

Public Consultation Meeting Notes

Berkeley Hotel, Scunthorpe, North Lincolnshire – Monday 15th October 2018
18:00hrs to 19:30hrs

Points raised as follows:

- The presentation stated current stand-by points don't have facilities, it was raised that this was a misleading statement as some in the area do have facilities.
- Concern raised as to the lack of publicity to this event.
- 2 x maps produced for the presentation were misleading as the map reflecting the new status does not include current standby points, whilst the new one does. If the standby points (94) had been added to the current map it would look very different.
- Confusion over the second map as there seems to be significantly less Community Ambulance Posts (CAP) in the area than current standby points and would that mean less cover in the area or greater response times.
- Concerns were raised that there seemed to be no cover for Ashby Area in the new system when it is covered separately now, concerns were raised that this would reduce the level of cover/service in the area.
- Concerns raised that each CAP in the area would not always be covered by a crewed vehicle that could transport patients, as it was felt this would provide the best response for patient care.
- There are not enough Make Ready staff or vehicles currently in the system to provide the model of deep cleaning, checking and restocking of vehicles outlined in the presentation. Without further investment in both of these it would be extremely difficult to achieve the model outlined.
- Concerns raised over the distance and extra time it would take vehicles to travel from Elsham to restock vehicles etc.
- Concerns raised over the proposals for Major Trauma Centres in the Yorkshire and Humber Region, as this would take vehicles out of the equation whilst travelling to sites out of the area/further afield. Have the Trust done a business case for this and how do they propose to still provide cover whilst these vehicles are taken out of the system?
- It was stated that perhaps the Public were not aware of how few vehicles are on the road at any one time, and it was felt that without increasing the number of vehicles available to the Trust the new estates structure would have little effect.

- If single crewed vehicles that cannot transport patients are used at CAP, how will the model mean that more patients can be transported. Can the Trust guarantee that crewed vehicles are used at CAP
- It was asked what percentage of response times in the area were met by first response such as LIVES, rather than an EMAS response. Also if this figure was higher in rural than in urban areas. The concern was that in some cases this was not necessarily the best response for the patient and that not having crewed vehicles at a CAP may have a knock on effect.
- It was asked if the Trust could provide figures on how long patients waited for an ambulance to arrive to transport patients when the initial response was a solo responder. A concern was that in some cases a solo response was not necessarily the best response for the patient, in fact it could in some cases delay treatment while waiting for transport and the new estates structure would make the situation worse.
- It was thought that the opportunity of using shared facilities as CAP's would be preferable.
- Questions were raised over how many vehicles were on duty at any one time and how this number would increase in the new structure.
- It was stated that the number of crewed vehicles available to transport patients (2x DCU) on some night shifts had not changed in 20 years, and challenged that this was a reduction in cover when take into consideration the increase in volume of calls responded to compared to then.
- Concerns were raised about the amount of end of shift overtime currently incurred by the Trust on the South Coast because of the distances crews have to travel between hospitals and base stations (approx 45 minutes), a hub at Elsham would mean that times between hospitals and the base station would increase from 15 minutes to 45 minutes, have the Trust considered the cost implications of this?
- Concerns were raised over the number of what were considered basic things that seem to have been missed out or not considered by Process Evolution.
- The increased distances staff will have to travel to the new hub at Elsham will certainly increase the carbon footprint, it was thought that some of the aims of the new structure were to reduce the carbon footprint as a whole and this directly contradicts the aims.
- It was stated that Local Hospitals have noticed that crews from much further afield are regularly transporting patients to the area, this suggests crewed ambulances are regularly thin on the ground and therefore without increasing the number of vehicles available to respond patient care would not improve.
- Also as crews without local knowledge were regularly working in the area the reliance on technology and satellite navigation increased, it was considered there was no substitute for local knowledge.

- It was asked if the same considerations for cover and investment were given to rural as urban areas.
- Would there be a CAP in Barton providing the same cover as is currently offered, concerns were raised that having a hub at Elsham would mean that the service Barton receives would diminish compared to the current model. It was asked if a crewed vehicle would be sent to Barton at the beginning of each shift?
- Concerns were raised that as LIVES responders operate out of Barton and response times would still be met, it would affect the decision to send a crewed vehicle to Barton.
- It was asked if A&E turnaround times were extending ambulance turnaround statistics