



East Midlands Ambulance Service
NHS Trust



**Have your say on your
ambulance service**

'Being the Best'



**Formal consultation runs:
17 September–17 December 2012**



Who we are...

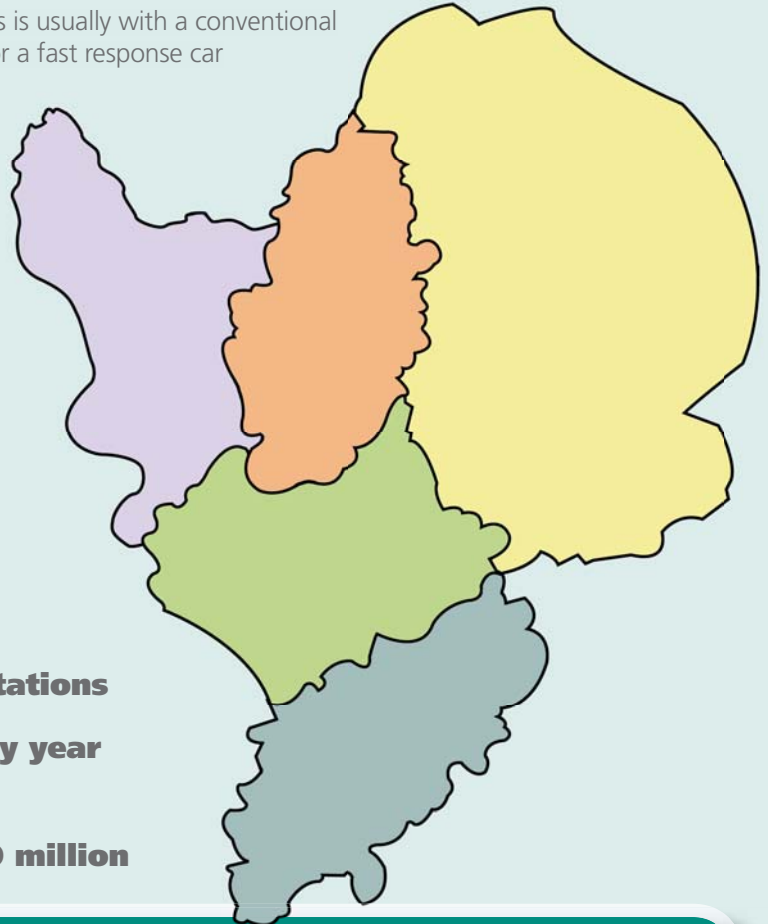
We are East Midlands Ambulance Service NHS Trust.

We provide emergency and urgent care to patients. The care we provide can be at the scene of incidents, in people's homes but fundamentally, we are the first to provide healthcare and treatment in an emergency or when it is most urgently needed, following a 999 call.

We have a number of ways to respond to 999 calls. This is usually with a conventional patient-carrying ambulance (with two crew members) or a fast response car (normally with one paramedic on board).

We cover the following areas:

- Derbyshire
- Nottinghamshire
- Lincolnshire
- Leicestershire
- Rutland
- Northamptonshire



Did you know?

- ▶ **We run a round the clock service**
- ▶ **We currently have 66 ambulance stations**
- ▶ **We receive over 776,000 calls every year and this is growing**
- ▶ **Our budget is in the region of £150 million**

What happens when we receive a 999 call?

As each emergency call is processed in our Control Room, the nearest available crew is identified and tasked to attend that call.

For example, a crew from location X may attend their first call in location X and take the patient to the nearest major trauma centre – location Y. When this call is complete, the crew now being available in location Y can be tasked to the next emergency or be deployed to a Standby Point. This is dependent on the service needs at the time. Whilst the crew are dealing with the call, another vehicle could be sent to provide cover in location X. If we didn't do this, location X would have no cover.

This is happening to all the crews across the East Midlands 24/7.

