



Dear Councillor Elwyn Jones

Thank you for your correspondence regarding the motion adopted at the recent meeting.

I am the Chief Ambulance Services Commissioner and am leading the work for the Emergency Ambulance Services Committee (EASC). EASC is a joint committee of all health boards in Wales and each health board is represented by their chief executive. EASC is responsible for commissioning the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru).

I agree with your comments regarding the Wales Air Ambulance Charity (Charity). The Charity is an essential partner in providing this important national critical care service to the population of Wales and the public's support for the Charity has been evident from the many comments and questions that I have received over recent months. The Charity and EMRTS are working together to try and maximise the number of patients that can be treated.

The Charity's Mission is to deliver lifesaving, advanced medical care to people across Wales, whenever and wherever they need it. Rural areas are an important part of this. As a Charity they are required to ensure the most efficient use of all of their resources. In addition, internal analysis has shown that there are still people across Wales that the EMRTS is unable to attend, due to several factors. During this period, it is in all our interests to mitigate any potential impact on the Charity and to support them in undertaking their important work.

I have noted the points that you have made regarding the Welsh Ambulance Service. It is important to point out that, while we do work closely in partnership, EMRTS is not a replacement for the services provided by the Welsh Ambulance Services NHS Trust (WAST). WAST staff are usually first on the scene of an incident or medical emergency and offer the all-important initial lifesaving interventions. It is rare that EMRTS attends an incident without a WAST presence.

From an EMRTS perspective, experienced EMRTS staff monitor the most serious 999 calls and automatically dispatch the most appropriate EMRTS crews, these are emergencies that require the emergency department-standard critical care that the service provides. Also, on some occasions, emergencies can be worse than first reported, or a patient can rapidly deteriorate. When this happens, a WAST paramedic involved in the incident can contact the EMRTS Critical Care Hub to ask for advice and, if required, medical backup. The EMRTS only attends the highest level of life or limb-threatening emergency calls. The service has been academically evaluated.

Again, it is vital to emphasise that EMRTS is not a replacement for WAST. For the best patient outcomes, interventions from WAST and then EMRTS are important.

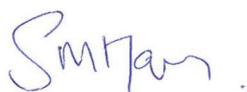
You are correct in stating that the original EMRTS Service Development Proposal included the potential to see an additional approximately 580 patients. Having received this proposal at its November meeting, EASC members requested further scrutiny in a number of areas. This impartial and objective scrutiny process will be led by my team and myself. This will be independent of the assumptions and modelling included within the proposal. The original EMRTS Service Development Proposal has now been set aside and EASC are undertaking their own EMRTS Service Review.

Much of the feedback and challenge around the initial proposal centred on the outputs of the modelling by Optima. It is our intention that the approach of undertaking analysis afresh and undertaking formal public engagement will allow stakeholders to inform the options to be reviewed and to agree how the benefits, risks and impact of each option will be measured as part of an open, transparent and robust process. The process will explore and maximise the additional activity that could be achieved from existing bases and explore options to reconfigure the service.

EASC, as commissioners of the service are committed to an open, honest, transparent and meaningful process. Following the engagement process, a report will be prepared that will set out each option and their benefits and risks and will make a recommendation to EASC members.

The views of the public are extremely important and we are currently working with health board engagement, communication and service change leads and with Community Health Council colleagues to develop and agree appropriate engagement materials including an engagement timetable. We will be in touch regarding the arrangements to ensure that your comments are received and that your views are heard as part of this process. I expect that this process will begin in early February.

Yours sincerely,



Stephen Harrhy

Chair (EASC Management Group) and Chief Ambulance Service Commissioner
Cadeirydd (Grŵp Rheoli PGAB) a Phrif Gomisiynydd y Gwasanaethau Ambiwylans