



Emergency Ambulance Services Committee Service Development Proposal



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Pwyllgor Gwasanaethau
Ambiwians Brys

Emergency Ambulance
Services Committee

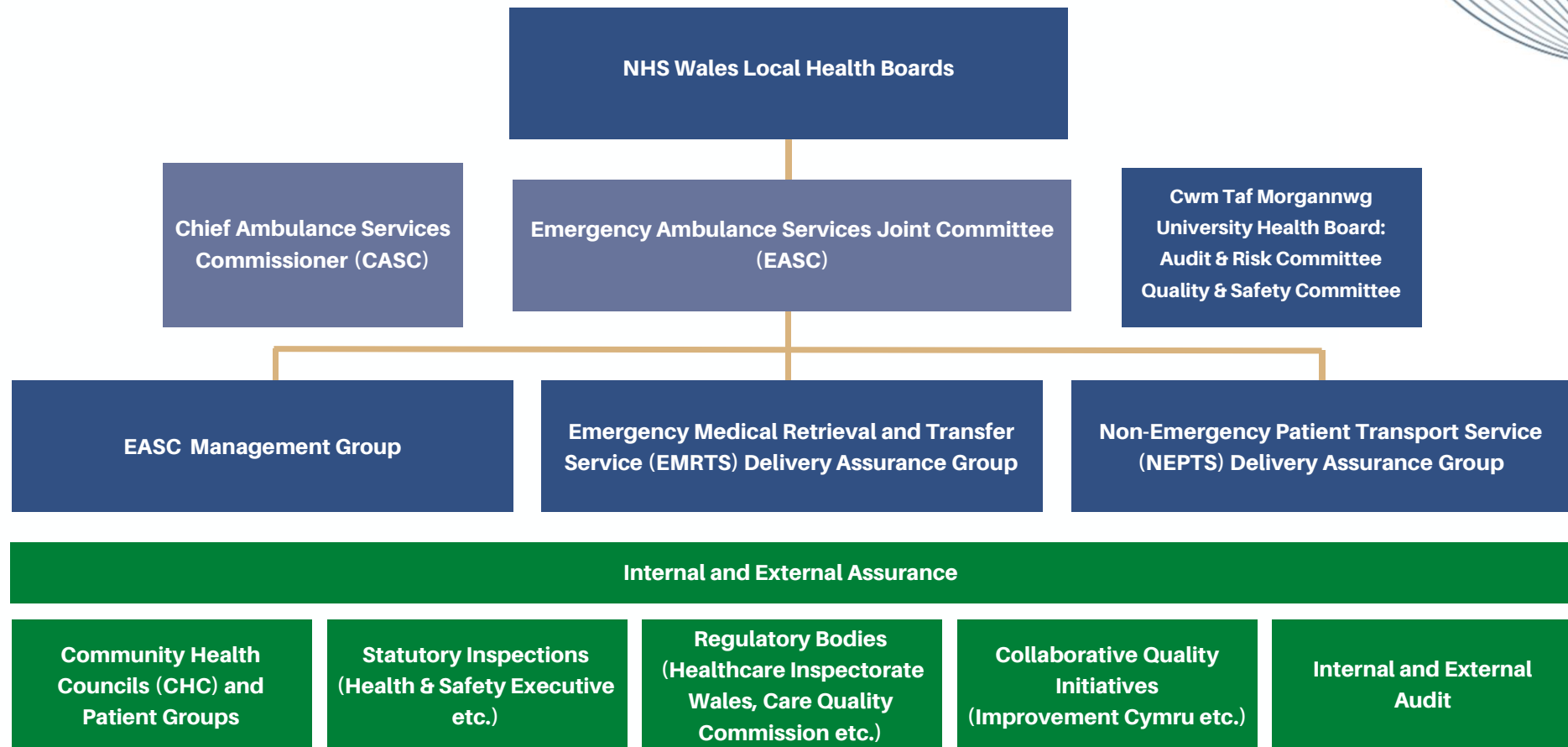
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Background

- Opportunity has arisen for an exciting service development.
- NHS required to work with the Community Health Councils (CHC).
- Important that you understand what we are presenting.
- No decision has been made by the Emergency Ambulance Services Committee (EASC).
- Independent process led by the Chief Ambulance Services Commissioner (CASC)
 - Ensure all views are considered in the decision-making process.
 - Ensure the key issues are understood.
 - Not just about facts and figures.
 - National and local perspectives.
 - Consistency with the Commissioning Intentions.
- Recommendation for EASC