To help us provide cover throughout our region, staff are constantly monitoring 999 activity levels and moving vehicles to standby locations.

So, the vehicle you may see in your local town might well have started their shift from a base many miles away. Getting help to you quickly is what matters and ambulance vehicles are staffed by highly skilled clinicians with life-saving equipment. Where they started their shift is of no relevance.

The perception of crews sitting in ambulance stations waiting for the next call is simply not the reality and has not been the case for over twenty years or more.

What is this review about?



A word from Phil Milligan, Chief Executive



At East Midlands Ambulance Service (EMAS), we know we need to change and develop the way we deliver care and our services.

We have launched a 'Being the Best' programme to improve the way we work as an organisation; to become

the best ambulance service we can be. We have worked with highly trained, skilled and committed clinical colleagues – both internal and external to the ambulance service – to develop this approach. As such, we are truly committed to being an ambulance service that provides the best possible emergency and urgent care for all those living and working in the East Midlands.

We are looking at the clinical care patients receive and the time it takes to deliver that care, whether 'on scene' or 'over the phone'. We know that our performance needs to get better and we want to do that by changing the way we work, including engaging and involving the public and partners on this journey. This consultation document is about

putting those proposals to you, to understand your thoughts and ideas. It focuses on the way we deliver our services and we would like your help in shaping our future.

** Throughout the document we refer to clinicians, clinical colleagues and similar. These terms refer to medically trained individuals with various levels of education and specialisms.*



What are we proposing to change?

Community Ambulance Posts and Standby Points supported by state of the art Hubs: Fit for the future

We currently have 66 ambulance Stations based across the East Midlands. To realise the *'Being the Best'* programme, we are planning to have Community Ambulance Posts. These would be throughout the region in police, fire, or other healthcare and partner establishments. They will be where our crews can respond from when calls come through, make contact with local communities, keep in touch with our 999 call centre and use rest facilities.

We will continue to use Standby Points, which are where our crews wait for calls but will not have rest facilities. We are proposing to have a total of 131 Community Ambulance Posts, Standby Points and Hubs across the region.



We are proposing to have 13 Hubs. These will be purpose built. They will be where our staff start their shift and collect a fully equipped, well maintained and clean vehicle. They will also be a base for providing training and support for clinicians and support staff. The Hubs will be energy efficient and reduce our carbon footprint. We expect about 120 clinicians to be based at each Hub.

Clinicians will lead the way in defining what should be incorporated into the Hubs to improve the overall working environment, making for a more productive workforce.





