Dispatch is based on clinical need alone – decisions are made by EMRTS critical care practitioners.

The EMRT Service responds to the highest clinical urgency regardless of any protected characteristics. This is in line with the policies and procedures approved by the Welsh Ambulance Services NHS Trust who operate the clinical control centre in Cwmbran where the EMRTS Critical Care Hub is based.

In the event of an EMRTS resource not being available, incidents are 'highlighted' as the potential next tasking. However, that decision is dynamic and is dependent on many factors including when the next resource is available, the location of the incident and the clinical need of incoming calls through the 999 system.

It is unlikely that adverse impacts relating to people with protected characteristics would impact differently from the general population should the bases be moved. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted.

However, the CASC recognises the strength of belief in specific areas in relation to the impact on people with protected characteristics and also specifically in relation to rural areas. It is anticipated that the EMRT Service will have specific commissioning intentions to improve the communications to the population of Wales to better understand what the service is and how the service is provided. The issues raised in relation to rural services will also be an area of focus for the commissioning of all ambulance services.

Section 1 – Preparation		
		<p>The recommendations do not change the way patients receive the EMRTS Service. This is a clinically led service, it accounts for about 1% of all of the 999 calls received by the Welsh Ambulance Services NHS Trust (WAST) and provides pre hospital critical care services to the population of Wales. All calls are screened at the EMRTS Critical Care Hub based in the WAST call centre where an EMRTS critical care practitioner and dispatcher work together to dispatch crews.</p> <p>However, in terms of the rapid response vehicle usage (when helicopters are unable to fly) for the population coverage at 90 minutes further mitigation is required to ensure no diminution of service compared to the status quo.</p> <p>For example, if there is a risk that for example parts of western Betsi Cadwaladr or north Powys areas may experience reduced access to the service when the helicopter cannot fly due to bad weather and because the RRV is now located further away – the mitigation for this risk is identified within recommendation 4 as follows:</p> <p>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.</p>
9.	Is the policy/service relevant to “promoting equality of opportunity?”	<p>It is unlikely that this Service Review will have any specific impact on those with protected characteristics as the service is provided to all based on clinical need alone.</p> <p>However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted.</p> <p>The original service development proposal suggested that more patients could receive a service and this could be argued as promoting equality of opportunity. This finding has also be identified within the EMRTS Service Review and the impact on those people not receiving a service which has been investigated further.</p> <p>As part of the formal engagement process held in Phase 1, EASC agreed and the following reasons were used with the public agree as a way to help decide what to do next:</p>

Section 1 – Preparation

1. **Health gain**

- EMRTS should be as efficient and effective as possible and as many people as possible should get a service
- Before any change happens, there must be a plan for EMRTS to be able to carry on as now

2. **Equity**

- Everyone in Wales should have fair / same (equitable) access to the service
- An effective road response is important especially when the helicopters can't fly and to provide improved cover during the hours of darkness.
- We should have more aircraft able to land wherever needed when it is dark.

3. **Clinical skills and sustainability**

- It is very important that we look after the staff and make sure there is good training available for staff to make the best use of their advanced skills

4. **Value for money**

- If we want to develop services, we must make sure they provide value for money

5. **Affordability**

- As a minimum, we should spend the same as we do now.

Phase 1 provided the following documents in Welsh and English

<https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/>

- EMRTS Service Review Technical Document
- Everyday summary
- Easy Read version
- Engagement presentation slides

Supporting documents included

<https://easc.nhs.wales/engagement/sdp/supporting-documents-phase-1/> :

- EMRTS Service Development Proposal (as presented to EASC 8 November 2022)
- EMRTS Service Development Proposal cover report
- EMRTS Service Development proposal.

At the phase 1 meetings a presentation was used and was provided to all meetings in English only. Simultaneous translation into Welsh was available at all meetings.

Section 1 – Preparation

A bilingual handout (Have your say / Dweud eich Dweud) was offered to all members of the public with all of the ways to get in touch with the team and register their issues.

Hard copies of the questionnaire developed by the Picker Institute were provided in Welsh and English which included a freepost address. The questionnaire was also available online.

Phase 2

The offer was made for anyone who had specific accessibility requirements to aid participation in the engagement to contact the EASC Team with details for ongoing help and support.

Phase 2 provided the following documents in Welsh and English except where identified:

<https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/>

- Chief Ambulance Services Commissioner's Report
- Plain Language Version
- Engagement Slides
- Frequently asked questions

Supporting documents available in Welsh and English except where identified included:

<https://easc.nhs.wales/engagement/sdp/sdp2/>

- 1 History of EMRTS
- 2 Engagement What we did and what we heard
- 3 Picker Institute Report (English only)
- 4 EMRTS Historical Data information pack
- 5 Drive time and population coverage
- 6 Weather Data (English only)
- 7 Optima modelling (English only)

At the phase 2 meetings

- All venues were accessible; microphones were used to ensure the Public could hear questions and this was checked at venues (mobile microphones purchased in Phase 1 to ensure equity at meetings) hearing loops were used wherever possible
- a presentation was used and provided to all meetings in English only (CASC cannot speak Welsh).
- Drop in meetings had bilingual staff to meet with members of the public

Section 1 – Preparation

- Bilingual staff provided meet and greet services at all venues
- Simultaneous translation into Welsh was available at all public meetings.
- Hard copies and other formats of the documents were available on request
- A bilingual handout (Have your say / Dweud eich Dweud) was offered to all members of the public with all of the ways to get in touch with the team and register their issues
- Anyone who had specific accessibility requirements to aid participation in the engagement were asked to contact the EASC Team with details for assistance.



Dweud eich Dweud
for the tables.docx

Phase 3

In building on the work in Phase 1 and 2, the Option Appraisal Workshop used the Factors and Weightings discussed with the public (in Phases 1 and 2) and agreed by EASC to undertake the work with health boards and develop the Preferred Option. The Phase 3 engagement asked the public to 'Have your say on the Preferred Options A and B'.

Documents available:

Chief Ambulance Services Commissioners Report Phase 3 (Engagement Document) [Here](#)

<https://easc.nhs.wales/engagement/sdp/p2ep1/phase-3-final-document/>

Equality Impact Assessment - [Here](#)

<https://easc.nhs.wales/engagement/sdp/p2ep1/final-equality-impact-assessment-easc-emrts-service-review-phase-3/>





Phase 3 Engagement Document Easy Read version [Here](#)

<https://easc.nhs.wales/engagement/sdp/p2ep1/welsh-air-ambulance-consultation-easy-read/>

Phase 3 Engagement Questionnaire Easy Read version

Members of the Public were able to respond using a number of formats identified on Page 4.

Section 1 – Preparation

10.	Is the policy/service relevant to “promoting good relationships and positive attitudes?”	<p>It is unlikely that the EMRTS Service Review will have any specific impact on this. However, the approach to all of the engagement phases has been open, honest and transparent and every effort made to engage meaningfully with the public in the language of their choice.</p> <p>The strength of public feeling particularly in Powys and the Caernarfon area is recognised and valued. It is understood that change is concerning for people and the service is highly valued and ‘owned’ in these locality areas.</p> <p>However, the service commissioned by EASC is an all Wales highly specialist pre hospital critical care service and hence the Service Review is being considered by the Emergency Ambulance Services Committee to consider if any changes need to be made for the benefit of the whole population of Wales.</p> <p>Updates to EASC meetings (all available online) at https://easc.nhs.wales/the-committee/meetings-and-papers/:</p> <p>May 2023</p>  <p>2.4 EMRTS Service Review Update_EASC.</p> <p>July 2023 – emerging themes reported</p>  <p>2.5 EMRTS Service Review Update_EASC.</p> <p>September 2023 – plans for Phase 2 engagement</p>  <p>2.4 EMRTS Service Review Update_EASC.</p> <p>November 2023 – received feedback from Phase 2</p>  <p>2.4 EMRTS Service Review Update_EASC.</p>
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Section 1 – Preparation

December 2023 – approved Phase 3



2.4 EMRTS Service
Review Update_EASC.

January 2024 -



2.4_ EMRTS Service
Review Update_EASC.

Other arrangements

All EASC meetings apart from May 2023 were live streamed (since November 2022) and remain available on the website. The recording for the May meeting was corrupt and could not be used.

Engagement Report (Link to follow)

EMRTS Service Review (Link to follow)

EMRTS Service Review EASC report (link to follow)

Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics.

As part of the work, a report was commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov (see Section 7). The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care. This was reported in August 2023 and is available here:

easc.nhs.wales/engagement/sdp/sdp2/supporting-document-3-picker-institute-report/

Section 2. Impact

Do you think that the policy/service impacts on people because of their age? (This includes people of any age but typically focusing on children and young people up to 18 and older people over 60)

It is unlikely that the EASC EMRTS Service Review will have a specific impact on people due to their age. The all-Wales highly specialist critical care service is provided to the patient whenever or wherever they need it. An easy read or plain language version was developed for the engagement materials to support people of any age.

During the feedback on the Phase 3 engagement, of the 568 respondents, 193 believed that people would be affected due to their age (third largest group). Despite reassurances given during public meetings in the previous phase, the public who responded believed there would be an impact. This was identified in the previous EIA as the risk of cardiac arrest (one of the main mission categories) increases with age and is also associated with higher levels of deprivation. This concern is recognised and understood. The service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics although the age range of all patients is provided below from actual mission data. The public should feel assured that should they require the service it would attend to each and every patient regardless of age. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

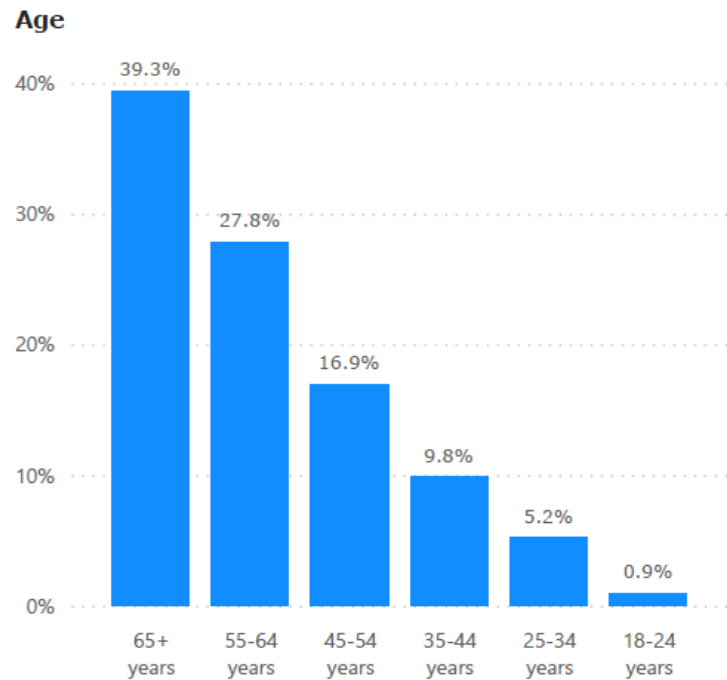
From **Appendix 3** – the age profile of the most numerous responders in Powys (last 2 columns) appears to be a consistently higher percentage than the remainder of Wales.

Age	Abertawe Bro Morgannwg		Aneurin Bevan		Betsi Cadwaladr		Cardiff and Vale		Cwm Taf		Hywel Dda		Powys Teaching	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%
Age 45 to 59	103,232	19.9	116,609	20.2	138,201	20.1	86,535	18.3	57,835	19.7	78,251	20.5	28,570	21.5
Age 60 to 64	33,594	6.5	37,878	6.6	49,884	7.3	24,985	5.3	19,233	6.6	28,447	7.4	10,864	8.2
Age 65 to 74	49,787	9.6	54,913	9.5	74,070	10.8	35,072	7.4	27,335	9.3	43,141	11.3	16,232	12.2
Age 75 to 84	31,683	6.1	33,505	5.8	45,896	6.7	23,484	5.0	16,291	5.6	26,649	7.0	9,926	7.5
Age 85 to 89	8,164	1.6	8,542	1.5	11,830	1.7	6,837	1.4	4,158	1.4	7,144	1.9	2,685	2.0
Age 90 and over	4,083	0.8	4,246	0.7	6,529	0.9	3,214	0.7	2,085	0.7	3,640	1.0	1,403	1.1

The table below shows the year age profile by bands/percent for 2019-2023 inclusive (Source – EMRTS Team mission information). Age profile per HB area attached at **Appendix 3**.

Age group	Percentage in age groups 2019-2023
0-4	6.3%
5-9	1.9%
10-14	3.0%
15-19	4.6%
20-24	5.2%
25-29	5.4%
30-34	5.6%
35-39	6.1%
40-44	5.8%
45-49	6.3%
50-54	7.3%
55-59	8.8%
60-64	8.0%
65-69	7.2%
70-74	6.1%
75-79	6.3%
80-84	3.6%
85-89	1.7%
90-94	0.6%
95-99	0.1%
Total	100.0%

The age range of responders in Phase 3 was as follows:



Low numbers of responses were received from people aged less than 45 years, amounting to 15.9% of all responses although this age group are over 28% of those who have needed the EMRT Service. Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot weekly reports throughout the 4 weeks recognised that the highest age group of responders was over 65 years which was of interest particularly considering the concerns in relation to this age group potentially being digitally excluded. The composite number included all methods of response and therefore may reflect positively on the choices offered to call, email, write or use the online opportunities.

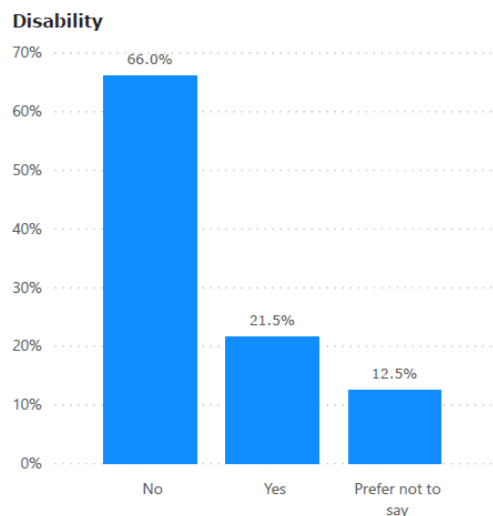
In terms of those in the below 45 years age group, the health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their disability? (This includes sensory loss, physical disability, learning disability, some mental health problems, and some other long term conditions such as Cancer or HIV)

It is unlikely that the EASC EMRTS Service Review will have an adverse impact on people because of their disability. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The all-Wales service is provided to the patient whenever or wherever they need it.

Engagement resources were developed in line with the requests from the public during all Phases – for example, summary documents, plain language documents and all of the supporting information, particularly that data should be provided unredacted which was met. Venues used for engagement activities were accessible and all engagement materials were available in whatever format members of the public required. The main resources were (at least) bilingual and had a summary, plain language and more comprehensive documentation which was in line with the requests heard during the engagement.

During the feedback on the Phase 3 engagement, 257 respondents (almost ½) believed that people with disabilities would be adversely affected. This could include as previously identified in relation to the EMRTS mission categories that for Falls: there was an increased risk of falling with age and could be more common amongst those experiencing disabilities and health conditions associated with gait and mobility including neurological conditions. Responses were as follows:



This concern is recognised and understood. The EMRT Service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The public should feel assured that should they require the service it would attend to each and every patient regardless of any disability. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports throughout the 4 weeks identified that at least 20% of respondents consistently identified themselves as having a disability.

The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Does the policy impact on people because of their caring responsibilities?

The service will not have specific impact on people due to caring responsibilities. However, a small number of staff could be affected if the base changed (no decision has yet been made); this would be managed on an individual basis in line with the reasonable adjustments requirements.

The EASC EMRTS Service Review itself does not impact as it is a review of the EMRTS service which is an all-Wales service provided to the patient whenever or wherever they need it.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of Gender reassignment? (This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc.)

It is unlikely that EMRTS Service Review will have specific impact on people because of gender reassignment. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including gender reassignment. The all-Wales service is provided to the patient whenever or wherever they need it.

During the feedback on the Phase 3 engagement, 32 respondents believed that the change would impact on people because of gender reassignment and they would be adversely affected by the change.

This concern is recognised and understood as a belief held by some members of the public. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub.

The public should feel assured that should they require the service it would attend to each and every patient regardless whether have undergone gender reassignment. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their being married or in a civil partnership?

Impacts in this area are rare, but it can intersect with gender discrimination. Whether an individual is married or not should not impact any aspect of the way they are treated.

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their being married or in a civil partnership. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The all Wales service is provided to the patient whenever or wherever they need.

During the feedback on the Phase 3 engagement, 34 respondents believed that people being married or in a civil partnership would be adversely affected by the change. This concern is recognised as a belief that some members of the public hold. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub.

The public should feel assured that should they require the service it would attend to each and every patient regardless of their marital or civil partnership status. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service. Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their being pregnant or having recently had a baby? (This applies to anyone who is pregnant or on maternity leave, but not parents of older children)

It is unlikely that EASC EMRTS Service Review will have specific impact on people because of their being pregnant or having recently had a baby. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including related to pregnancy or recent birth. The all-Wales service is provided to the patient whenever or wherever they need it. Should a pregnant woman have a life threatening condition the impact could be positive for the individual.

During the feedback on the Phase 3 engagement, 198 respondents (the second largest area) believed that the service would impact women because of their being pregnant or recently having a baby and they would be adversely affected by the change.

This concern is recognised and understood. It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub.

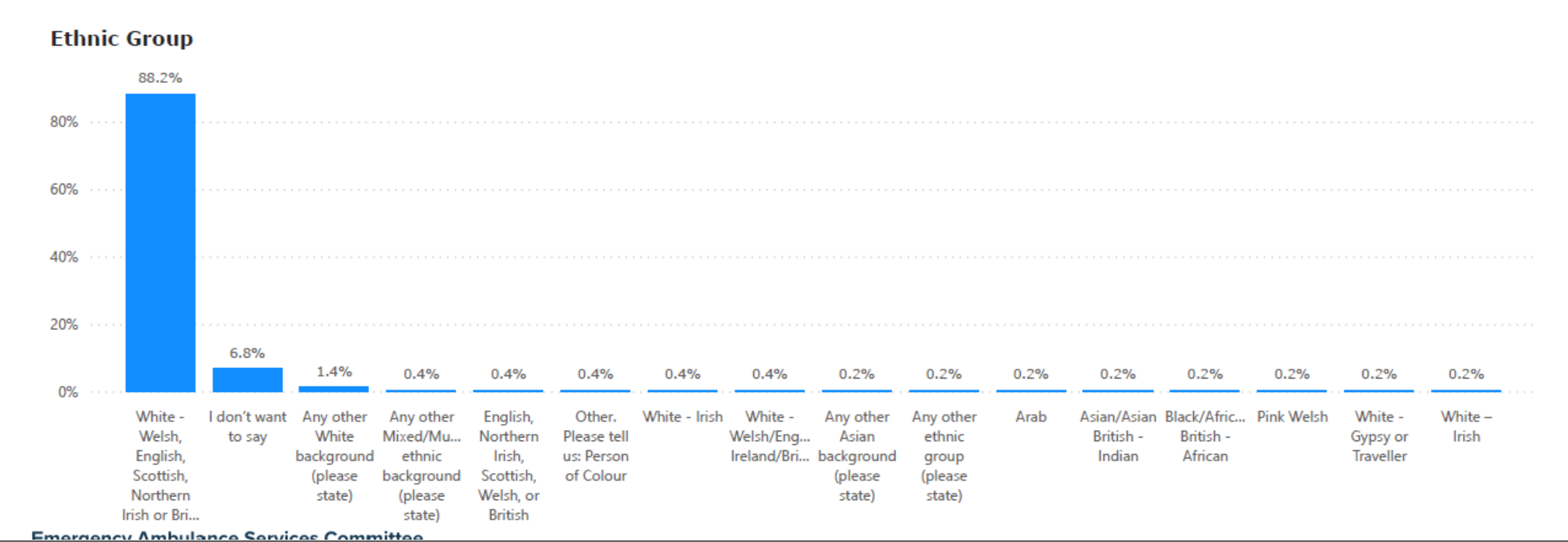
The public should feel assured that should they require the service it would attend to each and every patient regardless of whether pregnant or having recently had a baby. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities, Welsh/English etc.)

