



Chief Ambulance Services Commissioners Report

Emergency Medical and Retrieval Service - Service Review

Engagement Period: 01 February – 29 February 2024

Publication Date: DATE HERE

This report follows on from the Chief Ambulance Services Commissioner's Report (published October 2023).

All details correct at time of publishing.



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Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

CONTENTS

Glossary of Terms	3	How Are Staff Affected	
1 Overview	5	Benefits and Drawbacks - Option A	
2 Alternative formats	5	Costs of Delivering Option A	
3 Contact Details	6	Benefits and Drawbacks - Option B	
4 How to Respond	6	Costs of Delivering Option B	
5 Impact Assessment	7	11 What Outcomes Do We Expect	44
6 Foreword	8	12 Extra Actions	45
7 Introduction	12	13 The decision making process and next steps	47
The challenge - why changes are being looked at		14 How to have your say on the options	49
8 Overview of the work to date - How did we get here?	13	Appendices	53
Background		1 - About EASC	53
Engagement Phases		2 - Statutory and Legal Context	54
What We Did		3 - Socio-economic duty	58
What We Heard		4 - Engagement - What we heard	59
9 What is the current position?	17	5 - Engagement Phase 2 - What we did	66
Current Service		6 - EMRTS and Wales Air Ambulance Charity	70
Current Base Operational Arrangements		7 - Options Appraised	72
Current Un-met Patient Need		8 - Options Discounted from the Long List	74
Current Under-Utilisation		9 - Evaluation Framework	77
10 Options Appraised	21	10 - Option Reference Card	79
How Options Were Developed		11 - Options Scored	82
How Options Were Modelled			
Why Rhuddlan			
Shortlisted Options Evaluated			
How Options Appraisal Worked			
Options Appraised Outcome			
How the service would change			
Differences and Improvements			
How do options affect Wales			
Wales Air Ambulance Support			

GLOSSARY OF TERMS

ACCTS	Adult Critical Care Transfer Service
ABUHB	Aneurin Bevan University Health Board
Baseline	The current operational set up of the Service.
BCUHB	Betsi Cadwaladr University Health Board
CASC	Chief Ambulance Services Commissioner
(The) Charity	Wales Air Ambulance Charity
CAD	Computer Aided Dispatch - the computer system that Welsh Ambulance use to process 999 and urgent calls
CAVUHB	Cardiff and Vale University Health Board
CCH	Critical Care Hub – the desk in the Ambulance Control from where the helicopters/RRVS and EMRTS teams are dispatched.
CHCs	Community Health Councils (now Llais)
CCP	Critical Care Practitioner An advanced Paramedic or Nurse. They have more skills and are able to Provide further interventions, including administering a broader range of drugs, including advanced pain relief, as well as surgical interventions including surgical airway and open chest surgery, and specialist care following resuscitation.
Consultant	Consultants are senior doctors that have completed full medical training in a specialised area of medicine. They are listed on the General Medical Council's (GMC) specialist register. They have clinical responsibilities and administrative responsibilities in managing other doctors. They usually work in hospitals or community settings. After graduating from medical school, it takes around seven to ten years to become a consultant.
Coverage Algorithms	Modelling process by which different places are assessed based on demand, population or geographical requirements
CTMUHB	Cwm Taf Morgannwg University Health Board
EMRTS	Emergency Medical Retrieval and Transfer Service
EASC	Emergency Ambulance Services Committee
ECCH	EMRTS Critical Care Hub
EIAs	Equality Impact Assessments
HDUHB	Hywel Dda University Health Board
Llais	Formerly Community Health Councils (CHCs) - the independent statutory body, set up by the Welsh Government. Its purpose is to give the people of Wales much more say in the planning and delivery of their health and social care services – locally, regionally and nationally.

MS	Member of the Senedd
N/A	Not applicable
Paediatric	The area of medicine dealing with children and their diseases
Population coverage	Population coverage for health care is defined here as the share of the population eligible for a core set of health care services
PTHB	Powys Teaching Health Board
Rhuddlan	This is the location in north Wales used for modelling purposes.
Rapid Response Vehicle (RRV)	Rapid Response Vehicle Used for times when it might be quicker to do so and can work in poor weather / night when the helicopter cannot fly and has 4x4 capability
SBUHB	Swansea Bay University Health Board
UHBs	University Health Boards
Utilisation	Utilisation is a measure of how active a given resource is during the time it is available. Too low utilisation and the service becomes inefficient, costly and potentially disengages staff. Too high utilisation and the service becomes ineffective by not being available when patients need it.
Unmet need	When a patient calls for help and no help is available to help
WAST	Welsh Ambulance Services NHS Trust
WAAC	Wales Air Ambulance Charity
WAACT	Wales Air Ambulance Charity Trustees
WBFGA	Well-being of Future Generations Act
WHO	World Health Organisation

1. OVERVIEW

The Emergency Ambulance Services Committee is required by law to be the body responsible for planning and securing sufficient ambulance services (commissioning) for the population of Wales. This engagement document looks for views on options that have been shortlisted to further improve the air ambulance service in Wales (delivered in partnership between the Wales Air Ambulance Charity and the Emergency Medical Retrieval and Transfer Service of NHS Wales).

The purpose of this Review is to ensure that as many people as possible benefit from excellent clinical patient outcomes by making the best use of the clinical teams in Wales. It is also looking at how to ensure fair geographical coverage across Wales and the effective use of Rapid Response Vehicles (RRV) especially when the helicopters are unable to fly.

2. ACCESSIBLE FORMATS, FURTHER INFORMATION AND RELATED DOCUMENTS

This report is also available:

- In Welsh
- In 'Easy Read' version (in English and Welsh).
- To download website
- In print by contacting the EASC Team to help you.

If you would like this publication in an alternative format and/or language, please contact us.

3. 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

Unit 1, Charnwood Court, Billingsley Road, Nantgarw Park, Cardiff, CF15 7QZ

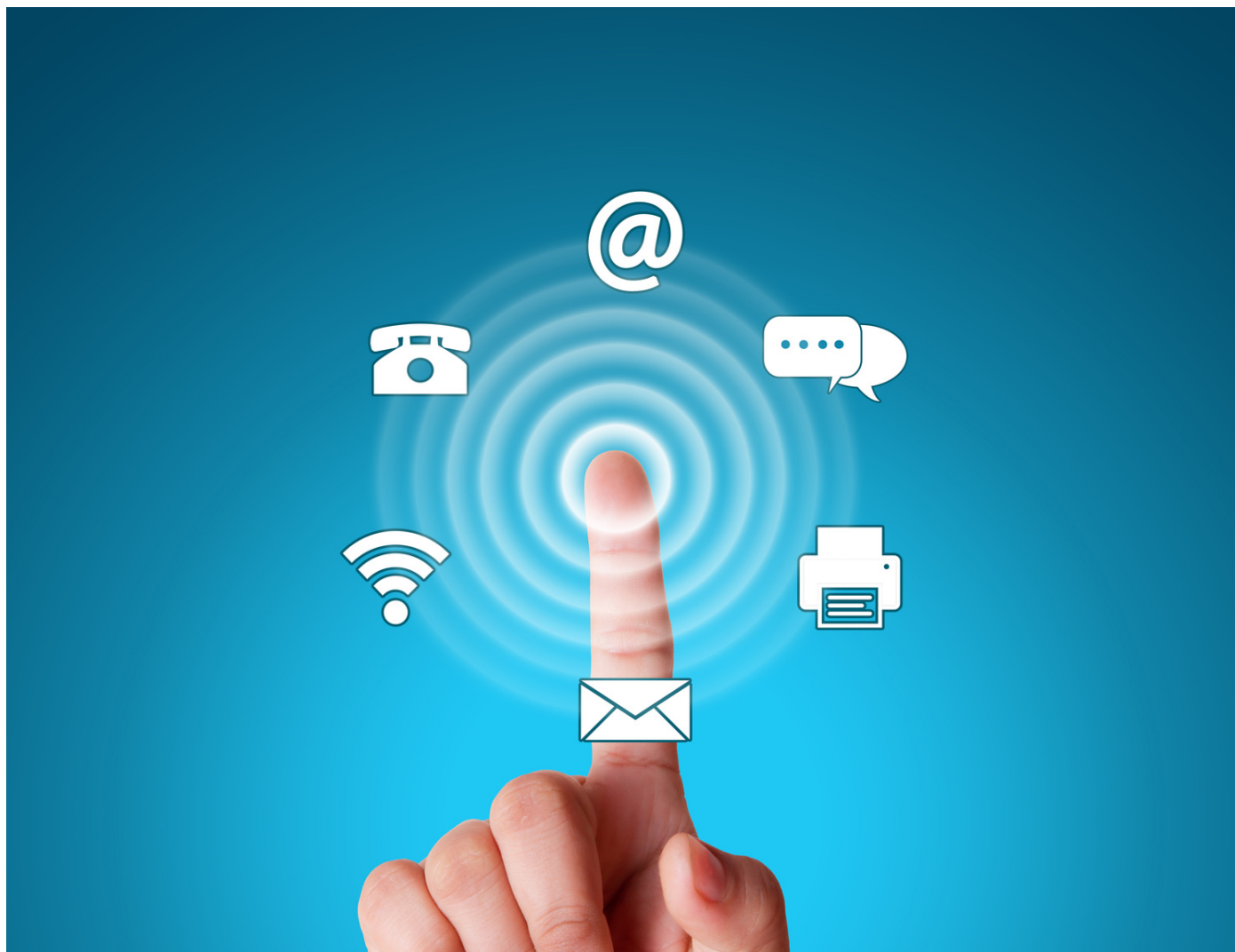
Email: EASCSERVICEReviewQueries@wales.nhs.uk

Phone: 01443 471520

Website: www.easc.nhs.wales

4. HOW TO RESPOND

This engagement phase will close on **29 February 2024**, details of how you can give your views are on page 50



5. EQUALITIES AND IMPACT ASSESSMENT

It is very important to the process to undertake careful consideration of the impact of any proposed changes. Work has been done to assess and understand how different groups are affected differently or disproportionately by the changes that we may propose or carry out.

Throughout the development of these options, we have placed a high importance of taking equalities into consideration. This includes the potential impact of any change on different groups, particularly for those with protected characteristics under the Equality Act 2010. Also, the new socio-economic duty, introduced on 31st March 2021, means the Committee needs to also actively consider the effects of these changes on increasing inequalities both nationally and locally.

Cwm Taf Morgannwg University Health Board, who host the EASC, has an Equality and Diversity policy requiring an Equality Impact Assessment (EIA) for any proposed service developments or changes. An EIA has been done for each Phase of the EMRTS Service Review. These are available online here:

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

Equality Impact Assessment (EIA)

We have updated the EIA for this engagement Phase. From the work we have done to date, we are of the view that the impact of the shortlisted options is unlikely to have a direct negative impact on any one group. This is because EMRTS supplies an emergency national service for the people of Wales. The full EIA for Phase 3 is available here:

<https://easc.nhs.wales/engagement/sdp/p2ep1/>

However, we realise that to be able to respond to this Phase 3 engagement period, particularly for those who may be digitally excluded, this could be a problem. Therefore, all health boards will provide help and support to their resident populations to give their feedback and get access support from the EASC Team.

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. This is a specialist critical care all Wales service provided by bringing the clinical skills to the patient wherever the incident occurs based on the patient's clinical need only.

6. COMMISSIONER'S FOREWORD

I am pleased to be able to share with you my Commissioner's Report for Phase 3 of the engagement taking place between 01 and 29 February 2024.

The air ambulance service in Wales is delivered by a unique partnership between the Wales Air Ambulance Charity and the clinical teams of NHS Wales – the Emergency Medical Retrieval and Transfer Service (EMRTS).