EASC Governance Arrangements



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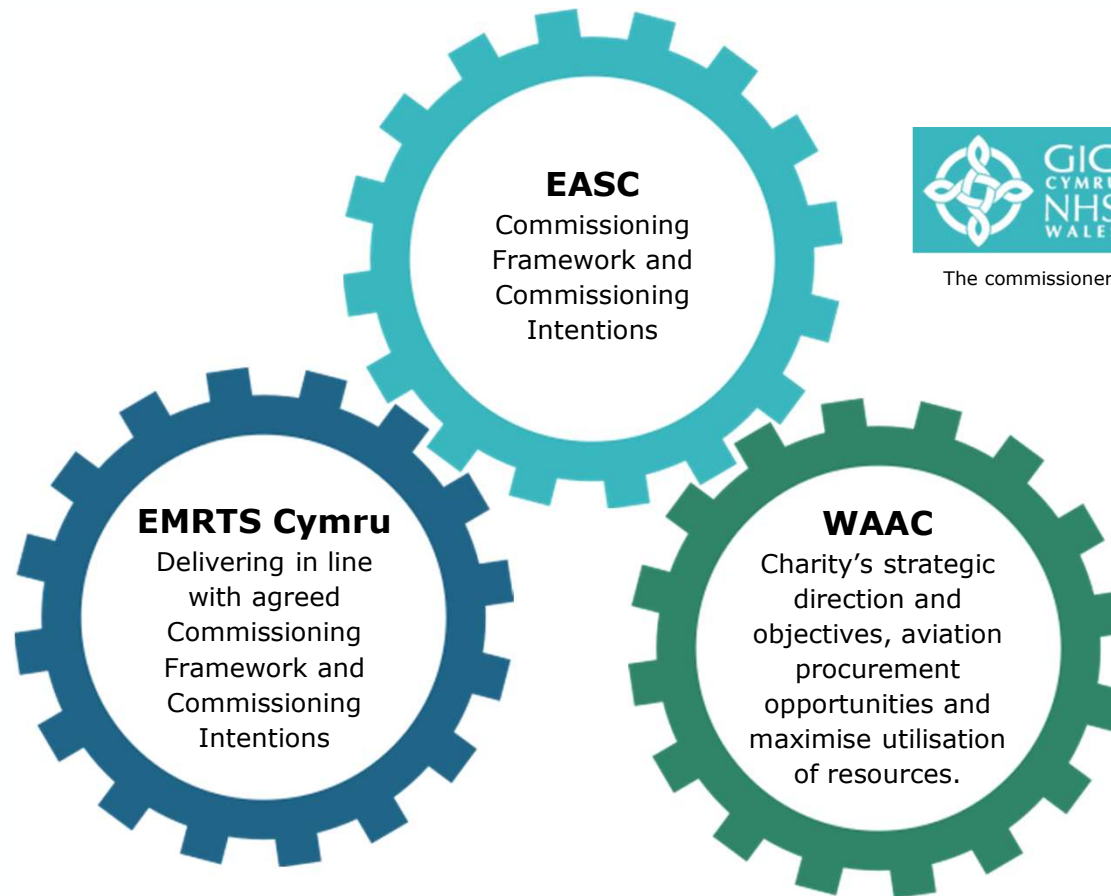
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Service Development Proposal

EASC Partnership Arrangements



The commissioner, Independent oversight



Clinicians, Medical Equipment



Airbases, Fuel, Engineers, Pilots,
Helicopters, Rapid Response Vehicles

EASC Commissioning Intentions

- Collaborative commissioning approach.
- Developed with health boards, setting out the strategic priorities of the Committee for the next financial year.
- Focus on outcomes, value, quality and safety of service delivery and aim to ensure reasonable expectations for the ongoing improvement of these services.
- For 2022-23, Commissioning Intentions are:
 - Service Expansion
 - Adult Critical Care Transfer Service (ACCTS)
 - Service Evaluation
 - System Transformation - An agreed commissioning intention for all commissioned services: A collaboratively developed demand and capacity strategy including the use of forecasting, modelling and health economic evaluations.



EASC Commissioning Framework

- EMRTS are commissioned ***“to provide advanced decision making & critical care for life or limb threatening emergencies that require transfer for time critical specialist treatment at an appropriate facility.”***
- Framework includes an evidenced set of care standards against the agreed EMRTS 5-step patient care pathway.