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their race. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The all-Wales service is provided to the patient whenever or wherever they need it.

During the feedback on the Phase 3 engagement, 38 respondents believed that the service would impact on people because of their race. The ethnicity of respondents was collected and showed that 88.2% of respondents identified themselves as being White (Welsh, English, Scottish or Northern Irish/British) 6.8% preferred not to say; other groups had very low numbers.



Emergency Ambulance Services Committee

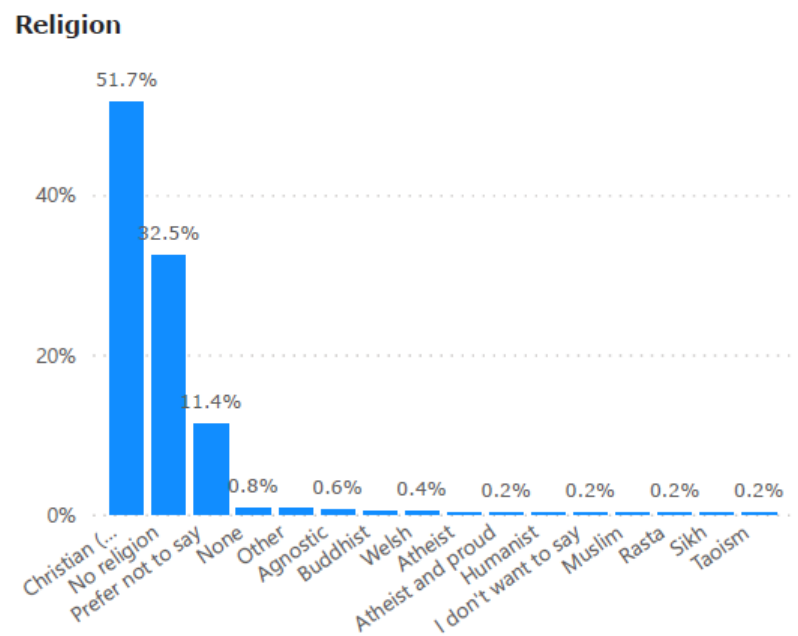
This concern is recognised and understood. It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of their race or ethnicity. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports throughout the 4 weeks recognised that the majority of responders identified as being white, with very low numbers for black, Asian or other ethnic groups. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs as well as atheists and other non-religious groups)

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their religion, belief or non-belief. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including relating to religion. The all-Wales service is provided to the patient whenever or wherever they need.

During the feedback on the Phase 3 engagement, 28 respondents believed that the service would impact on people because of their religion, belief or non-belief.



This concern is recognised and understood as something members of the public believe. It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of religion, belief or non-belief. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

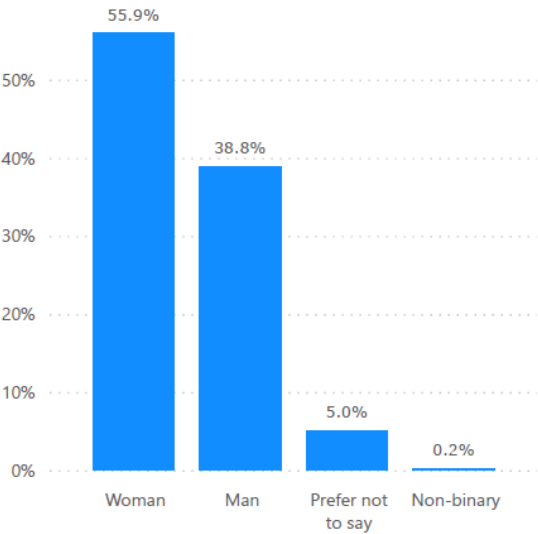
Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on men and women in different ways? *Do men and women have different needs and commitments that need to be considered. Are their respective roles fully considered in work-life balance policies etc.*

It is unlikely that the EASC EMRTS Service Review will have specific impact on women or men. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics related to gender. The all-Wales service is provided to the patient whenever or wherever they need it.

The service does impact on men and women in slightly different ways in terms of actual missions, almost consistently 2/3rd of all patients are men. However, more women than men responded to the engagement and gave feedback

Gender



Missions

	Male	Female	Paediatric	Median	Age Range
2015-2016	69%	31%	16%	47	0-97
2016-2017	70%	30%	27%	46	0-98
2017-2018	68%	32%	Not available	46	0-96
2018-2019	67%	33%	12%	45	0-97
2019-2020	66%	34%	12%	49	0-101
2020-2021	66%	34%	9%	Not available	Not available
2021-2022	68%	32%	14%	Not available	Not available
2022-2023	67%	33%	Not available	Not available	Not available

It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of gender. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

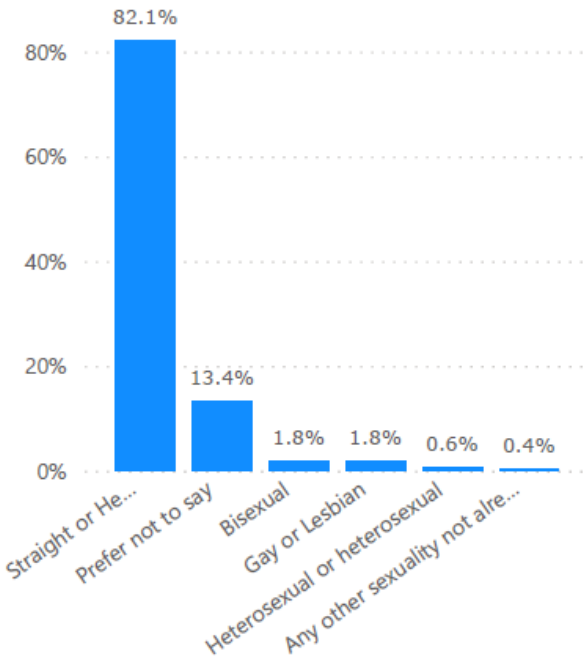
Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people)

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their sexual orientation. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including for sexual orientation. The all-Wales service is provided to the patient whenever or wherever they need it.

During the feedback on the Phase 3 engagement, 32 respondents believed that the service would impact on people because of their sexual orientation.

Sexual Orientation



It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of sexual orientation. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their Welsh language? (e.g. the active offer to receive services in Welsh, bilingual information etc).

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their use of the Welsh language. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including for the Welsh Language. The all-Wales service is provided to the patient whenever or wherever they need. As the service is provided by highly trained specialist staff not all can speak in Welsh. All posts recruited have the ability to speak Welsh as desirable and every effort would be made to accommodate patients in the language of choice. However, this is a critical care life-saving service and this would be paramount. All engagement documents are bilingual. During the feedback on the Phase 3 engagement, 78 respondents believed that the service would impact on people because of their Welsh Language.

It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of their Welsh language. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

The Welsh government has introduced a new Socio-economic duty effective from April 2021. It asks us to consider the impact of our decisions on inequality experienced by people at socio-economic disadvantage.

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their socio-economic disadvantage. The all Wales service is provided to the patient whenever or wherever they need. The service does attract new consultants to Wales, which may have a socioeconomic impact on specific localities.

During the feedback on the Phase 3 engagement, many respondents believed that there would be an impact on rural areas. As previously raised in terms of the main mission categories for the EMRT Service Road incidents: there is evidence that socio-economically deprived areas suffer more than affluent areas in terms of road incidents. Road traffic related injuries, particularly for child pedestrians, are among the greatest of all health inequalities, with much higher rates in children from families led by parents in unskilled employment or from deprived neighbourhoods (source: [EM template for sub leg \(senedd.wales\)](#))

It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided specifically in rural areas. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of where they live. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Other considerations

- Future Generations Act

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsible Wales	<p>People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity and climate</p> <p>A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.</p>	<p>People regularly expressed concern about the loss of services in their area, often wider than health services but believed that the EMRTS service made them feel safe and secure; often, people supported the need for change to help more people but only if it didn't mean moving the air base from their locality</p> <p>Concerns about weather, more frequent flooding affecting ability for road responses.</p>
A resilient Wales	<p>People in terms of their use of the physical environment: consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p>Feedback suggested investing in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to alleviate overall demand on emergency services.</p> <p>During the engagement process, people regularly raised concerns about the road infrastructure and the high level of road accidents in the local area. They raised concerns about the local industries of farming and forestry work being dangerous with high levels of accidents and incidents.</p>

Wellbeing Goal	Considerations	Examples of Feedback
	A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example, climate change).	<p>Less was mentioned about green spaces and the mental health /wellbeing of local people although the potential move of the air base did make them feel less safe.</p> <p>Some shared another air ambulance consultation - Hampshire Air Ambulance who were consulting with the public to move of the base of their helicopter to an area closer to the densest population, this from a rural area. The environmental impacts and shorter journey times for patients were highlighted as well as the ability to provide a better service to the previously location area. This was a topic of interest within the social media groups who believed that the consultation being held was fairer and more open. The work was considered and overwhelmingly provided a very similar set of issues (to the EMRTS Service Review) in trying to get to see more patients but not excluding rural areas. This service provided one helicopter to 1.8million people. The service in Wales operates 4 helicopters to 3.1million people.</p>
A healthier Wales	People being able to improve/ maintain healthy lifestyles: consider the impact on healthy lifestyles, including health eating, being active, no smoking/smoking cessation, reducing the	Scepticism expressed about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in worse services.

Wellbeing Goal	Considerations	Examples of Feedback
	<p>harm caused by alcohol and or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.</p>	<p>There's concern that any base moves could negatively affect other emergency responders in the Powys area.</p> <p>Overwhelmingly, local people to the air bases considered themselves much safer in terms of having a local air base. Frequently people misunderstood that EMRTS did not provide a fast ambulance and regularly suggested that this was all that was required. The pre hospital critical care service meant that many believed this was very important as they did not have a district general hospital</p>
A more equal Wales	<p>A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).</p> <p>People being able to access the service offered: consider access for those living in areas of deprivation and or those experiencing health inequalities</p>	<p>Wider discussion was heard in relation to primary care services as well as ambulance services. The low level of performance in the areas was a topic of concern and the potential change for this high end service seemed to escalate the perceived impact.</p> <p>A range of potential perceived equality impacts have been identified in the previous section about emergency health needs for rural communities – with mitigation actions agreed as appropriate – as part of any decision-making process.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of cohesive communities	<p>People in terms of social and community influences on their health: consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identify; cultural and spiritual ethos</p> <p>Attractive, viable, safe and well-connected communities.</p>	<p>Local communities visited had a high level belonging and use of social networks. The responses reflect the sense of a community asset and the strength of feeling to maintain. There was balance, that the service should see as many people as possible, as long as this did not move the base.</p> <p>Many local (to base) respondents suggested that if the base was moved that they would no longer contribute to the Wales Air Ambulance Charity. This was a frequent response which suggested that they believed the service was closing and there would not be a service. Despite reassurances this message appears to be unheard.</p> <p>Respondents have identified concerns about overall community viability and cohesiveness about public services generally.</p> <p>They have identified concerns about an erosion of public services that believe will affect people's choices around moving to or staying in rural areas, and this might affect overall community sustainability.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of vibrant culture and thriving Welsh language	<p>A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.</p> <p>People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life</p>	<p>No examples were shared; however, every session had simultaneous translation and 121s had bilingual staff ready to engage with the public. All documents were produced bilingually</p> <p>There are opportunities to continue to support and develop the service through the medium of Welsh.</p>
A prosperous Wales	<p>An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.</p> <p>People in terms of their income and employment status: consider the impact and availability and accessibility of work, paid and unpaid employment, wage levels, job security, working conditions</p>	<p>People raised the dangerous occupations regularly</p> <p>Respondents expressed concerns that the loss of EMRTS and other health services primary care GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc.</p>

- Duty of Quality – clearly a consideration as we know that the EMRTS provides life saving pre hospital critical care services and the aim to see as many patients as possible.
- Healthcare Impact Assessment – to be confirmed and considered further
- Social Wellbeing Wales Act 2014
- Public sector equality duty (under the Equality Act 2010)

Section 3 Outcome	
<p>Summary of Assessment:</p> <p>Please summarise Equality issues of concern and changes that will be made to the service development accordingly.</p>	<p>It is recognised that people in protected characteristic groups are likely to be impacted by any change more than the general population and that in particular children, older people, disabled people and those living with social & economic disadvantage could be disproportionately affected.</p> <p>Intersectionality can also mean that some people receiving the service will have more than one of these protected characteristics and so the impacts on them would be disproportionately greater.</p> <p>Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics and therefore any potential impact cannot be discounted.</p> <p>Also, there are significant numbers of those who responded during Phase 3 who believe that there are adverse impacts on those with protected characteristics.</p> <p>Whilst there is clear evidence of an overall health gain to the people of Wales from the preferred option, there is a possible likelihood of a moderate downside impact as it is recognised that during periods when the air ambulance helicopter is unable to fly (e.g. due to very poor weather conditions) then communities located closer to the current bases in Welshpool and Caernarfon may experience a reduced service during these "no fly" periods than now because of the increased distance for RRV response.</p> <p>An implementation plan will need to be developed if the recommendations are approved by EASC particularly in recognition that increased need for EMRTS may be associated with factors such as age, deprivation and disability. Importantly, the implementation plan would need to consider the impact on EMRTS staff.</p>

Section 3 Outcome	
	<p>Also, the plan will need to specifically include communications and engagement with the public to better understand and trust the partnership service once more.</p> <p>The aim of the Review is to use the existing resources to provide services to those who currently need it but don't receive it (2-3 a day) and therefore this consideration is influential for decision making (those 'unmet need' patients may also have protected characteristics).</p> <p>An example of this would be that approximately 530,000 people in north Wales would not receive a response during the hours of darkness within 60 minutes.</p> <p>Given the responses from the public there is a need for commissioners to address this matter and the strong beliefs of the public during this recent engagement phase.</p>
<p>Please indicate whether these changes have been made.</p>	<p>This document and equality impact assessment has provided an opportunity to demonstrate that any potential downside impacts have been considered with particular reference to protected characteristics so that proportionate mitigating actions can be considered. Also, to clarify whether there was any suggestion that any parts of Wales would see any aspect of a diminution of service compared to now.</p> <p>The final 4 recommendations are as follows:</p> <p>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.</p>

Section 3 Outcome	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>These recommendations will be presented and considered by the Emergency Ambulance Services Committee (a joint committee of health boards) on 19 March 2024 prior to consideration by health boards. A final meeting of EASC will be held on 28 March 2024.</p>
Please indicate where issues have been raised but the service development has not been changed and indicate reasons and alternative action (mitigation) taken where appropriate.	<p>As a result of the engagement process, the Chief Ambulance Services Commissioner was struck by what he heard primarily in small community areas in mid and north Wales.</p> <p>As the process has evolved further mitigations have been considered and are shared as recommendations in the EMRTS Service Review as above.</p>
Who will monitor this EIA and ensure mitigation is undertaken	This remains a partnership approach between the commissioners at EASC (Health Boards), EASC Team, EMRTS Team and Wales Air Ambulance Charity
CTMUHB Equality Team	<p>Sent to CTMUHB Signed Gwenan Roberts Date 11 March 2024</p> <p>Actioned:</p>

Appendix 1

Equity Table 1: Population Coverage – Road (Population of Wales 3.137m)

Option	Hours	Bases Available	Population 30m	Population 60m	Population 90m
2A Welshpool 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Caernarfon	1,447,276	2,343,954	2,471,716
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	1,496,240	2,434,594	2,607,555
	20:00 – 02:00	Cardiff, Welshpool	927,155	1,569,711	1,619,843
	02:00 – 08:00	Cardiff	878,191	1,479,071	1,484,004
2B Caernarfon 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	1,419,482	2,264,179	2,235,983
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	1,496,240	2,434,594	2,607,555
	20:00 – 02:00	Cardiff, Caernarfon	954,949	1,649,487	1,655,576
	02:00 – 08:00	Cardiff	878,191	1,479,071	1,484,004
3D North Central Wales near A55 08:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	1,616,598	2,430,303	2,556,938
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	1,616,598	2,430,303	2,556,938
	20:00 – 02:00	Cardiff, North Central Wales near A55	1,124,271	1,735,836	1,740,798
	02:00 – 08:00	Cardiff	878,191	1,479,071	1,484,004
4C Improve 3D, add car shift 2000-0800 (Wrexham)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	1,616,598	2,430,303	2,556,938
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	1,616,598	2,430,303	2,556,938
	20:00 – 02:00	Cardiff, North Central Wales near A55, Wrexham	1,362,413	1,982,722	1,987,698
	02:00 – 08:00	Cardiff, Wrexham	1,116,333	1,725,957	1,730,904
5C Improve baseline, add car shift 2000-0800 (Caernarfon)	08:00 – 20:00	Cardiff (7am start), Dafen (7am start), Caernarfon, Welshpool	1,496,240	2,434,594	2,607,555
	20:00 – 08:00	Cardiff, Caernarfon	954,949	1,649,487	1,655,576
6C Improve 2B, add car shift 2000-0800 (North Central Wales near A55)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	1,419,482	2,264,179	2,235,983
	14:00 – 20:00	Cardiff, Dafen, Welshpool, Caernarfon	1,496,240	2,434,594	2,607,555
	20:00 – 02:00	Cardiff, Caernarfon, North Central Wales near A55	1,201,029	1,906,252	1,912,370
	20:00 – 08:00	Cardiff, North Central Wales near A55	1,124,271	1,735,836	1,740,798