The purpose of this Review is to ensure that as many people as possible benefit from excellent clinical patient outcomes by making the best use of the brilliant clinical EMRTS teams we are fortunate to have, here in Wales.

It is worth reminding ourselves of the main challenges in the current operational arrangements for the service that has prompted this Review:

- **Unmet patient need** – there are approximately 2-3 patients per day across Wales who need the service but who currently do not get it
- **The under-utilisation** of clinical teams across the national EMRTS service where clinical teams are not being used as effectively as they could and should be
- The need to ensure fair **geographical coverage** across Wales
- The effective use of **Rapid Response Vehicles** (RRVs) especially when the helicopters are unable to fly.

As the Chief Ambulance Services Commissioner for Wales, I have a duty and obligation to look at how this service can be further improved to these patients who need the service. Therefore, I cannot ignore these challenges and so 'do nothing' is not an acceptable choice.

I would urge you to provide me with feedback on the shortlisted options that would further improve air ambulance and EMRTS services in Wales. These have appeared from the engagement process with all key stakeholders including the Wales Air Ambulance Charity (WAAC) and the Emergency Retrieval and Transfer Service (EMRTS) so far.

In my Phase 2 Commissioner's Report, I set out a range of options based on the feedback from the first phase of engagement. The engagement process that I have followed has allowed me to listen to members of the public and key stakeholders, to develop a range of options and to compare and assess these options against agreed criteria and a number of 'red lines'. I will continue to follow this approach moving forward.

As we have gone through the engagement process it has allowed me to gather more and more feedback on what really matters to people, to include more options, and to consider potential solutions. As part of this process and to help me, an option appraisal workshop has been held with a range of professional colleagues from health boards and NHS trusts across Wales. For ease of reference, details of this workshop are included in this document on page 23.

The workshop found two highest scoring options which are now referred to as Option A and Option B. I am inviting you to comment both on the process followed in arriving at these options, the options themselves, and the extra actions.

This Phase 3 engagement builds on the earlier two engagement phases undertaken in 2023. It does not dismiss any feedback you have provided in the earlier phases. Indeed, it is your feedback that has helped inform the considerations within the options appraisal process.

Throughout the earlier engagement phases, I made a commitment that a decision on the preferred option would not be based on modelling alone. There have been four elements shaping my considerations so far, which are:

- Modelling data – a helpful guide using historical data but not to be taken on its own
- Evaluation framework – using commissioning goals and metrics
- Feedback – all the issues I heard and read and that are detailed within the emerging themes section
- 'Common sense' test (for example, more people will get the service across Wales; not only would more people get the service but if you get a service now you will still get a service in the future.)

I cannot ignore the extent of concerns and anxieties shared with me throughout both phases of engagement, from north west Wales and Powys citizens specifically, about any changes to the current operational arrangements.

Many personal experiences and testimonials have been shared with me. They highlight the value placed on this service and the general sense of anxiety over any proposed base moves. I have consistently acknowledged the strength of feeling, affection and pride that communities have for the local bases from which the service runs, and the need to consider these and inform interested parties where possible. These points and concerns relate to the air ambulance service and the broader health and care system.

Some of the emerging issues are not within the scope of this Review such as the 'loss of public services in rural communities'. However, my role as Commissioner presents a unique opportunity to consider some extra actions. These are described in this document, and I would welcome your feedback on them and any other points that you would wish to make.

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

- The Welsh Ambulance Services NHS Trust (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
- this affects 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 extra actions have developed throughout the evaluation process. They have surfaced in response to the extensive listening during both engagement phases.

This Review is focusing on improving – what is already – a brilliant and highly valued service. This is not, and never has been, a cost-saving exercise. Indeed, the costs of providing this service are projected to increase year on year. This will inevitably require ongoing support of the Charity to ensure this partnership between the Charity and NHS Wales to continue delivering this special life-saving service.

I appreciate that this Review includes technical information about this clinically and operationally complex service. Every effort has been made to make this information as simple as possible and there is a glossary of terms to help you on page 3.

For those wanting to see the more detailed and technical information, all Committee meeting papers and updates related to the EMRTS Service Review, as well as supporting documents, are published on the EASC website. Please give your feedback as this will help me arrive at a final recommended option to give to the Committee for their consideration and final decision, in March 2024.

I have been very grateful of your help throughout the engagement to date. I thank you in anticipation of your continued interest and contributions in this third and final engagement phase.

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

Stephen Harrhy
Chief Ambulance Services Commissioner

7. INTRODUCTION

The Challenge – Why Changes are Being Looked At

Since being set up in 2015, the EMRTS Service (working in partnership with the Wales Air Ambulance Charity) has always explored options to continually improve and adapt the service to meet their aims and goals. This includes looking at all areas to meet as much demand in Wales as possible for this specialist service.

The service is needed to respond to the Commissioning Intentions set by EASC. These are the strategic priorities, and they aim to ensure reasonable expectations for the ongoing improvement of services. For 2022-23, these included service expansion and the use of forecasting and modelling to help shape system improvements.

In addition, the Charity have responsibilities to their donors, and a commitment to the Charity Commission. They must make sure that the Charity is making the best possible use of the funds that they have for everybody across Wales, wherever they are.

During the course of this routine consideration to continually improve and adapt the service, data modelling suggested changing the operational arrangements could supply the air ambulance service more effectively. It showed that there was the potential to help more patients within the existing resources. This could be done by changing the way in which the service was organised operationally.

There were specific challenges that needed to be improved:

- **Unmet patient need** - approximately 2-3 patients per day across Wales who need the service but who currently do not get it
- **Under-utilisation** of clinical teams across the national EMRTS Service where clinical crews are not being used as effectively as they could and should be
- Ensuring fair **geographical coverage** across Wales
- The effective use of **Rapid Response Vehicles** (RRVs) especially when the helicopters are unable to fly.

This is why EMRTS put forward the EMRTS Service Development Proposal to the EAS Committee in November 2022.

8. OVERVIEW OF THE WORK TO DATE – HOW DID WE GET HERE?

Background

In November 2022, the EAS Committee received the EMRTS Service Development Proposal. The Proposal was based on data modelling that suggested changing the operational arrangements to improve the service.

Specifically, the proposal recommended moving operations from Caernarfon and Welshpool bases into a proposed combined base in mid-North Wales next to the A55.

This initial proposal is available on the following link:
<https://easc.nhs.wales/engagement/sdp/supporting-documents/>.

At the EASC meeting in November 2022, EASC members raised some challenges. They also 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 about this proposed change specifically affecting the Caernarfon and Welshpool bases.

As a result, the EAS Committee asked the Chief Ambulance Services Commissioner (CASC) to review the Service.

The (then) Community Health Councils across Wales (now Llais) asked the Commissioner to undertake a formal engagement process. The process should be no fewer than 8 weeks across Wales (this included a review of the process after 6 weeks followed by another 2 weeks of engagement).

The engagement has taken place since March 2023.

The Commissioner's EMRTS Service Review, is independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal.

The Committee will decide on the Commissioner's recommended option in March 2024, after Phase 3 engagement.

Engagement Phases

The table below shows the different stages of engagement:

Phase	Stage	Purpose	Timing
0	Brief (We are asking...)	Pre-engagement phase to aid understanding and create best conditions for Phase 1 engagement discussions.	October 2022 – March 2023
1	Engage (You are telling us...)	Gathering feedback on factors, weightings, and other suggestions to inform options to be developed. https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/	March-June 2023
2	Share (We are doing...)	Outline of options developed from Phase 1 feedback, seeking public and stakeholder comments on options developed. https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/	October - December 2023
3	Comment (You are commenting on the preferred option)	For the public to comment on the Shortlisted Options following the options appraisal workshop on 12 January 2024 where health boards scored the 6 Options presented. Also sharing Phase 2 feedback.	February 2024

Table 1: Engagement Phases

Listening to Public and Stakeholders - Engagement Phase

What We Did

During Phase 2 engagement the public and stakeholders were asked to comment on the options that had been developed, based on Phase 1 feedback, to improve the air ambulance service in Wales.

It took place during a five-week window between 9 October and 12 November 2023 and included:

- In-person drop-in sessions
- In person public meetings
- Online/virtual public meetings
- Virtual private meetings (for example, politician's sessions, internal staff sessions).

This built on Phase 1 engagement. There was a total of 19 weeks of engagement for the Review since March 2023.

More detail is available and is included on page 59 (Appendix 4)



What We Heard

During Phase 2, public and stakeholders gave their feedback in a range of ways with many personal experiences and testimonials shared, highlighting the value placed on the service.

Phase 2 feedback also showed the general anxiety over any possible base moves affecting Caernarfon and Welshpool.

The themes from Phase 2 feedback have been similar with what was heard in Phase 1 of the engagement. This included comments:

- About the **first EMRTS Service Development Proposal**
- About **weather and environment**
- About the impact of **data**
- About the **options developed and modelled**
- About **response times**
- About emergency healthcare needs relating to **rural versus urban** areas
- About **EMRTS**
- About **Health Boards, WAST and other emergency responders**
- About the **Charity**
- About **Welsh Government**
- About the **engagement process.**

More detail is available on 'what we heard' and is included in Supporting Document 2

Further information:

Phase 1 public feedback is detailed within Supporting Document 2 - <https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-2-engagement-what-we-did-and-what-we-heard/>

Supporting Document 3 - <https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-3-picker-institute-report/>

9. THE CURRENT SERVICE POSITION

Current Service

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

The service supplies a highly trained critical care team. This includes consultants (from an emergency medicine), anaesthesia, and intensive care background) and critical care practitioners (CCPs). CCPs are advanced-trained paramedics and nurses.

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).
- Carrying out time-critical, life or limb-threatening adult and paediatric transfers from outlying centres for patients needing specialist treatment at the hospital they are taken to for ongoing treatment.

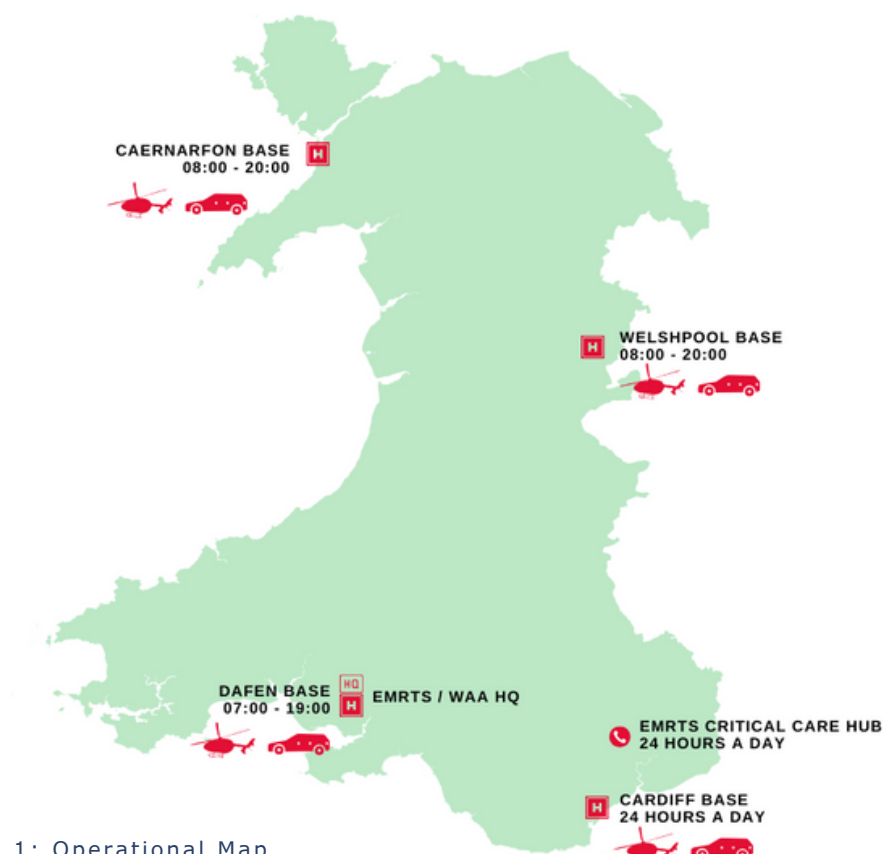


Image 1: Operational Map

Current Base Operational Arrangements

Base	Hours	Crew Mix	Resources
Welshpool	08:00 - 20:00	1 x Consultant & 1 x CCP or 2 x CCP↪	Access to Helicopter and Rapid response Vehicle
Caernarfon	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	

↪ Agreed hybrid model with one Consultant and a CCP at the North and Mid Wales base and the two CCPs at the other.

