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Paper No.	PB/13/005
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Report to: PUBLIC BOARD OF DIRECTORS' MEETING
Date: 10 January 2013

Subject:	'Being the Best' Consultation Response Report
Report by:	Andrew Spice – Commercial Director

Purpose of Report

To outline the findings of the formal consultation undertaken between 17 September and 17 December 2012 into proposed estates reconfiguration as part of the "Being the Best" initiative.

Implications:

Quality (including Patient Safety, Staff Safety, Dignity and Patient Experience) <ul style="list-style-type: none">Implications will be addressed under the subsequent business case
Human Resources including Equality <ul style="list-style-type: none">Implications will be addressed under the subsequent business case
Legal <ul style="list-style-type: none">Implications will be addressed under the subsequent business case
Policy <ul style="list-style-type: none">Implications will be addressed under the subsequent business case
Financial (including any funding requirements) <ul style="list-style-type: none">Implications will be addressed under the subsequent business case
Media/Communications <ul style="list-style-type: none">Considerable media engagement has taken place as outlined in the report and continued media attention is expected as the business case develops.

Details of any identified risk(s):	Risk Assessment		
	Consequence (A)	Likelihood (B)	Score (A x B)
Risks will be addressed as part of the business case development.			
Details of mitigation of identified risk(s):	Not applicable		
This paper links to the following	Estates Strategy, "Being the Best"		



Trust Strategies:	
This paper links to the following Strategic Objectives:	<ul style="list-style-type: none">• Delivering high quality, patient focused services;• Through a highly skilled, motivated and engaged workforce within an organisation that is innovative and responsive;• Ensuring clinical and financial viability and providing value for money.

Recommendation(s)

That the Trust Board is asked to consider the Being the Best consultation response report.

Management of Item <i>(delete tick boxes as appropriate)</i>	PMO: Level 1 <input checked="" type="checkbox"/> Level 2 <input checked="" type="checkbox"/>	Function <input checked="" type="checkbox"/>
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'Being the Best' Consultation Response Report

1.0 Executive Summary

- 1.1.** This report summarises the results of the engagement, pre-consultation and statutory consultation work carried out across the East Midlands during 2012. The East Midlands Ambulance Service (EMAS) proposes to improve response times and the service provided to the people of the region by reconfiguring the current estate, developing its service-model and addressing workforce issues (such as management structure and the alignment of rotas with demand).
- 1.2.** A period of pre-consultation was carried out between February 2012 and September 2012. This was undertaken by the Executive Management Team and Trust Chairman with MPs, Councillors and Clinical Commissioning Groups. Those stakeholders were briefed on proposed changes and had the opportunity to feedback and help shape the plans.
- 1.3.** The formal Consultation complied with statutory obligations and took place between 17 September 2012 and 17 December 2012. The consultation also used the guidelines as set-out by the Cabinet Office.
- 1.4.** The analysis contained in this document was produced by an independent company, 'Participate', who are skilled in running formal consultations. 'Participate' is an Approved Partner of the Consultation Institute with extensive experience of working with NHS Organisations across the UK.
- 1.5.** Activities were wide-ranging and comprised: distribution of over 37,000 consultation documents and 5000 leaflets and posters; 4500 page views on dedicated web pages; Facebook and Twitter presence; 42 public meetings and; attendance at 76 existing stakeholder meetings/forums as well as 33 staff meetings. More than 3.5 million people across the region read, listened-to or watched media coverage about the consultation.
- 1.6.** Details were also included in the monthly EMAS Aspect stakeholder newsletter which is stored on the EMAS website and emailed to over 700 stakeholders including councils, MPs and healthcare providers. 'Being the Best' was included in the following issues: April, June, July, September, October, November and December 2012.
- 1.7.** Members of staff at EMAS were actively involved in the consultation. They attended the public meetings alongside the 33 staff meetings and provide a total of 364 formal and informal responses.
- 1.8.** Overall 1461 consultation responses were received via the post, online form and Freephone number. In addition there were 1450 individual comments received either via e-mail, letter or in the additional comments box on the feedback form.
- 1.9.** Responses in the formal feedback form within the consultation document demonstrate a marginal overall agreement with the proposals which detail



facilities at Community Ambulance Posts (CAPs) and new 'hubs' where vehicles can be maintained, cleaned and stocked.