Appendix 2

Equity Table 2: Population coverage – Air

Option	Hours	Bases Available	Population 30m	Population 40m (night)	Population 60m
2A Welshpool 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Caernarfon	3,136,070 (99.97%)	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, Welshpool	-	3,137,127	-
	02:00 – 08:00	Cardiff	-	2,606,214 (83.1%)	-
2B Caernarfon 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	3,098,068 (98.75%)	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, Caernarfon	-	3,137,127	-
	02:00 – 08:00	Cardiff	-	2,606,214 (83.1%)	-
3D North Central Wales near A55 08:00 – 02:00	08:00 – 1400	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	3,137,127	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, North Central Wales near A55	-	3,137,127	-
	02:00 – 08:00	Cardiff	-	2,606,214 (83.1%)	-
4C Improve 3D, add car shift 2000-0800 (Wrexham)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	3,137,127	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, North Central Wales near A55, Wrexham	-	3,137,127	-
	02:00 – 08:00	Cardiff, Wrexham	-	3,137,127	-
5C Improve baseline, add car shift 20-08 (Caernarfon)	08:00 – 20:00	Cardiff (7am start), Dafen (7am start), Caernarfon, Welshpool	3,137,127	3,137,127	3,137,127
	20:00 – 08:00	Cardiff, Caernarfon	-	3,137,127	-
6C Improve 2B, add car shift 20-08 (North Central Wales near A55)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	3,098,068 (98.75%)	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, Welshpool, Caernarfon	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, Caernarfon, North Central Wales near A55	-	3,137,127	-
	20:00 – 08:00	Cardiff, North Central Wales near A55	-	3,137,127	-

Appendix 3

KS102EW - Age structure

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population All usual residents

units Persons

date 2011

rural urban Total

Age	Abertawe Bro Morgannwg		Aneurin Bevan		Betsi Cadwaladr		Cardiff and Vale		Cwm Taf		Hywel Dda		Powys Teaching	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%
All usual residents	518,013	100.0	576,754	100.0	687,937	100.0	472,426	100.0	293,212	100.0	382,138	100.0	132,976	100.0
Age 0 to 4	28,436	5.5	34,890	6.0	40,037	5.8	29,711	6.3	18,079	6.2	20,566	5.4	6,582	4.9
Age 5 to 7	16,611	3.2	19,663	3.4	22,050	3.2	15,392	3.3	10,015	3.4	11,739	3.1	3,959	3.0
Age 8 to 9	10,723	2.1	12,685	2.2	14,049	2.0	9,606	2.0	6,244	2.1	7,662	2.0	2,681	2.0
Age 10 to 14	29,603	5.7	35,750	6.2	38,980	5.7	26,440	5.6	17,361	5.9	21,667	5.7	7,947	6.0
Age 15	5,948	1.1	7,359	1.3	8,237	1.2	5,658	1.2	3,555	1.2	4,687	1.2	1,724	1.3
Age 16 to 17	12,569	2.4	15,795	2.7	17,148	2.5	11,317	2.4	7,453	2.5	9,366	2.5	3,463	2.6
Age 18 to 19	14,449	2.8	14,497	2.5	16,965	2.5	17,047	3.6	7,698	2.6	11,405	3.0	2,780	2.1
Age 20 to 24	36,866	7.1	35,396	6.1	42,001	6.1	45,560	9.6	20,137	6.9	25,499	6.7	6,465	4.9
Age 25 to 29	32,700	6.3	34,298	5.9	37,376	5.4	37,484	7.9	18,988	6.5	19,005	5.0	5,877	4.4
Age 30 to 44	99,565	19.2	110,728	19.2	124,684	18.1	94,084	19.9	56,745	19.4	63,270	16.6	21,818	16.4
Age 45 to 59	103,232	19.9	116,609	20.2	138,201	20.1	86,535	18.3	57,835	19.7	78,251	20.5	28,570	21.5
Age 60 to 64	33,594	6.5	37,878	6.6	49,884	7.3	24,985	5.3	19,233	6.6	28,447	7.4	10,864	8.2
Age 65 to 74	49,787	9.6	54,913	9.5	74,070	10.8	35,072	7.4	27,335	9.3	43,141	11.3	16,232	12.2
Age 75 to 84	31,683	6.1	33,505	5.8	45,896	6.7	23,484	5.0	16,291	5.6	26,649	7.0	9,926	7.5
Age 85 to 89	8,164	1.6	8,542	1.5	11,830	1.7	6,837	1.4	4,158	1.4	7,144	1.9	2,685	2.0
Age 90 and over	4,083	0.8	4,246	0.7	6,529	0.9	3,214	0.7	2,085	0.7	3,640	1.0	1,403	1.1

In order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies.



Final Report

Emergency Medical Retrieval and Transfer Service Review

MARCH 2024

Stephen Harrhy
Chief Ambulance Services Commissioner

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3. Supporting Documents

The Report is supported by documents that readers should consider alongside this Report.

For ease of reference a full list has been provided below.

All documents are available on the following page: <https://easc.nhs.wales>

1. EASC EMRTS SDP Presentation
2. EMRTS Service Development Proposal Cover Paper
3. EMRTS Service Development Proposal
4. EMRTS Service Review Technical Document
5. Everyday Summary
6. Easy Read EMRTS Service Review
7. Engagement Event Presentation Slides
8. EQIA - EASC EMRTS Service Review January 2023
9. Frequently Asked Questions
10. Chief Ambulance Commissioner's Report
11. Chief Ambulance Commissioner's Report Plain Language Version
12. Chief Ambulance Commissioner's Phase 2 Engagement Slides
13. Phase 2 Frequently Asked Questions
14. EQIA - EASC EMRTS Service Review Sept 2023
15. Supporting Document 1 History of EMRTS
16. Supporting Document 2 Engagement What We Did and What We Heard
17. Supporting Document 3 Picker Institute Report
18. Supporting Document 4 EMRTS Historical Data Information Pack
19. Supporting Document 5 Drive Time and Population Coverage
20. Supporting Document 6 Weather Data
21. Supporting Document 7 Optima Modelling
22. Chief Ambulance Commissioner's Report Phase 3
23. EQIA - EASC EMRTS Service Review January 2024
24. Phase 3 Engagement Document Easy Read
25. EMRTS Options Appraisal Document
26. EMRTS Options Appraisal Summary
27. EASC Current and Past Papers

4. Foreword

I am pleased to present this Report as the culmination of an extensive review of the Emergency Medical Retrieval and Transfer Service (EMRTS).

The air ambulance service in Wales is a unique partnership between the Wales Air Ambulance Charity (WAAC) and the clinical teams of EMRTS.

It is a specialised pre-hospital critical care service that delivers excellent patient outcomes and is highly regarded by public and stakeholders alike.

It is a service that the people of Wales are rightly proud of and feel well-served by.

As the Chief Ambulance Services Commissioner for Wales, I have a duty and obligation to look at how this service can be further improved for those patients who need it.

Likewise, the Charity has a responsibility of making the best possible use of the funds that they have for everybody across Wales, wherever they are.

As a result of queries and concerns raised from the initial EMRTS Service Development Proposal in November 2022, it was agreed that work would start afresh as the EMRTS Service Review.

The purpose of this review is to ensure that as many people as possible benefit from improved clinical outcomes by making the best use of the clinical teams across Wales.

An extensive engagement and listening exercise has provided valuable insights for me to consider and take on board in the development of recommendations for the future of EMRTS in Wales.

I have heard and read countless patient stories, been struck by how valued this critical care service is and how worried by change people are. These stories have been powerful reminders of why we need to continually adapt to meet patient needs.

It has also provided rich intelligence about broader health system issues. This has been integral to the review process and I have been able to feed this back to health boards.

Alongside this feedback I have also analysed historical data, modelled scenarios and undertaken an option appraisal workshop.

There are opportunities for the Charity, EMRTS, NHS Wales and the public to work together to ensure we have a service that continues to deliver and develop effectively for the communities of Wales.

I would like to take this opportunity to thank the public, everyone in the EASC team, the Charity, EMRTS, NHS Wales colleagues, Llais, and every contributor to this review.



Stephen Harrhy
Chief Ambulance
Services Commissioner

5. Executive Summary

This 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.

The Report provides an overview of the historical development of EMRTS, detailing its establishment and evolution into a key component of the pre-hospital 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.

5.1 Summary of Findings

Service Overview: EMRTS is Wales's main provider of pre-hospital critical care services. It utilises a mix of consultants, critical care practitioners (CCPs), appropriately equipped helicopters, and rapid response vehicles to deliver specialised hospital-level care directly to patients across Wales. It focuses on significantly improving outcomes for those in life and limb threatening situations.

Current Provision: EMRTS is primarily provided from four bases across Wales, offering a mix of consultants, CCPs, appropriately equipped helicopters, and rapid response vehicles operating across varying hours.

Critical Care Interventions: EMRTS provides advanced interventions beyond standard ambulance services, such as blood product administration, hypertonic saline for brain injuries, limb amputation, perimortem cesarean section, point-of-care testing, pre-hospital anaesthesia, and thoracostomy.

Dispatch Criteria and Process: The dispatch of EMRTS resources is decided by the EMRTS Critical Care Hub based on specific criteria, related to the severity of incidents. Decisions on resource deployment take into account various factors, including proximity and clinical team composition.

Base Activity and Response Time: Data from 2022 identifies the activity for each base and that this is variable. It shows for each health board the distribution of responses from each base.

Population Coverage: EMRTS aims to provide an equitable service across Wales. The entire population has access to air-based assets, road-based coverage is more limited due to road network limitations, topography and base locations.

Air Coverage: During the day, a combination of bases (Caernarfon, Welshpool, Dafen and Cardiff) can provide air coverage for the entire population within 30 minutes (08:00 – 19:00). Post 8pm, northern Wales lacks coverage within 60 minutes, affecting roughly 530,000 people or 75% of the Betsi Cadwaladr University Health Board population.

Road Coverage: Isochrone maps indicate varying population coverage for rapid response vehicles across Wales. After 8pm Cardiff provides the only rapid response vehicle for Wales.

Utilisation: Utilisation rates, which measure resource activity, vary across bases, indicating a better balance between efficiency and service availability is possible.

Unmet Need: Where critical care is required but no resources are available, this is recorded as unmet need, especially after 8pm. 73.7% of unmet need occurs post-8pm across Wales. North Wales has the highest level of unmet need.

Engagement Phases: The report details three phases of engagement from March to June 2023, October to November 2023, and February 2024 aimed at gathering feedback to inform and influence the EMRTS Review.

Operational Scenarios: Six operational scenarios were developed including maintaining the status quo, modifying existing bases, and considering new base locations with and without additional resources.

New North Wales Base Analysis: 1,718 potential locations in Mid and North Wales were assessed for their coverage capabilities. This identified a location south of Rhyl/Rhuddlan as the most effective area showing significant increases in incident coverage.

Modelling Results: The Report presents the results of six modelled scenarios with 20 variations. It focuses on outputs such as dispatches, scene arrivals, unmet needs, overall utilisation, and response durations. Results were shared during the Phase 2 public engagement.

Factors: Five factors, their definitions and weightings were agreed during the public engagement process. These are: Health Gain, Equity, Clinical Skills and Sustainability, Affordability, and Value for Money.

Options Appraisal: A shortlist of six options were appraised at a workshop. The workshop brought together representatives from health boards and trusts across Wales and included clinical, planning, operational, engagement and finance staff. Members of the Emergency Ambulance Services Committee (EASC) team, EMRTS management and the Wales Air Ambulance Charity were present to provide expert advice only.

Options Appraisal Scoring: Representatives from health boards and trusts were asked to score each option against each factor individually using information circulated prior to the workshop. Individual scores were discussed and a group score agreed. The two top scoring options were taken forward as part of Phase 3 engagement.

Concerns: The report acknowledges public and stakeholder concerns regarding service accessibility and specialisation, suggesting complementary actions to address these alongside the preferred operational changes.

5.2 Equality Impact Assessment (EQIA)

It is recognised that people in protected characteristic groups are likely to be impacted by any change more than the general population and that in particular children, older people, disabled people and those living with social & economic disadvantage could be disproportionately affected.

Intersectionality can also mean that some people receiving the service will have more than one of these protected characteristics and so the impacts on them would be disproportionately greater.

Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics and therefore any potential impact cannot be discounted.

Also, there are significant numbers of those who responded during Phase 3 who believe that there are adverse impacts on those with protected characteristics.

Whilst there is clear evidence of an overall health gain to the people of Wales from Option A and Option B, there is a possible likelihood of a moderate downside impact as it is recognised that during periods when the air ambulance helicopter is unable to fly (e.g. due to very poor weather conditions) then communities located closer to the current bases in Welshpool and Caernarfon may experience a reduced service during these “no fly” periods than now because of the increased distance for RRV response.

An implementation plan would need to be developed if the recommendation is approved by EASC particularly in recognition that increased need for EMRTS may be associated with factors such as age, deprivation and disability. Importantly, the implementation plan would need to consider the impact on EMRTS staff.

Also, the plan will need to specifically include communication with the public to better understand and trust the partnership service once more.

However, the recommendations within the review mitigate against these.

The aim of the Review is to use the existing resources to provide services to those who currently need it but don't receive it (2-3 a day) and therefore this consideration is influential for decision making (those 'unmet need' patients may also have protected characteristics).

An example of this would be that approximately 530,000 people in north Wales would not receive a response after 8pm within 60 minutes.

5.3 Summary of Recommendations

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 this 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.



6. PREFACE



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Pwyllgor Gwasanaethau
Ambwlans Brys
Emergency Ambulance
Services Committee

6.1 Purpose

This Report concludes the Emergency Medical Retrieval and Transfer Service (EMRTS) Review instigated by the Emergency Ambulance Services Committee (EASC) at their December 2022 meeting.

The accompanying Final Engagement Report provides a comprehensive overview of the three phases of public and stakeholder engagement that has taken place as part of this review.

The findings and recommendations of the Chief Ambulance Services Commissioner (CASC) are set out within the Report.

6.2 Background

In November 2022, EASC received an EMRTS Service Development Proposal from EMRTS and the Wales Air Ambulance Charity (Charity).

The Proposal, based on data modelling, suggested re-configuring the operational arrangements to provide a more effective service, that could potentially do more within the existing resource by changing the way in which the service was operationally organised.

Specifically, the Proposal identified moving operations from Caernarfon and Welshpool bases into a combined base located in mid-North Wales adjacent to the A55.

The Proposal is available on the following link:

<https://easc.nhs.wales/engagement/sdp/supporting-documents/>

At this meeting, EASC members raised questions, as well as noted queries and concerns raised by members of the public, politicians, Community Health Council members (now Llais as of 1 April 2023) and community groups in relation to this proposed change affecting Caernarfon and Welshpool bases specifically.

Subsequently, EASC asked the CASC and the wider EASC Team to undertake an impartial review of the service.

The review is independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal.

6.3 Commissioning Requirements

In considering this Report it is helpful to do so with consideration to specific and relevant criteria that EMRTS are expected to comply with as part of their commissioning requirements.

EMRTS through the EMRTS Quality and Delivery Framework are commissioned to deliver an all Wales service.

Consistent with other services commissioned by EASC, commissioning frameworks do not define the geographical location of bases, resource or infrastructure.

The following Care Standards and Core Requirements drawn from the EMRTS Quality and Delivery Framework are particularly relevant to this report:

PCP 3 EMRTS must engage fully with its third sector partner, the Wales Air Ambulance Charity Trust.

PCP 8 EMRTS must ensure that the right resource(s) are dispatched to provide the right type of care for patients.

PCP 9 EMRTS must ensure that, when a response is appropriate, a resource is dispatched without delay.

CR3 Equity - EMRTS must ensure that:

(i) Systems and procedures are in place to ensure that patients have equal access to services regardless of their location

(ii) Systems and procedures are in place to ensure that patients have equal access to services regardless of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

CR6 Safety - EMRTS must ensure that:

(i) Any services it provides to the public, and any patient intervention it undertakes, protects public / patients from avoidable harm and clinical risk

(ii) Systems must be in place to record, investigate, report and learn from incidents and accidents

(iii) The health, safety and wellbeing of patients who receive treatment is not adversely affected by inadequate training, accountability, operational systems or arrangements.

6.4 Commissioning Intentions

In addition to the Commissioning Framework, through the annual Integrated Medium Term Planning process the Committee sets out its Commissioning Intentions for services that outline the Committee's strategic priorities for each planning cycle.

EMRTS Commissioning Intentions 2023-24	
CI1a	Enhanced CCP-led response – Building on the findings of recent winter initiatives and demand and capacity planning undertaken within the service, support the implementation of an enhanced daytime response that will ensure more effective use of resources, improve service quality and the patient experience and provide opportunities for workforce development.
CI1b	Planning – Build on the implementation and consolidation of Phase 1 of the EMRTS Service Expansion project, working collaboratively with commissioners to plan the implementation of the remaining phases of the EMRTS Service Expansion programme.
CI3a	Improvement Plan – Develop and implement an improvement plan in response to the EMRTS Service Evaluation Report.
CI4a	Demand and Capacity Strategy – To continue with the work on a collaboratively developed demand and capacity strategy will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include the use of forecasting, modelling and health economic evaluations.

Table 1: Commissioning Intentions

6.5 History

The Charity was incorporated on 19 June 2000 and launched on St. David's Day in 2001. The objective of the Charity at that stage was to provide a paramedic-led air response with the aim of rapidly transferring patients to hospital by air.

The service was first operated from Swansea Airport on the establishment of the Charity with the first aircraft initially working as an 8 hours per day, 5 days per week service then expanding to a 7 day service in July 2002.

A paramedic was based at the North Wales Police helicopter base in Rhuddlan from April 2001 as an interim measure until the second aircraft was established at Caernarfon (Dinas Dinlle) Airport in July 2003.

The service at Welshpool Airport was established in June 2006, with the offer from the aircraft provider of a helicopter for a short period. This third aircraft initially worked as a 5-day service to cover the busy holiday period and then was made a permanent service in January 2007.

In 2015, the Emergency Medical Retrieval and Transfer Service (EMRTS) was established.

The new service created a partnership between the Charity, Welsh Government and NHS Wales, to provide an air and road response that would ensure advanced decision-making and critical care for life and limb threatening emergencies at scene and then transfer for time critical specialist care.

In 2016, Wales Air Ambulance moved from the isolated location of Swansea Airport to a purpose-built facility in Dafen, near Llanelli.

This move gave the service access to a better road network, in particular the M4, which was valuable for emergency responses via car.

In 2018, the Charity take over the long-term lease for Cardiff Heliport, which became home to the Charity's fourth aircraft with 24/7 services being provided for the whole of Wales from this base.