↪↪ HTP - Helicopter Transfer Practitioner

Table 2:Operational Arrangements

Current Unmet Patient Need

Within the current service, there is unmet patient need across Wales. Unmet patient need means that there are patients who need the service, but currently do not get it. In the current operational set up, there are approximately 2-3 patients per day across Wales who need the service but who currently do not get it as shown on Table 3 and Image 2.

Year	J	F	M	A	M	J	J	A	S	O	N	D
2020	N/A	N/A	N/A	N/A	N/A	N/A	N/A	115	123	133	134	131
2021	122	76	103	144	129	190	172	164	153	124	118	118
2022	137	90	89	70	77	87	73	61	75	87	88	70

Table 3:Unmet Need

The dots on the map below show the areas of unmet patient need in 2022, the larger the dot the higher the unmet need (based on Postcode sector). The different colours show the different health board areas. The map shows that there are patients all across Wales who need the service but do not get it.

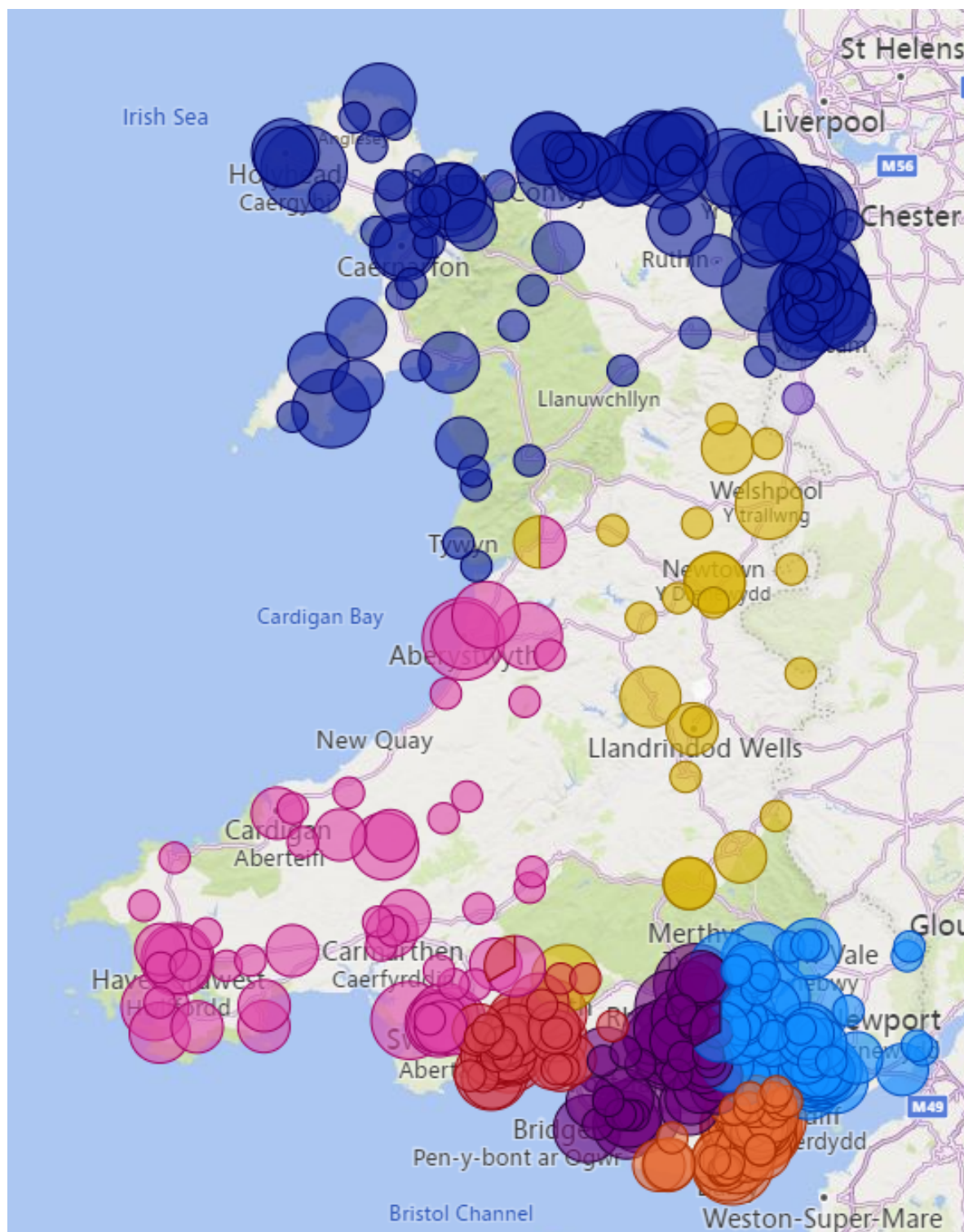


Image 2: Unmet need map of Wales

Current Under-Utilisation

Clinical crews are not being used as much as they could be when they are available on shift (utilisation). There are emergency calls in different parts of Wales, or at different times of the day that a crew could attend if their location or shift times were different.

Table 4 makes this clear and is shown by base and calendar year.

Base	2018	2019	2020	2021	2022↵
Dafen	32%	44%	47%	51%	46%
Welshpool	20%	25%	19%	27%	25%
Caernarfon	15%	18%	16%	21%	22%
Cardiff Day EMRTS	N/A	N/A	N/A	N/A	52%
Cardiff Nights EMRTS	N/A	N/A	56%	29%	32%

↵ Cardiff Day EMRTS Cymru Service started 01/04/2022

Table 4: Under-Utilisation

Further information:

More information can be found in the Supporting documents on the website:
<https://easc.nhs.wales/engagement/sdp/sdp2/>

You can watch a video here: <https://youtu.be/KMPoUanPaIE>

10 WHY WE ARE ASKING FOR HELP

The purpose of engaging with public and stakeholders is to make sure that when looking to improve the service:

- A full range of views are understood
- That the right things have been thought about
- To ask for other ideas and suggestions.

How Options Were Developed

As part of the Phase 1 public engagement three 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)
- Other ideas or scenarios (by asking for suggestions in Phase 1 engagement)

After Phase 1, these three broad areas were developed into scenarios 6 that had different variations (i.e. different shift times). Some of these were based on ideas and suggestions given by public and stakeholders.

These are set out in the Phase 2 Chief ambulance Services Commissioners Report page 39 (<https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/chief-ambulance-services-commissioners-report/>) and resulted in a 'long list' of 20 options (from option 1 to option 6c) for Phase 2 engagement.

How Options Were Modelled

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.

Why Rhuddlan was chosen as a possible base in the modelling instead of any other location

As part of the modelling, coverage algorithms were run across 1,718 potential locations across Mid and North Wales. The outcome of this modelling showed a location roughly near the Glan Clwyd hospital site in North Wales as the best location for a car response within 30, 60 and 90 minutes to incidents.

For practical purposes and given the existing site at Rhuddlan airbase in North Wales, Rhuddlan was used for the rest of the modelling.

Further information:

More detail on this is available on page 12 of the Optima modelling report within the Phase 2 Supporting Documents can be found here: More information can be found in the Supporting documents on the website: <https://easc.nhs.wales/engagement/sdp/sdp2/>



Shortlisted Options Evaluated

After the assessment of the long list of 20 potential options. 13 options were not taken forward as part of the options appraisal process. These discounted options are set out and the reasons explained on page 74. Six options were carried forward for the options appraisal workshop, shown below:

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.

Short List Option No.	Option
5	<p>Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am</p> <p>(Same as Option 2 but improved by adding an extra crew based at Caernarfon from 8pm - 8am)</p>
6	<p>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.</p> <p>Make the car-only shift 8pm-8am (Same as Option 2 but improved by adding car shift 8pm-8am in North Wales near A55)</p>

Table 5: Shortlisted Options

How the Options Appraisal Worked

These six options above were evaluated. An evaluation framework was used to do this (on page 77). The Factors and Weighting table (page 25) explains the evaluation framework. It details the factors, definitions and weightings. These were agreed as part of the EMRTS Service Review public engagement in Phases 1 and 2.) explains the evaluation framework. It details the factors, definitions and weightings. These were agreed as part of the EMRTS Service Review public engagement in Phases 1 and 2.

The options appraisal took place in January 2024. It involved NHS Wales health board and NHS trust colleagues representing a broad range of disciplines that included clinical, medical and managerial. These representative's role was to take part in the options appraisal to help the Commissioner arrive at a recommendation for the Committee.

Representatives were asked to score each of the six options against all the factors. These were used to calculate Total Weighted Scores. These are set out in table 6.

EMERGENCY AMBULANCE SERVICES COMMITTEE

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	Ranked Position
1	Keep 4 bases and 4 teams Only make 1 change, to Welshpool shift times from 8am - 8pm to 2pm - 2am.	100	100	100	120	60	480	6th
2	Keep 4 bases and 4 teams Only make 1 change, to Caernarfon shift times from 8am - 8pm to 2pm - 2am	100	100	100	150	120	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.	200	150	200	120	150	820	1st

EMERGENCY AMBULANCE SERVICES COMMITTEE

Opt	Description	Factor 1 Health Gain	Factor 2 Equity	Factor 3 Clinical Skill and Sustaina bility	Factor 4 Affordabi lity	Factor 5 Value for Money	Total Weighte d Score	Ranked Position
4	<p>Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am</p> <p>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</p>	225	225	100	60	90	700	2nd

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	Ranked Position
5	<p>Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am</p> <p>(Same as Option 2 but improved by adding an extra crew based at Caernarfon from 8pm - 8am)</p>	150	200	80	60	30	520	5th
6	<p>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</p> <p>(Same as Option 2 but improved by adding car shift 8pm-8am in North Wales near A55)</p>	250	150	60	30	60	550	4th

Table 6: Shortlisted Options with Scores
EMRTS CYMRU SERVICE REVIEW PHASE 3 DOCUMENT

Options Appraised Outcome

NHS Wales (health boards and trusts) representatives gave scores in the Options Appraisal workshop. This evaluation showed two strongest options (i.e. the highest scoring) that should be taken through for the final Phase 3 public engagement. This is shown below:

(Note: the EASC Team hosted and led the options appraisal workshop but did not score the options.)

Short List Option Ref.	Option Description	Total Weighted Scores	Ranked Position	New Option Ref
3	<p>Reduce bases from 4 to 3, keep 4 teams</p> <p>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.</p>	820	1st	Option A
4	<p>Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am</p> <p>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.</p>	700	2nd	Option B

Table 7: Health Board Shortlisted Options

Both these options scored well across all factors in the evaluation framework.

There was significant public and stakeholder support for shortlisted Option 6 (6c modelled option - please see page 77) throughout Phase 2 of the public engagement. NHS Wales health board representatives gave Option 6 a total weighted score of 550 (4th in terms of ranking). Option 6c scored well against the Health Gain and Equity factors. It did not score well against factors 3, 4 and 5 (Clinical Skills and Sustainability, Affordability and Value for Money). This was because extra base facilities would need to be provided alongside the introduction of an extra crew that would be used on an infrequent basis.