- 1.10.** Many respondents took the opportunity to use the 'additional comments' section. There are some common themes in the responses 'for' and 'against' the proposals summarised below in paragraphs 1.10 to 1.17.
- 1.11.** Those in agreement with the proposals stated that they hoped they would result in improved efficiency and make better use of facilities. Some staff stated that they felt it would enable their vehicles to be ready to go at the start of each shift, having been cleaned and fully stocked prior to them starting
- 1.12.** Some respondents felt that the opportunities for joint working would be a positive outcome of the proposals, making better use of regional facilities for all the emergency services especially fire-stations. It was also acknowledged that EMAS do not actually treat patients in ambulance stations and a feature of the current way ambulances are deployed left stations largely empty for most of the day.
- 1.13.** Those that agreed with the proposed changes stated that if implemented they could produce a more efficient service. It was also recognised that the EMAS approach was based on evidence from other emergency-response organisations that have made similar reforms with resulting improvements in service to the public.
- 1.14.** While most respondents support the change in principle, some suggested additional estate facilities should be funded. Others suggested further resources be spent on improving the range of treatments available on-board ambulances rather than at ambulance stations.
- 1.15.** Those respondents in disagreement with the proposals highlighted the impact upon staff travel times and rotas. Respondents asked for reassurance that staff would still be able to fulfil their roles effectively. Some questioned whether staff would have to drive out to hubs to re-stock.
- 1.16.** The perceived increase in travel for staff and ambulances between hubs and standby points/CAPs raised concerns about negative environmental effects. This related to increased fuel usage and the carbon footprint of the proposed changes.
- 1.17.** Responses from the High Peaks largely disagreed with the proposals. There were concerns about the hub being in Chesterfield – a location many considered to be too remote from the High Peak to be able to provide a good service.
- 1.18.** There was a concern about the provision of ambulance services for rural/remote locations within the proposed changes – in particular the choice of locations for the hubs. Respondents questioned whether ambulance crews would have local knowledge of road networks if they were not locally based. Further concerns were in regard to accessibility during adverse weather conditions, general journey times and the perceived effect on response times.



- 1.19.** Petitions were also received on the proposals. It is not clear whether or not those signing the petition had given consideration to all the proposals as formally set out by EMAS. Ten petitions were delivered to the trust opposing 'closures' of ambulance stations in specific areas. One further petition, organised by UNISON, contains signatures from across the region. All give little or no information or opinion on plans for the creation of hubs, Community Ambulance Posts, changes to the service model and workforce issues. Some petitions contained duplicate names. Others contained addresses from outside the region. Petitions received are as follows;

Bassetlaw Petition	19,034 signatures
Grantham Petition	12,876 signatures
Louth Petition	3,119 signatures
Bourne Petition	949 signatures
Hinckley Signed Petition	793 signatures
Derbyshire Petition	485 signatures
Hinckley Online Petition	180 signatures
UNISON Regional Petition	51, 000 signatures
New Mills Petition	6,277 signatures
Barton Petition	168 signatures
High Peak Petition	269 signatures

- 1.20.** There is clearly no doubt about the strength of feeling on the proposals as set out. All stakeholders and other respondents have a strong desire to make sure EMAS offers the very best ambulance service to the people of the region. The fact that so many people have been able to have their say gives EMAS comfort that consulting on the improvement programme was the correct course of action.
- 1.21.** This report is to be considered at the EMAS Trust Board on the 10 January 2013. The Trust board is asked to note the consultation results. A further meeting on the 28 January will discuss the new business case for EMAS.