6.6 EMRTS Evaluation

The EMRTS Service Evaluation in 2021, undertaken jointly with Swansea University for the period of April 2015 to April 2020 demonstrated that the service was able to deliver improvements in a range of measurable benefits that were described in the original business case:

Factor	Measurable benefit	Result
Equity	<i>Introduction and expansion of EMRTS service will reduce the number of emergency interhospital transfers by 30%</i>	Emergency inter-hospital transfers were reduced by 41%
	<i>Improved equity of access to pre-hospital critical care in North Wales.</i>	After service introduction, there was more than doubling of the attendance of doctors attending critical incidents in North Wales, and an increase in available key interventions.
	<i>Access to specialist care and interventions</i>	<ul style="list-style-type: none"> • 42% of patients bypassed local hospitals to be taken directly to more specialist care. Very few patients attended required secondary transfer. • When the service attended emergency patients, critical interventions were available a median time of 29 minutes faster (air), and 41 minutes faster (road) than via the standard 999 response.
Health Gain	<i>Critical Care Intervention outside standard ambulance service practice</i>	<ul style="list-style-type: none"> • 63% (6,018) of patients attended received interventions that are outside standard ambulance service practice • 313 patients received blood product transfusions • 790 patients received pre-hospital anaesthesia
	<i>Reduction in mortality</i>	For patients with blunt trauma, the 30-day mortality rate for patients treated by the service was 37% lower (adjusted odds ratio 0.63 (95% CI 0.41-0.97); p=0.037) than an equivalent population attended by the ambulance service only

Area	Measurable benefit	Result
Clinical Skills and Sustainability	Increased consultant appointments, especially in Emergency Medicine.	<ul style="list-style-type: none">Twelve new consultants were recruited into Wales due to the attraction of posts that include formal pre-hospital care sessions with EMRTS.Thirty-two part-time consultants who also work in key specialties in NHS hospitals are employed to deliver the clinical service
	Increased educational intervention to healthcare professionals.	An average of 100 formal training events per year have been delivered and recorded, delivering structured educational interventions to healthcare professionals across NHS Wales.

Table 2: Service Evaluation



6.6 Structure of the Report

This Report is set out over three main sections:

- Explaining the delivery of Pre-Hospital Critical Care in Wales
- Exploring the current problems of Pre-Hospital Critical Care delivery in Wales
- Exploring the solutions to Pre-Hospital Critical Care delivery in Wales

Each section provides a detailed overview of the work and analysis undertaken in the production of this report.

A summary page at the end of each section provides a concise overview of the content and findings of each section.

6.7 Limitations

Data

This Report is provided for informational purposes only and is based on the data and information available at the time of its preparation.

Despite our best efforts to ensure accuracy, completeness, and timeliness, it cannot be guaranteed that the report is free from errors or omissions.

Circumstances, data and information can change over time, which may impact the relevance and accuracy of the Report's contents.

Modelling

Modelling and its outputs are provided for informational and planning purposes only, based on assumptions, data, and information available at the time of creation.

While every effort has been made to ensure the model's accuracy and reliability, it cannot be guaranteed that it will perfectly reflect future conditions or outcomes.

Models are simplifications of reality and thus inherently contain uncertainties and potential inaccuracies.

Users are advised to consider the context, assumptions, and limitations of the model when interpreting its results.



6.8 Technical Note

Personal Identifiable Information

“Personal data is defined in the UK GDPR as: “‘personal data’ means any information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person”.

All statistical activities and outputs are subject to the UK Statistics Authority Code of Practice for Official Statistics, the Statistics and Registration Services Act 2007, the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) (2016/679). The GDPR and the Data Protection Act 2018 replaced the 1998 Act from 25 May 2018.

Statistical Disclosure Control

When producing analysis, we need to balance accuracy and timeliness of publication with disclosure control to reduce the risk of identifying individuals from the outputs.

The following steps will be applied to reduce the risk of identifying individuals from small numbers.

- If a total is between 0 and 5 (inclusive)
 - no breakdown will be displayed and the figure displayed as ‘*’

Data has been sourced from the Welsh Ambulance Services NHS Trust Qlik Business Intelligence platform. Information provided in this report was cross checked with this platform on the 6 October 2023.





7. EXPLAINING THE DELIVERY OF PRE-HOSPITAL CRITICAL CARE IN WALES



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7.1 Operating Model

Pre-Hospital Critical Care Services in Wales is primarily provided by Emergency Medical Retrieval and Transfer Service (EMRTS).

A small amount of enhanced and critical care is also provided by a number of voluntary organisations aligned to the British Association for Immediate Care.

EMRTS is a clinically led service, commissioned by EASC and is hosted by Swansea Bay University Health Board.

The service provides a highly trained critical care team comprising consultants (from an emergency medicine, anaesthesia, and intensive care background) and critical care practitioners (CCP) (who are advanced-trained paramedics and nurses).

It operates in partnership with the Charity, who provide helicopters, pilots, response cars and the infrastructure required for the critical care teams to operate across Wales.

The service has two main areas of activity:

- Pre-hospital critical care for all age groups (i.e., interventions/decisions that are outside standard paramedic practice).
- Undertaking time-critical, life or limb-threatening adult and paediatric transfers from peripheral centres for patients requiring specialist intervention at the receiving hospital.



7.2 Service at a Glance

What the Service <u>IS</u>	What the Service is <u>NOT</u>
IS a highly specialised critical care response bringing hospital level care to the patient	NOT designed to meet ambulance response times
IS a service that is designed to improve the outcomes of patients experiencing life or limb threatening illness or injury	NOT designed to be a safety net for areas of Wales that do not have access to a local hospital
IS a Doctor/CCP or CCP/CCP crew with access to a helicopter or a rapid response vehicle	NOT one crew for helicopters and one crew for rapid response vehicles, nor has a Doctor on each base.
IS a service for the whole of Wales, meaning any resource at any base can respond to any part of Wales.	NOT a service providing defined geographical response e.g. there is not mid-Wales air ambulance service
IS designed to bring specialist critical care expertise to the scene and start life-saving treatment sooner	NOT a fast ambulance that gets you to hospital quickly or to bring a patient to a hospital within a 'golden hour'

Table 3: Service at a glance



7.3 Flight Types

EMRTS undertake flights under two types of operation:

- **Helicopter Emergency Medical Services (HEMS)** – this type of flight allows for specific Civil Aviation Authority (CAA) dispensations (risk alleviations) to be granted in recognition of an emergency situation
- **Air Ambulance** – this type of flight is considered a normal transport task and so does not attract any of the risk alleviations present in HEMS flights i.e. a non-emergency routine long-distance transport / repatriation.

To provide a road ambulance analogy:

- If called to an emergency: an ambulance would proceed at great speed, sounding its siren and proceeding against traffic lights - thus matching the risk of operation to the risk of a potential death (= HEMS flights)
- For a transfer of a patient (or equipment) where life and death (or consequential injury of ground transport) is not an issue: the journey would be conducted without sirens and within normal rules of motoring - once again matching the risk to the task (= air ambulance flights).

It is for the medical professional to decide between HEMS or air ambulance and not the pilot.



7.4 Current Provision

Table 3 below demonstrates the current operational set up of EMRTS. The service is provided primarily from 4 bases in Wales.

Base	Hours	Crew Mix	Resources
Caernarfon	08:00 - 20:00	1 x Consultant & 1 x CCP or 2 x CCP*	Access to helicopter and rapid response vehicle
Welshpool	08:00 - 20:00	1 x Consultant & 1 x CCP or 2 x CCP*	
Dafen	07:00 - 19:00	1 x Consultant & 1 x CCP	
Cardiff Day	08:00 - 20:00	2 x CCP or 1 x CCP & HTP**	
Cardiff Night	20:00 - 08:00	1 x Consultant & 1 x CCP	

Table 4: Current Operational Provision

*Agreed hybrid model with one Consultant and a CCP at the North or Mid Wales base and two CCPs at the other.
** HTP = Helicopter Transfer Practitioner.

7.5 Map of current base locations



Image 1: Operational Map

7.6 Critical Care Interventions

EMRTS provides advanced pre-hospital critical care interventions that are typically above that provided by the ambulance services.

Examples include:

Blood Products - Ability to give blood and blood products. Any patient with a rapid bleed, trauma, obstetric, medical GI bleeding etc.

Hypertonic Saline 5% - Signs of actual or impending herniation (signs of coning) resulting from traumatic or non-traumatic brain injury.

Limb Amputation - A surgical procedure to remove a limb. Indicated for rapid extrication of a critically ill patient when there are no other rapid options.

Neonatal CPAP - Support of the distressed neonate (particularly in premature labours).

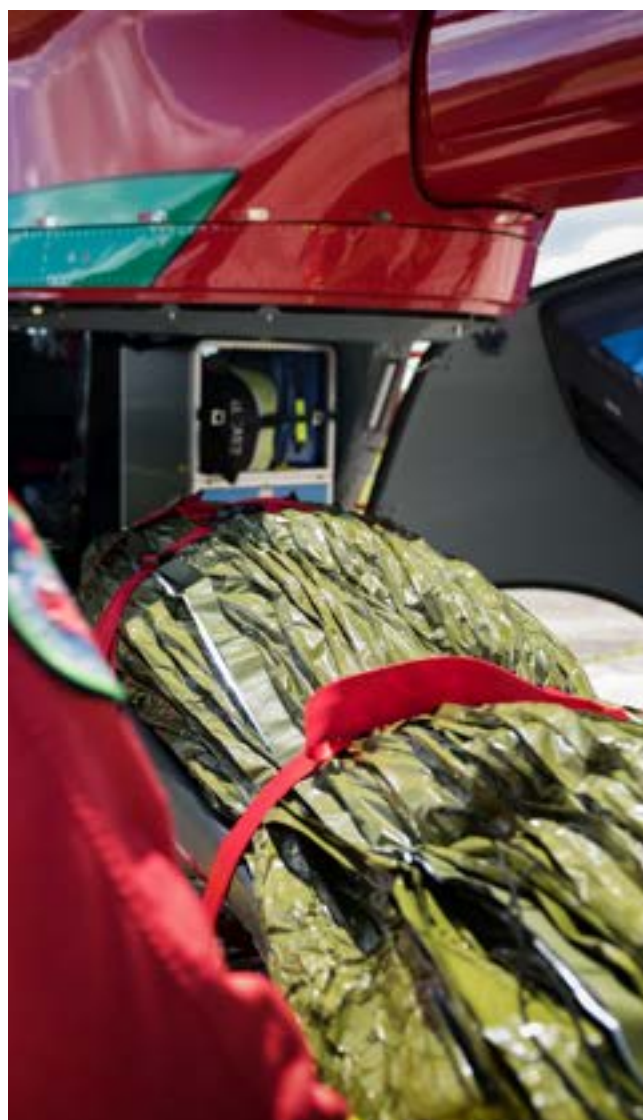
Perimortem Caesarean Section - Performance of an emergency caesarean section. To improve the cardiovascular status of a pregnant patient who is in traumatic or medical cardiac arrest.

Point-of-care Testing - Blood gas and blood analysis at scene. INR testing, carbon monoxide testing.

Pre-hospital Anaesthesia - The ability to anaesthetise a patient in order to intubate and ventilate. Airway compromise, respiratory failure, neurological compromise like unconsciousness.

Thoracostomy - Decompression of the chest using a scalpel and finger thoracostomy method. Relieves a tension pneumothorax.

This list is not exhaustive. Many of the interventions can be undertaken by Critical Care Practitioners, independently of a doctor.



7.7 Dispatch Criteria

The decision to task an EMRTS resource is made by the EMRTS Critical Care Hub. The Hub is based in the Welsh Ambulance Services NHS Trust Clinical contact Centre in Cwmbran and is staffed by 1 clinician and 1 allocator 24/7. The hub monitors calls for the whole of Wales.

Table 5 below outlines the typical calls that would prompt the Hub to investigate further, however the Hub team may access any call that presents to the ambulance 999 system.

Consider Immediate Dispatch Examples	Interrogated Dispatch Examples
<ul style="list-style-type: none">• Vehicle Ejection/Rollover• High speed vehicle and pedestrian collision• Patient unconscious (RED appropriate or with associated mechanism)• Major chest/head/pelvic injury• Airway compromise• Significant burn• Amputation above ankle or wrist• Stabbings, impalements, shootings, explosions (scene safety issues to be considered first)• Fall from height (>10ft or 1 storey)• Trapped in machinery• Mass casualty event (e.g. Aircraft/train/coach crash)	<ul style="list-style-type: none">• Major Incident (standby/declared)• Vehicle or pedestrian collision• Industrial or agricultural accidents• Diving emergencies• Equestrian injuries• Coastal/beach incidents• 999 call originating from a midwife led maternity unit• 999 call originating from a District General Hospital• Crew request• Severe haemorrhage of any sort• Return of Spontaneous Circulation• Patient agitated/combative• Open or deformed limbs requiring advanced analgesia or procedural sedation• Medical emergencies (including Myocardial Infarction, Cardiac Arrest)• Traumatic injuries including:<ul style="list-style-type: none">◦ Hangings◦ Burns/Scalds◦ Drowning◦ Electrocutions◦ Spinal injury with paralysis

Table 5: Dispatch Criteria
EMERGENCY AMBULANCE SERVICES COMMITTEE

7.8 Dispatch Process

The 9 steps below outline the typical decision making and approach adopted by the HUB when dispatching an EMRTS resource.



Call handler receives 999 call from operator and processes the call.



EMRTS allocator/clinician listens to the call whilst it is being processed.



If a critical care need is identified on the call.



A logistical decision is made on appropriate team to attend – this would typically be based on proximity to the incident, but may also be based on clinical crew mix or a tactical decision based on other ongoing or potential incidents.



The allocator will contact the relevant base / team and give appropriate grid reference / location.



The base crew will decide on the type of vehicle (air or road) that they will use to attend the incident. They will consider location, travel time and likely destination for the patient when making this decision.



Clinician contacts scene or responding WAST vehicle enroute to interrogate call further and give clinical advice if required.



The EMRTS crew will be regularly updated enroute when safe and appropriate to do so.



Additional information enroute may on occasion result in the crew being stood down, or re-tasked to a different incident.

7.9 Base Activity

Table 6 and Chart 1 below demonstrates the arrivals at scene by resources assigned to each base during 2022.

	Caernarfon	Welshpool	Dafen	Cardiff Day	Cardiff Night
Aneurin Bevan	*	14	88	255	131
Cariff & Vale	*	*	39	269	143
Cwm Taf Morgannwg	*	*	103	135	102
Swansea Bay	*	*	161	32	60
Hywel Dda	6	28	194	49	42
Betsi Cadwaladr	292	138	*	*	13
Powys	7	129	28	32	15
Out of Area	*	17	*	*	6

Table 6: Base Activity

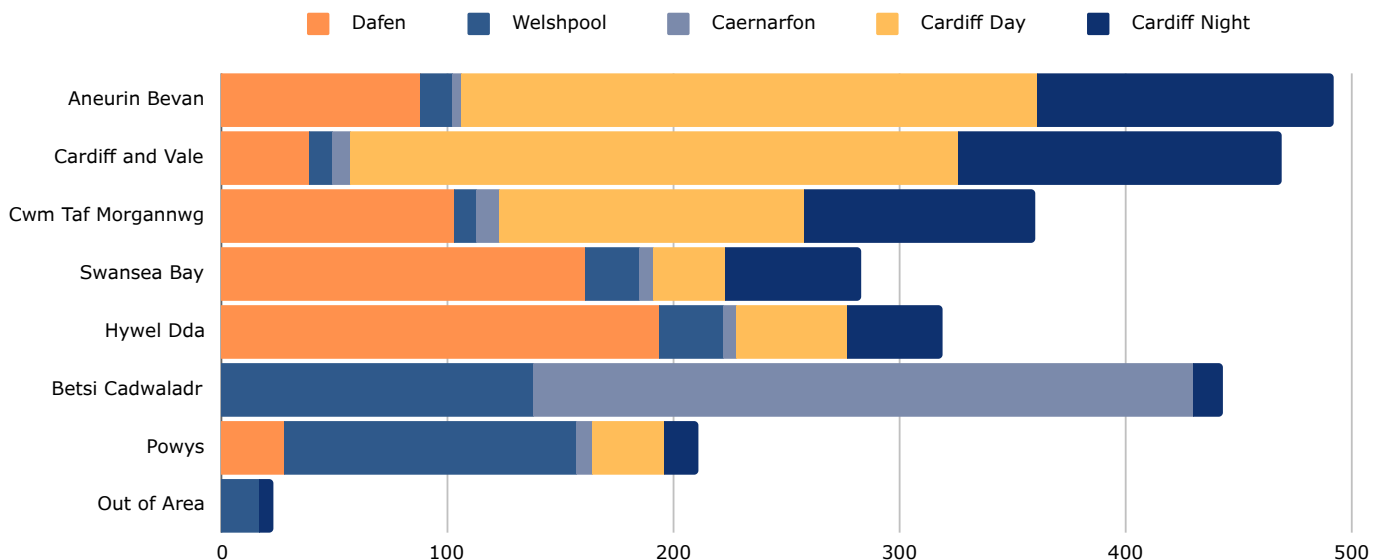


Chart 1: Base Activity

7.10 Response Time

Whilst the speed of response is important when considering life and limb-threatening illness or injury, EMRTS is not designed or commissioned to provide a primary response to these incidents, that role remains with the Welsh Ambulance Service.

EMRTS provides a specialised secondary response to these incidents and the response time should be considered in this context and cannot be measured against the traditional metric of ambulance response times.

Road ambulance response time clock start and clock stop points are well defined. The clock time starts regardless of the availability of an asset to respond.

Red

Identification of Chief Complaint (Clock Start) to on scene (Auto* or Manual).

Amber

Final Medical Priority Dispatch System (MPDS) disposition (Clock Start) to on scene (Auto* or Manual).

For EMRTS, clock start and stop times are less defined and could be applied to a number of unique episodes within the patient's care episode, but overall the definition of response time for EMRTS requires the allocation of an EMRTS resource, examples are provided below:

Clock Start:

- Identification of incident by the EMRTS Critical Care Hub
- Allocation of resource by EMRTS Critical Care Hub
- Take off /mobilisation of resource.

Clock Stop:

- Auto geo-fence (automatic applied when resource is within a set distance of the incident, this may include still being in the air)
- Manual input once landed
- Manual input once at the patient's location.



**Auto refers to a virtual geographic boundary, defined by Global Positioning System (GPS) technology, that enables vehicles to trigger an on-scene or at hospital status response when a vehicle enters a particular area.*

There are a number of additional nuances that apply to EMRTS air response that would not usually apply to road-based ambulance resources, linked to the requirements of the Civil Aviation Authority including:

- Daytime planning time of up to 6 minutes prior to take off
- Night-time planning time of up to 45 minutes prior to take off
- Aircraft landing locations can be significant distances from patient locations, requiring the crew to travel on foot or access secondary road-based transport to the patient's location.

Table 7 below provides the proportions of each resource type that responded to each health board, the average response time and arrivals at scene per 1000 population for each health board in 2022.