The reasons for why the options scored as they did in the options appraisal are set out on page 77.

Option A scored the highest in the evaluation. Option A can be supported by extra actions detailed on page 45.

The details of both Option A and B are set out in the following pages.



How the Service Would Change

This table shows how the Service would be set up using options, A and B alongside the bases in Dafen and Cardiff:

Short List Option Ref.	Option A	Option B
<ul style="list-style-type: none"> • Dafen (in Llanelli) • 7am-7pm shift • 1 Consultant • 1 Critical Care Practitioner (CCP) • access to helicopter and rapid response vehicles 		
<ul style="list-style-type: none"> • Cardiff Day • 8am-8pm shift • 2 CCP • access to helicopter and rapid response vehicles 		
<ul style="list-style-type: none"> • Cardiff Day • 8am-8pm shift • 2 CCP • access to helicopter and rapid response vehicles 		
<ul style="list-style-type: none"> • New merged base North Central Wales • 8am-8pm shift • 2pm-2am shift • 1 Consultant • 1 CCP • access to helicopter and rapid response vehicles 		
<ul style="list-style-type: none"> • Wrexham Night (car only) • 8pm-8am shift • 2 CCPs <p>The exact location would be explored and discussed with the Charity, EMRTS and WAST</p>		

Table 8: Service Setup

The Differences and Improvements the Options Would Give

Table 9 below shows the differences between Option A and Option B, and compares them to how the service works now:

	Current Service (for context)	Option A (based on modelling information)	Option B (based on modelling information)
Number of patients treated	2,969	2,835 (This means: 139 more patients than currently treated)	2,904 (This means: 208 more patients than currently treated)
Number of service hours per day	60 hours per day	60 hours (This means: no difference to current service)	72 hours (This means: 12 hours more than current service and Option A)
Number of crews available from 8am every day	4 crews	3 crews (This means: 1 crew less than current)	3 crews (This means: 1 crew less than current)
Number of crews available from 2pm	4 crews	4 crews (This means: no difference to current service)	4 crews (This means: no difference to current service)

	Current Service (for context)	Option A (based on modelling information)	Option B (based on modelling information)
Number of crews available from 8pm	1 crew (Cardiff)	2 crews There would be Cardiff all night and North Central Wales until 2am (This means more than current service)	3 crews There would be Cardiff all night North Central Wales until 2am and Wrexham [car only] all night (This means more than current service and more than Option A)
Improves average response times	56 minutes 21 seconds (from 999 call to arrival at scene) 26m 20s (from the time the crew starts to travel to the patient to arrival at scene)	53m 23s 25m 22s (This means response times would improve)	52m 33s 24m 12s (This means response times would improve)
All of Wales covered by helicopter within 30 minutes during the day	Yes	Yes (This means same as current service.)	Yes (This means same as current service)

	Current Service (for context)	Option A (based on modelling information)	Option B (based on modelling information)
Increases the number of patients that the service can respond to by car in 30 minutes compared to current service	N/A	Yes (This means: the service can reach more patients by car in 30 mins compared to current service but no different to Option B.)	Yes (This means: the service can reach more patients by car in 30 mins compared to current service but no different to Option A except during the hours of 8pm-8am where it would be able to reach more)
Increases the service after 8pm from a base in North or Mid Wales	Only 1 base after 8pm (Cardiff)	Helicopter and car service are available from a base in North or Mid Wales until 2am	Helicopter and car service are available from a base in North or Mid Wales until 2am, plus a car only service from 2am- 8am. (This means it is the same as Option A but has an extra car crew from 2am-8am)
Number of days crews do not treat patients (across all bases)	376 days	126 days (This means crews are being used more effectively across all bases compared to the current service.)	400 days (This means there are more days crews do not treat patients. Crews are not being used more effectively compared to the current service and compared to Option A.)

	Current Service (for context)	Option A (based on modelling information)	Option B (based on modelling information)
How often a crew and car or helicopter is used	<p>30% of the time across the whole service</p> <ul style="list-style-type: none"> • Caernarfon 17% • Cardiff 42% • Dafen (Llanelli) 36% • Welshpool 14% 	<p>32% of the time across the whole service</p> <ul style="list-style-type: none"> • Cardiff 39% • Dafen (Llanelli) 35% • North Central Wales base 22% <p>(This means there is an improvement in how crews are being used.)</p>	<p>27% of the time across the whole service</p> <ul style="list-style-type: none"> • Cardiff 27% • Dafen (Llanelli) 35% • North Central Wales base 21% • Wrexham Night (car only) 8% <p>(This means there is a reduction in how crews are being used, worse than the current service and Option A.)</p>
How much extra does it cost?	N/A	<p>Recurrent staff costs £90,934 per annum (used for cost per patient)</p> <p>One-off capital costs £30,000</p> <p>One-off project costs £92,000</p> <p>(This means: There is extra cost to delivering this option, but less than Option B)</p>	<p>Recurrent staff costs £323,916 per annum (used for cost per patient)</p> <p>One-off capital costs £183,000</p> <p>One-off project costs £152,000</p> <p>(This means: There is extra cost to delivering this option, more than Option A)</p>

	Current Service (for context)	Option A (based on modelling information)	Option B (based on modelling information)
How much extra will it cost per patient?	N/A	£654 extra per incident (This means: the extra cost for delivering this option divided by the number of extra incidents arrived at. This cost is less than Option B)	£1,557 extra per incident (This means: the extra cost for delivering this option divided by the number of extra incidents arrived at. This cost is more than Option A)
Requires crews to work from a different base	N/A	Yes (This means the closure of existing bases at Caernarfon and Welshpool and staff working at a new base in North Central Wales near the A55)	Yes (This means the closure of existing bases at Caernarfon and Welshpool and staff working at a new base in North Central Wales near the A55)
Requires staff to work different times / shifts	Staff currently work 8am-8pm.	Yes (This means staff would be expected to work 8am-8pm and 2pm-2am shifts)	Yes (This means staff would be expected to work 8am-8pm, 2pm-2am and 8pm-8am shifts)

	Current Service (for context)	Option A (based on modelling information)	Option B (based on modelling information)
Does the Service think it will be able to staff the new shift patterns?	N/A	<p>90% confidence of being able to deliver the service.</p> <p>(This means the assessment that the EMRTS management has made of its ability to ensure shifts would be covered. This is more than option B.)</p>	<p>60% confidence of being able to deliver the service</p> <p>(This means the assessment that the EMRTS management has made of its ability to ensure shifts would be covered. This is less than Option A)</p>
Overall view from EMRTS Management Team (clinical staff retention and recruitment)	N/A	<p>This option presents a number of challenges for the service in terms of a change in base location for staff, bringing teams of staff from different bases together and set-up needs.</p> <p>However, the option does provide the opportunity to work different shift patterns and for CCP staff to work with Consultants and other CCPs which is attractive for clinicians and helps with staff recruitment and retention into Wales.</p>	<p>This option presents a number of challenges for the service in terms of a change in base location for staff, bringing teams from different bases together and set-up needs.</p> <p>However, the option does provide the opportunity to work different shift patterns and for CCP staff to work with consultants and other CCPs which is attractive for clinicians and helps with staff recruitment and retention into Wales.</p>

	Current Service (for context)	Option A (based on modelling information)	Option B (based on modelling information)
Does the Service think it will be able to staff the new shift patterns?	N/A	Major opposition will be in relation to location change with undertones of 'leaving communities' (that have existing support but left lacking). Backfill achievable, but potential to lose some of the most qualified staff	<p>Major opposition will be in relation to location change with undertones of 'leaving communities' (that have existing support but left lacking). Backfill achievable, but potential to lose some of the most qualified staff.</p> <p>In terms of operational delivery and the retention and recruitment of staff, the negative impact of the overnight 8pm to 8am car shift on staff is likely to be extremely challenging. Negative impact of a full night driving shift on staff.</p> <p>Also, likely to be staff reluctance to do full night shifts (8pm-8am) due to likely low demand.</p>

Table 9: Option Differences

How the Options Would Affect Different Parts of Wales

The air ambulance service is an all-Wales service. No matter where a patient is in Wales, the service goes to the patient. The service works the same way everywhere in Wales, no matter where help is needed and where calls are made from in Wales. It does not work differently in different health board areas. This means that options to improve the service affect all areas of Wales fairly.

There are some parts of Wales that are helped more by helicopter crews than car crews. These are rural areas and rely more on the air service compared to urban areas, where the car service can work effectively on the better road networks.

Being in remote rural areas means it is important that the Service works in a way that the helicopters can get to more patients in rural areas than it does at the moment. There are extra actions explained on page 45 that would help this.

It is expected that all areas of Wales would see an improvement in the air ambulance service overall. The modelling does show a small increase in residual unmet need in some parts of Wales. This is typically modelled in single figures and within the expected variations for modelling. The Service will continue to ease unmet need as far as practicable.

The principle used in this Review is that:

- If people get the service now, they will continue to get it; and
- More people will get the service.

Wales Air Ambulance Charity's Support for an EASC Decision

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.

How Staff Are Affected by Options A and B

Staff at both EMRTS and the Charity have been stakeholders in this Review but are not the decision makers. This means that staff have given their feedback in all phases of the engagement so far. Both options will need the same or more EMRTS staff. Some staff may not want to move to other bases, and they may not want to work the night shift patterns.

Staff will be able to give their feedback again in Phase 3 so their views will be understood about these matters.

There are NHS Wales processes in place to help with any changes that may affect staff.



Benefits and Drawbacks - Option A

These are benefits and drawbacks of Option A. The details of these are set out in table 9 on pages 31-37 that shows the differences and improvements between the two options and compared to the current service:

Option A	
Benefits	Drawbacks
<ul style="list-style-type: none"> You are more likely to get a service particularly at night EMRTS will be able to help more patients across Wales EMRTS will be able to get to more places in Wales more easily There will be more staff working at night Improves how crews are used effectively (utilisation) Less days when the service is not used at all (no arrival days) (126) compared to current service (376) When a car is in use it can get to more people Better chance for staff to develop and use their specialist skills Very likely to have enough staff Cheapest cost per extra call 	<ul style="list-style-type: none"> 1 less crew between 8am and 2pm It might be harder for car crews to get to every part of Wales Staff might not want to move to the new base. Staff might leave People are worried because they believe that moving a base will mean they will not get a service

Table 10: Option A Benefits and Drawbacks

Costs of Delivering Option A

Table 11 outlines the added cost of delivering this option for NHS Wales. There will be extra costs to the Charity to deliver this model. The Charity have confirmed they will support options where the evidence shows an improved service to the people of Wales.

The Chief Ambulance Services Commissioner will aim to keep these added costs within the existing commissioning budget of EASC and will seek more funding from the Committee if this is not possible.

Element	Cost	Description
Extra EMRTS recurrent cost to baseline (pay)	£90,934	These are ongoing costs for the delivery of the service
Extra EMRTS capital costs	£30k	These are capital costs for the purchase of equipment – as now, bids will be made to the Welsh Government for this.
EMRTS Transition / project costs	£92k	These are time limited cost for transition to a new base. The cost will end at a point in time.
Cost per extra incident	£654	More cost to baseline / the number of extra arrivals at scene over baseline

Table 11: Option A Costs



Benefits and Drawbacks - Option B

These are benefits and drawbacks of Option B. The details of these are set out in table 9 on pages 31-37 that shows the differences and improvements between the two options and compared to the current service:

Option B	
Benefits	Drawbacks
<ul style="list-style-type: none"> You are more likely to get a service particularly at night EMRTS will be able to help more patients across Wales EMRTS will be able to get to more places in Wales more easily There will be more staff working at night When a car is in use it can get to more people Better chance for staff to develop and use their specialist skills Likely to have enough staff 	<ul style="list-style-type: none"> More days when the service is not used at all (no arrival days) (400) compared to current service (376) There will be less 1 less crew working between 8am-2pm Staff might not want to move to the new base. Staff might leave Negative impact on staff wellbeing and welfare driving distances on full night shift Costs more (per extra incident) than Option A People are worried because they believe that moving a base will mean they will not get a service

Table 12: Option B Benefits and Drawbacks

Costs of Delivering Option B

Table 13 outlines the extra cost of delivering this option for NHS Wales. There will be extra costs to the Charity to deliver this model. The Charity have confirmed they will support options where the evidence shows an improved service to the people of Wales.

