



JOINT LINK EMAS CONSULTATION EVENT
“BEING THE BEST” – Presented by Karlie Thompson
Assistant Director of Operations for Leicester, Leicestershire and
Rutland, EMAS
WEDNESDAY 24 OCTOBER 2012
THE PEEPUL CENTRE

Mike Pepperman, Chair of the EMAS (East Midlands Ambulance Service) Task Group welcomed Karlie Thompson, Assistant Director of Operations for Leicester Leicestershire and Rutland Division, EMAS and Mick Jones, Service Delivery Manager for Operations for EMAS, LLR Division.

Karlie gave a presentation on “Being the Best” the EMAS consultation running from 17th September – 17th December 2012 giving people the opportunity to have their say on the proposed changes.

A copy of the presentation is included with this report for your information with full details of the changes, but below are some of the key highlights:-

- EMAS have 5 Divisions, Leicester, Leicestershire and Rutland; Northamptonshire; Nottinghamshire; Derbyshire and Lincolnshire
- Currently there are 66 ambulance stations across the East Midlands with proposals to replace these with 131 Community Ambulance Posts, Standby Points and Hubs.
- Proposed sites in locations where there is known to be need using current and historical data
- Community Ambulance Posts will ensure faster response times and total flexibility
- Areas that have never had an ambulance station will benefit because the number of locations where crews are on standby will increase.
- EMAS already have standby points
- A saving of £35million - which can now be used more efficiently and ploughed back into proposed changes
- Shared facilities with both the Police and Fire Service saving fuel, lighting costs and Council/Business Tax

- Clinically-led review by Dr James Gray
- Consulting right across the East Midlands with as many stakeholders, organisations and the general public as possible
- Changes proposed to be made between 2013 and 2018

Questions & Answers

Question: As you maybe aware there is currently a petition within the area against the proposed changes. How would I go to my colleagues and address their concerns?

Answer - KT: The proposal is very simple we are not taking away ambulances or services or front line staff. The public will still receive services and there will still be facilities for crews to rest. We're only proposing to change the buildings used as many current ambulance stations stand empty for much of the time. Following the wide consultation all local views will be collected which will help to inform the final decision. We know this proposed model will increase performance by 5%. Currently we are well above the 75% performance target of response times of between 8 -19 minutes. This is a clear argument and whilst there have been known issues/concerns there has also been some mis-information.

Question: What is the call time in length and time to respond when someone rings 999?

Answer - MJ: Mick Jones advised that the call goes through to Nottingham, ambulance is despatched immediately and prioritised through a series of questions and can be mobile within 30 seconds.

Question: EMAS has had some terrible performance issues in the past, how is it going to be improved and how will it improve the overall performance?

Answer - KT: Mud sticks, but EMAS's best performing Division is Leicester, Leicestershire and Rutland and has in fact over-performed in the last year. Against targets of 75% and 95% we have achieved 79.8% and 96.8% respectively. Each 1% over the target represents 10,000 people who have been reached within the recommended time. However, there are issues within Lincolnshire, Nottinghamshire and Derbyshire and still have some issues in Leicestershire and Rutland, but the model shows we can improve performance by 5% with the proposed changes done in the right way and for the right reasons. It will also be more efficient.

Question: There have been more issues nationally with figures very bad in the past compared to other regions?

Answer – KT: We are now mid table against other regions and are improving with rural difficulties being dealt with in different ways.

Question: There was only one ambulance used across the whole of A1 area in the past and took ages to sort out.

Answer – MJ: There used to be only one ambulance in Oakham, but staffing and resources have been increased to cover the increasing demand in this area. There is also now more cross-border cover with Northamptonshire and Cambridgeshire. Currently Oakham, Melton and Stamford have the following
Oakham = 1 ambulance and 2 cars
Melton = 1 ambulance and 3 cars
Stamford = 1 ambulance and 1 car

Question: What about in Nottinghamshire?

Answer – KT: In Nottinghamshire people have been carrying out a large number of campaigns but when we ask ‘what can we give you to make you happy?’ people become stuck because we’re not taking away services or ambulances or staff.

Question: Do the proposals not come at a cost?

Answer – KT: The proposals are cost-neutral yet achieve a 5% increase in performance

Question: If you already reach a target of 75-95% why change?

Answer – KT: We currently are over performing but we believe that with these changes we can improve our service by 5% taking it up to an 84% of calls being reached within the target time. Every 1% represents 10,000 people. That’s 50,000 people being reached on time. Why would this not be good?