	Air/Road	Average Response Time	Arrivals at scene per 1000 population
Aneurin Bevan	54% / 46%	43 minutes	1.2
Betsi Cadwaladr	87% / 13%	47 minutes	1.6
Cardiff & Vale	17% / 83%	29 minutes	1.1
Cwm Taf Morgannwg	57% / 43%	41 minutes	1.3
Hywel Dda	79% / 21%	52 minutes	1.2
Powys	78% / 22%	49 minutes	0.6
Swansea Bay	50% / 50%	43 minutes	1.5
Out of Area	85% / 15%	29 minutes	N/A

Table 7: Response Time

7.11 Summary

Service Overview: EMRTS is Wales's main provider of pre-hospital critical care services. It utilises a mix of consultants, critical care practitioners (CCPs), appropriately equipped helicopters, and rapid response vehicles to deliver specialised hospital-level care directly to patients across Wales. It focuses on significantly improving outcomes for those in life and limb threatening situations.

Current Provision: EMRTS is primarily provided from four bases across Wales, offering a mix of consultants, CCPs, appropriately equipped helicopters, and rapid response vehicles operating across varying hours.

Critical Care Interventions: EMRTS provides advanced interventions beyond standard ambulance services, such as blood product administration, hypertonic saline for brain injuries, limb amputation, perimortem cesarean section, point-of-care testing, pre-hospital anaesthesia, and thoracostomy.

Dispatch Criteria and Process: The dispatch of EMRTS resources is decided by the EMRTS Critical Care Hub based on specific criteria, related to the severity of incidents. Decisions on resource deployment take into account various factors, including proximity and clinical team composition.

Base Activity and Response Time: Data from 2022 identifies the activity for each base and that this is variable. It shows for each health board the distribution of responses from each base.



8. EXPLORING THE CURRENT PROBLEMS OF PRE-HOSPITAL CRITICAL CARE DELIVERY IN WALES



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8.2 Air Coverage - Day

Daytime response from each base assumes 6 minutes for start-up and daytime ground procedures, and 24 minutes flying time.

The combination of Caernarfon, Welshpool, Dafen and Cardiff Day provide coverage by air for the whole of the population within 30 minutes during 08:00 – 19:00.

At 60 minutes each base is individually able to provide coverage for the whole of the population.



Map 1: Air Coverage Day

8.3 Air Coverage - Night

Map 2 below demonstrates the current air coverage for Wales within 60 minutes after 8pm (or hours of darkness).

Night response assumes 20 minutes* for start-up and ground procedures, and 40 minutes flying time.

As can be seen from map 2, the population in the North of Wales is not currently covered by air after 8pm with the assumed start up and flying times within 60 minutes.

There is a population of approximately 530,000 in this uncovered area, equating to around 75% of the Betsi Cadwaladr University Health Board population.



Map 2: Air Coverage Night

*20 minutes is used as the average start-up time, but guidance allows for up to 45 minutes during the hours of darkness.

8.4 Road Coverage - Day

The ability of the rapid response vehicles to provide population coverage at times when the aircraft is not flying, or when the response would be better by road than by air is an important component of base effectiveness.

Table 9 below demonstrates the population covered by rapid response vehicles from each base at 30, 60 and 90 minutes.

	30 minute road response		60 minute road response		90 minute road response	
Caernarfon	77,031	2.5%	279,307	8.9%	553,336	17.6%
Welshpool	48,976	1.6%	279,306	8.9%	619,439	19.7%
Dafen	491,114	15.7%	1,490,063	47.5%	2,330,024	74.3%
Cardiff Day	860,339	27.4%	1,870,263	59.6%	2,129,128	67.9%

Table 9: Response Time

At 30 minutes

- Each base covers a unique population with no-overlap

At 60 minutes

- Dafen and Cardiff cover an overlap population in South Central Wales
- Welshpool and Caernarfon cover an overlap population near Dolgellau

At 90 minutes

- there are multiple overlaps of population by 2 or 3 bases.

Map 3 below demonstrates the rapid response vehicle coverage from each base in Wales at 90 minutes, which shows coverage to almost every area of Wales.



Map 3: Road Coverage - Wales

It should be noted that some areas on the map which show as not covered even though they are within a coverable area, this is due to the software containing no road that is available to drive on.

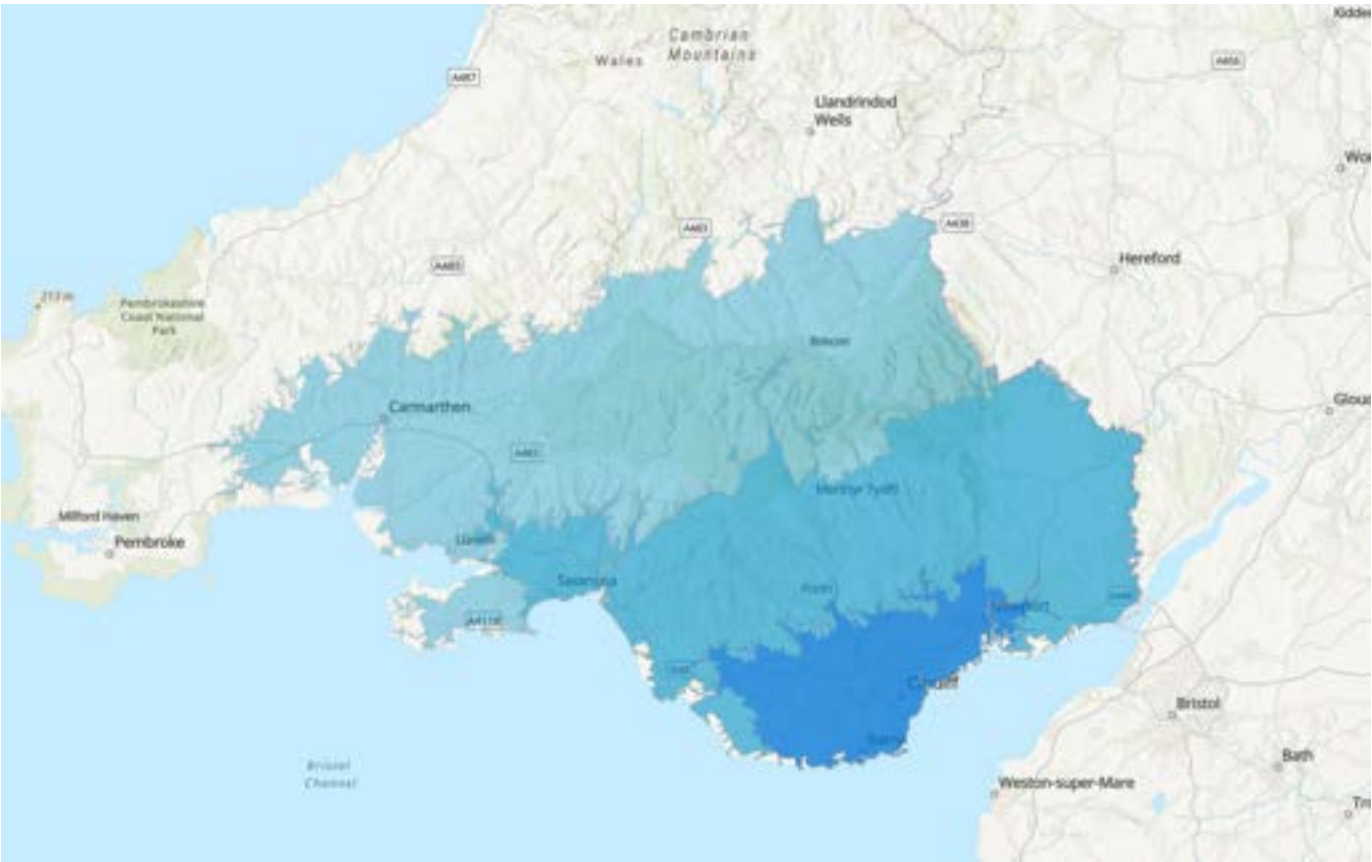
8.5 Road Coverage - Night

After 8pm at night there is one crew available for the whole of Wales based at Cardiff Heliport. Table 10 and Map 3 below show the population coverage for this asset when responding from the base.

	30 minute road response		60 minute road response		90 minute road response	
Cardiff Night	860,339	27.4%	1,870,263	59.6%	2,129,128	67.9%

Table 10: Response Time

Map 3 below illustrates the coverage area of Wales during nighttime hours originating from Cardiff Base. Displayed in varying shades of blue, the map delineates drive-time responses of 30, 60, and 90 minutes, with darker hue representing 30 minutes and lighter shades indicating longer travel times.



Map 3: Road Coverage Night - Cardiff

8.6 Utilisation

Utilisation is a measure how active a given resource is during the time it is available. For the purposes of providing an emergency response, utilisation is a balance between availability of resources against the efficiency and effectiveness of service delivery:

- Too low utilisation and the service becomes inefficient, costly and potentially disengages staff.
- Too high utilisation and the services becomes ineffective by not being available when patients need it.

The calculation below has been used:

Utilisation = total minutes from allocation to clear / available shift minutes

With the following assumptions included:

- A shift is assumed to be 12 hours, with no meal break, and therefore 720 minutes total
- Overruns are included in the activity

Overruns are periods where a crew continues to be active beyond the end of their shift. Overruns have a number of adverse impacts, including staff wellbeing, reduced cover for following shifts, and on occasion can result in an aircraft being stranded at a site away from its home base.



Base Utilisation			
	2020	2021	2022
Caernarfon	16%	21%	22%
Welshpool	19%	27%	25%
Dafen	47%	51%	46%
Cardiff Day	-	-	52%
Cardiff Night	56%	39%	32%

Table 11: Base Utilisation

Table 11 above provides the overall level of utilisation for each base on an annual basis, and outlines the variation in utilisation across bases in Wales.

From the process outlined in section 7.8 the deployment of a particular base or asset is primarily driven by proximity to the incident, this is consistent with the population coverage outlined in section 8.1 where bases with larger population coverage at 30 minute by air and the 30, 60 and 90 minutes by road are significantly busier.



Underlying these overall utilisation figures are days where the assets on the base do not arrive at the location of a single incident.

Table 12 below outlines the unique days in each of the previous three years where either air or road asset, or no asset reached the scene of an incident.

	No Arrival Days								
	2020			2021			2022		
	Air	Road	Base	Air	Road	Base	Air	Road	Base
Caernarfon	191	317	156	181	307	137	172	321	146
Welshpool	188	308	155	148	306	114	164	312	133
Dafen	117	177	27	120	207	50	89	254	43
Cardiff	313	34	26	167	41	17	127	41	7

Table 12: No Arrival Days

There are fixed costs with the operation of the EMRT service regardless of the volume of incidents attended, as such the table above highlights a significant opportunity for efficiency and productivity gains, particularly in those bases where on average 38% of days annually result in no attendance at a single incident.

8.7 Unmet Need

Unmet need is defined as any incident where a critical need is identified but no EMRTS resource is available to respond.

Unmet need may occur for a variety of reasons, such as:

- Assets already committed
- Assets offline
- Perceived time delay of response
- Weather

Since the instigation of the 24/7 EMRTS Critical Care Hub in 2020 the number of incidents where a critical care need was identified but no asset was available to respond has been recorded.

Chart 2 below demonstrates that unmet need occurs within each health board area of Wales.

The population of North Wales has the highest level of unmet need, this is particularly true after 8pm.

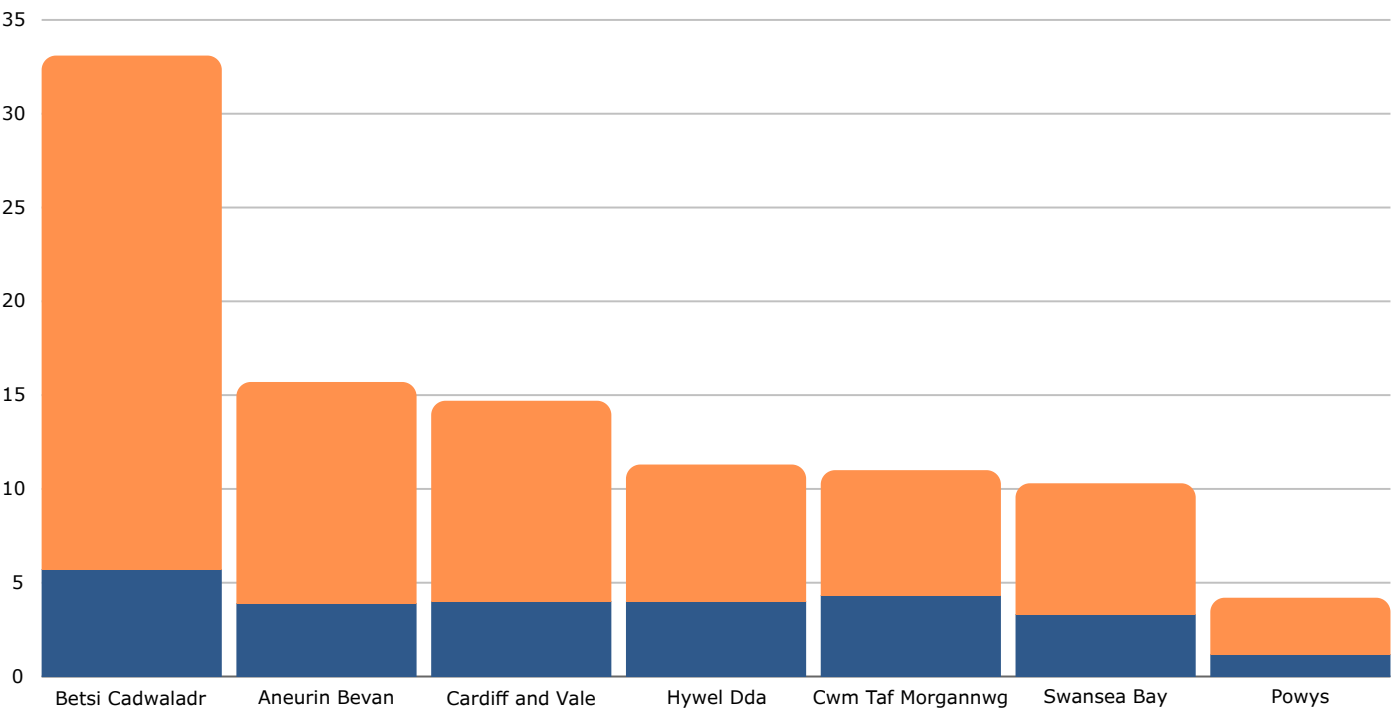


Chart 2: Unmet Need

It should be noted that 73.7% of unmet need occurs after 8pm. Every area of Wales experiences the majority of its unmet need during this time, when only one asset is available from Cardiff.

Table 13 below provides monthly unmet need since August 2022.

Air or Road	2020	2021	2022
January	N/A	122	137
February	N/A	76	90
March	N/A	103	89
April	N/A	144	70
May	N/A◇	129	77
June	N/A◇	190	87
July	N/A◇	172	73
August	115	164	61
September	123	153	75
October	133	124	87
November	124	118	88
December	131	118	70

Table 13: Unmet Need

N/A = Not Available

◇ New collection embedding

8.8 Summary

Population Coverage: EMRTS aims to provide an equitable service across Wales. The entire population has access to air-based assets, road-based coverage is more limited due to road network limitations, topography and base locations.

Air Coverage: During the day, a combination of bases (Dafen, Welshpool, Caernarfon, and Cardiff) can provide air coverage for the entire population within 30 minutes (08:00 – 19:00). Post 8pm, northern Wales lacks coverage within 60 minutes, affecting roughly 530,000 people or 75% of the Betsi Cadwaladr University Health Board population.

Road Coverage: Isochrone maps indicate varying population coverage for rapid response vehicles across Wales. After 8pm Cardiff provides the only rapid response vehicle for Wales.

Utilisation: Utilisation rates, which measure resource activity, vary across bases, indicating a better balance between efficiency and service availability is possible.

Unmet Need: Where critical care is required but no resources are available, this is recorded as unmet need, especially after 8pm. 73.7% of unmet need occurs post-8pm across Wales. North Wales has the highest level of unmet need.



9. EXPLORING THE SOLUTIONS TO PRE-HOSPITAL CRITICAL CARE DELIVERY IN WALES



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambwlans Brys
Emergency Ambulance
Services Committee

9.1 Engagement

This Report uses the terms 'engagement / engage' to mean the continuous involvement of, and informal consultation and discussions with, citizens, staff, staff representative and professional bodies, stakeholders, and third sector and partner organisations regarding service development.

The rationale for conducting a public engagement was to have a constructive and meaningful conversation with public and stakeholders about how to further improve the air ambulance service in Wales in response to the queries and concerns raised to the initial EMRTS Service Development Proposal that were emanating from Caernarfon and Welshpool areas specifically.

The engagement would enable public and stakeholder views and concerns to be fully understood and responded to as part of the overall independent review led by the Commissioner.

An internal steering group was established in EASC and in September 2022, the EASC Team approached the (then) Community Health Councils (now Llais) for advice on the suitable engagement model for the EMRTS Service Review.

The Community Health Councils across Wales asked the 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. This engagement approach reflected the Welsh Government's guidance for a 'moderate service change' as it exhibited some of the characteristics detailed in the guidance.

The engagement process has been presented and detailed in every EASC meeting to sight Members on the overall progress of the delivery of the engagement programme, as well as the emerging themes from public and stakeholder feedback.

Detailed information on the feedback received during the engagement process and the CASC response is provided at Appendix 1



9.2 Engagement - Phase 1

The first phase of engagement took place from March 2023 - June 2023.

This phase was focused on listening and gathering information and feedback on factors, weighting and suggestions to inform the options to be developed.

Further detailed information on this phase is available in the accompanying Engagement Report.

9.3 Picker Survey

Alongside online and face to face engagement sessions, a report was commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov.

The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care. The report concluded

The most important priorities to the Welsh public when considering changes to the EMRTS service include:

- an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason;

- if services change, there should be good training and support available for staff to make the best use of their advanced skills;
- everyone in Wales should have equal access to the service
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- 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.**

9.4 Options Development

As part of the phase 1 public engagement 3 broad areas of proposed model options were discussed:

- Existing bases and changes to these
- Having a new base in the centre of North Wales (by closing other bases)
- Additional ideas or scenarios (to be informed by engagement process)

Following the completion of the Phase 1 Engagement, these broad themes were further developed into 6 operational scenarios to explore through modelling how each one would change the baseline position.

Scenario	Description
1	Status Quo – Keeping things as they are now
2	Existing Bases with Existing Capacity
3	Consolidated Base with Existing Capacity
4	Consolidated Base + Additional Capacity
5	Status Quo + Additional Capacity
6	Existing Bases + Additional Capacity

Table 14: Scenarios

9.5 New North Wales Base

In order to establish the potential location of a base in the central area of North Wales, the modelling company were asked to assess locations based on proximity and coverage of existing EMRTS incidents.

