

Being the Best Event Feedback Form

Meeting:	Market Harborough Public Meeting
Time and Date:	Thursday 8 November 2012, 6:30pm
Venue:	Council Offices, Market Harborough
EMAS Attendees:	Andrew Spice, Michael Jones and Melanie Wright and Duncan ? procurement
Number of Attendees:	10
Press in Attendance:	No

<p>Main Topic Discussed:</p> <p>Hubs, CAPS, delay in DCA responses, is this a cost saving exercise?</p> <p>Some suggestions made and resopsne was we'd look at doing that.</p> <p>Detailed questions and answers included below, with bits in red text where we made a commitment to follow-up.</p>
<p>Positive Feedback:</p> <p>Q: I can see point for having your main Hub near your major trauma hospital. Will you still have resources parked out at stand-by points? A: Crews have said they don't want to be on stand-by in layby, the CAPs instead will replace them with facilities because our staff deserve it.</p> <p>Q: Who would check your equipment and vehicles, dedicated team? A: Yes that's right. Q: Sounds fantastic.</p>
<p>Main Concerns Raised</p> <p>Resources staying in the community and not being drawn back to Hubs</p> <p>That we've not spoken to all councils about plans for development re new housing estates</p> <p>That this is a cost saving exercise rather than to improve response times</p>
<p>Brief Meeting Evaluation:</p> <p>Some good questions asked, several councillors in attendance. One father of a young boy who has severe epilepsy and so they are a regular user of our service and have experiences of delays in DCA getting on scene.</p> <p>Some people with positive views on proposals.</p> <p>Thanked for taking time to attend meeting and have discussion with them.</p>
<p>Any Other Comments:</p> <p>Q: Disappointed that Phil Milligan isn't here himself. We invited him and he didn't have the courtesy to say if he was coming or not. Please take that back to him. A: Phil Milligan is in attendance at another meeting in Leicestershire – Hinckley, this evening on this very same topic. We are sorry he couldn't be here in person but as the author of the estate report [Andrew Spice] and a Trust Board member I will be able to give you a full overview of our proposals, however we will take that comment back.</p>

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Q: Councillor Phil Knowles: Would like you to take the opportunity to talk to the council leaders about where they see development in the areas coming up. They can give you a picture of where they see development going, and you should be taking this into account. A: **Yes we can look at doing that.** Also staff are sharing their local knowledge so if they are aware of developments they are telling us about them.

Q: This looks like it is cost driven rather than for patients. A: Is our estate fit for purpose and in the right place, how do we get to our patients quickly, and can we support our staff. Staff and patient care are driving these proposals not cost.

Q: What are you going to do with the Ambulance Station in Market Harborough and are you going to sell it and put money straight back into the fleet? A: Answer is in our July Board paper which is on our website. We will use the money to invest in our Hubs or CAPs and if any left after that we will invest in other elements of service.

Q: If an ambulance in Harborough needs cleaning down, you'll send it back to Leicester to be cleaned, and then send it back down again. Does that make sense, because I don't think it does? A: Good question and again we've looked into that. Vehicles need cleaning but not deep cleaning on a very regular basis. How we manage it at the moment, we have a man in a van 'deep clean' team to do the cleaning, not crews. Mick Jones gave local examples.

Q: Have you taken into consideration into future housing developments etc? A: Yes and no, we've taken advice from local people and staff, but we have built flexibility into the model to reflect growth, but we're not going to project 10 – 15 yrs because this is a flexible model.

Q: Have you thought about doing maintenance locally instead of taking to hub? A: By putting resource into the 13 hubs we will have crews more local than going up to Alfreton etc, but we've not got to that level of detail et, we can look at local based mechanics.

Q: Where is the stand-by point / CAP in Market Harborough, where are you looking at? A: The one in Mkt Harborough should be near the station, it should just be much smaller so we're not spending money on the large building. We've put the local feel on the proposals – in some cases the cap was proposed in housing estate and clearly that wouldn't work so our local knowledge influenced the change.

Q: I can see point for having your main Hub near your major trauma hospital. Will you still have resources parked out at stand-by points? A: Crews have said they don't want to be on stand-by in layby, the CAPs instead will replace them with facilities because our staff deserve it.

Q: Have you spoken to the staff to consult on this? Morale seems to be very low and poor. A: Yes we have, they are part of the consultation exercise. Not every one is supportive of it but many are. Whenever you go through a big change morale will be poor.

Q: What is the ratio of CAPs to standby points? A: we don't have an answer to that until we've completed the consultation and then had discussions with partner organisations. If we can't do that, we'll look at modular, if we can't do that then we'll have a stand-by point. In Leicestershire we've spoken to police & fire and they are supportive of this.