Response: Because you’re not relating it to the cost of achieving it. What is the return over the next 5 years?

Answer - KT: There is no return over the next 5 as there is no investment. It was agreed that this discussion would be continued after the meeting.

MP – Chair: The proposals are an attempt to improve the quality of the service which the public demand.

Question: How are you going to fund 131 Community Ambulance Posts? You have small buildings at the moment. Selling them you aren’t going to raise enough capital for hubs and Community Ambulance Posts. How is this going to be cost neutral? Have you got capital? You’re going to need capital to build.

Answer – KT: Already have the 66 ambulance stations and we will put 1 station in with another and create a Community Ambulance post and then sell the stations to pay for the Super Stations. In terms of the Community Ambulance Posts many of these will save us money as we will be using shared facilities with other public sector bodies where Service Level Agreements (SLAs) are already in place to cover the costs of overheads. The money we save (approx £30m) will be used to create the new ones. We can move staff temporarily whilst the new ones are built. We are looking at the best way of doing this and we haven’t started this yet as we are consulting with the public on the locations of the Community Ambulance Posts.

Question: Is the NHS rationalising their estate?

Answer – KT: Yes we will take the 66 ambulance stations out of the estate and reduce to 13 hubs. The 118 Community Ambulance Posts will not be owned by us and therefore are not part of our estate. So we are in effect reducing 66 Ambulance Stations to 13 Super Stations.

Question: There are fears that by improving efficiency, there will be a reduction in staff. Will there be the same number of ambulance crews, paramedics etc?

Answer – MJ: Over a 24 hour period demand fluctuates and our rotas match the demand throughout the day with crews starting on staggered shifts. We have 88 ambulances in total and 36 out at peak times and a total of 353 staff covering various shift patterns within that 24 hour period. We have 42 FRB's

Under the new service delivery model we will be working to get people to the right place at the right time and to do this we will be introducing Emergency Care Practitioners, paramedics with advanced skills, who will assess patients. Their aim is to release ambulances back into the system.

MP – Chair: This is because non-transferred patients make up somewhere between 34-35% of patients treated at home who don't need to go to A&E and approximately one third of calls do not need ambulance services.

Response – MJ: Activity has increased by 4-5% in the year. We are looking at how can we deal with this differently, as one third of call outs are unnecessary?

Question: (1). The low level of turn out to this event may be down to the venue, but is as likely to be down to the fact that the public are becoming 'consulted out'. In your presentation you have referred to this being a 'Consultation Exercise' and a 'Listening Exercise'. Can you clarify which it is and how much my views will be used?

(2) The theory of the proposals is an elegant computer model from outside consultants. It looks great for crews working in the super stations but if I am working out of a Community Action Post who looks after my vehicle, supports me, how often do I see my boss? Do I become a second class citizen?

Answer – KT: (1) Consultation – everyone uses the "buzz" word. It is a legal requirement to provide public consultation and we have to do it. If we don't do it and the Overview Scrutiny Committee refer us to the Independent Reconfiguration Panel (IRP), this could cause a significant delay.

We are doing this exercise to listen to what people have to say. We haven't made decisions about locations etc as we want to hear what the public think and their views will be used. Our 'You said, We did' report will show this.

MP – Chair: I have been attending EMAS Board meetings for the last two years now and was initially horrified to find that the meeting was in private, but changes in management style has opened it up and we are now able to ask questions, which wasn't allowed before. I feel more comfortable going to these meetings and they are willing to listen and learn and we get to ask questions and comment.

MJ: When the proposals first came out, there was originally going to be one hub at Ashby and one at Glenfield, but following consultation with EMAS staff, the thinking is that there may be a need for more hubs.

Answer – MJ (2) At this moment we don't know the answer to that as it is a proposal. We are looking at the practicalities of crews having to come into Gorse Hill for vehicle maintenance (mileage and time) How can we make it better? We have done this with staff, can they communicate with bosses by video calling between staff and management. We're still looking for ideas.

Response – At the moment crews have to travel to Super Stations to start their shift then back out to their area, then back to Super Station to finish.

Answer – MJ If the model doesn't work in reality then it will be changed.

Answer - KT Research has shown that staff will have to travel on average 4 minutes more. This obviously means some will be more, some less. We will be looking at this closely.

Question: Does the use of Community First Responders contribute to a quicker response than an ambulance?