To do this they ran coverage algorithms across 1,718 locations in Mid and North Wales which identified a location south of Rhyl / Rhuddlan area.

Given the proximity of this location to the historical airbase in Rhuddlan, this site was used for the remainder of the modelling.

The EASC Team assessed the population coverage of this location using the same methodology as set out in section 8.1.

For ease of reference the existing base population coverage by air and road have been re-provided along side the Rhuddlan site.

	30 minute Air response		60 minute Air response		90 minute Air Response
Caernarfon	809,751	25.8%	Whole Population		
Welshpool	1,258,626	40.1%			
Rhuddlan	787,641	25.1%			
Cardiff Day	2,187,688	69.7%			
Cardiff Night	-	-	2,606,214	83.1%	Whole Population

Table 15: Population coverage by air inc Rhuddlan

As Table 15 shows, whilst Rhuddlan is able to provide whole population coverage at 60 minutes, its more northerly location limits the coverage it can provide for southern population in 30 minutes compared to Welshpool and Caernarfon.

NOTE

- The combination of Dafen, Welshpool, Caernarfon and Cardiff Day provides coverage by air for the whole of the population within 30 minutes during 08:00 – 19:00.
- The combination of Dafen, Cardiff Day and Rhuddlan provides coverage by air for the whole of the population within 30 minutes during 08:00 – 19:00.

	30 minute Road response		60 minute Road response		90 minute Road Response	
Caernarfon	77,031	2.5%	279,307	8.9%	553,336	17.6%
Rhuddlan	324,348	10.3%	624,477	19.9%	707,959	22.6%
Welshpool	48,976	1.6%	279,306	8.9%	619,439	19.7%
Dafen	491,114	15.7%	1,490,063	47.5%	2,330,024	74.3%
Cardiff Day	860,339	27.4%	1,870,263	59.6%	2,129,128	67.9%
Cardiff Night						

Table 16: Population coverage by road inc Rhuddlan

As Table 16 above shows Rhuddlan provides a substantial increase in population coverage by road at 30 and 60 minutes, as well as a material additional coverage at 90 minutes.

Map 4 demonstrates Rhuddlan is not able to replicate the full geographical and therefore whole population coverage that the current base locations are able to provide at 90 minutes travel time by road.



Map 4: 90 minute response

9.6 Modelling

Modelling was used to explore the impact of each scenario.

To enhance the modelling outputs, the reference period used to inform the scenario modelling was set as the period between the 1 June 2022 to 31 May 2023. This time period provided the most recent and stable data period since the introduction of the additional daytime service from Cardiff.

Following feedback from Phase 1, weather data was also sourced for each of the current base locations, and the potential site in North Wales, located in Rhuddlan.

Multiple variations were run for each scenario resulting in 20 separately modelled options.

Scenario 1: Status Quo – Keeping things as they are now

Scenario 2: Existing Bases / Existing Capacity – Testing different shift times 14:00 – 02:00 and 20:00 – 08:00 for crews at the existing bases.

Scenario 3: Consolidated Base / Existing Capacity – Merging two bases into one at a centralised location and testing different shift times 08:00 – 20:00, 14:00 – 02:00 and 20:00 – 08:00 for crews at this base.

Scenario 4: Consolidated Base / Additional Capacity – Taking the best variation for scenario 3, and adding an extra car crew in a different location and testing different shift times 08:00 – 20:00, 14:00 – 02:00 and 20:00 – 08:00 for this crew.

Scenario 5: Status Quo / Additional Capacity – Taking the status quo and adding an extra crew to some bases and testing different shift times 14:00 – 02:00 and 20:00 – 08:00.

Scenario 6: Existing Bases / Additional Capacity – Taking the best variation for scenario 2, and adding an extra car crew in a different location and testing different shift times 08:00 – 20:00, 14:00 – 02:00 and 20:00 – 08:00 for this crew.

9.7 Modelling Results

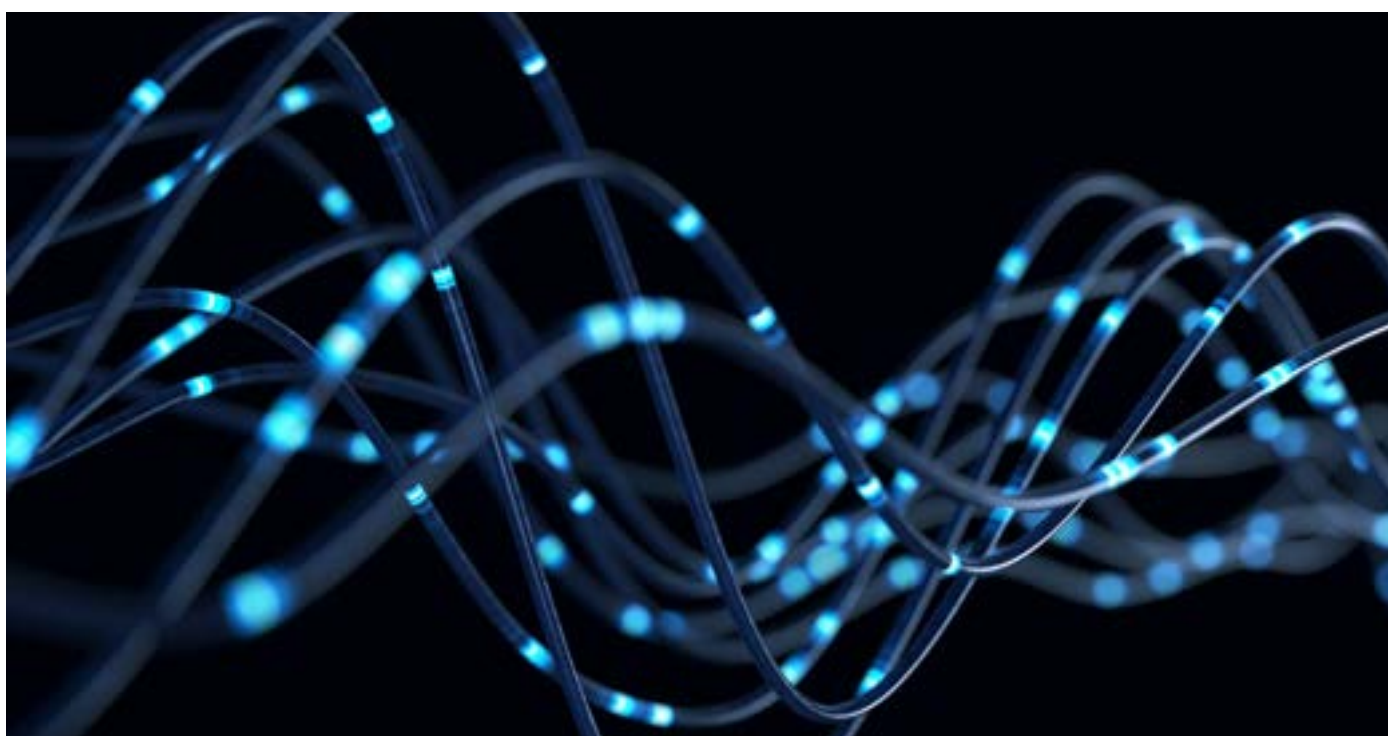
The results of the modelling are set out overleaf. These were shared as part of the phase 2 – public engagement. The full modelling results report is available in the supporting document 7 Optima Modelling available on the EASC website on the EASC website..

- **Dispatches:** how often a vehicle was dispatched (not necessarily arrived i.e. stood down). [count]
- **Scene arrivals:** how often a vehicle arrived at scene. [count]
- **Residual unmet need:** The count of all incidents in the input incident dataset, minus the count of incidents with a simulated dispatch.
- **Overall Utilisation:** time assigned to incidents / planned shift time (e.g. 4h / 12h = 33%). [percentage] - In the results per best-performing scenario variation, these are also broken down by base.
- **Response Duration:** Clock Start Time --> First Vehicle Arrived Time. [mm:ss]
- **Vehicle Reflex Duration:** Vehicle Dispatch Time --> Vehicle Scene Arrival Time. [mm:ss]



Scenario	Dispatches	Scene Arrivals	Residual Unmet Need	Crew Utilisation	Response Duration (avg)	Veh. Reflex Duration (avg)
1) Baseline	3,650	2,696	858 (19%)	30%	56:21	26:20
Scenario 2: Existing Bases, Existing Capacity. The best-performing variation is marked as ★.						
2A) Welshpool 14-02	3,739	2,785	769 (17%)	31%	55:13	25:59
2B) Caernarfon 14-02 ★	3,748	2,793	760 (17%)	31%	55:25	26:36
2C) Welshpool & Caernarfon 14-02	3,684	2,730	824 (18%)	30%	55:50	25:12
2D) Welshpool 20-08	3,679	2,727	829 (18%)	30%	56:48	26:13
2E) Caernarfon 20-08	3,708	2,753	800 (18%)	31%	57:05	26:35
Scenario 3: Consolidated Base, Existing Capacity. The best-performing variation is marked as ★.						
3A) Rhuddlan 2x 08-20	3,661	2,707	847 (19%)	30%	56:36	26:09
3B) Best Alternative 2x 08-20	3,671	2,717	937 (21%)	31%	56:10	26:03
3C) Rhuddlan 08-20 + 20-08	3,767	2,812	741 (16%)	31%	53:58	24:43
3D) Rhuddlan 08-20 + 14-02 ★	3,791	2,835	717 (16%)	32%	53:23	25:22
Scenario 4: Additional Capacity to Scenario 3. The best-performing variation is marked as ★.						
4A) Extra car 08-20	3,817	2,861	691 (15%)	27%	54:29	25:08
4B) Extra car 14-02	3,843	2,888	665 (15%)	27%	53:02	24:34
4C) Extra car 20-08 ★	3,859	2,904	649 (14%)	27%	52:33	24:12
Scenario 5: Additional Capacity to Baseline. The best-performing variation is marked as ★.						
5A) Welshpool add 20-08	3,746	2,792	762 (17%)	26%	55:55	25:55
5B) Welshpool add 14-02	3,733	2,779	775 (17%)	26%	55:52	25:41
5C) Caernarfon add 20-08 ★	3,755	2,801	753 (17%)	26%	55:19	25:30
5D) Caernarfon add 14-02	3,738	2,785	770 (17%)	26%	56:06	25:50
Scenario 6: Additional Capacity to Scenario 2. The best-performing variation is marked as ★.						
6A) Extra car 08-20	3,777	2,823	731 (16%)	26%	54:06	25:55
6B) Extra car 14-02	3,834	2,878	674 (15%)	27%	52:44	25:08
6C) Extra car 20-08 ★	3,857	2,901	651 (14%)	27%	51:47	24:50

Table 17: Optima Modelled Scenario Results



9.8 Factors

At the outset of this work, the Committee approved the use of 5 factors for any proposed change to the service, these objectives are consistent with the original business case for the establishment of EMRTS and for the case to expand the service into a 24/7 operation.

Following the feedback received in the Phase 1 Public Engagement adjustments were made to the weightings, with Clinical Skills and Sustainability being increased to 20 and Value for Money decreased to 15.

The objectives are set out below in table 18 below.

Ref	Factor	Commissioning Objective	Original Weighting	Post Phase 1 Weighting
1	Health Gain	To improve the quality of care and outcomes for patients in Wales	25	25
2	Equity	To ensure that the whole population of Wales receive adequate and timely access to specialised pre-hospital critical care	25	25
3	Clinical Skills & Sustainability	To retain and retrain staff and enable them to utilise their skills to the top of their skill set and to attract and recruit the best people for the service	15	20
4	Affordability	To ensure the service delivered is able to operate effectively within the financial constraints of NHS Wales and Wales Air Ambulance Charity Trust	15	15
5	Value for Money	To maximise efficiency, ensure that the population attain the highest possible level of health gain for the given level of expenditure	20	15

Table 18: Factors



9.9 Engagement Phase 2

The second Phase of engagement took place from October 2023 - November 2023.

This phase was focused on sharing the work undertaken to date and the options that had been developed and modelled.

Further detailed information on this phase is available in the accompanying Engagement Report.

9.10 Options Appraisal - Long List

Following the completion of Phase 2 and at the direction of the Joint Committee at the November 2023 meeting, an options appraisal workshop was held with representatives from across NHS Wales in January 2024.

In preparation for the workshop the EASC Team undertook a review of the 20 options in order to develop a reasonable shortlist for consideration by the workshop participants. The shortlist included six options plus DO NOTHING for comparison purposes.

Table xx outlines the justification for discounting each of the 13 options not taken forward to the workshop.

9.11 Options Discounted from the Long List

Having considered the modelling, the following 13 options were discounted and were not taken forward as part of the options appraisal process. The justification explained below:

No.	Option Discounted from the Long List	Justification for not taking forward from Long List
1	2C) Welshpool & Caernarfon 1400-0200 Change the Welshpool and Caernarfon shifts to 14:00 - 02:00 hours.	Similar option to 2A and 2B but: <ul style="list-style-type: none"> reduced available capacity between 0800-1400 provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
2	2D) Welshpool 2000-0800 Change the Welshpool shift to 20:00 - 08:00 hours.	Similar option to 2A and 2B but: <ul style="list-style-type: none"> reduced available capacity between 0800-2000 provides less scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
3	2E) Caernarfon 2000-0800 Change the Caernarfon shift to 20:00 - 08:00 hours.	Similar option to 2A and 2B but: <ul style="list-style-type: none"> reduced available capacity between 0800-2000 provides fewer scene arrivals and therefore smaller reduction in unmet need
4	3A) North Central Wales near A55 2x 0800-2000. Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 (2 shifts).	Similar option to 3D but: <ul style="list-style-type: none"> reduced available capacity after 2000 provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
5	3B) Best Alternative. Merge Welshpool and Caernarfon into the best alternative (2 shifts)	Similar option to 3D but: <ul style="list-style-type: none"> reduced available capacity after 2000 provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
6	3C) North Central Wales near A55 0800-2000 + 2000-0800 (Rhuddlan). Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 and change the shift timings to 08:00 - 20:00 and 20:00 - 08:00.	Similar option to 3D but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation

No.	Option Discounted from the Long List	Justification for not taking forward from Long List
7	4A) Extra car 0800-2000. Uses the best-performing variation of scenario 3, then adds a car-only shift (08:00 - 20:00 hours) to a new, well-covering location in the north Wales.	Similar option to 4C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
8	4B) Extra car 1400-0200. Similar to the previous but make the car-only shift 14:00 - 02:00 hours.	Similar option to 4C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
9	5A) Welshpool add 2000-0800. Add a 20:00 - 08:00 crew to Welshpool.	Similar option to 5C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
10	5B) Welshpool add 1400-0200. Add a 14:00 - 02:00 crew to Welshpool. During the shift overlap (14:00 -20:00), if the helicopter is already being used, then the second crew will use the car.	Similar option to 5C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
11	5D) Caernarfon add 1400-0200. Add a 14:00 - 02:00 crew to Caernarfon. During the shift overlap (14:00 -20:00), if the helicopter is already being used, then the second crew will use the car.	Similar option to 5C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
12	6A) Extra car 0800-2000. Uses the best-performing variation of scenario 2, then adds a car-only shift (08:00 - 20:00 hours) to a new, well-covering location in the north Wales.	Similar option to 6C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
13	6B) Extra car 1400-0200. Similar to the previous but make the car-only shift 14:00 - 02:00 hours.	Similar option to 6C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need

Table 19: Options Appraisal - Discounted Options

9.12 Options Appraisal - Short List

The 'Do Nothing- baseline' and remaining six options were carried forward as the short list for appraisal at the workshop. Table 20 below outlines these options:

Short List Option No.	Option Description
-	Do Nothing – Baseline (included for comparison purposes only) Keep all 4 bases, 4 teams and make no changes.
1	Keep 4 bases and 4 teams Only make 1 change, to Welshpool shift times from 8am - 8pm to 2pm - 2am.
2	Keep 4 bases and 4 teams Only make 1 change, to Caernarfon shift times from 8am - 8pm to 2pm - 2am.
3	Reduce bases from 4 to 3, keep 4 teams Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am.
4	Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am Also add an extra car team running 8pm-8am from Wrexham area providing additional cover for the urban areas of North Wales.
5	Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am (Same as Option 2 but improved by adding an extra crew based at Caernarfon from 8pm - 8am)
6	Keep 4 bases and 4 teams and add an extra car crew running 8pm-8am from a new, well-covering location in the North Wales near the A55. Make the car-only shift 8pm-8am (Same as Option 2 but improved by adding car shift 8pm-8am in North Wales near A55)

Table 20: Options Appraisal - Short List

9.13 Options Appraisal - Workshop

The Options Appraisal Workshop was held on 12 January, 2024 with representation from health boards and NHS Trusts that included clinical, planning, operational, engagement and finance staff. The role of these NHS Wales representatives was to score each option against each factor and assist the CASC arriving at a recommendation for EASC.

Subject matter experts from EMRTS and the Charity were on hand to help answer any technical queries raised. However, they did not participate in the scoring and had no influence on the process. The EASC Team facilitated the session and answered any questions on the process followed to date.

Information was shared with attendees prior to the workshop, this included the Option Appraisal Process Document that included indicators and metrics, benefits and drawbacks for each option, in line with Table 21 below.

Factor	Commissioning Approach
Health Gain	<ul style="list-style-type: none">Proportion of met needResidual unmet needScene arrivalsIncreased number of arrivals at scene over baselineCreation of new unmet needTotal crew utilisation (including range across bases – for context)
Equity	<ul style="list-style-type: none">Response times (reflex times)Available capacity between 0800-1400Population coverage – road (30m, 60m, 90m)Population coverage - air%age of total unmet need (for context)Unmet need per 10k (for context)Weather (per base) (for context)
Clinical Skills and Sustainability	<ul style="list-style-type: none">Utilisation by base and assetEMRTS Management Team’s operational viewNo arrival days (for context)
Affordability	<ul style="list-style-type: none">Additional recurrent cost to baseline (pay and non-pay costs)Transition/project costsAdditional capital costs
Value for Money	<ul style="list-style-type: none">Additional cost to the baselineIncreased number of arrivals at scene over baselineCost per additional scene arrival

Table 21: Options Appraisal - Workshop

9.14 Options Appraisal - Scoring

Representatives were asked to score each option against each factor individually using the information circulated prior to the workshop. Individual scores were discussed and a group score agreed for each option against each factor.

The following table contains the total weighted scores, for descriptions see table 21 on page 57.

