



# **Chief Ambulance Services Commissioners Report**

## **Emergency Medical Transfer and Retrieval Service - Service Review**

### **Supporting Document 2 Engagement**



**GIG  
CYMRU  
NHS  
WALES**

Pwyllgor Gwasanaethau  
Ambiwlans Brys

Emergency Ambulance  
Services Committee

# Engagement Phase 1 - What We Did

**The formal engagement for the EMRTS Service Review in Phase 1 asked the public and stakeholders to have their say that could shape how options are developed to further improve the air ambulance service in Wales...**

## Approach

In order to create the right climate to have constructive engagement, the communication and engagement plan sought to build trust and confidence in the Commissioner as the impartial and independent facilitator leading the engagement and trust and confidence in the engagement process itself in order to create a conducive climate for constructive dialogue, as well as:

- Provide fact-based information to clarify and aid understanding of how the extant service is provided in partnership between WAAC and EMRTS
- To manage stakeholder expectations about the engagement process
- Enable a transparent and thorough public engagement process to help inform a final EASC decision
- Provide reassurance to stakeholders about future service operations and opportunities around service enhancement
- Meet the (then) Community Health Council (now Llais) requirements and recommendations

The Gunning Principles were considered in underpinning this communications and engagement approach, and the plan was set out in three key activity phases:

| Phase | Stage                             | Purpose  | Timing                    |
|-------|-----------------------------------|--|---------------------------|
| 0     | Brief<br>(We are asking...)       | Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.                | October 2022 – March 2023 |
| 1     | Engage<br>(You are telling us...) | Listening phase and gathering of feedback on factors, weightings, and other suggestions to inform Options to be developed. | March-June 2023           |
| 2     | Share<br>(We are doing...)        | Outline of Options from Phase 1 to explain Options going forward to EASC for decision.                                     | Autumn 2023               |

The EMRTS Service Review formal engagement began on 15 March 2023 and closed on 16 June 2023 making Phase 1 a 14-week engagement period, more than double the time recommended for the initial 'listening' phase.

Whilst the engagement is an all Wales engagement to reflect the national remit of the service, much of the interest and concern emanated specifically from within Betsi Cadwaladr University Health Board and Powys Teaching Health Board areas and therefore the face to face engagement sessions focussed on the footprint where there were more concerns of localised positions and perspectives.

The offer to meet with anyone, or any groups, who may be interested in hosting a specific event has remained in place since the engagement began and have worked through details to effect this, building these into the timetable as they were confirmed.

There were 33 public engagement sessions within Phase 1, comprising:

- 8 in-person drop-ins
- 11 virtual/online public meetings
- 14 in-person public meetings.

# Engagement Materials

The EASC Team worked with Health Board engagement, communication and service change leads in developing engagement materials. These materials shared with (then) CHC colleagues, to test the initial drafts and comments received and considered recognising the level of detail needed to clarify complex information.

A core bilingual engagement documents pack was produced, comprising:

- Full technical document
- Everyday summary document
- Easy Read document

Supplementary materials were also made available, including:

- FAQs (that were updated throughout the process)
- Presentation slides
- Video explainer of EMRTS services
- Signposting to organisational websites and formal corporate documents (annual reports and plans etc.)





# Engagement Sessions Format

The engagement format covered a mix of different formats and times to suit as many people as possible. For example, a virtual session may be more convenient for some compared to having to travel for a public face to face meeting, whilst others may prefer the drop-ins compared to the formality of public meetings. Emphasis was placed on giving people options to engage in the way that felt most comfortable to them, and local community leads were engaged in localised arrangements, both in terms of venues and timings.

There were three types of engagement sessions:

- Drops-ins
- Virtual/online public meetings
- In-person public meetings

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

A question slip was made available on entry to session for attendees to detail their question on if they felt uncomfortable asking questions themselves.

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



# Capturing Feedback

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

- Participating at an engagement session
- Completing a Survey (for independent analysis by the Picker Institute)
- Telephone answer line
- Email
- Online Query Form:

Notes were made by the EASC team at each of the drop-ins, public meetings, and online sessions. Online sessions were also recorded and where available, public meetings were also recorded to aid the team's notetaking.





# Welsh Language and Accessibility

All documents were produced bilingually and online for use with ReadSpeaker and an Easy Read document was produced using specialist suppliers in this field.

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

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

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



# Communications and PR

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



## Welshpool and Caernarfon Wales Air Ambulance bases saved from closure

The Wales Air Ambulance will now continue to operate from the two bases until at least 2026.