2.0 Reason for change

2.1 The principal reason for change is to improve speed of response and the quality of care delivered on-scene and en-route to a treatment unit. For staff, proposals would provide better working conditions and facilities and give greater support from operational and clinical managers.

2.2 The change to our estate would mean a faster response to emergency calls. Unlike current practice, skilled clinicians would be available at the start of their shift with vehicles ready to go (i.e. fully stocked, cleaned & checked). This means they would spend more time being clinicians out on the road responding to calls. They would be dispatched from prime positions within the community, to help deliver a faster response to all emergency calls. When not responding to a call, staff would access Community Ambulance Posts allowing them to rest in comfort rather than sit in a vehicle on a road lay-by or car park with no toilet or drink making facilities (staff rarely sit in ambulance stations waiting for calls to come in).

2.3 The proposals would mean staff have 24/7 access to operational and clinical managers at each of the Hubs. Currently a staff member can return to base after a traumatic 12+ hour shift and not have the opportunity to talk about it or get the support they need because managers are not based at every ambulance station. By having better and more regular access to each other, both staff and managers would see a benefit with improved engagement and communication. The Hubs would also provide better facilities for clinical training and importantly, the way in which vehicles are cleaned, serviced and re-stocked ready for clinicians to use at the beginning of each shift.

2.4 For three years the EMAS has failed to consistently meet its national response-time targets. This does not compare well with other ambulance services in the UK and places EMAS in the lower quartile of performers. Change is necessary to ensure the Trust can not only meet the challenge of national targets and patients' needs, but also achieve local targets and improve the support provided to its staff.

2.5 The key national targets are as follows;

A8: to provide an emergency response to 75% of patients with life threatening emergency conditions within 8 minutes of the call, and,

A19: to provide an ambulance to 95% of patients with the most life threatening conditions within 19 minutes of the call.

2.6 Although EMAS has not generally achieved its performance goals for 3 years, A8 standard was achieved in 2011/12.

	2009/10	2010/11	2011/12	2012/13 Q1
A8	73.72%	72.38%	75.15%	75.03%
A19	96.53%	93.54%	92.32%	94.84%



- 2.7** The performance standards are set at regional level, yet many local authorities and clinical commissioning groups are keen to ensure response times are the same in rural areas as in town and city centres.
- 2.8** The response at county level is varied, with some counties being able to achieve the national standards and others that have not.

		2009/10	2010/11	2011/12	2012/13 Q1
Leicestershire/ Rutland	A8	74.97%	74.13%	77.41%	79.33%
	A19	97.19%	94.75%	93.39%	97.02%
Nottinghamshire	A8	72.37%	71.64%	75.25%	73.19%
	A19	97.48%	95.32%	95.71%	96.52%
Derbyshire	A8	70.43%	70.51%	75.48%	73.94%
	A19	95.68%	93.68%	93.71%	95.78%
Northamptonshire	A8	77.04%	73.26%	71.13%	73.57%
	A19	97.60%	95.43%	93.54%	94.78%
Lincolnshire	A8	75.39%	72.70%	74.79%	75.06%
	A19	95.10%	89.45%	86.35%	90.68%

2.9 The EMAS Estate – a chance to realign and invest

- 2.9.1** Over recent years EMAS has seen a significant increase in the number of emergency calls it receives and this has resulted in most being responded to by ambulance crews already out on the road. For the majority of the day the stations are empty.
- 2.9.2** EMAS is a mobile healthcare organisation and the crews work in the community delivering emergency care and transport where it is most needed. EMAS do not treat patients in ambulance stations and whilst many may have fulfilled an important role in years gone by (when call volumes were significantly lower) frontline staff now spend the majority of their working day 'on-the-road.'
- 2.9.3** As the pattern of emergency calls has changed over the last few decades the stations are no longer in the best locations and there is an opportunity to improve services to patients by operating from optimal locations. There is an opportunity for the Trust to sell parts of the EMAS estate and re-invest the money into providing a better service for patients.
- 2.9.4** Many of the Trust's existing premises are very dated and in poor physical condition with substantial backlog maintenance requirements. To bring



the Trust's existing estate fully up to NHS standards would require a financial investment of circa £12.5m.