Opt	Description	Factor 1 Health Gain	Factor 2 Equity	Factor 3 Clinical Skill and Sustainability	Factor 4 Affordability	Factor 5 Value for Money	Total Weighted Score
1	Keep 4 bases and 4 teams	100	100	100	120	60	480
2	Keep 4 bases and 4 teams	100	100	100	150	120	570
3	Reduce bases from 4 to 3, keep 4 teams	200	150	200	120	150	820
4	Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am	225	225	100	60	90	700
5	Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am	150	200	80	60	30	520
6	Keep 4 bases and 4 teams and add an extra car crew running 8pm-8am from a new, well-covering location in the North Wales near the A55.	250	150	60	30	60	550

Table 22: Options Appraisal - Scoring

9.15 Options Appraisal - Ranking

Opt	Description	Total Weighted Score	Ranked Position
1	Keep 4 bases and 4 teams Only make 1 change, to Welshpool shift times from 8am - 8pm to 2pm - 2am.	480	6th
2	Keep 4 bases and 4 teams Only make 1 change, to Caernarfon shift times from 8am - 8pm to 2pm - 2am	570	3rd
3	Reduce bases from 4 to 3, keep 4 teams Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am.	820	1st
4	Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am Also add an extra car team running 8pm-8am from Wrexham area providing additional cover for the urban areas of North Wales	700	2nd
5	Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am (Same as Option 2 but improved by adding an extra crew based at Caernarfon from 8pm - 8am)	520	5th
6	Keep 4 bases and 4 teams and add an extra car crew running 8pm-8am from a new, well-covering location in the North Wales near the A55. Make the car-only shift 8pm-8am (Same as Option 2 but improved by adding car shift 8pm-8am in North Wales near A55)	550	4th

Table 23: Options Appraisal - Ranking

9.16 Options Appraisal - Do Nothing

The “Do Nothing” option was carried forward as part of the long and shortlisting process for comparison purposes.

In his Phase 3 Report, the CASC stated that “Do Nothing” was not an acceptable choice, due to:

- High levels of unmet need
- Unequal and low levels of utilisation (including no-arrival days)
- Lack of night time capacity
- Poor population coverage at night

It should also be noted, that every modelled scenario was able to deliver an improvement in scene arrivals from the baseline, indicating that the current service is not optimised.



9.17 Options Appraisal

- Conclusion

It was agreed that the highest ranking Options 3 and 4 would be taken forward to Phase 3.

However, workshop participants recognised that neither option would address all the public and stakeholder feedback heard throughout Phases 1 and 2 of engagement.

There were several consistent emerging themes, some within the scope of the Review. These included:

- Concern about WAST services regularly being pulled out of area and lengthy handover delays adversely affecting ability to respond to communities
- Concerns that mid, rural, and coastal communities are more vulnerable and 'less equal' than those in urban areas located closer to better road infrastructures and general hospitals and therefore need something more bespoke to reflect their rural needs
- Concern that EMRTS is too specialised and could respond to a wider range of conditions for rural and remote areas through a more bespoke clinical model
- Concern about paramedic staffing levels in mid and rural north Wales
- Concerns about EMRTS staff retention with any base moves

- Concerns that the Charity will lose the goodwill of support in base location areas and the impact on charitable donations which could decrease and destabilise this important service provided in partnership
- Concern about vulnerability of rural communities generally ('lost all other services already')
- Current bases perceived as a 'local lifeline' and visual presence is reassuring.



It was recognised that, as the Commissioner of both the ambulance service and EMRTS, the CASC has the opportunity to propose additional actions to address some of the feedback raised during the engagement process.

Adopting this approach will ensure that EASC is making the most of its total available commissioning allocation and therefore not requiring additional monies.

The additional actions should aim to:

- Provide additional pre-hospital resources and improve the ability to respond to rural, remote and coastal communities.
- Respond to the need for a different model in rural, remote and coastal areas.
- Involve a bespoke clinical model with EMRTS responding to a wider range of conditions in rural, remote and coastal areas, retaining a visual presence in these areas.
- Improve ambulance resources in rural, remote and coastal areas.
- Provide an alternative for EMRTS staff not wishing to work from a centralised base ensuring improved resource in rural, remote and coastal areas.

Positive feedback regarding the session was received from attendees.

A summary of the workshop and the full information pack is available on the EASC Website as part of the supporting information.

9.18 Engagement Phase 3

Phase 3 public engagement was focused on providing an opportunity for commenting on the proposed Options.

For the purposes of clarity during Phase 3, the shortlisted Options (previously referenced 3 and 4) are now referenced **Options A and B**.

It was evident from the public feedback that there were several common themes and concerns regarding the proposed changes to pre-hospital critical care delivery in Wales.

The key themes are summarised below:

1. Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.

2. Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.

3. Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.

4. Belief of the impact on rural communities, ageing populations, and workers in hazardous professions.

5. Risk of decreased donations to the Charity, potentially threatening its sustainability.

7. Emphasis on equitable access to pre-hospital critical care across all regions of Wales.

8. Calls for decision-makers to reconsider proposed options and prioritise the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the unique needs of rural communities, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales.

It was evident from each Phase of the public engagement process, how valued this critical care service is and how worried by change people are.



9.19 Summary

Engagement Phases: The report details three phases of engagement from March to June 2023, October to November 2023, and February 2024 aimed at gathering feedback to inform and influence the EMRTS Review.

Operational Scenarios: Six operational scenarios were developed including maintaining the status quo, modifying existing bases, and considering new base locations with and without additional resources.

New North Wales Base Analysis: 1,718 potential locations in Mid and North Wales were assessed for their coverage capabilities. This identified a location south of Rhyl/Rhuddlan as the most effective area showing significant increases in incident coverage.

Modelling Results: The Report presents the results of six modelled scenarios with 20 variations. It focuses on outputs such as dispatches, scene arrivals, unmet needs, overall utilisation, and response durations. Results were shared during the Phase 2 public engagement.

Factors: Five factors, their definitions and weightings were agreed during the public engagement process. These are: Health Gain, Equity, Clinical Skills and Sustainability, Affordability, and Value for Money.

Options Appraisal: A shortlist of six options were appraised at a workshop. The workshop brought together representatives from health boards and trusts across Wales and included clinical, planning, operational, engagement and finance staff. Members of the Emergency Ambulance Services Committee (EASC) team, EMRTS management and the Wales Air Ambulance Charity were present to provide expert advice only.

Options Appraisal Scoring: Representatives from health boards and trusts were asked to score each option against each factor individually using information circulated prior to the workshop. Individual scores were discussed and a group score agreed. The two top scoring options were taken forward as part of Phase 3 engagement.

Concerns: The report acknowledges public and stakeholder concerns regarding service accessibility and specialisation, suggesting complementary actions to address these alongside the preferred operational changes.



10. CONCLUSION AND RECOMMENDATIONS



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WALES

Pwyllgor Gwasanaethau
Ambwlans Brys
Emergency Ambulance
Services Committee

10.1 Conclusion

This is the Final Report of the Emergency Medical Retrieval and Transfer Service Review.

The comprehensive review process, that has encompassed phases of public engagement, historical data analysis, operational scenario development and modelling, and a detailed option appraisal, has culminated in a thorough understanding of the achievements, challenges and solutions to delivering pre-hospital critical care delivery in Wales.

This process has clarified the need for the service to develop and enhance the access, effectiveness and efficiency of the service across Wales. This is particularly required during night-time hours, where currently approximately 530,000 of the North Wales population do not have access to an aircraft within 60 minutes after 8pm.

Due to the predominance of feedback from the engagement process, stating that no change in the service bases would be optimal it is important to understand that the current high levels of unmet need, unequal and low levels of utilisation (including no-arrival days), lack of night time capacity and poor population coverage at night, mean that doing nothing is not an acceptable option.

The process has recognised the importance of balancing community expectations with operational realities of service delivery.

Meticulous analysis and public engagement, has highlighted the essential role of EMRTS in providing advanced medical interventions in life and limb threatening situations across Wales.

Six operational scenarios with multiple variations were crafted based on maintaining the status quo, consolidating bases and adjusting or increasing existing capacity. Detailed modelling of these scenarios was conducted to assess their impact on service coverage, response times, utilisation rates, and unmet needs.

An appraisal workshop evaluated the scenarios against key factors such as Health Gain, Equity, Clinical Skills and Sustainability, Affordability, and Value for Money. This led to the selection of a consolidated base model with and without additional capacity being selected as the preferred options for further consideration.

Throughout the engagement phases, concerns were raised about the potential impact of operational changes on rural coverage, service specialisation, staff retention and community support. These concerns guided the recommendations.

10.2 Recommendations

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 this 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.

Appendix 1

Conclusions from EASC-led engagement feedback

The feedback gathered by the EASC Team reflect localised perspectives from Caernarfon and Welshpool surrounding areas:

About the first EMRTS Service Development Proposal

Feedback – There's a perception that the proposed changes are driven by cost-saving measures, which raises concerns about potential service cuts. Concerns have been raised about funding any relocation or new base, with worries about resources being redirected from frontline services. There are concerns regarding the initial EMRTS Service Development Proposal, with scepticism about the Rhuddlan model being based on assumptions rather than historical data that could support its coverage and scepticism about the effectiveness of the Rhuddlan base due to its proximity to the coast. There's a significant concern that relocating base locations from Caernarfon and Welshpool could result in fatalities in those localities due to decreased accessibility to emergency medical services.

EASC Response – *This is acknowledged. The Review has started work afresh and independent of the initial EMRTS Service Development Proposal. All options to develop the service cost more money is therefore not a cost-saving exercise. There are requirements in both NHS Wales and for the Charity (via the Charity Commission) to ensure that money is being spent in the most effective way to benefit patients. No evidence is received to support the belief that 'more people will die' if any operational base changes are made. However, data used within the Review shows that 2-3 patients per day need the service currently but who cannot access the service is a current known fact.*

About weather and environment

Feedback – Concern that merging air bases in north Wales into one could limit service capacity during adverse weather conditions, when flying is restricted and that weather in Rhuddlan base is worse compared to Caernarfon and Welshpool bases. Some suggest relocating the Dafen (Llanelli) base instead, citing weather impacts shared in a weather data report. Concern about continued deterioration of environmental factors (such as flooding) affecting timely response by car to rural areas. Another suggestion is to conduct flood mitigation works at Welshpool to enhance its utilisation.

EASC Response – Acknowledgement is given to the belief that having assets spread across various bases enhances flexibility in responding to emergencies. However, no substantiated evidence has been provided to validate the claim that the Rhuddlan base encounters more adverse weather conditions, as the factual weather reports do not corroborate this allegation. Despite facing challenging weather conditions, the utilisation levels at Dafen remain appropriately productive. The Review acknowledges the importance of ensuring a diverse range of assets are available for clinical teams to respond to areas during inclement weather. It is emphasised that operational considerations in the Review prioritise avoiding recommendations that would place bases in more challenging flying conditions.

About the data

Feedback – Perception that the original data time reference period was in a 'Covid pandemic' year and therefore would not be typical in its demand because of the lockdowns imposed on the public. There was also a perception that the initial EMRTS Proposal was 'flawed' and now 'discredited' by data modelled and shared in Phase 2 and 3.

EASC Response – This concern was appreciated, and new data time reference period was used in response to Phase 1 feedback. It was also explained in Phase 2 that the original data used for the EMRTS Service Development Proposal was accurate at a specific point in time. However, since the original data was modelled, more data and further analysis have been conducted. For instance, the establishment of daytime Critical Care Paramedic (CCP)-led responses from Cardiff Heliport has become a standard part of the service. Additionally, weather data relating to each base has been sourced and incorporated into the analysis. These developments have influenced the data modelling done after Phase 1 engagement.

Moreover, there have been other service developments across the NHS system since the original proposal was prepared, including adult critical care transfers. While this has impacted the number of transfers EMRTS is tasked with, it has also ensured that the service is more available to attend primary missions at the scene of incidents or illnesses.

These variables illustrate the complexity of modelling for this clinically specialised life-saving service. Since its establishment, EMRTS, in partnership with the Wales Air Ambulance Charity, has consistently explored options to improve and adapt the service to meet its aims and objectives, including meeting as much demand in Wales for this specialist service as possible.

Furthermore, the service is obligated to respond to the Commissioning Intentions set by the Emergency Ambulance Service Committee (EASC). These strategic priorities aim to ensure reasonable expectations for the ongoing improvement of services. For 2022-23, these intentions include service expansion and the use of forecasting and modelling to inform system transformation.

About response times

Feedback - For those in localities near to Caernarfon and Welshpool bases. there are concerns that the service will take longer to respond if it originates from bases other than Caernarfon or Welshpool. Additionally, there are concerns about the current Rapid Response Vehicle (RRV) locations and their ability to respond effectively. There's also apprehension about the mental and emotional stress patients may experience while waiting for an emergency response from "out of area" if base locations are moved and response times are prolonged. Rural mobile phone coverage is seen as adding delays when calling 999 compared to urban areas. There's a reliance on air support to provide a response within the "golden hour" compared to road response. The perception is that a local base always provides a local response, and any move would impact EMRTS response times for rural patients. Moreover, there's a perception that a base location in mid Wales can reach everywhere quicker across all of Wales due to its central position.

EASC Response – *This belief assumes that the 'local' helicopter is ring-fenced for local needs. However, the service operates on a national basis across all teams based in four locations. For instance, data reveals that 61% of the Welshpool teams' activity involves responding to incidents outside of Powys. Additionally, Cardiff crews provide 24-hour cover, meaning they are the only available option for incidents occurring after dark. The 'golden hour' is a historical term often used in trauma or emergency care to suggest that an injured or sick person must receive definitive treatment within the first 60 minutes from the time of injury or appearance of symptoms. The concept is outdated and has been substantially discredited by clinicians. The whole pathway of care is now different with many lifesaving interventions being made by first responders and ambulance clinicians in the early period following injury or illness, and in appropriate cases the delivery of critical care and onwards transfer to definitive care by EMRTS. For the patient this can mean hours saved when compared to standard care (going to the right hospital) and therefore the initial response time is less critical. However, in recognising the different needs in rural areas compared to urban areas (distance to District General Hospitals etc.) the Commissioner is proposing a bespoke and ring-fenced resource to be used within a different clinical model for rural communities.*

This is set out as Recommendation 2 in the Review document that would see the development of a commissioning proposal for the expansion of road based enhanced and/or critical care services in locations that would minimise any loss of geographical road coverage of these resources within a 90 minute travel window. All missions are to provide pre-hospital critical care to patients. However, the service is not commissioned on a time basis but on a clinical need. It is anticipated that WAST would continue to provide the first response as well as an EMRTS if the clinical desk thought it was necessary.

About emergency healthcare needs relating to rural versus urban areas...

Feedback - There is a perception that if bases move, current local base communities will no longer receive any service from EMRTS. Concerns have been raised about the vulnerability and inequality faced by mid, rural, and coastal communities compared to those closer to better road infrastructures and hospitals. The current bases are perceived as a local lifeline, providing reassurance through their visual presence. Road infrastructure limitations can impede emergency road response by the Welsh Ambulance Service Trust (WAST) due to weather and road closures. There are concerns about the proportion of high-risk jobs and activities in rural areas leading to a higher incidence of need compared to urban areas. Additionally, there's concern about air assets' ability to reach rural areas from north Wales, such as crossing the Eryri (Snowdonia) and Berwyn mountains. Lastly, there's a call for equity to be considered in the evaluation process and framework, given the variable access to health services across Wales.

EASC Response –*The feeling of being remote and therefore more vulnerable in emergencies is noted and appreciated. The data also shows that EMRTS has a higher usage per head of population in rural areas compared to urban. To provide assurance the way in which the service is delivered is not proposing to change. The way patients in the Caernarfon and Welshpool localities receive the service will remain. The whole basis of the Review is to look at how the service can be further improved, not removed. This is about providing the service to more people, not fewer, equally across Wales, including across communities local to Caernarfon and Welshpool. The 'equality factor' in the evaluation framework reflected the emphasis placed on this in the feedback. Helicopters already fly out of Caernarfon and Welshpool to reach patients elsewhere therefore crews also fly back into these areas. Similarly, the after-dark cover is only currently provided by Cardiff based teams who cover all of Wales.*

About EMRTS

Feedback - There is overwhelming appreciation for the individuals providing critical-care emergency services. However, there persists a perception that EMRTS primarily operates as a 'fast ambulance/scoop and run service.' Concerns have been raised about EMRTS's specialisation, with suggestions for a more adaptable clinical model to respond to a wider range of conditions in rural and remote areas. There are worries about potential staff turnover if base relocations occur, leading to skill loss and financial expenses in recruitment, as well as local economic impacts. Suggestions for renaming EMRTS to options such as "Flying Doctors," "Air Hospital," or "Flying Hospital" have been proposed. There's also concern about staff morale due to frustrations about not reaching more patients and maintaining clinical competencies. Staff also express a desire to support the critical care hub more.

EASC Response – *The appreciation and passion for the service is acknowledged. There is also agreement that citizens living and working remotely in rural areas relies on this service and that the service needs to be available to respond to incidents that might not currently meet the clinical decision-making threshold to initiate an EMRTS response. It is also acknowledged that the service may lose some experienced staff in both scenarios (of do nothing or changing base locations) – either because staff are not busy enough on shift or because some staff may not want to work from different bases. The impact on staff has been acknowledged as part of the factors and weightings this was given higher weighting following public comment. The extra actions detail how staff could be retained on their current base by working to a broader clinical response to better service rural communities. This would need to be worked through in line with standard NHS Wales processes. Branding considerations could be included within future Charity and EMRTS communications and marketing strategies in response to this feedback.*

About Health Boards, Welsh Ambulance Service and other emergency responders

Feedback - There is scepticism about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in a worse service. Emergency Medical Retrieval and Transfer Service is seen as providing comfort to communities, especially as delays in handovers affect the Welsh Ambulance Service Trust's ability to respond. There's concern that any base moves could negatively affect other emergency responders in the Powys area. Additionally, there's concern about paramedic staffing levels in mid and rural Wales.

EASC Response –All feedback relating to Health Boards and WAST has been shared back and reported within the EASC governance routes for further consideration by respective organisations. This intelligence has resulted in the Commissioner identifying extra actions to mitigate against these concerns.

About EMRTS Staff...

Feedback – All staff are driven by serving patients who need the EMRTS critical care. There appeared to be more interest amongst staff from north and mid Wales than from south based teams based on session attendance. Responses from participants generally fell in two categories: support for developments that would enable as many patients to receive the service as possible, and those who want to maintain the current base arrangements. Staff have different views on how the current high under-utilisation levels affect staff as some feel that not responding to enough jobs adversely affected their clinical proficiency whilst others feel that training scenarios are sufficiently maintain clinical competencies. Some concern expressed about working different shift patterns and the potential loss of skilled staff should any changes take effect and staff did not want to change their base arrangements. Some staff also concerned about optics of 'leaving communities' where they have been for some time. Some staff also expressed support for Option 6c.

EASC Response – The different views of the staff groups are acknowledged. Shortlisted options need the same or more staff, but it is understood that some staff may not want to change their current work base locations or patterns. There is a commitment that the Review takes into account staff views alongside all feedback and works with staff to support through any operational changes that may take effect. Any changes to the service would be subject to an implementation plan, including NHS Wales Organisational Change Processes where appropriate to support and facilitate any change.

