



Agenda Item

4.3

Joint Commissioning Committee

**Emergency Medical Retrieval and Transfer Service (EMRTS) Review
Recommendation 4 Update**

Dyddiad y Cyfarfod / Date of Meeting	17/09/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Abigail Harris, Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Approval
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**Engagement (internal/external) undertaken to date
(including receipt /consideration at Committee/Group)**

Committee / Group / Individuals	Date	Outcome
Recommendation 4 Task and Finish Group	22/08/2024	Noted

Acronyms / Glossary of Terms

EMRTS	Emergency Medical Retrieval and Transfer Service
NWJCC	NHS Wales Joint Commissioning Committee
TOR	Terms of Reference
WAST	Welsh Ambulance Services University NHS Trust

1. SITUATION/BACKGROUND

Members will recall that as part of the Emergency Medical Retrieval and Transfer Service (EMRTS) Review, Recommendation 4 was agreed to develop a bespoke road-based enhanced / critical care response for rural, remote and coastal areas.

Members will also recall that Recommendation 4 was made in order to respond to the concerns raised by residents during the public engagement processes in relation to the provision of emergency healthcare in rural, remote and coastal areas that would not fall into the remit of the EMRTS, this included 999 incidents for example strokes, chest pain and trauma.

The purpose of the paper is to update Members on the:

- Judicial Review papers relating to the decision on the Emergency Medical Retrieval and Transfer Service (EMRTS) Review
- Work to progress Recommendation 4 including operational analysis and modelling
- Approach to communication and engagement relating to this recommendation.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Judicial Review

Members will note that the Chair of the NHS Wales Joint Commissioning Committee (JCC) and each individual Health Board (HB) received a Letter Before Action on the 5 July 2024 in relation to the potential Judicial Review of the decision related to the EMRTS Service Review. HBs are working together on this matter and appropriate legal advice has been sought.

HBs are dealing with this matter as a collective and are in agreement that recommendations 1-3 are not contingent on the outcome of Recommendation 4, that Recommendation 4 is in response to the concerns raised during the public engagement process and is in addition to the highly specialised pre-hospital critical care EMRTS service and not a replacement for it.

Summary grounds for contesting the claim have been submitted. Further updates will be provided at future meetings.

2.2 Recommendation 4: Bespoke Road Based Service

The Recommendation 4 Task and Finish Group has met on three occasions. The Task and Finish Group continues to develop the commissioning requirements for the new bespoke road-based service.

Key matters discussed to date include:

- The importance of an agreed joint communication and engagement plan, particularly the engagement section of the project plan
- Ongoing communication with Llais national representatives is ensuring that this element of the plan is being strengthened

- The draft Equality Impact Assessment (EIA)
- The lead role of HBs in engaging with their populations
- The likely demand for the new bespoke road-based service
- The impact for patients
- More detailed conversations regarding the clinical and operational model (what conditions the service will respond to and how the service will work) by the Technical Sub-Group
- How the impact of the service will be reviewed and evaluated
- An example of what the Recommendation 4 commissioning intention may look like.

The group is supported by the Recommendation 4 Technical Sub-Group. The Sub-Group has requested operational analysis and modelling in relation to base locations including response times and geographical and population coverage. A first draft of this work has just been received and will be presented to the Task and Finish Group at its next meeting on 26 September 2024.

The next phase of modelling after base locations will focus on the type of demand, this will inform the clinical response model and the operational model (including hours of operation).

Members are asked to note that the representation from HBs at Task and Finish Group meetings is generally low with meetings just being quorate (in part). The work is continuing at pace and the importance of HB attendance and action is key in view of the JCC's Standing Orders which state that HBs lead any engagement or consultation process.

In order to report on progress to each JCC meeting, the critical path for the new bespoke service to commence in April 2025 is summarised below:

Key Deliverables	NWJCC Meeting Date
Recommendation 4 Task and Finish Group update Communication and engagement update Llais update (also in Chief Commissioner report) Key risks	16 September 2024
Draft Service Specification (working document) Draft commissioning intention for approval (working document) Communication and engagement update Recommendation re Engagement – nature of, time duration (TBC) Engagement materials for approval Draft Equality Impact Assessment for approval	15 October 2024
Engagement process update	12 November 2024
Key themes from engagement process Comms and engagement update	10 December 2024

Key Deliverables	NWJCC Meeting Date
Financial plan Discretionary capital arrangements	
Engagement Analysis/Report Updated service specification (following engagement) Draft commissioning intention and service specification (following engagement) for approval including: <ul style="list-style-type: none"> • Clinical response model • Operational model • Infrastructure requirements • Required operation and clinical SOPs • Confirmed operational readiness in terms of: <ul style="list-style-type: none"> - Bases - Equipment (procurement and commissioning) - Vehicle - Workforce arrangements – recruitment, training - Financial management and budgetary arrangements (WAST) - Tasking process - Training and development - Governance - operational and clinical Updated EQIA for approval	21 January 2025
Collaborative Agreement – WAST, EMRTS, NWJCC for approval	18 March 2025

2.3 Communication and Engagement

A Communications and Engagement Plan is being developed in line with best practice standards and has been shared for comment with HB communication, engagement and service change leads and Llais. This has also been received and considered by the Task and Finish Group.