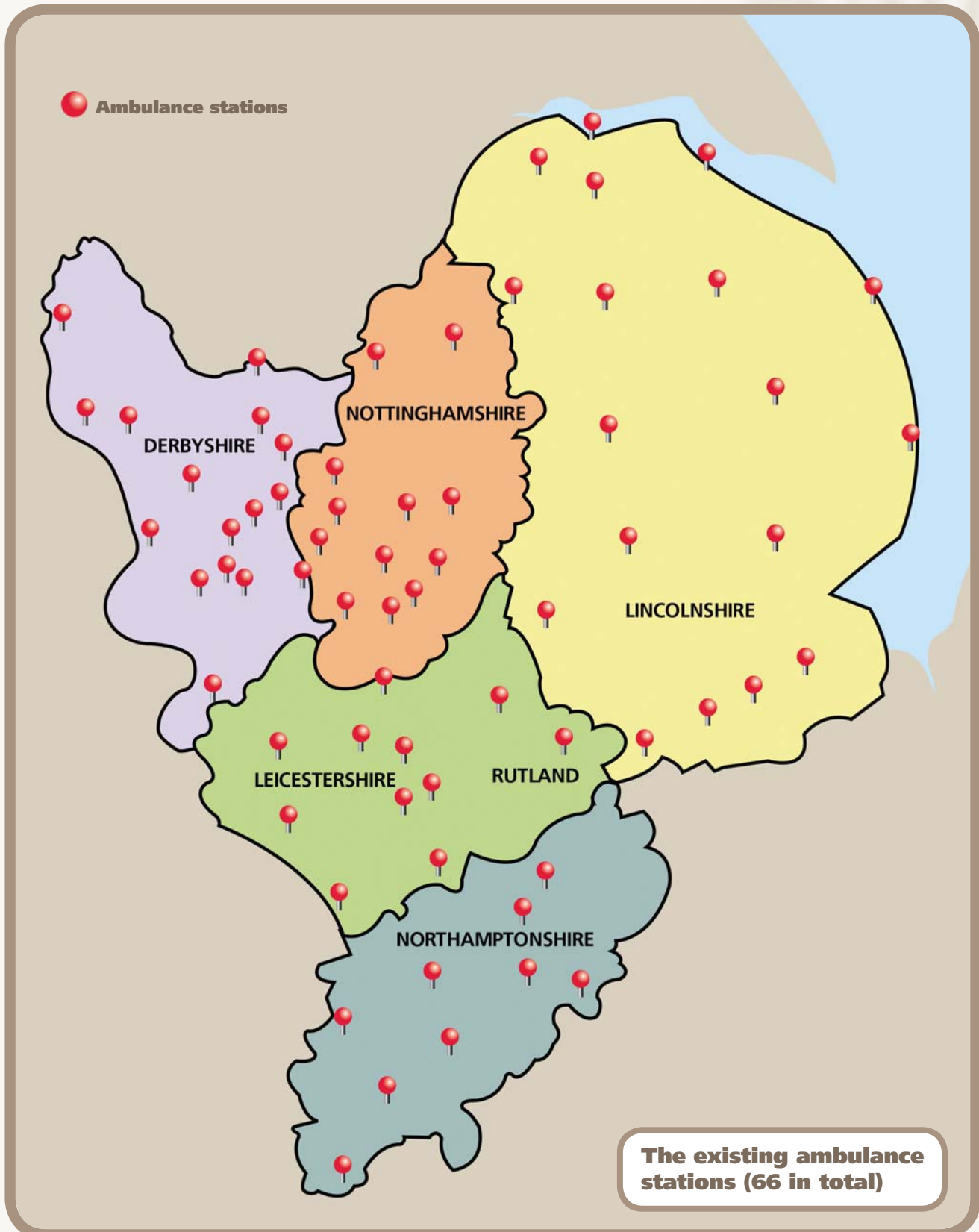
The Community Ambulance Posts, Standby Points and Hubs will be sited according to where they are most able to respond to calls received. This is based on information across a number of systems as well as local knowledge of road networks and requirements. We expect that the new sites will be flexible and close to the existing areas and that there will be more of them.