Element	Cost	Description
Extra EMRTS recurrent cost to baseline (pay)	£323,916	These are ongoing costs for the delivery of the service
Extra EMRTS capital costs	£183k	These are capital costs for the purchase of equipment – as now, bids will be made to the Welsh Government for this.
EMRTS Transition / project costs	£152k	These are time limited cost for transition to a new base. The cost will end at a point in time.
Cost per extra incident	£1,557	More cost to baseline / the number of extra arrivals at scene over baseline

Table 13: Option B Costs

The Chief Ambulance Services Commissioner will aim to hold as much of these extra costs within the existing commissioning budget of EASC but will also need to seek more funding from the committee for this option's delivery.



11. OPTIONS SUMMARY

The two options - outlined on pages 40 and 42- are the developments that could improve the air ambulance service in Wales.

The options being engaged on, within this document are two options to change operations from Caernarfon and Welshpool and to have a merged base in North Wales somewhere near the A55.

If either of these Options (A or B) are agreed by the Emergency Ambulance Services Committee, these changes may take some time to happen. This is because of the work that would need to be done to set up a new merged base.

Even though the two options could improve the air ambulance service, they are not perfect solutions. They do not address all the concerns heard in the public feedback.

This is where extra actions could help as explained on page 45.



12. EXTRA ACTIONS

Based on public and stakeholder feedback throughout engagement Phases 1 and 2, there were several issues that came up (as detailed in page 4) that could not be ignored.) that could not be ignored.

Some of the issues are not within the scope of the Review (such loss of public services in rural communities for example). However, the Commissioner's role presents a unique opportunity to consider an extra set of actions that could help improve some of the issues highlighted in public and stakeholder feedback.

Option A could benefit from extra actions. These extra actions involve placing more cars set at strategic points within Powys, Betsi Cadwaladr or Hywel Dda Health Board areas. This could give better geographical coverage.

These actions could help to address the issues heard in the public engagement about:

- 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 found 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

These extra actions have developed through the engagement process. They have surfaced because of the extensive listening during both engagement phases.

These actions could be taken within normal 'business as usual' arrangements within the Commissioner's responsibilities. They could also be done within the existing commissioning allocation. This means that there would be no added costs. Therefore, these extra actions are not included within the two options of the Phase 3 engagement.

The added benefits of taking these actions are:

- Gives more pre-hospital resources and improves the ability to respond to rural and remote/coastal communities
- Responds to the need for a different model in rural and remote and coastal areas
- Involves a tailored clinical response model with EMRTS responding to a wider range of patient conditions in rural and remote and coastal areas, keeping a visual presence in these areas
- Improves ambulance resources in rural and remote and coastal areas
- Offers an alternative for EMRTS staff not wishing to work from a centralised base ensuring improved resource in rural and remote and coastal areas
- This is a service improvement; the Charity has agreed to support the work of the EMRTS Service Review if the evidence supports an improved service for the population of Wales.



13 THE DECISION MAKING PROCESS AND NEXT STEPS

This document outlined the options being considered to improve the air ambulance service in Wales. The shortlisted options being engaged on within this document would involve moving current bases from Caernarfon and Welshpool and having a merged base in North Wales. This would:

- Improve the number of patients treated (reduce un-met patient need)
- Make better use of clinical teams (reducing under-utilisation levels)
- Ensure fair geographical coverage across Wales
- Ensure the effective use of Rapid Response Vehicles (RRV) especially when the helicopters are unable to fly.

As part of the highest scoring Option A the extra actions (on page 45) would support this. This involves placing more cars set at strategic points within Powys, Betsi Cadwaladr or Hywel Dda Health Board areas. This could give better geographical coverage.

If these proposals are agreed by EASC, it would mean that more people will get help from this excellent critical care service, no matter where they are in Wales, as well as the other benefits detailed on pages 40-43.

Between 01 February and 29 February 2024, public and stakeholders are being asked for their comments in Phase 3 engagement, on:

- the shortlisted options,
- the two highest scoring options (A and B)
- how these changes could affect people
- the extra actions.

During Phase 3, Health Boards will also be looking at the options and giving their feedback to the Commissioner.

All Phase 3 feedback given, will be considered by the Commissioner. This will help the Commissioner arrive at a final recommended option to give to the Committee.

The recommended option will go to the Emergency Ambulance Services Committee for consideration and final decision. This is likely to be in March 2024.

All Committee meeting papers and updates about to the EMRTS Service Review are published on the EASC website <https://easc.nhs.wales/the-committee/current-and-past-papers/>.



14 HOW TO HAVE YOUR SAY ON THE OPTIONS

As in the earlier phases, it is important to look for as many views as possible on these options to further improve the air ambulance service in Wales. The EASC website, <https://easc.nhs.wales/>, holds a variety of engagement documents to help give your views.

You will be able to provide your feedback, as detailed below. There is not a planned timetable of public meetings with the Commissioner and the EASC Team in Phase 3.

All Health Boards in Wales will also be sharing engagement information during February. Their website details are here:

- Aneurin Bevan University Health Board (<https://abuhb.nhs.wales/>)
- Betsi Cadwaladr University Health Board (<https://bcuhb.nhs.wales/>)
- Cardiff and Vale University Health Board (<https://cavuhb.nhs.wales/>)
- Cwm Taf Morgannwg University Health Board (<https://ctmuhb.nhs.wales/>)
- Hywel Dda University Health Board (<https://hduhb.nhs.wales/>)
- Powys Teaching Health Board (<https://pthb.nhs.wales/>)
- Swansea Bay University Health Board (<https://sbuhb.nhs.wales/>)



How to give feedback:

A response form has been produced so that it is easier for you to respond to this engagement. Please give your comments by 29 February 2024. You can do this by:

We want everyone in Wales to have their say about this important critical care service and have provided a range of ways to give your feedback. You can:

- Complete this **online questionnaire**; or
- **Download** the response form online <https://easc.nhs.wales/engagement/sdp/p2ep1/phase-3-downloadable-print-questionnaire-english/>, complete, and return by **attaching to an e-mail** to: EASCSERVICEReviewQueries@wales.nhs.uk; or
- **Download** the response form <https://easc.nhs.wales/engagement/sdp/p2ep1/phase-3-downloadable-print-questionnaire-english/>, print, complete, and return **by post (or simply write) to**: EMRTS Service Review Feedback, Emergency Ambulance Services Committee, Unit 1, Charnwood Court, Billingsley Road, Nantgarw Park, Cardiff, CF15 7QZ
- **Telephone**: 01443 471520
 - Leave a message on the answerphone service sharing your views
 - Ask for help to give your feedback
 - To ask for someone to call you back
 - If you need any help with information in other formats or languages
- **You could contact the engagement teams in your local health board area**
 - Individual links are provided on page 49
- **You could give your views to your local Llais representative.** Llais is the statutory body, set up by Welsh Government, to give the people of Wales more say in the planning and delivery of health and care services, locally, regionally, nationally. Llais regional representative details can be found on pages 51-52 or by visiting <https://www.llaiswales.org/in-your-area>. You can also contact Llais:
 - By phone: 02920 235 558
 - By email: enquiries@llaiscymru.org
 - By post: Llais, 3rd Floor, 33 - 35 Cathedral Road, Cardiff, CF11 9HB

Llais Regional Contacts

Area	Covering	Office	Email	Telephone
Cardiff and the Vale	Cardiff, The Vale of Glamorgan	Llais Cardiff Region, Pro Copy Business Centre (Rear), Parc Ty Glas, Llanishen, Cardiff, CF14 5DU	cardiffandvaleenquiries@llaiscymru.org	02920 750112
Cwm Taf Morgannwg	Bridgend, Rhondda, Cynon Taf, Merthyr Tydfil	Llais Cwm Taf Morgannwg Region, TY Antur Enterprise House, Navigation Park, Abercynon, Mountain Ash CF45 4SN	cwmtafmorgannwggenquiries@llaiscymru.org	01443 405830
Gwent	Newport, Caerphilly, Torfaen, Monmouthshire, Blaenau Gwent	Llais - Gwent Region, Raglan House, Llantarnam Business Park, Cwmbran, NP44 3AB	gwentenquiries@llaiscymru.org	01633 838516
Neath Port Talbot and Swansea	Swansea, Neath Port Talbot	Llais - Neath Port Talbot and Swansea Region, Cimla Health & Social Care Centre, Cimla, Neath SA11 3SU	nptandswansea.enquiries@llaiscymru.org	01639 683490
North Wales	Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham	Llais Bangor Unit 11 Chestnut Court, Ffordd y Parc, Parc Menai, Bangor, LL57 4FH Llais Wrexham Units 1B + 1D Wilkinson Business Park, Clywedog Road South, Wrexham Industrial Estate Wrexham, LL13 9AE	Northwalesenquiries@llaiscymru.org	01978 356178 01248 679284

EMERGENCY AMBULANCE SERVICES COMMITTEE

Area	Covering	Office	Email	Telephone
Powys	Powys	<p>Llais Brecon, Neuadd Brycheiniog, Cambrian Way, Brecon LD3 7HR</p> <p>Llais Newtown, Ladywell House, Newtown Powys SY16 1JB</p>	powysenquiries@llaiscymru.org	<p>01874 624206</p> <p>01686 627632</p>
West Wales	Carmarthenshire, Ceredigion, Pembrokeshire	<p>Llais Carmarthen, Suite 5, 1st Floor, Ty Myrddin, Old Station Road, Carmarthen SA31 1LP</p> <p>Llais Milford Haven, Suite 18 Cedar Court, Havens Head Business park Milford Haven SA73 3LS</p> <p>Llais Aberystwyth, WG Building, Rhodfa Padarn, Llanbadarn Fawr Aberystwyth SY23 3UR</p>	westwalesenquiries@llaiscymru.org	<p>01646 697610</p>

Table 14: Llais regional contacts



APPENDIX 1

About EASC

The Emergency Ambulance Services Committee (EASC) is a Joint Committee of the seven Health Boards in Wales. The Committee is made up of:

- an Independent Chair
- the Chief Executives of the seven Health Boards in Wales:
 - Aneurin Bevan University Health Board
 - Betsi Cadwaladr University Health Board
 - Cardiff and Vale University Health Board
 - Cwm Taf Morgannwg University Health Board
 - Hywel Dda University Health Board
 - Powys Teaching Health Board
 - Swansea Bay University Health Board
- a Chief Ambulance Services Commissioner

The NHS Trusts in Wales are represented as Associate Members on the Joint Committee, these are:

- Welsh Ambulance Services NHS Trust (WAST)
- Velindre University NHS Trust and
- Public Health Wales NHS Trust

The services commissioned by EASC are:

- Emergency Ambulance Services (by WAST)
- Non-Emergency Patient Transport Services and (by WAST)
- Emergency Medical Retrieval and Transfer Service (provided in partnership by EMRTS Cymru [of NHS Wales] and the Wales Air Ambulance Charity).

EASC is hosted by Cwm Taf Morgannwg University Health Board. Further detail on EASC can be found on their website: www.easc.nhs.wales/the-committee

APPENDIX 2

Statutory and Legal Context

EASC is committed to supporting achievement of the objectives outlined in Welsh Government's A Healthier Wales (<https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care>) plan to ensure that people stay healthy for as long as possible, and to supporting achievement of the ambitious objectives outlined in Welsh Government's "Health and Social Care in Wales COVID-19: Looking Forward" guidance (<https://www.gov.wales/improving-health-and-social-care-covid-19-looking-forward>) and adopt a realistic approach to supporting building back our health and care system in Wales, in a way that places fairness and equity at its heart.

