

Being the Best

Newark Public Consultation

Newark Town Hall

Thursday 29th November 2012:

20+ attendees

Q = Question

A = Answer

O = Opinion

Pat *CHAIR* Opens meeting

reinforced this is not the forum to discuss Newark Hospital or personal examples/experiences

Background – “difficulties in Newark Health care since 2004, Notts Model can only work if we have an outstanding Ambulance service, acknowledge the roads and weather issues that come with this area”

O; if standards don't improve we won't be happy, not interested in cleaning, fuel, vehicles, let the experts deal with this, all we/I am concerned about is improving the service to this area

Phil intro – background and process

Richard Henderson Presented PowerPoint slides

Q: Newark advertiser implies that we will lose 2 ambulances is this true?

Issue with response time in the middle of the night due to backlog of calls in the day

Q: CHAIR: based on these proposals will we have more service in the day?

A: Phil: Yes *Retford Case study story*

Q: Mansfield and Alfreton are understaffed, why can't we deal with Local garages for repair and maintenance?

O: better off if we have funding to have the hub where the service is needed, and more than just Mansfield is needed for training, Local Knowledge is needed, and Sat Nav can only be taken so far

O: release paramedics from other responsibilities.

O: with regards to Sat Nav, particularly in the recent floods it would appear that Newark struggles with Sat Navs, therefore Local knowledge is vital, Staff won't get chance to leave the HUB as staff will be swallowed up by urban calls and rural will be forgotten about.

Q: Response times are always quicker in urban cities/towns, why?

O; People want Ambulances not Cars, if there is a call out and a car is sent with single person, EMAS are happy to class that as a response even though this is not as a single person.

CHAIR the down grading of A&E to MIU is not what Newark need, if we can improve on MIU demand of ambulance will decrease and make life easier for everyone.

O: unsure why we haven't been given same options as Mansfield as same surrounding area as Newark

Q: what happens in the 20min change over for staff?

Q: do EMAS acknowledge the difficulties driving from Mansfield to Newark?

O: the Key issue is travelling time!

O: hubs need to be on fast roads

Q: what is the number of job loses from this proposal?

O: Private ambulances needed 70% new staff to fill in the gaps.

EMAS Keen to co locate with partners in and around Newark

Phil: EMAS have not written off the possibility of a Hub in Newark and where possible will share facilities

O: I have concerns that staff is not inclined to take patients to Newark and therefore adding to travel time. If Newark treated more we could be saving money and time.

General consensus would be to join forces with Newark hospital and shock that this has not been done already. Better relationships are needed, crew have been known to be told off for trying to get patient into Newark.

'Why cant hospital and ambulance work together!'

SUMMARY:

EMAS Minds are not made up, disappointed in turn out, EMAS acknowledge improvements are needed. Condition in Newark are difficult and will effect response times, still don't understand why there is no protocol between Hospital and ambulance, Notts model depends upon well managed crew and vehicles!