## Air ambulance: Views sought on Powys and Gwynedd merger plans

A meeting of health chiefs heard how the charity would be able to attend more than 500 extra cases.

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

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

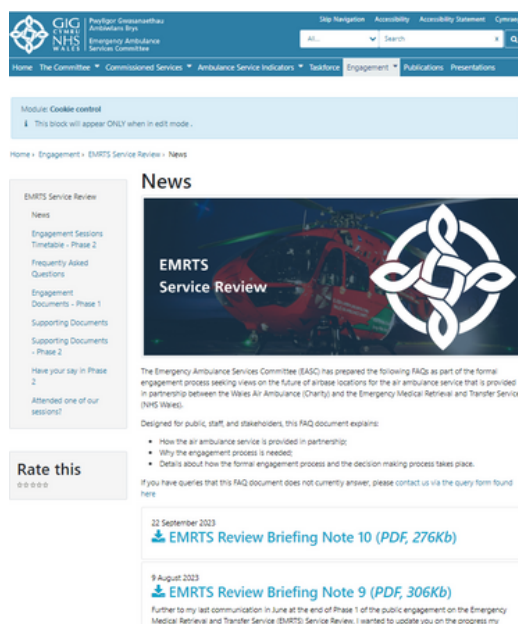
Health Board Communication and Engagement teams, and Service Change leads, have supported the engagement programme in their respective areas throughout the first phase engagement period including sharing through normal practice and existing networks, ensuring inclusion on key meetings and using digital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



# Communications and PR

A substantial amount of information was published on the EASC website in readiness for the engagement process to start, which took account of information, queries and misinformation in order to clarify the facts for participants recognising the technical and service operational complexities that needed to be conveyed.

Regular updates- EMRTS Service Review Stakeholder Briefings - were issued electronically on a regular basis via the Stakeholder Distribution List and published on the EASC website . As of 11 October 2022, 10 updates have been published.



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

# Listening and Learning

Feedback about the engagement process itself was encouraged to help the EASC team continually improve and make the engagement as effective as possible. This was done through a feedback form as well as informally and anecdotally.

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

- Following the first virtual public meetings held, the MS Teams function was adjusted based on some user feedback, to enhance user participation.
- Times of some events were adjusted.
- Additional microphones were bought where venues didn't have these available.



# Stakeholders

In addition to the engagement timetable of public sessions, the Commissioner has continued to meet throughout the process with various established governance routes including:

- Health Boards' Stakeholder Reference Groups (SRGs)
- Llais (formerly Community Health Councils - CHCs)
- Elected representatives at national, regional, and local levels
- Community group leaders
- Staff groups within EMRTS
- The Wales Air Ambulance Charity (WAAC) trustees
- Representative bodies (such as NFU Cymru).

The offer to meet with anyone, or any groups, who may be interested in hosting a specific event remained in place since the engagement began these were worked through details to effect this, building into the engagement timetable as they were confirmed.

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





# Online Survey and Representative Sampling

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

- Online survey
- Hard copy survey data entry (via freepost)
- Co-ordinate representative sample responses (online).

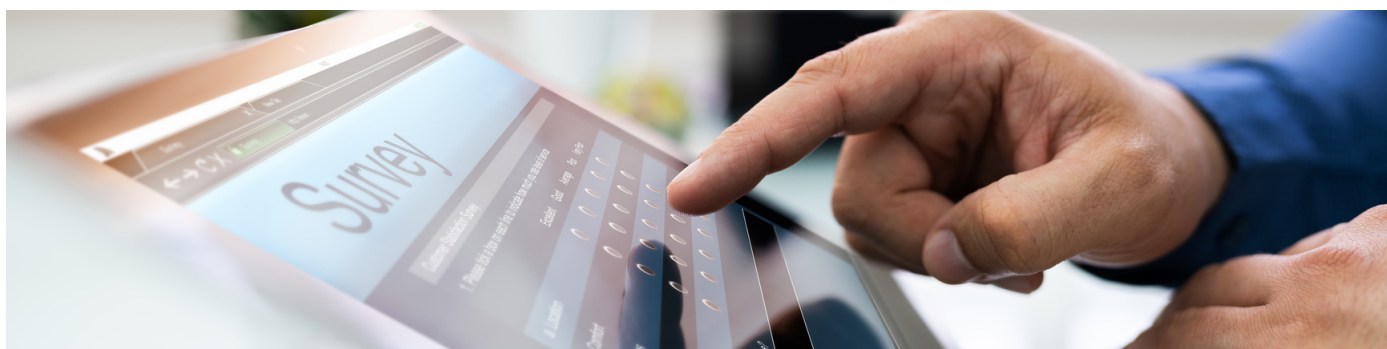
Their remit was to provide an expert review, host an online survey, and provide a representative view of public perceptions on what constitutes high quality care.