EASC is committed to contributing towards the achievement of the aims of the Well-being of Future Generations (Wales) Act (<https://www.gov.wales/well-being-future-generations-act-essentials-html>) (WBFGA) aims to improve the social, economic, environmental and cultural well-being of Wales. The WBFGA gives the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations, and to think more about the long-term, work better with people, communities and organisations, look to prevent problems and take a more joined-up approach. This Act puts in place seven well-being goals and clarifies the need to maximise the contribution to all seven.

Duty of Quality

The duty of quality applies to Local Health Boards who are responsible for planning and delivering NHS services in their areas with the aims of:

- Improving physical and mental health outcomes.
- Promoting well-being.
- Reducing health inequalities across their population.
- Commissioning services from other organisations to meet the needs of their residents

As a joint committee of all local health boards the Duty of Quality Act applies to the work of EASC, and decisions made by the committee should ensure that the care delivered by services is safe, timely, effective, efficient, equitable/fair and person centred.

Emergency Ambulance Services Committee (Wales) Regulations and Directions

The Emergency Ambulance Services Committee (the Joint Committee) is a Joint Committee of each LHB in Wales, set up under the **Emergency Ambulance Services Committee (Wales) Regulations 2014 (the EASC Regulations)** (<https://easc.nhs.wales/the-committee/governance/directions-and-regulations/the-easc-wales-regulations-2014-no-566-w-67/>). The functions and services of the Joint Committee are listed in the Emergency Ambulance Services Committee (Wales) Directions 2014 and are subject to variations to those functions agreed by the Joint Committee. The Directions were amended by the **Emergency Ambulance Services Committee (Wales) Amendment Directions 2016** (<https://easc.nhs.wales/the-committee/governance/directions-and-regulations/the-easc-wales-amendment-directions-2016-no-8-w8/>). The Joint Committee is hosted by the Cwm Taf Morgannwg University Health Board (CTMUHB) on behalf of each of the seven LHBs.

The seven LHBs in Wales are required to work jointly to exercise functions relating to the planning and securing of emergency ambulance and non-emergency patient transport services. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance and non-emergency patient transport services for residents within their area.

Social Services and Well-being (Wales) Act 2014

Through implementation of the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') (<https://www.gov.wales/sites/default/files/publications/2019-05/social-services-and-well-being-wales-act-2014-the-essentials.pdf>) Welsh Ministers have sought to put in place a framework that empowers people to have greater involvement and control over the care and support they receive. This is an important factor in making sure that services work with and for them, and in many cases that people have the opportunity to directly seek bespoke arrangements to meet their individual needs.

UK General Data Protection Regulation (UK GDPR)

Cwm Taf Morgannwg University Health Board (CTMUHB) is the data controller for any personal data you provide as part of your response to the engagement.

Any response you send us will be seen in full by CTMUHB staff dealing with the issues which this engagement is about or planning future work.

Where the CTMUHB undertakes further analysis of consultation responses then this work may be commissioned to be carried out by an accredited third party (e.g. a research organisation or a consultancy company). Any such work will only be undertaken under contract. CTMUHBs standard terms and conditions for such contracts set out strict requirements for the processing and safekeeping of personal data. In order to show that the consultation was carried out properly, CTMUHB intends to publish a summary of the responses to this document. We may also publish responses in full.

Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

You should also be aware of our responsibilities under Freedom of Information legislation. If your details are published as part of the consultation response, then these published reports will be kept indefinitely. Any of your data held otherwise by CTMUHB will be kept for no more than three years.

Your rights Under the data protection legislation, you have the right:

- to be informed of the personal data held about you and to access it
- to require us to rectify inaccuracies in that data
- to (in certain circumstances) object to or restrict processing
- for (in certain circumstances) your data to be 'erased'
- to (in certain circumstances) data portability
- to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection.

For further details about the information the CTMUHB holds and its use, or if you want to exercise your rights under the UK GDPR, please see contact details below:

Cwm Taf Morgannwg University Health Board
Chief Information Officer
Ynysmeurig House
Navigation Park
Abercynon
CF45 4SN

Telephone: 01443 744800

Email: CTM.IGteam@wales.nhs.uk

Website: <https://ctmuhb.nhs.wales/about-us/governance-assurance/>

The contact details for the Information Commissioner's Office are

Information Commissioner's Office – Wales
2nd Floor, Churchill House
Churchill Way
Cardiff
CF10 2HH

Telephone: 0330 414 6421

Email: wales@ico.org.uk

Website: <https://ico.org.uk/>



APPENDIX 3

Socio-economic duty

What is the Socio-economic Duty?

The overall aim of the Socio-economic Duty is to support public sector bodies in Wales to make better decisions that will improve outcomes for people and communities who experience socio-economic disadvantage.

<https://www.gov.wales/more-equal-wales-socio-economic-duty>

The Socio-economic Duty came into force in Wales on 31 March 2021. It improves decision making and helps those who are socio-economically disadvantaged.

The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making, and will build on the good work public bodies are already doing.



APPENDIX 4

Engagement – What we heard

During Phase 2, public and stakeholders gave their feedback in a range of ways with many personal experiences and testimonials shared, highlighting the value placed on the service...

There was good quality dialogue in all sessions - drop-ins, in-person public meetings, and virtual/on-line in Phase 2 where it also reinforced the general sense of anxiety over any proposed base moves.

The emergent themes from Phase 2 feedback has been consistent with what was heard in Phase 1 of the engagement, this included:

Feedback about the **first EMRTS proposal**:

- Perception that the service is being 'cut'
- Concern that if base locations move from Caernarfon and Welshpool, 'people will die' in these localities
- One consolidated air base in north Wales could limit the ability for two helicopters when weather prevents flying thereby limiting service capacity
- Perception that moving bases changes how the service is delivered to patients in current base location areas
- Perception that moving base locations is a cost-saving exercise
- Perception that Rhuddlan base would provide ineffective coverage given its proximity to the coast
- Concern that weather at Rhuddlan is worse than at current base locations.

Feedback about **weather and environment:**

- Environmental impact of EMRTS needing to travel further to reach patients in Caernarfon and Welshpool localities should bases move elsewhere
- Concern about continued deterioration of environmental factors (such as flooding) affecting timely response by car to rural areas
- Concern about how any re-location/new base would be funded (i.e. re-directing resources from frontline people)
- Suggestion to move Dafen (Llanelli) base instead (due to the weather impacts shared in weather data report)
- Suggestion to carry out flood mitigation works at Welshpool to enhance Welshpools's utilisation.

Feedback about **data:**

- Perception that the original data for the initial EMRTS Proposal was 'flawed' and now 'discredited'
- Concern that Rhuddlan model is based on assumption and not historical data that could evidence coverage.

Feedback about: the **options developed and modelled:**

- Some support of Option 1 (do nothing - **Appendix A**)
- Consensus of support for Option 6c (**Appendix A**) (approximately 35% of responses cited support for Option 6c)
- Perception that the gains illustrated in the modelling are too marginal to justify any reconfiguration taking into consideration margin of error with data
- Interest in pros and cons of options after evaluation process to include costs
- Option 6c to consider a' forward operating base for Caernarfon and Welshpool to utilise in any occurrence including fuel and clinical stock for added resilience.
- Support for making Welshpool or Caernarfon bases 24hrs (i.e. additional night service).

Feedback about response times:

- Concern that the service will take longer if it comes from somewhere else (not from Caernarfon/Welshpool bases)
- Concern about current base RRV locations and ability to respond effectively
- Concern about mental and emotional stress for patients waiting for an emergency response to come from 'out of area' if base locations move and take longer
- Concern about rural mobile phone coverage that adds delay when calling 999 compared to urban areas
- Reliance on air support providing a response within a 'golden hour' compared to road response
- Perception that local base always provides local response therefore any move would impact EMRTS response time for rural patients
- Perception that base location in mid Wales can get 'everywhere quicker' across all of Wales by virtue of being central.
-

Feedback about 'rural needs compared to urban needs':

- Perception that if bases move, current local base communities will no longer receive any service from EMRTS
- Perception that north and south Wales areas do not need EMRTS compared to rural due to proximity to acute and critical care hospitals located in urban areas
- Perception that helping more patients is limited to urban areas and not rural (population density)
- Perception that Welshpool air crews have local geographic knowledge and are familiar with remote locations and landing sites and can reach locations in Mid Wales more quickly compared to crews from other bases
- Concern that mid, rural, and coastal communities are more vulnerable and 'less equal' than those located closer to better road infrastructures and general hospitals
- Rural remoteness of proximity to general hospitals and emergency departments

- Concern about vulnerability of rural communities generally ('lost all other services already')
- Current bases perceived as a 'local lifeline' and visual presence is reassuring
- Road infrastructure limiting emergency road (WAST) response (through weather, road closures etc.)
- Concern about proportion of high-risk jobs and activities in mid and rural areas having a proportionately higher incidence of need than in urban areas
- Concern that air assets would not be able to reach rural areas from north Wales (e.g. crossing Eryri (Snowdonia), Berwyn mountains)
- Mid and rural Wales population distance to major trauma centres
- For 'equity' to be considered in the evaluation process and framework given the variable access to health services across Wales.
- Feedback about EMRTS:
 - Overwhelming appreciation for the people who provide this critical-care emergency service
 - There remains a perception that EMRTS is a 'fast ambulance/scoop and run service'
 - 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
 - Concerns that current staff may leave the service if any base moves happen meaning loss of skills and financial spend incurred in additional recruitment, as well as local economic impact
 - Name change suggested from EMRTS to: Flying doctors, air hospital, flying hospital
 - Concern about staff morale being affected by current frustrations not being able to reach more patients, and around maintaining clinical competencies
 - Staff desire to support the critical care hub more
 - Perception that sharing a base with the coastguard in Caernarfon leads to better inter-agency working.

Feedback about **Health Boards, WAST and other emergency responders:**

- Skepticism about service developments that have been made by Health Boards and Local Authorities are now perceived to be providing a worse service
- Suggested to invest in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to ease demand on services generally
- Perception that EMRTS provides comfort to communities as WAST's ability to respond to communities is affected by handover delays
- Concern that any base moves could adversely impact on other emergency responders in Powys area
- Concern about paramedic staffing levels in mid and rural Wales.

Feedback about the **Charity:**

- Concerns that the Charity will lose the goodwill of support in base location areas and the impact on charitable donations to WAAC would decrease and destabilise the partnership service
- Concern that WAAC will not support EASC decision
- Concern about stakeholder relations and reputational damage.
- Support expressed to work with WAAC and EMRTS on helping the partnership service thrive (e.g. from flooding risks in Welshpool to fundraising initiatives)
- Support and passion for the service and sense of local 'ownership'
- Perception that communities in rural and mid Wales are the most generous donators to WAAC fundraising.

Feedback about **Welsh Government:**

- Concern about funding of air ambulance service in Wales (view that this should be 100% Welsh Government funded)
- Request to consider additional bases and requisite funding instead of moving base locations
- Perception that mid and rural Wales citizens are disadvantaged in public services compared to north and south Wales' urban areas
- Concern that the new 20mph speed limit will adversely affect road ambulance response compounding current challenges.

Feedback about the **engagement process:**

- Positive support for the way in which the engagement has been delivered, the thoroughness of the work and transparency of information
- Trust and confidence in the Commissioner who has 'honoured his promises... true to his word' throughout the process
- The clear way in which complex information was presented
- Appreciation for using different data range
- Appreciation for the way in which options were developed
- Appreciation for the level of detail provided
- Request to maintain the openness and transparency.