Q: Why are the hubs close together in Leicestershire and not spread out more? A: We've modelled this using the data referred to before, and by looking at average travel to work times for our crews. We're taking crews view and yours – this is a listening exercise, so if people strongly feel there is a gap and it needs changing we will look at that.

Q: In other counties it looks like your doubling points, but not in Leicestershire. It's going to be challenging to get to the south of the county quickly. What will the overall net financial situation be? A: Board paper in July articulates best we can where we are – we'll get £26/27m on the property, we'll spend about the same, and we'll save on refurbishment we don't need to do and this. We will then look to invest more in our ambulances and ambulance crews. We can go into more detail once the consultation is completed and final plans created. This is not a profit making organisation, the money we have we want to invest in our frontline service.

Q: Data looked at just 2011? A: Last performing year and historic. Best data is most recent 12 and have involved our crews to look at historic experiences.

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Q: what resource do you currently have for Market Harborough? A: Currently have 3 24/7 ambulances, 2 24/7 cars, 2 24/7 cars and 1 16/7 car

Q: We're having a poor response, will this get better? A: The ECP, Urgent Care, Paramedic team will get better.

Q: Ambulance Quality Indicator link to the councillor - where are we compared to other national ambulance services.

A: Commissioning can influence what we are able to do with our resources, this plan is looking purely at our estate. It's a material improvement from where we are today.

Q: Are there 10 ambulances in Market Harborough waiting to come out. There are only 3 ambulances covering this area. So if you do take Market Harborough out, it isn't going to make a big difference. A: We're not reducing the level of crews. It's about managing our resources better so we can get back out on the road.

Q: It's been in the news that ambulances are held up at hospitals what problem does it cause? A: Mick Jones – great relationship with UHL so we can turn the crews around. Our turnaround time at LRI is 28 mins, we've taken two mins off. They have put a rapid assessment process to speed it up. We're talking to each other to resolve it.

Q: How set in tablets of stone is that Market Harborough will close, or is there an opportunity where the hub will go? A: Andrew will stand up on 10 Jan to give feedback to Board, and then outline how we will take those forwards, how we will remodel and how we will take these ideas forward. This is a genuine proposal. **Councillor Knowles suggestion: That the land at Market Harborough is looked at to be used to have a Hub. Has good routes to service parts of Northamptonshire as well as Leicestershire, so big benefits.**

Q: Will the final proposals be available to view? A: We do everything in open forum – our Trust Board meetings are done in open forum. Trust Board will take decision on final proposals using your feedback.

Q: Maps don't say where CAPs and Standby will be – which dots are which? A: Until consultation over we can't say.

Q: Why are most blue dots close together rather than more spread out? A: That's where the calls have come from, and where we can best get to them.

Q: What have you based these positions on? A: We've looked at call data from past year, and modelled on many different scenarios to base it on actual data, from where crews need to respond from.

Q: Is it more about population? Yes an element, but not just that. Staff have been able to add the human element / local knowledge to proposals designed by sophisticated technology looking at thousands and thousands of calls.

Q: Have you looked at reason for call outs – Rutland have high RTC, but don't seem to have many points there, and we all know that recovery rate is better for certain conditions such as cardiac arrest so need to be there fast? A: Yes, we need to look at where calls coming from and why – only about 10% of our calls are real life-threatening calls. Hear/see and treat helps us manage demand and reduce the number of unnecessary conveyances to hospital. Working with GPs to reduce number of unnecessary 999 calls – more people could be sent for community based support. Lot of work in background to make sure resources are used efficiently and appropriately.

Q: What software do you use in control to record calls? A: AMPDS, and Toughbook on vehicles to record chief complaint and other data to allow us to monitor and develop our service etc.

Q: Residents are concerned about response times. The nearest hub in Leicester and North Leicester, if you're an ambulance crew you'll have to go to hub to collect ambulance then get to your CAP? A: Yes that's correct. Pick up ready vehicle and drive to CAP. Staggered starts will allow overlap, to allow for crews to get to their local area.

Q: How many other areas, in addition to WMAS? South East Coast, Yorkshire Ambulance Service, East of England Ambulance Service are looking to do the same.

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Q: What happens if over 5 yr period, those targets are not reached, you don't get the improvement you want? What is your risk analysis, are you going to monitor it? If it doesn't shape up and you've got rid of estate, what will you do? A: That's why we're consulting, we're visiting WMAS and we're learning from their errors - the way they have layed out their hub and staggered shifts needed changing. If it isn't going to work we won't do it, we'll make sure what we put in place is right for the area and flexible, and that's why we're consulting.