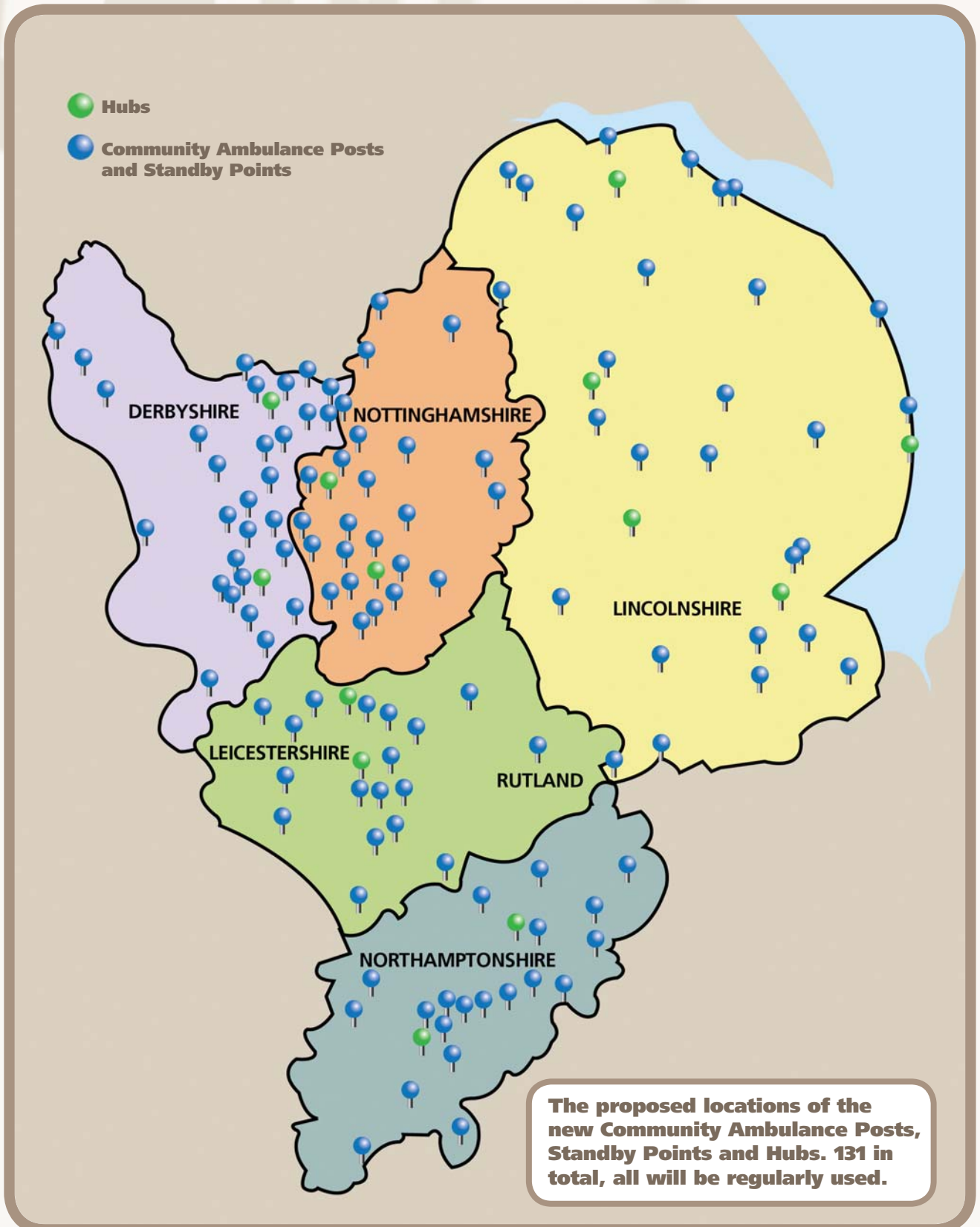
A case in point...

In Nottinghamshire, the West Bridgford Station was built in the 1960s. The number of 999 ambulance calls at that time was 75% lower than we receive today, so ambulances would spend a lot more time on the station. This is no longer the case. The station is also in the heart of a busy retail area and at peak time, traffic prevents clinicians from responding to your calls quickly. Under the new proposals, a Community Ambulance Post would be based at the corner of Loughborough Road and Boundary Road. Throughout the consultation we will be finding the best locations.

Where would the new facilities be?



More detailed maps for your area will be available at the public consultation meetings, online or by contacting us (see details on page 14).



Why are these changes needed?

Quality and safety: A clinical case for change



Changes happen every day in the NHS. As an ambulance service we need to respond to those changes. This means getting to patients as soon as possible to ensure we are taking full advantage of the treatment, care and

technological advances available to us and across the wider healthcare community e.g. trauma care, heart attacks and strokes. This is often termed getting patients to the 'right care, right place, first time'. We have a commitment within EMAS to ensure our service is able to deliver this, working with all our partners.

I am leading the clinical case for the changes we need to make. I will continue to work with lead professional clinicians from across the region, wider UK and internationally to understand what *'Being the Best'* looks like for patient care and clinical quality.