The Picker Institute's report details the feedback collated and analysed and does not include the feedback gathered by the Commissioner and the EASC team at the engagement sessions held throughout Wales.

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

For more information please see:

**Supporting Document 3** - Picker Institute Report - Provides the findings of the independent analysis undertaken by the Picker institute as part of Phase 1





# Engagement - What We Heard

**The public and stakeholders gave their feedback in a range of ways which included queries, concerns, and suggestions that were prompted by the original EMRTS Service Development Proposal...**

## Petitions Received

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

| Received from                   | Petition Statement                               | Number of signatures          |
|---------------------------------|--|-------------------------------|
| Via Rhun ap Iorweth's MS office | "Save Dinas Dinlle Air Ambulance Base"           | 108                           |
| Cllr. Joy Jones                 | "HANDS OFF Our Air Ambulance base in Welshpool". | 37,844 (as at 10 August 2023) |

## Correspondence Received

The CASC has received 174 correspondence items on this matter during the time period October 2022 to August 2023.

Formal correspondence from elected representatives has been received and noted by the Commissioner specifically:

| Received from                             | Content   | Received on      |
|---|---|------------------|
| Gwynedd Council<br>Chair Cllr Elwyn Jones | "Motion resolved that Gwynedd Council calls on the Wales Air Ambulance and relevant bodies to retain the centres at Dinas Dinlle and Welshpool, and build on the services in their current location." | 15 December 2022 |

## Summary of Emergent Themes from Phase 1 Engagement Sessions (EASC Team)

There was good quality dialogue in all sessions - drop-ins, in-person public meetings, and virtual/on-line - which has been very helpful to the Commissioner as the impartial and independent facilitator leading this all Wales engagement process.

The tone and sentiment within engagement sessions was appreciative of the time and space given for the public to air their concerns and points on this matter, and assurance was conveyed in what the Commissioner noted and committed to consider within the options development of this Review.

Whilst the focus of the engagement has been on the EMRTS Service Review and how to continuously improve the air ambulance service that is provided in partnership by the Wales Air Ambulance Charity (WAAC) and EMRTS Cymru (NHS Wales), throughout the dialogue feedback surfaced that covered health and social care issues more broadly.

For this reason, the thematic analysis is set out as two general parts:

- A: Emergent Themes – EMRTS Service Review
- B: Emergent Themes – Broader Health and Care System



## A: Emergent Themes - EMRTS Service Review

### About the EMRTS Service

- Overwhelming support and appreciation for the work of the air ambulance teams and support crews, including pilots. There were many personal patient experiences shared in almost all sessions where it was felt that lives would have been lost if it wasn't for the air ambulance teams
- Perception that EMRTS is a 'fast ambulance', there to 'back up' the emergency road response provided by WAST, and the level of clinical expertise and specialist critical care intervention delivered at scene is not fully understood - that more often than not it conveys to a specialist centre thereby reducing the overall timeline for the patient pathway
- Perception that the Caernarfon and Welshpool bases are primarily there to serve the populations local to the bases and not the whole of Wales, working interchangeably with all other bases
- Not fully understood that only one base operates on 24-hour basis to cover the whole of Wales
- Concerns about the initial EMRTS Service Development Proposal and that having bases at Caernarfon and Welshpool provide a level of reassurance to local communities that there are emergency teams locally
- Appreciation that the current bases provide both air and RRV response options providing resilience
- Staffing considerations – that the service could lose staff who may not be able/willing to move to a different base, which could then affect future recruitment for NHS Wales more broadly
- Some concerns about extent of cross-border mutual aid depleting capacity to respond to incidents in Wales
- General acknowledgement that under-utilisation and unmet patient need must be addressed, and all stakeholders need to work together in this endeavour
- Some confusion about how services are provided by EMRTS compared to Search and Rescue and whether agencies are working together effectively enough.