Despite the concerns of the public and stakeholder feedback where it was expressed that citizens feel 'emotional and vulnerable', there was a consensus of understanding that:

- Un-met patient need must be provided for by the service; and
- Under-utilisation of crews needs to be rectified to service un-met patient need.

Petitions

No further petitions shared with and noted by the Commissioner during Phase 2.

Formal feedback and public representation in response to the engagement has not been received from Llais during Phase 1 or Phase 2 of the engagement.



Further information:

Phase 1 public feedback is detailed within Supporting Document 2 - <https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-2-engagement-what-we-did-and-what-we-heard/>

Supporting Document 3 - <https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-3-picker-institute-report/>

APPENDIX 5

Engagement Phase 2 - What we did

The formal engagement for the EMRTS Service Review in Phase 2 asked public and stakeholders to comment on the options developed based on the feedback in Phase 1 to improve the air ambulance service in Wales.

This second engagement phase took place during a five-week window between October 9 and November 12, 2023, and included:

- In-person drop-in sessions
- In person public meetings
- Online/virtual public meetings
- Virtual private meetings (for example, politician's sessions, internal staff sessions).

This built on Phase 1 engagement, bringing 19 weeks of engagement for the Review since March 2023.

The public engagement sessions were led and delivered by the Commissioner and the EASC team and followed the same format as Phase 1 which included a presentation by the Commissioner, followed by 'open floor' question and answer time, regardless of whether this was in person or online. During the sessions, participants were reminded of all the ways in which their feedback could be provided along with the engagement materials and supporting information including Committee papers.

Engagement Phase 2 - What we did

Given that EMRTS is a particularly complex clinical service, information was set out as clearly as possible. Listening to the feedback in Phase 1 shaped how the documents were presented in Phase 2 to make them as helpful as possible for public and stakeholders.

The set of bilingual engagement materials were made available on the EASC website:

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

- **Commissioners Report:**
<https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/chief-ambulance-services-commissioners-report/>
- **Commissioner's Report (plain language or easy read version):**
<https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/chief-ambulance-services-commissioners-report-plain-language-version/>

Supporting Documents (containing full technical details and breakdown of information, signposted in the Commissioner's Report) including:

- **History of EMRTS:**
<https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-1-history-of-emrts/>
- **Engagement: What We Did and What We Heard:**
<https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-2-engagement-what-we-did-and-what-we-heard/>
- **The Picker Institute Report:**
<https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-3-picker-institute-report/>
- **Historical Data Information Pack:**
<https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-4-emrts-historical-data-information-pack/>
- **Drive Time and Population Coverage:**
<https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-5-drive-time-and-population-coverage/>
-

- **Weather Data:** <https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-6-weather-data/>
- **Optima Modelling:**
<https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-7-optima-modelling/>
- **Presentation Slides (presentation with audio):**
<https://www.youtube.com/watch?v=BBsKV3Akt-s&feature=youtu.be>
- **Frequently Asked Questions were also updated and published on the EASC site:** <https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/phase-2-frequently-asked-questions-faq/>

The Phase 2 Commissioner's 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.

Hard copies of all the bilingual documents were taken to the in-person engagement sessions and anyone needing alternative formats was encouraged to contact the EASC team directly.

Public meeting venues were selected for their accessibility and as in Phase 1, anyone with specific accessibility requirements to attend an engagement session was encouraged to contact the EASC team who would support the necessary arrangements.

Each of the public drop-ins had bilingual staff available and all public meetings had simultaneous live Welsh translation and all public meetings were professionally video recorded for note-taking purposes.

In addition to the engagement timetable of public sessions, the Commissioner has continued in his offer to meet with various stakeholders including elected representatives at national, regional, and local levels, staff groups within EMRTS and the Wales Air Ambulance Charity (WAAC), Health Board members, and Stakeholder Reference Groups.

Further information:

You can read full details about the History of the EMRTS on our website:
<https://easc.nhs.wales/engagement/sdp/sdp2/supporting-document-1-history-of-emrts/>

Ways in which respondents could provide feedback included:

- Meetings and drop-in sessions
- Post
- E-mail
- Online Query Form
- Phone answer line

People were also asked about the engagement sessions. This was to make sure the engagement was as effective as it could be and make any changes as it was delivered.

Communications packs were given to all health boards, NHS Wales trusts, and local authorities. This was to promote the engagement opportunity with their respective populations in both phases. They were also shared with the organisers of the campaign groups and local, regional and national media outlets.

The Commissioner has had an ongoing dialogue with Llais (formerly CHCs). The Commissioner updated Llais' Senior Management Team formally on this piece of work in July 2023. It confirmed the end of Phase 1 and the approach for Phase 2. The Commissioner has also written to Llais Chief Executive, Alyson Thomas in January 2024 confirming the arrangements for Phase 3.

Senior Llais officers have also attended sessions in Phase 2.



APPENDIX 6

About EMRTS and the Wales Air Ambulance Charity

The air ambulance service is delivered through a third sector and public sector partnership. The Emergency Medical Retrieval and Transfer Service (EMRTS) supplies highly skilled NHS consultants and critical care practitioners who work on board the Charity’s vehicles.

Wales Air Ambulance is the Charity (WAAC) which fundraises to provide the helicopters, pilots, fuel, and engineers, that is, the WAAC provides and delivers the operational infrastructure.

EMRTS, part of NHS Wales, delivers the clinical staff and services, NHS support staff and medical equipment. Between the Charity and NHS Wales’ EMRTS, the air ambulance service is provided in partnership for the people of Wales.

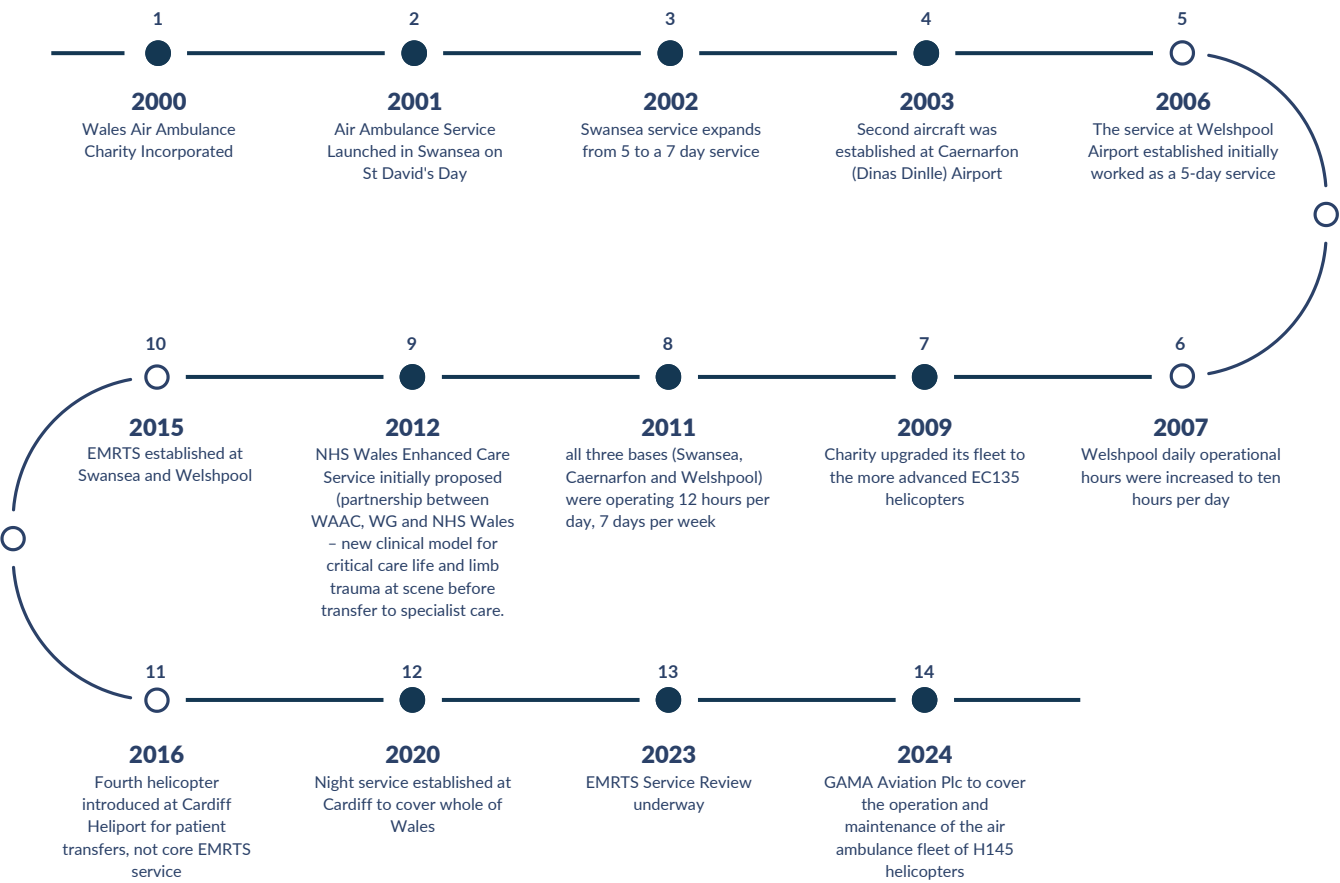


Image 3: About Air Ambulance Services

WALES AIR AMBULANCE SERVICES AT A GLANCE

Air Ambulance Services in Wales are provided on a joint partnership arrangement with the Wales Air Ambulance Charity who provide the bases, fuel, engineers, pilots, helicopters and rapid response vehicles and NHS Wales (hosted by Swansea Bay University Health Board) who provide the clinical teams and medical equipment. The NHS Wales element is known as the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and is commissioned by the Emergency Ambulance Services Committee.