About the Charity

Feedback - There are concerns that the Charity will lose the goodwill of support in base location areas, potentially leading to a decrease in charitable donations and destabilising the partnership service. Additionally, there's concern that the Charity may not support the decision of the EAS Committee. Stakeholder relations and potential reputational damage are also concerning. However, there is expressed support for working with the Charity and Emergency Medical Retrieval and Transfer Service on initiatives such as addressing flooding risks in Welshpool and fundraising efforts. There's a strong sense of support and passion for the service, with a feeling of local "ownership". Moreover, there's a perception that communities in rural and mid Wales are the most generous donors to Charity fundraising efforts.

EASC Response –*This concern is noted and has been reflected as a risk within reports to the Committee. Assurance is provided that for those receiving a service now, that they will continue to receive a service and therefore encouraged to maintain support for the Charity. The Charity has confirmed it will support changes agreed by the Committee if the evidence shows an improved service to the people of Wales and that no community is materially disadvantaged as a result of any changes. If the Committee decides to endorse a change in medical operations which will need to be supported by an altered configuration of air base locations, and the above-mentioned parameters are met, the Charity will support the Committee's decision and start activities to make the changes happen. Despite the passion and perceived local ownership, the service operates dynamically on a national basis to serve the population of Wales.*

About Welsh Government and Policy Makers...

Feedback - There are concerns about the funding of the air ambulance service in Wales, with a view that it should be entirely funded by the Welsh Government. There's a request to consider additional bases and funding rather than relocating existing base locations. Additionally, there's a perception that citizens in mid and rural Wales are disadvantaged compared to those in urban areas in the north and south by public services generally. There's also concern that the new 20mph speed limit will negatively impact road ambulance response times, exacerbating existing challenges. Citizens were keen to see more engagement from Welsh Government.

EASC Response – *All feedback relating to Welsh Government has been shared back and reported within the EASC governance routes for further consideration by Welsh Government and policy makers.*

About the engagement process

Feedback - supports the proposed evaluation factors and suggested adjusted weightings for them. There has been a mix of positive and negative sentiment: acknowledgment of the thoroughness, transparency, and delivery of the engagement process; and criticism for alleged 'bias' in questionnaire design, and pre-determined decision making. The feedback reflects how the Commissioner has been trusted and seen as someone who keeps promises and is true to their word in this Review. The clear presentation of complex information is appreciated, as is the use of different data ranges and the development of options. The level of detail provided is also appreciated and maintaining openness and transparency throughout was requested. However, feedback received later during the engagement sees some criticism for information being too complicated and some queries and scepticism about the engagement, purpose and approach to the Options Appraisal and decision-making processes.

EASC Response – *It is acknowledged that this is a clinically and operationally complex service. For that reason, every effort was made to make information as simple as possible including FAQs and glossary of terms throughout the engagement. In addition, full technical information has been made available for those wanting more detail. All information presented has been done using historical data, and reports for supporting documents were provided by professional suppliers.*

An independent supplier was used for questionnaire design, collation and analysis. Committee members had previously agreed (21 November 2023) that Health Board representatives would participate in the Options Appraisal process. Health Board participants represented a broad range of professional disciplines that included medical and clinical.

The Commissioner and EASC Team did not score the options and neither did the and Charity representatives who were there to answer technical queries only. This has been explained publicly and all documents, including how scoring worked on the day. The EAS Committee is a joint committee of all Health Board and Health Boards are responsible for commissioning services for their population, therefore have to be involved in any work relating to their specific areas.

About Options Developed

Feedback - The feedback indicates support for Option 1 (do nothing), suggesting that maintaining the current setup is preferred by majority of respondents from areas near to Caernarfon and Welshpool bases. Stakeholders, however, in Phases 2 and 3 there is support for Option 6c from Powys and Betsi Cadwaladr areas specifically.

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.e. for teams to operate from different locations when on shift). There is support for making Welshpool or Caernarfon bases operational 24 hours a day, which would provide an additional night service to better serve the needs of the communities.

There is a consistent view from stakeholders that the gains illustrated in the modelling are too marginal to justify any reconfiguration, especially considering the margin of error with modelled data.

EASC Response – *The Commissioner has a duty and obligation to look at how this service can be further improved to these patients who need the service. There is robust evidence and an academic report that patients receiving an EMRTS response are more likely to survive and get back to normal life sooner. Therefore, the un-met patient need and under-utilisation levels for some clinical teams cannot be ignored and 'do nothing' is not an acceptable choice. It is agreed that there needs to be more resilience in 24hour provision. It is of concern that the support expressed for Option 6c provides less cover for Powys residents and is therefore unacceptable to the Commissioner. the EMRTS Service has developed incrementally over time to meet more patient's needs. All changes are incremental and each time the service has developed it has delivered more than data modelled.*

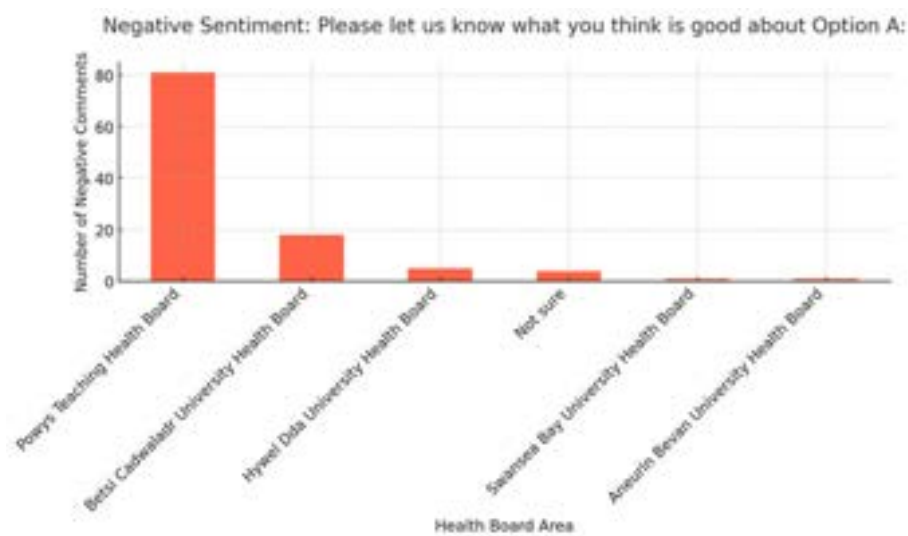


Chart 3: Option A: Good

‘Good’ about Option A: Despite being a prompt for positive comments about Option A, there was a substantial number of negative sentiments, particularly from the Powys Teaching Health Board (81) and Betsi Cadwaladr University Health Board (18). This indicates that respondents from this area struggled to identify positive aspects of Option A, and their comments were instead reflective of underlying concerns or dissatisfaction. Age groups with the most negative sentiment were predominantly 65+ years (53) and 55-64 years (29).

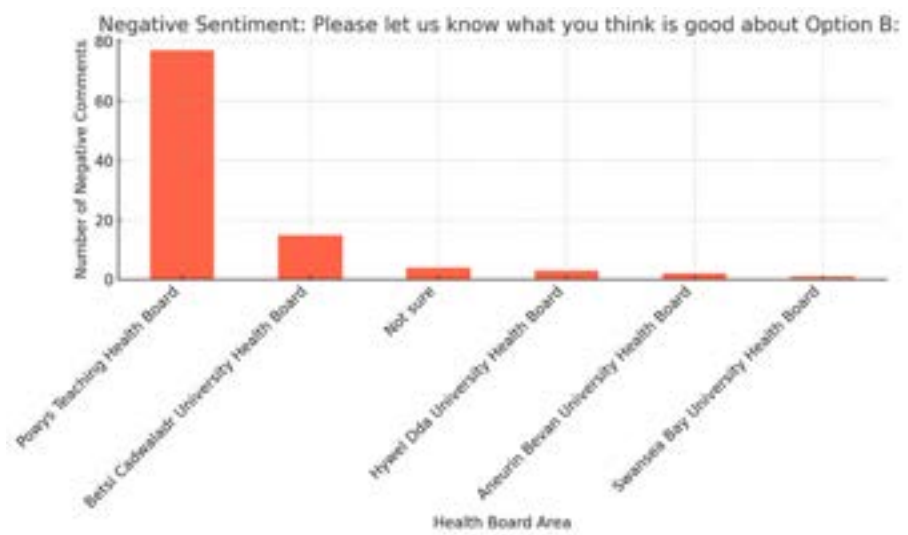


Chart 4: Option A: Not So Good

‘Not So Good’ about Option A:, A large number of negative comments were noted, again with Powys Teaching Health Board leading significantly (138), followed by Betsi Cadwaladr University Health Board (35. This suggests that the concerns in this area are particularly strong regarding Option A. The age groups 65+ years (72) and 55-64 years (56) showed the most negative sentiment.

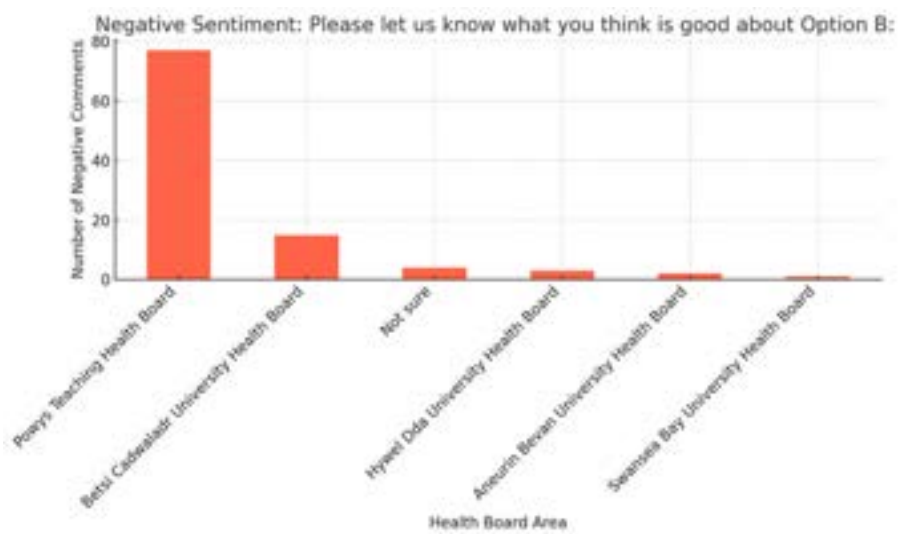


Chart 5: Option B: Good

‘Good’ about Option B: Similar to Option A, the prompt for positive comments about Option B still attracted negative sentiments, predominantly from Powys Teaching Health Board (77) and Betsi Cadwaladr University Health Board (15). Older age groups showed more negativity with 65+ years (42) and 55-64 years (33) leading.

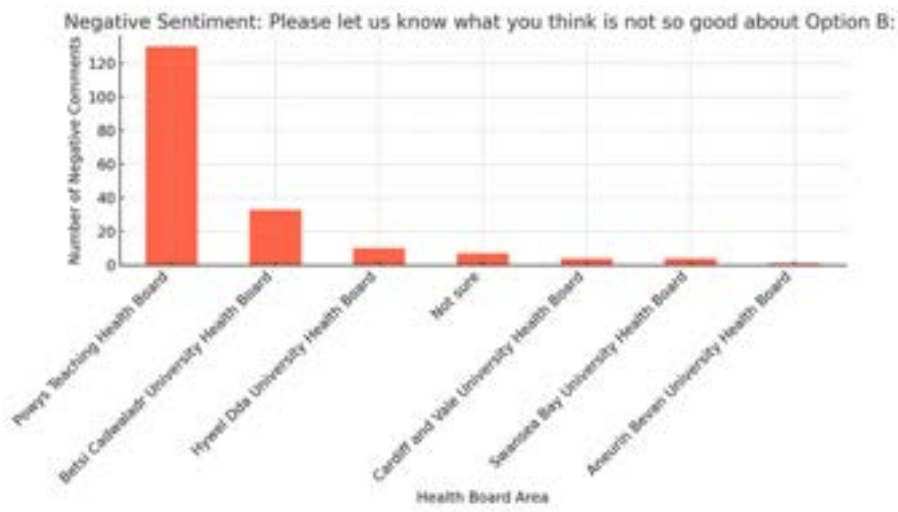


Chart 4: Option B: Not So Good

‘Not So Good’ about Option B: This aspect also revealed a high volume of negative comments from Powys Teaching Health Board (130) and Betsi Cadwaladr University Health Board (33). They highlight specific areas of concern or dissatisfaction with Option B among residents, which may require further attention and action. The 65+ years (74) and 55-64 years (51) age groups were again the most represented.

Across all categories, Powys Teaching Health Board area consistently stands out with the highest number of comments. This suggests a strong level of dissatisfaction or concern in this area regarding both Options A and B.

The Betsi Cadwaladr University Health Board area also shows considerable concerns, although less than Powys, indicating it is another key area of concern.

Age-wise, most feedback is from the older age groups, particularly those aged 65+ years and 55-64 years. This trend suggests that these age groups may have specific concerns or expectations that are not met by Options A and B.

The concentration of negative sentiment in these specific Health Board areas and among older age groups could be indicative of areas where additional focus is needed to address concerns, possibly related to healthcare access, quality of services, or communication about the changes proposed in Options A and B.

Equalities Impacts

Feedback – Feedback showed a perception of negative impacts for those equalities characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. There is a belief that changes to operational arrangements would include changes to clinical decision-making and dispatch from 999.

Impact on Well-Being of Future Generations Act

This section summarises some of the impacts on wellbeing that we have heard during the engagement from respondents in the Caernarfon and Welshpool bases surrounding areas:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsible Wales	<p>People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity and climate</p> <p>A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.</p>	<p>People regularly expressed concern about the loss of services in their area, often wider than health services but believed that the EMRTS service made them feel safe and secure; often, people supported the need for change to help more people but only if it didn't mean moving the air base from their locality</p> <p>Concerns about weather, more frequent flooding affecting ability for road responses.</p>
A resilient Wales	<p>People in terms of their use of the physical environment: consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces.</p> <p>A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example, climate change).</p>	<p>Feedback suggested investing in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to alleviate overall demand on emergency services. During the engagement process, people regularly raised concerns about the road infrastructure and the high level of road accidents in the local area. They raised concerns about the local industries of farming and forestry work being dangerous with high levels of accidents and incidents.</p> <p>Less was mentioned about green spaces and the mental health /wellbeing of local people although the potential move of the air base did make them feel less safe.</p> <p>Some shared another air ambulance consultation - Hampshire Air Ambulance who were consulting with the public to move of the base of their helicopter to an area closer to the densest population, from a rural area. The environmental impacts and shorter journey times for patients were highlighted as well as the ability to provide a better service to the previously location area. This was a topic of interest within the social media groups who believed that the consultation being held was fairer and more open. The work was considered and overwhelmingly provided a very similar set of issues (to the EMRTS Service Review) in trying to get to see more patients but not excluding rural areas. This service provided one helicopter to 1.8million people. The service in Wales operates 4 helicopters to 3.1million people.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A healthier Wales	<p>People being able to improve/ maintain healthy lifestyles: consider the impact on healthy lifestyles, including health eating, being active, no smoking/smoking cessation, reducing the harm caused by alcohol and or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.</p> <p>A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.</p>	<p>Scepticism expressed about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in worse services. There's concern that any base moves could negatively affect other emergency responders in the Powys area.</p> <p>Overwhelmingly, local people to the air bases considered themselves much safer in terms of having a local air base. Frequently people misunderstood that EMRTS did not provide a fast ambulance and regularly suggested that this was all that was required. The pre-hospital critical care service meant that many felt this was very important as they did not have a district general hospital.</p>
A more equal Wales	<p>A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).</p> <p>People being able to access the service offered: consider access for those living in areas of deprivation and or those experiencing health inequalities</p>	<p>Wider discussion was heard in relation to primary care services as well as ambulance services. The low level of performance in the areas was a topic of concern and the potential change for this high-end service seemed to escalate the perceived impact.</p> <p>A range of potential perceived equality impacts have been identified in the previous section about emergency health needs for rural communities – with mitigation actions agreed as appropriate – as part of any decision-making process.</p>
A Wales of cohesive communities	<p>People in terms of social and community influences on their health: consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Attractive, viable, safe and well-connected communities.</p>	<p>Local communities visited had a high level belonging and use of social networks. The responses reflect the sense of a community asset and the strength of feeling to maintain this. There was balance, that the service should see as many people as possible, as long as this did not move the base.</p> <p>Many local (to base) respondents suggested that if the base was moved that they would no longer contribute to the Wales Air Ambulance Charity. This was a frequent response which suggested that they felt the service was closing and there would not be a service. Despite reassurances this message appears to be unheard.</p> <p>Respondents have identified concerns about overall community viability and cohesiveness about public services generally. They have identified concerns about an erosion of public services that believe will affect people's choices around moving to or staying in rural areas, and this might affect overall community sustainability.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of vibrant culture and thriving Welsh language	<p>A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.</p> <p>People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life</p>	<p>No examples were shared; however, every session had simultaneous translation and 121s had bilingual staff ready to engage with the public. All documents were produced bilingually</p> <p>There are opportunities to continue to support and develop the service through the medium of Welsh.</p>
A prosperous Wales	<p>An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.</p> <p>People in terms of their income and employment status: consider the impact and availability and accessibility of work, paid and unpaid employment, wage levels, job security, working condition</p>	<p>People raised the dangerous occupations regularly.</p> <p>Respondents expressed concerns that the loss of EMRTS and other health services primary care GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc.</p>

Table 24: Impact on Well-Being of Future Generations Act

Summary of Emergent Themes

There was good quality dialogue and/or feedback in all sessions - drop-ins, in-person public meetings, and virtual/on-line.

Whilst the focus of the engagement has been on the EMRTS Service Review and how to develop the air ambulance service that is provided in partnership by the Wales Air Ambulance Charity and Emergency Medical Retrieval and Transfer Service Cymru (NHS Wales), throughout the dialogue feedback surfaced that covered health and social care issues more broadly. This has provided rich intelligence shared with colleagues across NHS Wales and Welsh Government.

Many personal experiences and testimonials were shared during the engagement through all response routes. This feedback highlights the value placed on the service and the general sense of anxiety over any proposed base move amongst respondents living in the Caernarfon and Welshpool areas (Betsi Cadwaladr University Health Board and Powys Teaching Health Board areas.)

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 prioritize the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the needs of rural communities and protected characteristic groups, ensuring timely access to pre-hospital critical care, and maintaining essential life-saving services across Wales.

Notwithstanding the concerns of the public and stakeholder feedback in these areas there is a consensus of understanding that:

- Un-met patient need must be provided for by the service; and
- Highly skilled clinical teams need to be used in the best way to provide for patients.

In addition, the national feedback concluded 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.



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