## About the Initial Service Development Proposal

- Perception that any operational changes were another rural loss / withdrawal of service (banks, post offices, schools, public transport were all cited as general trends for rural communities) to better serve other areas in Wales and that any base changes would mean they would not receive the emergency response EMRTS already provides
- If two air assets were moved into one base and grounded by adverse weather, that impacts more significantly on the overall ability for the service to respond to demand, compared to spreading assets across more bases
- Requests for the unmet patient need from the initial proposal to be more clearly understood
- Concern the proposed base located so near to the coast would mean almost half the coverage would not be land and would present a large area/gap for the middle of Wales
- Restricted access for timely RRV response if bases moved from extant locations
- Request that the original rationales for each base location is fully understood within the Review
- Appreciation that crews need proficiency based on effective use of clinical skills and that they are ethically driven to help as many patients as possible
- Appreciation about weather conditions affecting bases' capacity to respond.





## About the Wales Air Ambulance Charity

- Risk of funding being withdrawn from Charity where rural donations constitute a higher proportion of total funds raised and felt that this was already being experienced in local fund-raising donations going to other charities instead
- Reputational damage from leaked proposal and perceived lack of engagement directly with stakeholders since 2022 on this issue
- Concern that the need for change is a cost-saving exercise
- Concern about the willingness of the Charity to accept the Commissioner's recommended option to EASC.



## About Specific Rural and Coastal Challenges

- Remote and lone working of high-risk work (agriculture, forestry etc.)
- The general road infrastructure that affects timely road access for emergency response, including bridge closures (access to mainland)
- The 'dangerous' roads that see high levels of serious road traffic accidents (RTAs)
- The increased seasonal population from tourism
- The level of high-risk/adrenaline outdoor pursuits and activities within the areas;
- The geography and topography making road access more challenging
- Climate change affecting more inclement weather generally resulting in more frequent flooding of roads across Wales, further compounding the road access concerns for rural areas, including bridge closures (affecting road access to mainland particularly)
- Lack of mobile phone coverage affecting ability to call for help from scene which further affects emergency response times;
- Concern about poor patient experience if transporting by land ambulance and the topography of the road ambulance journey which could affect the patient's clinical outcome.





## About Rural and Urban Areas Compared

- Concern that many public services (not just health), seem to be prioritised along the A55 and M4 corridors in Wales
- Understanding that rural areas would have less demand given they are less densely populated compared to urban areas
- Assurance was sought that the different needs of rural populations compared to urban would be duly considered within the Review process and that the Review should not solely focus on the quantity of patients served at the detriment of lower patient numbers in less densely populated areas and therefore there may be more bespoke services needed for rural communities.



## About Response Times

- Concern about response times could be lengthened if any change to bases were made, thereby affecting the clinical outcomes for patients
- Perception that the 'golden hour' was still a clinical standard for emergency response that matters more than having the appropriate emergency response to suit the specific clinical needs
- Concern that adverse weather could further delay emergency responses by both road and air if bases were to change to a north Wales base
- Anxiety about the distance to nearest available minor injury units, emergency departments and trauma units
- Concern about ability of RRVs to respond from Caernarfon base location.





## About Data

- Concern about validity of data modelled in initial proposal because of COVID year being unusual in activity (numbers of people into rural and coastal areas) and a request for clarity about where the unmet patient need is
- Request that average response times for rural areas is clarified as opposed to average response times for Wales, recognising the specific rural challenges
- Concern that initial data didn't provided a wide timeframe and only focused on a COVID year, therefore perception that this would be an anomaly
- Request that patient related outcome measures (PROMs) are included in data not just attendances
- Request for broader data reference periods to include both historical and forecasting and to be as current as possible;
- Request for data modelling to identify how response times could be affected by any changes to base locations
- Request for seasonal and population variations, to be included within the data modelling
- Concern about demographics of rural areas (such as industries and occupations) with ageing populations and further anticipated health needs
- To consider climate change impacts where possible
- To consider future health board strategic developments that could impact on decision making now as well as learn from previous WAST modernisation programmes
- Request for as much data to be shared as possible as legal parameters allow
- To approach data not just as a statistical exercise but as people behind the data whose lives matter
- Request to explain how and why crews are underutilised.

## About Proposed Factors and Weightings

- Consistently suggested that the weighting of 'Clinical Skills & Sustainability' factor should be increased from the proposed 15, and that Value for Money should be lower than proposed 20.