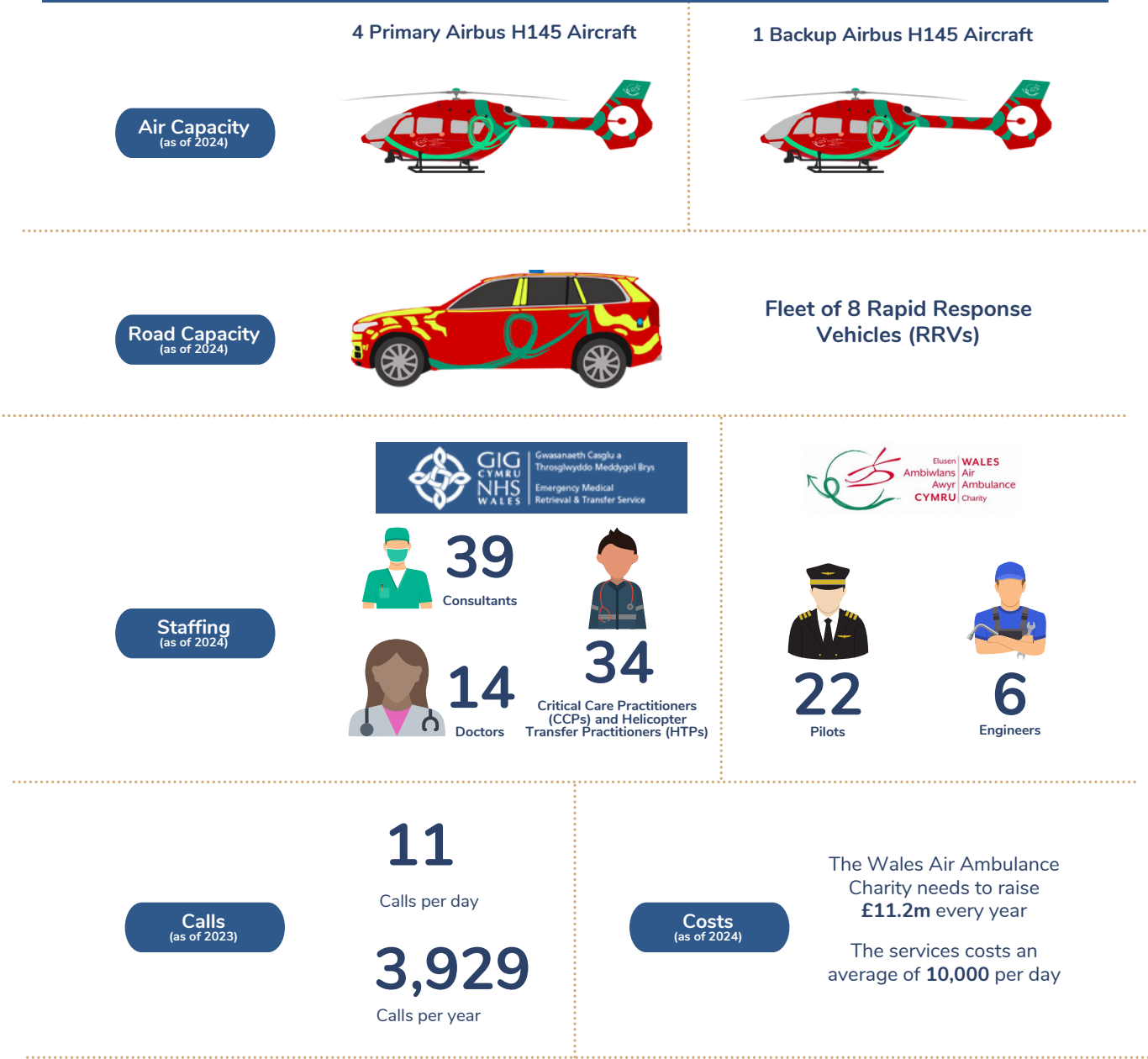


Table 4: At a glance

APPENDIX 7

Options Appraised

Scenario 1: “Status quo”:

- -1 Baseline. This scenario is the Baseline as described above.

Scenario 2: Existing Bases, Existing Capacity:

- -1 2A) Welshpool 14-02. Change the Welshpool shift to 14:00 - 02:00 hours.
- -2 2B) Caernarfon 14-02. Change the Caernarfon shift to 14:00 - 02:00 hours.
- -3 2C) Welshpool & Caernarfon 14-02. Change the Welshpool and Caernarfon shifts to 14:00 - 02:00 hours.
- -4 2D) Welshpool 20-08. Change the Welshpool shift to 20:00 - 08:00 hours.
- -5 2E) Caernarfon 20-08. Change the Caernarfon shift to 20:00 - 08:00 hours.

Scenario 3: “Consolidated Base, Existing Capacity”:

- -1 3A) North Central Wales near A55 2x 08-20. Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 (2 shifts).
- -2 3B) Best Alternative. Merge Welshpool and Caernarfon into the best alternative (2 shifts).
- -3 3C) North Central Wales near A55 08-20 + 20-08. 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.
- -4 3D) North Central Wales near A55 08-20 + 14-02. 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.

Scenario 4: “Additional Capacity to Scenario 3”:

- -1 4A) Extra car 08-20. 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.
- -2 4B) Extra car 14-02. Similar to the previous but make the car-only shift 14:00 - 02:00 hours.
- -3 4C) Extra car 20-08. Similar to the previous but make the car-only shift 20:00 - 08:00 hours.

Scenario 5: “Additional Capacity to Baseline”:

- -1 5A) Welshpool add 20-08. Add a 20:00 - 08:00 crew to Welshpool.
- -2 5B) Welshpool add 14-02. 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.
- -3 5C) Caernarfon add 20-08. Add a 20:00 - 08:00 crew to Caernarfon.
- -4 5D) Caernarfon add 14-02. 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.

Scenario 6: “Additional Capacity to Scenario 2”:

- -1 6A) Extra car 08-20. 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.
- 6B) Extra car 14-02. Similar to the previous but make the car-only shift 14:00 - 02:00 hours.
- -3 6C) Extra car 20-08. Similar to the previous, but make the car-only shift 20:00 - 08:00 hours



APPENDIX 8

Options Discounted from the Long List

Having considered the modelling, the following 13 options/scenarios were discounted and were not taken forward as part of the options appraisal process. These options/scenarios discounted are set out and 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

No .	Option Discounted from the Long List	Justification for not taking forward from Long List
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
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: provides fewer scene arrivals and therefore smaller reduction in unmet need

No .	Option Discounted from the Long List	Justification for not taking forward from Long List
9	5A) Welshpool add 2000-0800. Add a 20:00 - 08:00 crew to Welshpool.	Similar option to 5C but: 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: 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: 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: 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: provides fewer scene arrivals and therefore smaller reduction in unmet need

Table 15: Options Discounted from the Long List

APPENDIX 9

Evaluation Framework

Factor	Agreed Weighting	Commissioning Objective	Commissioning Strategy	Commissioning Approach
Health Gain	25	To improve the quality of care and outcomes for patients in Wales	To ensure EMRTS is as operationally efficient and effective as possible and as many patients as possible should get a service	<ul style="list-style-type: none"> • Proportion of met need • Residual unmet need • Scene arrivals • Increased number of arrivals at scene over baseline • Creation of new unmet need • Total crew utilisation (including range across bases – for context)
Equity	25	To ensure that the whole population of Wales receive adequate and timely access to specialised pre-hospital critical care	To make the most comprehensive population coverage by air, road and time of day	<ul style="list-style-type: none"> • Response times (reflex times) • Available capacity between 0800-1400 • Population 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)

Factor	Agreed Weighting	Commissioning Objective	Commissioning Strategy	Commissioning Approach
Clinical and skills sustainability	30	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	To ensure resources are located, available and equipped to respond to the needs of the whole population of Wales	<ul style="list-style-type: none"> • Utilisation by base and asset • EMRTS Management Team's operational view • No arrival days (for context)
Affordability	15	To ensure the service delivered is able to operate effectively within the financial constraints of NHS Wales and Wales Air Ambulance Charity Trust	To ensure that the costs of service delivery are within agreed income limits	<ul style="list-style-type: none"> • Additional recurrent cost to baseline (pay and non-pay costs) • Transition/project costs • Additional capital costs
Value for money	15	To maximise efficiency, ensure that the population attain the highest possible level of health gain for the given level of expenditure	To maximise the number of incidents the service can attend and increase the utilisation of each asset	<ul style="list-style-type: none"> • Additional cost to the baseline • Increased number of arrivals at scene over baseline • Cost per additional scene arrival

Table 16: Evaluation Framework

APPENDIX 10

Options Reference Grid

This grid shows how the options have been referenced as they have moved through the Review:

Description	Easy Read Description	Modelling and Long List Option Ref	Shortlist Option Ref	Phase 3 Ref	Easy Read Ref
Do Nothing – Baseline (included for comparison purposes only) Keep all 4 bases, 4 teams and make no changes.	N/A	1	-	-	-
Keep 4 bases and 4 teams Only make 1 change, to Welshpool shift times from 8am - 8pm to 2pm - 2am.	Keep the 4 bases and the staff we have now. The team at Welshpool would work from 2pm in the afternoon to 2am the next morning.	2a	1	-	Idea 3
Keep 4 bases and 4 teams Only make 1 change, to Caernarfon shift times from 8am - 8pm to 2pm - 2am.	Keep the 4 bases and staff we have now. The team at Caernarfon would work from 2pm to 2am.	2b	2	-	Idea 4

Table 17: Options Reference Grid

Description	Easy Read Description	Modelling and Long List Option Ref	Shortlist Option Ref	Phase 3 Ref	Easy Read Ref
<p>Reduce bases from 4 to 3, keep 4 teams</p> <p>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.</p>	<p>Close 2 bases and open 1 new base. This means there would be 3 bases instead of 4. The teams would work at the new base from 8am to 2am the next morning.</p>	3b	3	Option A	Idea 1
<p>Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am</p> <p>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.</p>	<p>Idea 2 is the same as idea 1 but there would be an extra team working from the Wrexham area.</p> <p>The extra team will only drive a car to emergencies.</p> <p>There would only be a team for the car from 8pm to 8am.</p>	4c	4	Option B	Idea 2

Table 17: Options Reference Grid

Description	Easy Read Description	Modelling and Long List Option Ref	Shortlist Option Ref	Phase 3 Ref	Easy Read Ref
<p>Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am</p> <p>(Same as Option 2 but improved by adding an extra crew based at Caernarfon from 8pm - 8am)</p>	<p>Keep the 4 bases, the staff we have and add an extra team at Caernarfon.</p> <p>This team would work from 8pm to 8am.</p>	5c	5	-	Idea 5
<p>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</p> <p>(Same as Option 2 but improved by adding car shift 8pm-8am in North Wales near A55)</p>	<p>Keep the 4 bases and staff we have now.</p> <p>The team at Caernarfon would work from 2pm to 2am.</p> <p>There would be an extra team working from a car from the Wrexham area. There would only be a team for the car from 8pm to 8am.</p>	6c	6	-	Idea 6

Table 17: Options Reference Grid

APPENDIX 11

Options Scored

How options scored in the options appraisal, from:

Description	Easy Read Description	Easy Read Ref
1st	Option 3	<p>Scored first position (highest) overall, this was because:</p> <ul style="list-style-type: none"> • It gets to more incidents than most other options • It improves the population coverage by road • It has the lowest number of days where crews do not respond to an incident • EMRTS have high confidence they could deliver the shifts • The cost to deliver it is lower than most other options • It has the lowest cost per extra incident attended.
2nd	Option 4	<p>Scored 2nd position overall, this was because:</p> <ul style="list-style-type: none"> • It gets to more incidents than any other option • It covers the most population by road • It has a high number of days where crews do not respond to an incident • EMRTS have medium confidence they could deliver the shifts • The cost to deliver it is a lot more than the highest rated option, but lower than some other options • The cost per extra incident is more than double the highest rated option
3rd	Option 2	<p>Scored at 3rd position overall, this was because</p> <ul style="list-style-type: none"> • It gets to more incidents but less than the highest and second rated options • It does not increase the population covered by road • It has a high number of days where crews do not respond to an incident • EMRTS have low confidence they could deliver the shifts • It is one of the cheapest options to deliver • It costs more per extra incident than the highest rated option

Table 17: Options Reference Grid

Description	Easy Read Description	Easy Read Ref
4th	Option 6	<p>Scored at 4th position overall, this was because:</p> <ul style="list-style-type: none"> • It gets to the second highest number of extra incidents • It covers more of the population by road at certain times of the day • It has the highest number of days where crews do not respond to an incident • EMRTS have low confidence they could deliver the shifts • It is the most costly option • It is the second highest cost per extra incident
5th	Option 5	<p>Scored at 5th position overall, this was because:</p> <ul style="list-style-type: none"> • It gets to more incidents but much less than most other options • It does not increase the population covered by road • It has a high number of days where crews do not respond to an incident • EMRTS have medium confidence they could deliver the shifts • It is the second most costly option • It is the highest cost per extra incident.
6th	Option 1	<p>Scored 6th (lowest) position overall, this was because:</p> <ul style="list-style-type: none"> • It gets to the least amount of extra incidents • It does not increase the population covered by road • It has a high number of days where crews do not respond to an incident • EMRTS have low confidence they could deliver the shifts • It is one of the cheapest options to deliver • It costs more per extra incident than three other options

Table 17: Options Reference Grid



We hope this document has been clear, helpful, and informative. Please let us know what you think about this document, and any suggestions about how we could have improved it.

The contact details of how you can give us your thoughts are below:

Emergency Ambulance Services Committee
Unit 1, Charnwood Court,
Billingsley Road
Nantgarw Park
Cardiff
CT15 7QZ

www.easc.nhs.wales



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