- 2.9.5 There are too many stations relative to need and in many cases, they are larger than required, which has been exacerbated by the loss of the Patient Transport Service. In sustainability terms, they are inefficient and have a significant impact on the environment.
- 2.9.6 In the Trust's Estates Strategy presented in April 2012, a focus on improving the following areas was prioritised.
- a) Service Performance;
 - b) Quality of Estate
 - c) Staff Welfare
 - d) Equality
 - e) Health & Safety;
 - f) The Environment
 - g) Value for Money
- 2.9.7 It is also very important for clinical personnel to have the opportunity to meet with their team leader either at the beginning or end of their shift so their support and development needs can be met. This happens very infrequently at present.
- 2.9.8 The trust also want its clinical staff to spend less time checking and preparing their vehicles as their skills are better deployed treating patients.

2.10 The Current Estate

- 2.10.1 The current Trust estate comprises a total of 73 properties distributed throughout the counties of Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Rutland and Northamptonshire.
- 2.10.2 There are 65 operational ambulance stations ranging from freehold purpose-built premises to leased rooms in Community Hospitals; some ambulance stations also incorporate other functions such as local administration and support offices, training accommodation and vehicle maintenance facilities.
- 2.10.3 EMAS currently operate a system of 88 Standby Points - where crews respond from. These points are un-facilitated locations not owned by the Trust and are largely car parks or roadside lay-bys.
- 2.10.4 The majority of EMAS estate is owned, and mostly built in the 40 year period between 1955 and 1994 although some are older still. Located to suit operational and boundary conditions then in force, the estate is no longer ideally suited to current operational requirements or the make up of the regions population.



- 2.10.5 The total gross internal area (GIA) of the properties is 47,655 square metres and the total land area of Trust sites is approximately 20 hectares (49.4 acres).
- 2.10.6 The 2011 valuation (by the District Valuer) of the land and buildings owned by the Trust is £39.1m.
- 2.10.7 Other than the new Trust Headquarters and Hazardous Area Response Team (HART) facility, the existing premises - most of which are ambulance stations - are of variable quality, very dated with components reaching or beyond their design life, in poor physical condition with substantial backlog maintenance requirements, operationally in poor locations with too many stations relative to need and in many cases larger than required. In sustainability terms they are inefficient and have a significant impact on the environment.
- 2.10.8 The Trust lost a significant proportion of its Patient Transport Services (PTS) business in July 2011 and this has created a significant surplus space as the Trust now has 260 fewer vehicles to support.
- 2.10.9 This strategy aims to deliver a fit-for-purpose estates infrastructure that meets the needs of a modern ambulance service and provides a configuration that supports the way the Trust will need to operate in the future.

2.11 Estates Modelling

- 2.11.1 EMAS studied the changes made in South East Coast Ambulance Service and West Midlands Ambulance Service. Both Trusts are in the process of implementing the changes, South East Coast commenced in 2009 and West Midlands' during 2012. They have maintained their performance whilst seeing an increase in calls against a backdrop of national NHS efficiency savings.