More detailed definition of factors requested;

- Concern that the need for change is a cost-saving exercise
- Highlighted that there is some crossover between Value for Money and Affordability factors.

| Investment Objective (Factor)      | Weighting proposed in Phase 1 | Revised weighting for use in scoring options | Commissioning Objective  | Commissioning Strategy   | Commissioning Approach  |
|------------------------------------|-------------------------------|--|--|--|---|
| Health Gain                        | 25                            | 25   | To improve the quality of care and outcomes for patients in Wales  | To ensure EMRTS are as operationally efficient and effective as possible and as many patients as possible should get a service | <ul style="list-style-type: none"> <li>Utilisation by base and asset</li> <li>Proportion of met need</li> <li>Creation of new unmet need</li> </ul>   |
| Equity                             | 25                            | 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"> <li>Population coverage</li> <li>Response times</li> <li>Population not covered</li> <li>%age of total unmet need of people resident in that health board</li> </ul> |
| Clinical and skills sustainability | 15                            | 20   | To retain and retrain our staff and enable them to utilise their skills to the top of their skill set and to attract and recruit the best people for our service   | To ensure our resources are located, available and equipped to respond to the needs of the whole population of Wales           | <ul style="list-style-type: none"> <li>Utilisation by base and asset</li> <li>%age of total unmet need of people resident in that health board</li> <li>Retention and recruitment rates</li> </ul>      |
| Value for money                    | 20                            | 15   | To maximise efficiency.... Enabling the population to attain the highest possible level of health gain for the given level of expenditure*<br><i>From value for money to value-based health services: a twenty-first century shift. WHO policy brief</i> | To maximise the number of incidents the service can attend and increase the utilisation of each asset                          | <ul style="list-style-type: none"> <li>Cost per incident</li> <li>Utilisation by base and asset</li> <li>Total arrivals at scene</li> </ul>   |
| Affordability                      | 15                            | 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"> <li>+/- cost to the baseline</li> <li>Medium/long term forecasts</li> </ul>  |
|                                    | 100                           | 100  |  |  |   |

## About Engagement Process

- To convey the operational and clinical complexity of the air ambulance service to a broad audience is challenging and despite the extent of information made available in Phase 0 (pre-engagement), this remained difficult throughout the process
- Some criticism about the questionnaire with questions being 'biased'
- Assurance sought that EMRTS, pilots and support staff were being engaged within the Review
- Concerns about the lead-in times for the first engagement sessions when the timetable went live
- Concerns that not enough rural residents have adequate internet provision to participate online
- Support for the increased communication by the CASC and EASC team
- Highlighted that there was trust and confidence in the CASC's approach based on the engagement sessions at all levels which were consistently presented and honest and that the engagement did not feel like a 'fait accompli'
- Praise that the engagement process led by the CASC has been 'balanced, fair, comprehensive and diligent'.

## About Suggested Option to be Modelled and Developed

We heard ideas from participants throughout the engagement sessions about different options that could be considered for modelling within the EMRTS Service Review. These are detailed in the CASC's Report.

## **B: Emergent Themes - Broader Health and Care System**

**Strong support and appreciation for NHS Wales and emergency services staff and the difficult circumstances that continue to challenge the whole health and social care system.**

### **About the Welsh Ambulance Services NHS Trust**

- Concern about road ambulances having to go out of area, the extent of handover delays and the availability of the Welsh Ambulance Service having adequate available resources to respond to community emergencies
- Some frustration and concern about 999 triaging
- Recruitment to sustain services.

### **About Primary and Secondary Care (delivered by Health Boards)**

- Concern and anxiety around general access to health services including primary care, dentists, opticians, with recent examples cited of local hospital ward closures, GP retirements, distance to specialist treatment (e.g. oncology, dialysis)
- Overall perceived loss of health services locally
- Clinical and medical recruitment to sustain services
- Citizens not feeling heard.

### **About Health and Social Care, and Public Services (delivered by Health Boards and Local Authorities and Emergency Services)**

- Anxiety about health and social care services needing to be more 'joined-up'
- Perceived reduction and loss of social care services
- Need for all services to work together to enhance public awareness and education for responsible citizenship that would help alleviate pressure on emergency services
- Citizens not feeling heard.



## About Policy and Decision Makers (Welsh Government and Elected Representatives)...

- Concern about the current state and pressure on health and public services;
- Concern that there is too much reliance on Charitable donations to provide an essential emergency air ambulance service that should be fully funded by Welsh Government;
- Concern that the restricted road infrastructure will worsen without adequate investment and the recent policy change to road capital budget;
- Concern that Politicians do not engage enough with citizens to fully understand the concerns being felt about public services, to include health, and how vulnerable citizens feel.





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Services Committee



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**GWASANAETHAU DIGIDOL**  
**DIGITAL SERVICES**  
National Collaborative Commissioning Unit