

Monday 11 December 2023

To:

Chris Turner, Chair of the Emergency Ambulance Services Committee
Stephen Harry, Chief Ambulance Services Commissioner for Wales

Dear Chris, Stephen,

I am writing to you on behalf of the Board of Trustees with regards to recent developments within the EMRTS Service Review and our position. To do this, I feel it is important to present the context of the last fifteen months.

Wales Air Ambulance Charity Trustees began a review process in 2021 to ensure that our lifesaving service, funded by the people of Wales, was reaching as many patients as possible and was being delivered in accordance with our duty to make the best use of donations. We asked our partners, the Emergency Medical Retrieval and Transfer Service (EMRTS), to undertake a detailed analysis of the service, which was also aligned with EMRTS' commissioning intentions.

These processes were reaching a conclusion and awaiting the consideration of our NHS partners when a leak to a news outlet caused the remainder of the planned governance and wide-reaching communication and engagement strategy to be disrupted. That was in August 2022. The public concern that resulted was completely understandable due to the limited information presented through the leak. In September 2022, EMRTS' analysis and proposal were presented to the Emergency Ambulance Services Committee (EASC) for intense scrutiny. EASC requested that the Chief Ambulance Services Commissioner for Wales undertake an independent assurance exercise, seeking advice as to what the requirements might be in relation to public engagement and consulting as appropriate with the then Community Health Councils.

Subsequently, the Charity was informed that a public engagement process of eight weeks, with a reflection point at week six, would be sufficient to satisfy the requirements. This was because the proposals represented a service improvement and the nature of our service (i.e. one that goes to the patients as opposed to patients attending a particular clinical setting) was very different to traditional service delivery models within the NHS. The Commissioner also announced his intention to redo the modelling of the data on which the original analysis was predicated, in particular reflecting the fact that new data for the year 2022 was available and there was an opportunity to take into account weather modelling data. This process was signed off at the EASC meeting on 6 December 2022.

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Wales Air Ambulance Charity is the trading name of Welsh Air Ambulance Charitable Trust, which is a limited company registered in England and Wales (registered no: 04036600). Our registered office is at Ty Elusen, Ffordd Angel, Llanelli Gate, Dafen, Llanelli, SA14 8LQ.



Fast forward twelve months. The eight-week public engagement process originally agreed upon became an eight-month process. In total, it is now fifteen months since the original process was disrupted.

In short, during that time two separate analyses of the Wales Air Ambulance service have shown significant underutilisation of our scarce and costly resources and yet, perversely, have highlighted that every day there are on average three people across Wales in a life or limb-threatening situation who are not receiving our service.

Both analyses have also indicated the potential to improve the service that we offer, reducing the underutilisation and allowing us to attend those critically ill patients who are not currently getting our lifesaving critical care.

During the first phase of public engagement, the Charity took on board the public concerns relating to wider healthcare provision it heard during the engagement. In its submission to the Commissioner as part of the first engagement phase, the Charity suggested proposals for allaying concerns – in particular regarding the service's road coverage.

This week, the Charity has received the news that there has been a development, in the form of a letter from Llais challenging the process - a stakeholder who we believe has been engaged with by the Commissioner throughout the Review, both under the previous Community Health Council body and since its revision as Llais in April 2023. As noted above, the process followed has far exceeded the scope, extent and timelines originally set out. It has been a process developed and agreed upon by multiple stakeholders, with details shared widely over many months. An intervention at this stage begs the question of why such concerns were not raised at any point during the past fifteen months and only now, several weeks after the engagement phase closed and just before a recommendation is due to be made by the Commissioner and a decision made by EASC.

To be clear. The relationship between the Charity and EMRTS is a true partnership – neither alone can deliver the services for which we have jointly become world-renowned. The leadership of EMRTS have created an exceptional clinical model, which is underpinned by the rigour of research and evaluation – all of which are held in high regard by the international air ambulance community. The Charity too has lived up to its obligations and, with its independence respected by its public sector partners, has been able to be fleet of foot, creative and pragmatic. We share the same goal – improving our services so that more patients can benefit from our lifesaving services. However, a partnership can only progress at the pace of the slowest partner. We understand the huge benefit that comes from working with the most advanced medical workforce in the specialism of critical care, but the last fifteen months have had a huge impact on our organisation and the prospect of further delay is truly worrying.