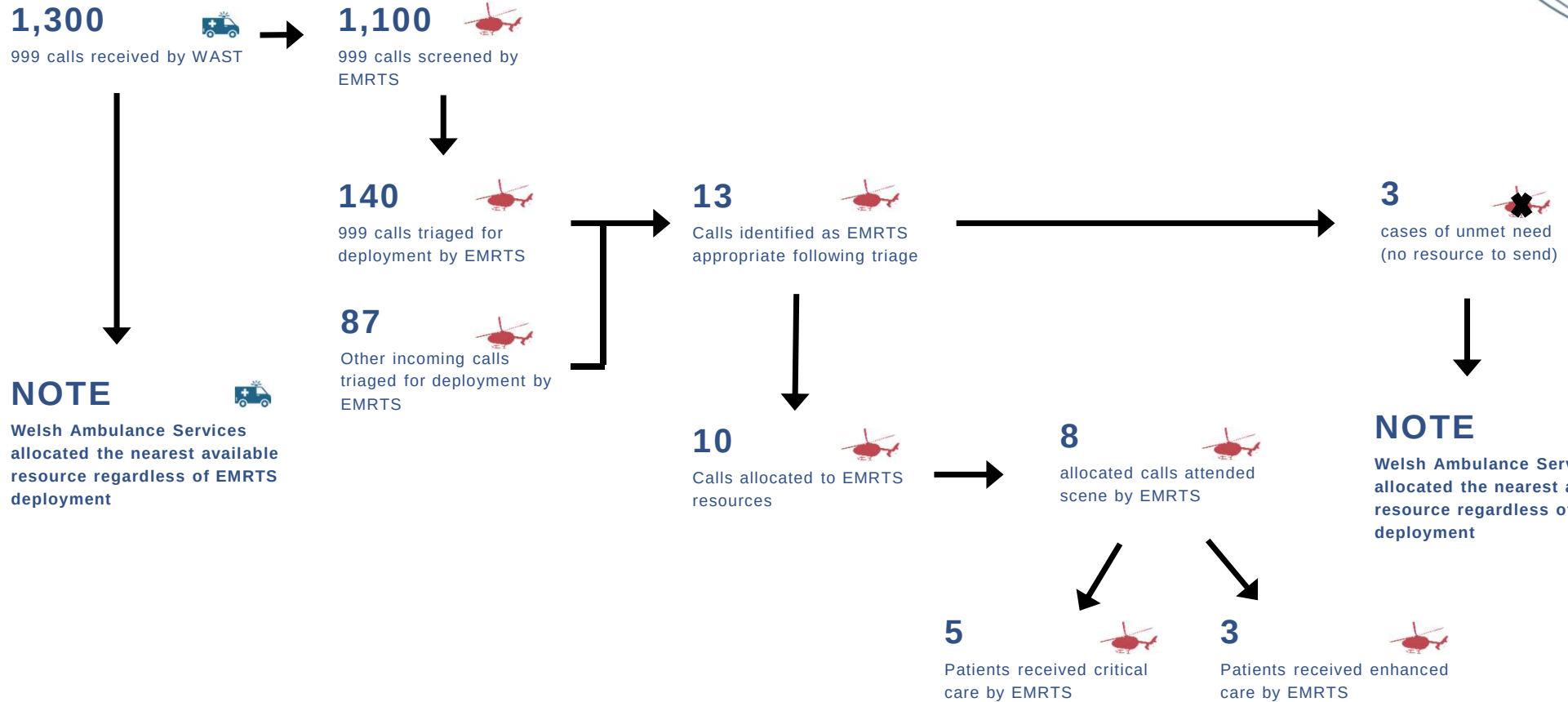


EASC Commissioning Framework

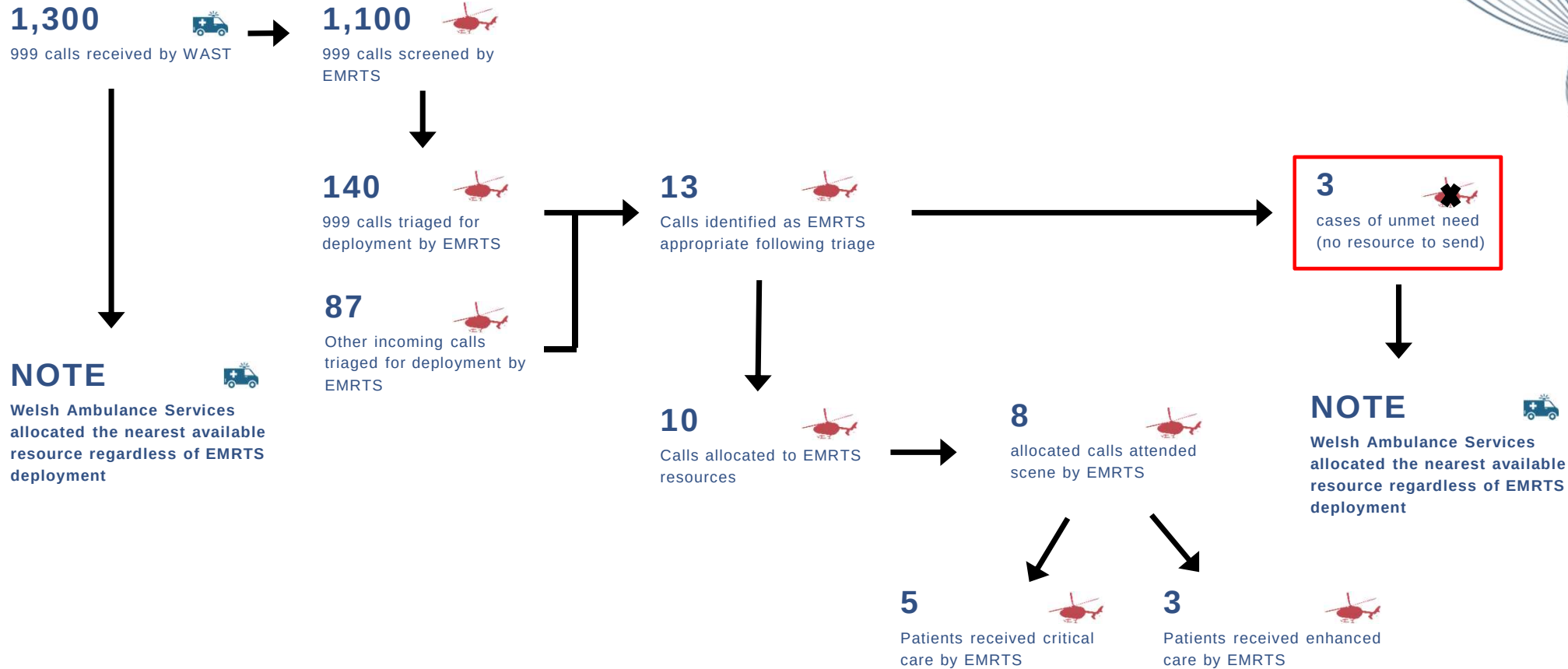
- EMRTS developed to bring specific benefits to Wales:
 - Reductions in geographical inequity for patients with critical care needs.
 - Health gains by improving clinical outcomes.
 - Improved clinical and skills sustainability – improving the clinical skills, recruitment and retention in key acute care areas.
- The service has two main areas of activity:
 - Pre-hospital critical care for all age groups (i.e. interventions/decisions that are outside standard paramedic practice).
 - Undertaking time-critical, life or limb-threatening adult and paediatric transfers from peripheral centres for patients requiring specialist intervention at the receiving hospital.



EMRTS: Average Day



EMRTS: Average Day



Independent Service Evaluation 2015-2020

Increased chance of survival

A significant 37% reduction in mortality after 30 days for patients with serious blunt trauma.

Flying emergency department

63% of patients (6,018) had treatments at the scene of their incident which previously they could only have within a hospital (including blood transfusions and anaesthesia).

Taking the patients to the right place, first time

Thanks to advanced decision-making, 42% of patients bypassed local hospitals to be taken directly to specialist care – saving time for the patient and extra resources for the NHS.