The changes we are proposing are all about improving our performance, that is, how quickly we respond to all life-threatening 999 calls.

To provide the fastest response possible, we have to make simple decisions. Do we spend our money on buildings or frontline services? Do we design

services to cut out the waste, so that our clinicians have more time to spend on patient care?

The fact is there is no direct link between clinical care and ambulance stations because we don't treat patients in our stations.

Our emergency ambulance vehicles are our mobile emergency treatment centres. The more money we can spend on the vehicles, and our colleagues who work on the frontline, the better.

The proposals for our estate mean that we will operate from 131 Community Ambulance Posts, Standby Points and Hubs. These will be sited in locations where we know they are needed, using historic and current data. Areas which have never had a local ambulance station will benefit too because the number of locations where crews are routinely on standby will actually increase.

The Hubs are purpose-built premises offering facilities such as 'make ready' teams. This means staff will be available to respond to 999 calls as soon as they come on duty; it is altogether a more productive and efficient approach.

Dr James Gray
EMAS Medical Director

What do our frontline clinicians think?

Part of the *'Being the Best'* programme involves a full scale review of how the service is managed. These changes will improve the care and speed of response. We are not changing what we do when we get to patients, we are just going to get better and faster at it.

Colleagues across the organisation will be involved and affected by the managerial changes and we are going to be talking directly to the groups and individuals concerned to ensure everybody understands the reasons for the proposals. We also want to understand different points of view and make sure we are making the right changes. So, all colleagues – managerial and clinical – will have the opportunity to feedback on the proposals in this consultation and ask more questions.

The proposals are as a result of listening to the concerns and wishes of our frontline staff.

Well maintained and clean vehicles, ready to respond to patients' needs



Why are these changes needed?

Effectiveness and efficiency



We want our ambulances closer to you and where you make the calls from to ensure you get the best service possible. Most of our stations were built, or started to be used, over 50 years ago, and clearly a lot has changed in that time. They do not reflect the growth and changing landscapes of our towns and cities.

For the vast majority of time during a 24 hour period, due to the nature of the modern day ambulance service, the buildings are left empty and are fundamentally garages. They no longer provide a fit-for-purpose solution to a modern ambulance service, which responds on average to a new 999 call every 45 seconds. Stations do not provide a direct role in improving response times or clinical care – indeed it is proven that ambulances are able to respond faster from standby locations.

Our ambulance crews work in pressurised environments, away from many of their colleagues. The Hubs will provide a location for more facilities and support when needed. This would include routine vehicle checks, cleaning and restocking items used for patients and would prevent any delays. This is currently done by clinicians before they respond to calls.

The current stations are also not in a good state of repair. An independent survey of all our buildings found that it would cost around £13 million to bring them up to the required standards. This is funding,

which in today's NHS we believe would be better invested in frontline care. We also have to pay for the security, heating, lighting and associated costs of buildings which are not utilised. The new purpose-built Hubs and Community Ambulances Posts would be paid for by no longer paying the bills for the existing larger, less efficient stations and selling off the land and old buildings.





Paramedics will focus on frontline patient care under the new proposals, not vehicle maintenance

Top ten reasons for change

1

We don't treat patients in ambulance Stations – we are a mobile emergency health provider. Staff travel in ambulance vehicles to where help is needed.



2

Our current buildings are in need of major repairs and refurbishment – it will cost us about £13 million to put them right.

3

Our existing buildings are empty most of the time and we spend thousands of pounds each year on unnecessary lighting, heating and ground maintenance (grass and hedge cutting) costs.



4

We want crews to be available to respond to 999 calls as soon as they come on duty – not spending the first 20-30 minutes of their shift checking the vehicle's oil, water and tyres and restocking it with medical supplies.

5

Most of our buildings are old and are not in the best location to respond to calls.

6

We know that the number of 999 calls we receive will continue to increase in the coming years and we have to plan for the future – no change is not an option.