There are numerous examples of how this delay to decision-making has been of detriment to the Charity and wider service – not just affecting parts of the service linked to the Review but also impacting important non-related business decisions.

This includes the additional costs we have had to incur in maintaining sufficient flexibility in our aviation contract, as well as the uncertainties for staff who need to understand what any changes mean for them and their families. We have had to be mindful of our communications and engagement with our supporters and stakeholders, to avoid assumptions or accusations of interference in an independent process. We have also had to delay investment decisions which cannot be taken in isolation without knowing our direction of travel. In addition, we have committed significant time and resources in supporting the Commissioner's process, as well as having to delay key appointments and organisational changes. All these things have impacted our business in ways which we never imagined this time last year. Fifteen months is a long time for an organisation not to be in charge of its own destiny.

However, there is an even more important reason why further delays should be avoided. Within this process, the Charity has to be an advocate for those future critically ill patients who would benefit from a service improvement. Whilst direct comparisons between the original study and the most recent one are not straight forward due to the fact that data sets differ and baseline time periods have altered, both studies categorically show significant unmet patient need in all parts of Wales. Let us be clear about what unmet need means. These are critically ill patients who our clinicians assess as being able to benefit from our service but who, for a variety of reasons, we are unable to attend. By not receiving our advanced care, inevitably some of those patients will die. Others may suffer life-long disabilities and poor quality of life that could have been prevented. In the original analysis, the root cause of that unmet need differed. In South Wales, which already has better access to EMRTS services after 8pm, the main driver of unmet need was the sheer volume of patient need. In Mid and North Wales, it was largely because resources which, despite recording a significant degree of underutilisation, are currently deployed in a way that means resource and demand do not align.

In the intervening period since the original study, much of that unmet demand in South Wales has been eradicated, which EMRTS was able to achieve outside of the Commissioner's current process. As our hands have been tied by the extensive, but ultimately necessary, process that the Commissioner has run in relation to base locations in Mid and North Wales, we have had to commit to existing base locations and activity until 2026. Many observers have, with no evidence, asserted that any changes made to base locations will mean people will die. There is no evidence to support that assertion. There is, however, indisputable evidence that until we are able to reconfigure services, patients in Mid and North Wales will continue to suffer by not having a more locally accessible service after 8pm. To delay this process further is to ignore the needs of these patients.



Our responsibility to our donors, and our commitment to the Charity Commission, is to ensure that we are making the best possible use of the funds that we have for everybody across Wales, wherever they are. The starting point for this process was based on a question of service improvement – is there more that we can do in delivering our vital lifesaving service?

Both the original EMRTS proposal and the Commissioner's independent review show that it was correct to ask this question as they have brought forward in-depth evidence to suggest that service improvement is possible.

The debate around the current review has been healthy and one that we have welcomed and encouraged. Nevertheless, as stated above, we are becoming deeply concerned about the length of this review and the recent developments that threaten to extend this process further. It is vital that all parties acknowledge that, due to the inclusion of an external and neutral charitable body, this process has to respect the needs of all members of the partnership and cannot necessarily progress under normal public sector conditions. For a non-public sector organisation, long delays in being able to make critical decisions relating to its strategy and operations can have consequences for the long-term sustainability of that organisation.

Delaying a decision when comprehensive information is available does not improve the quality of the decision that will be taken but it simply makes life more difficult and uncomfortable for everyone involved.

Most importantly of all, while this elongated conversation carries on, people will continue to lose their lives and loved ones.

To allow us to discharge our duties as a Charity for the benefit of the people of Wales, we strongly urge all parties to bring this already extensive process to a conclusion, as per the agreed process, without further delay.

Yours sincerely,



Dave Gilbert, OBE
Chair of the Board of Trustees