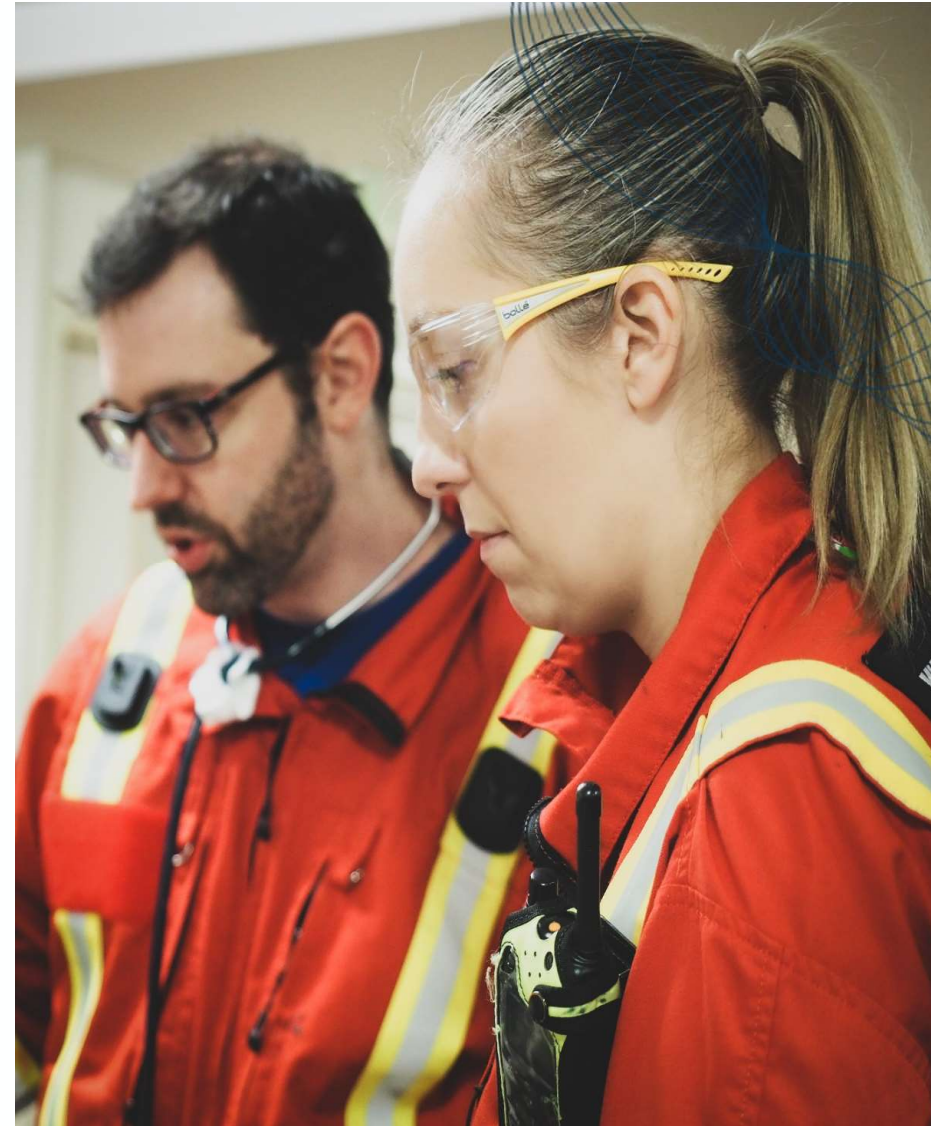
Attracting consultants into Wales

12 new consultants had been recruited into Wales due to the attraction of working with Wales Air Ambulance.



Modelling and Conclusions

- Service analysis undertaken by EMRTS, detailed modelling by independent experts.
- Offer different medical shifts operational from a central North Wales location to cover Mid and North Wales. One shift operating 8am to 8pm and another from 2pm to 2am (increasing coverage based in the region by 6 hours).
- Appropriate utilisation of aircraft.
- Enhance day-time provision with extended after-dark capability.
- Optimise the existing South Wales resources to meet demand.
- Reposition current Caernarfon and Welshpool crews to a central North Wales location close to the A55 (Denbighshire or Conwy).



What does this mean?

2021 Baseline	Service Development Proposal
<p>4 teams, each with an aircraft and rapid response vehicles:</p> <p>3x Day shifts (2x Consultant) – 8am to 8pm 1x Night shift (Consultant) – 8pm to 8am</p>	<p>5 teams, each with an aircraft and rapid response vehicles:</p> <p>3x Day shifts (2x Consultant) – 8am to 8pm 1x Twilight shift – 2pm to 2am 1x Night shift (Consultant) – 8pm to 8am</p>
4 Bases	3 Bases
24/7 response	24/7 response (additional cover for 6 hours)
Answering 72% of overall demand	Answering 88% of overall demand
Regularly respond from any base to any part of Wales	
	Extended hours for Mid and North Wales additional 2,200 hours per annum (6 hours per day) locally



What are the benefits?

Potential to attend 583 additional lifesaving missions every year*.

Currently meeting 72% of total demand. The proposed service development would potentially allow us to achieve 88% of total demand*.

*Optima modelling using 2021 data





Questions



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Next Steps

- Ensure all views are considered in the decision-making process.
- Ensure the key issues are understood.
- All-Wales CHC Service Planning Meeting 20 October.
- Service development proposal to EASC 8 November.
- Follow process required by CHC.
- EASC decision early 2023.