7

We are not changing the way we respond to 999 calls.

8

Every year, for the past five years, we have received around 5 per cent more 999 calls (last year we received over 776,000 emergency calls). To continue to meet demand, we need to use our resources better.

9

Creating Community Ambulance Posts which include facilities for frontline staff, including toilets, an area to make hot drinks and a seating area where they can rest and have a meal break, will be a vast improvement to the current location of many standbys currently used i.e. a car park, lay-by without any facilities.

10

Unlike current Ambulance Stations and the challenges we face because of their location and condition, our new Community Ambulance Posts can be flexible. This means that we can be ready for any change in the future to road networks or the size of communities.



Have your say



Next steps

Now you have read the consultation document, we invite you to complete the form at the end and return to us by midnight on **Monday, 17 December 2012**. This will allow us to co-ordinate all the responses and analyse them. We will consider all the responses and the Board will receive a report on the views of the public and our staff before a decision is made in January 2013.

As you know, to meet the needs of patients and our staff we have to change. We want your views and for you to have your say and to influence the proposals. We will ensure we keep you informed. We expect the changes to be made between April 2013 and April 2018. During that time, we want to continue to work with you to help us get things right. Please let us know if you would like to become a Foundation Trust member so we can keep you informed and engaged with our work.

You can feedback your views by completing the form, tearing it off and sending to (no stamp required):

**Freepost RSBA-EETC-TGYH
‘Being the Best’ Consultation
East Midlands Ambulance Service NHS Trust
Trust Headquarters
1 Horizon Place
Mellors Way
Nottingham Business Park
Nottingham NG8 6PY**

▶ You can also find more information and give your views online at: **www.emas.nhs.uk**

▶ Email: **beingthebest@emas.nhs.uk**

You can attend one of our public meetings or a local action group where we are presenting our proposals. If you would like us to attend a meeting or interest group, please contact us and let us know. We'll do our best to accommodate any invitation.

▶ You can call us on **0800 917 9911**

**The consultation period runs from:
Monday 17 September until 0:00 on Monday 17 December 2012**

Feedback form

About you:

Although you can respond anonymously, your name, address and contact details are very important as it will help us analyse the results.

Name:
Address:
Postcode:
Email:

Your details will not be shared.

1. Are you happy for us to keep your details for future health development news or consultations through our Foundation Trust membership?

- Yes
 No

2. Please indicate your ethnicity:

- White British Irish Polish
 Asian Asian British
 White & Black Caribbean
 White & Black African
 White & Asian
 Black Black British Chinese
 Any other ethnic group

3. Preferred form of contact, (please tick):

- By email
 By post

4. Are you responding as, (please tick as appropriate):

- Staff
 Public
 Carer
 Organisation/Group

Other (Please state):

5. Are you responding as a result of

- Public meeting Group meeting
 Media Website link
 Word of mouth Other (Please state):

6. Is this document easy to understand and are there clear reasons shown for the proposals? See page 3.

- Yes No Don't know

7. The proposed plans are designed to ensure we are providing the best ambulance service possible. What do you think? See page 4-5.

- Yes No Don't know

8. Do you agree that we should establish Community Ambulance Posts and move away from the old ambulance stations? See page 10.

- Yes No Don't know

9. Do you agree that 'Super Stations' would mean that our ambulances are well maintained, clean and fully stocked? See page 10.

- Yes No Don't know

10. Do you agree with what we are proposing to call the new Hubs/Super Stations, Community Ambulance Posts and Standby Points?

- Yes No Don't know

Do you have any comments on this:

11. Our Medical Director, Dr James Gray, said:

"The fact is there is no direct link between clinical care and ambulance Stations because we don't treat patients in our Stations."
See page 8.

Do you have any comments on this:

If you have any additional comments, please write them in the box overleaf...

Your additional comments:

**This information is available in different languages and formats.
For more information, please contact 0800 917 9911.**