The approach being taken is to develop communications and engagement activities that support developing a service as part of the JCC’s commissioning cycle. Therefore the plan has given consideration to the ‘Guidance on Changes to Health Services’ <https://www.gov.wales/guidance-changes-health-services>.

As HBs have responsibility for the engagement with their respective populations, regular checkpoint meetings take place with HB communication, engagement and service change leads to focus on the appropriate methodologies.

Members will wish to note that a meeting took place with Llais on 30 August and a response was received back from Llais on 3 September. There were a number

of important issues discussed at the meeting and included in the response back from Llais which are summarised below:

- HBs will lead the engagement sessions and be supported by the JCC team; clinicians will be in attendance
- The engagement plans will discuss the story to date, the work that has been undertaken and why, what the service will provide and how the public can have a voice. This will include how this connects with the work WAST are doing on having more clinicians working from call centres and that the service will be ring-fenced
- The questions for the public to complete will be open
- There is a need to confirm the nature and approach of the engagement sessions. Following conversations with HB communication, engagement and service change leads, it is proposed that targeted focus groups are used to provide the required insights instead of just relying on a general blanket public survey. It is also important to offer online engagement sessions to ensure no one is digitally disadvantaged
- Following conversations with Llais they have expressed their view that focus groups can be of use but in conjunction with full public engagement. They advised that focus groups could supplement the engagement by targeting groups not heard from in wider activities or taking a deeper dive into issues / concerns raised in earlier engagement
- Conversations concerning the length of the engagement period have taken place with HB communication, engagement and service change leads and Llais. Llais' position is that they believe that a four-week engagement programme will not give the public sufficient time to have a voice in these plans. They therefore strongly advise that consideration is given to running the engagement for a longer period of time
- The HBs' position remains that this bespoke road-based service is not a substantial or moderate service change and therefore four weeks would be sufficient. However, it is important to pay due regard to Llais' representation and propose that a six-week engagement period should take place
- During this six-week period of engagement, face to face drop-in sessions will be arranged to ensure that no-one is digitally disadvantaged
- In so far as taking a deeper dive into issues raised in earlier engagement is concerned, it is important to understand that this bespoke road-based service is completely separate from the EMRTS service and is in response to public concerns about the provision of ambulance services in rural, remote and coastal areas. Issues raised will need to be confined to the bespoke road-based service
- Two questions were suggested by Llais for inclusion in the engagement materials as follows:
 - Does the information about the proposed service make sense?
 - What are your views?

It is recommended that these are included

- It is recommended that the engagement findings are shared with Llais and that Llais will provide a written response that will include feedback from across all regions
- A mid-point update on the progress of the engagement will be shared with all Health Boards and Llais.

Stakeholder updates will continue to be issued to the stakeholder distribution list and published on the NWJCC’s website summarising the current implementation position.

The work is currently on track within the agreed timeline.

3. KEY RISKS / MATTERS FOR ESCALATION

There are a number of risks associated with the ongoing programme of work following the decision made by Members in the meeting on 23 April 2024.

- The need for an agreed approach to engagement including length of engagement period. There is a risk that a longer than anticipated engagement period will jeopardise the agreed timeline for the delivery of the new service
- The need for a joint communication and engagement plan and equality impact assessment
- The need for an agreed and consistent approach for HBs to engage with their populations on this important matter
- The need for timely progress by the Wales Air Ambulance Charity in securing an appropriately located operational base
- The need for a joint plan to be developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base
- The need for the implementation of the bespoke road-based model prior to the commencement of the service from the consolidated base
- The need to ensure appropriate commissioning arrangements for the new bespoke service
- The potential impact of the Judicial Review process on the delivery of this work.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol CBC / Link to JCC Strategic Goal(s)	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the Sept Joint Committee Meeting.
Dolen i Feysydd Strategol CBC / Link to JCC Strategic Areas	Not Applicable
	Draft Strategic Objectives are being presented for approval at the Sept Joint Committee Meeting.

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	A more equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	Culture and valuing people Data to knowledge Leadership Learning, Improvement and Research
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient Equitable Person centred Timely Safe All domains of quality
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reuse

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: For consideration by T&F Group
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: For consideration by T&F Group

Cyfreithiol / Legal	Yes (Include further detail below)
	Highlighted in the report
Enw da / Reputational	Yes (Include further detail below)
	Of public interest in mid and north Wales particularly
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

5. RECOMMENDATIONS

The Joint Commissioning Committee is asked to:

- **Note** the contents of the report and that the work of the Task and Finish Group is on track although the representation from health boards is low,
- **Note** the critical path and key deliverables,
- **Note** the communications and engagement approach and the position with Llais; and
- **Approve:**
 - The timescale for engagement being six weeks and to include face to face drop-in sessions,
 - That the two questions from Llais are included in the engagement materials,
 - That the engagement findings are shared with Llais and that Llais will provide a written response that will include feedback from across all regions; and
 - That a mid-point update on the progress of the engagement will be shared with all health boards and Llais.

6. NEXT STEPS

- The Task and Finish Group to progress its work in line with the agreed timeline
- Progress the joint communication and engagement plan and equality impact assessment.