Answer – KT: We are looking at how to develop and improve the Community First Responders (CFR's) and Community Defibrillators (CDFibs) programme. KT has been in discussion with The CDFib Officer (who is shared between Leicestershire and Northamptonshire) to discuss how we make these changes. More emphasis will be put on this over the next 6-12 months.

Further response – MJ: First Response is excellent and will be doing more of this in the future.

Question: Through feedback with other Trusts who are also looking to re-organise, is best practice shared?

Answer – KT: There are lessons to learn, such as Portakabins, flexible but not always functional. Herefordshire best performing but they have changed to one hub and are still exploring and changing on a daily basis to improve things. We will have more efficiency through Community Ambulance Posts. All credit to the Police, Fire Service and CCGs who want to work together to find more shared facilities and to make improvements and cut costs.

Question: Have Herefordshire improved?

Answer – KT: Yes

Question: What is a staggered shift pattern and how is that different to what was in place before?

Answer – MJ: Shifts start at 5.30, 6.00, 6.30, 7.00 am etc. and continue throughout a 24 hour day and rotate through the 24 hour clock with staggered shifts of 8 -12 hours and we have been doing this over the last 4-5 years. A working day for paramedics is 8- 12 hours shifts mainly and some ambulance crews are on the road all the time. There was a consultation with staff about shift lengths and patterns.

Question: Who will make the final decision?

Answer – KT: Each Trust will make their own decisions. The process that we go through is Consultation between now and December. The report will be written and presented to the EMAS Board at their January Board meeting and if passed will be implemented from April 2013.

The worst case scenario is issues being raised by the OSC, being referred by the local authorities to the Secretary of State causing a long delay in the process which would be extremely detrimental.

Question: Are you pleased with your performance figures?

Answer – KT: We are really proud of our crews who are doing a fantastic job but need to make better use of the resources. We are sure we can see an increase in performance of 5% a year which would be good, but there is always room to do better. Going into the future we need to be sure that we are ready to meet the increased demand and that our resources are organised in the right way to cope. We would rather keep our money in resources and staff than in buildings.

Question: On the transport side how can you ensure people are taken to the right hospital and will you have flexibility built in around out of area services such as if the Paediatric Congenital Cardiac Care moves to Birmingham?

Answer – MJ: No, if that happens commissioners will need to make sure that the service is supported. We're working with commissioners at the moment to look at flexible ways of providing inter hospital transfers. This may include Ambulance Support vehicles, minibuses that are staffed with an Emergency Care Assistant rather than a Paramedic. We're also using Cycle Response Units which are up and running and providing excellent services. A Mobile Treatment Centre is also being built which can be moved to where it's needed. E.g. City Centre, large events etc

Question: Are you looking at consulting with a wider audience such as Patient Participation Groups (PPGs)?

Answer – KT: We have attended 15 PPG meetings, the latest being at Lutterworth but these are not advertised. We go to as many groups and organisations as possible. We are learning so if you have ideas of where to go let us know.

Question: To implement this Estates Strategy you will need a lot of skill and resources. You only have 2 Estates Managers. Is it actually going to happen?

Answer – KT: Yes, it is going to happen using external people we have developed the model and will be a lean organisation.

Question: The model looks very M1 biased with big gap through the County side. Does this mean a lower grade service?

Answer – KT: Things will move around and make no mistake we will be looking at the mapping in higher populated areas. We will look at different ways of vehicles

being taken out and have a good team who will look at how we can do it better in the future.

Question: Do all these proposals mean a change in management structure?

Answer – KT: Yes, there is currently the CEO, a Director of Operations, and 5 Assistant Directors covering the 5 Divisions and below them, there is a Service Delivery Manager which is the role Mick Jones currently has.

Going forward the structure will change with the CEO, a Director of Operations, and 3 Divisional Directors who will cover the current 5 Divisions which will become 3 Divisions:-

- **North:** Derbyshire and Nottinghamshire
- **South:** Leicester, Leicestershire, Rutland and Northamptonshire
- **East:** The whole of Lincolnshire

The Operational Support Manager role currently held by Mick Jones will be replaced by the Locality Manager role and Team Leader role replaces the Paramedic Team Leader role.

Question: Are the Community Ambulance Posts based on demographics?

Answer – KT: Yes, we looked at data/ road networks and infrastructures.

Michael Pepperman, Chair said he had been part of Agenda for Change and was only too well aware of the legacy of this. Ambulances have to respond and if EMAS don't respond, then we demand those changes.

Michael Pepperman thanked Karlie Thompson and Mick Jones for giving their time and also thanked everyone who had taken the time and trouble to attend the event.