West Midlands Ambulance Service

	2009/10	2010/11	2011/12	2012/13 Q1
A8	72.5%	76.8%	76.3%	77.3%
A19	97.5%	98%	98%	97.6%

South East Coast Ambulance Service

	2009/10	2010/11	2011/12	2012/13 Q1
A8	76.3%	76.02%	76.8%	77.2%
A19	98.2%	97.68%	98%	97.6%



2.11.2 The Trust engaged specialist external consultants with a successful track-record in helping other emergency services improve response times. The organisation concerned – Process Evolution – has done similar work for:

Ambulance

- Great Western Ambulance Service
- South Western Ambulance Service
- West Midlands Ambulance Service

Fire and Rescue

- Cheshire Fire and Rescue Service
- Hampshire Fire and Rescue Service
- Lancashire Fire and Rescue Service
- Merseyside Fire and Rescue Service
- South Yorkshire Fire and Rescue Service
- West Midlands Fire Service

Police

- Avon and Somerset Constabulary
- Durham Constabulary
- Gwent Police
- Her Majesty's Inspectorate of Constabulary
- Metropolitan Police
- National Policing Improvement Agency (now College of Policing)
- North Wales Police
- South Yorkshire Police
- Staffordshire Police

2.11.3 They used modelling software to identify the optimal locations to position crews in the region, taking account of actual call data and geography of the region. This has informed the proposed estates model.

2.11.4 In addition, chartered surveyors have prepared a portfolio which provides a clear insight into the condition of EMAS premises. This allowed the Trust to develop an economic model for the overall plan taking into account likely disposal values for potentially surplus estate (and cessation of lease payments where premises are leased) and likely investment costs for new estate.

2.11.5 The Trust have sought to identify Hub formations with sufficient scale to allow frontline staff to have access to a team leader, to be able to provide staff training, vehicle servicing and make ready activities on site.



2.12 Proposed Solution

- 2.12.1 The proposal under consideration advocates closing the existing operational infrastructure - which currently consists of 65 ambulance stations - and replacing them with 13 large Hub-Stations and 118 Community Ambulance Posts (CAPs). Most CAPs will include facilities for staff and, where possible, would be co-located with a partner organisation, such as another emergency service.
- 2.12.2 The analysis found that the locations of the Hub Stations would have relatively little impact on performance compared to the location of Community Ambulance Posts but the Hubs would provide the basis for a range of other improvements.
- 2.12.3 Hubs would be where our staff start their shift and collect a fully equipped, well-maintained and clean vehicle. They would also be a base for providing training and support for clinicians and support staff.
- 2.12.4 The Hubs would be energy efficient and reduce our carbon footprint.
- 2.12.5 EMAS expect more than 120 clinicians would be based at each Hub to ensure sufficient team leader cover.
- 2.12.6 It is recognised that hubs would have an impact on the time taken for staff to travel to work. This has been modelled – using postcodes where staff live – and shows an average increase of 4.1 minutes.
- 2.12.7 13 Hubs would present the opportunity of having fit-for-purpose buildings with low maintenance costs. Indicative staff numbers by hub are as set out in the table below:

Hub	Indicative staff Numbers
Derby	213
Chesterfield	217
Nottingham	245
Kings Mill	147
Leicester	253
Loughborough	133
Northampton	129
Kettering	132
Lincoln	101
Algarkirk	102
Elsham	146
Skegness	103
Sleaford	69



- 2.12.8 When crews are not responding to emergency calls it is proposed that in future they would be based at Community Ambulance Posts. It's vitally important that ambulances are close to the people they serve.
- 2.12.9 These posts would be physical buildings that would provide rest facilities for staff in between responding to patients and would allow them to make a drink, have a meal break and use the toilet.
- 2.12.10 Community Ambulance Posts would be designed and located so that EMAS can easily respond to any future change in road networks or the size of communities.
- 2.12.11 The choice of location of the Community Ambulance Posts would be made to ensure a fast response to patients.



3.0 Communication and Engagement

3.1 Pre-Consultation

- 3.1.1 As part of the pre-consultation activity a stakeholder mapping exercise was conducted. This resulted in a database of stakeholders that would be communicated with during the consultation. By the end of the consultation the database contained many individuals and groups, who received targeted and timely information. See Appendix 3.
- 3.1.2 A period of pre-consultation was carried out between February 2012 and September 2012. This was largely undertaken by the Executive Management Team and Trust Chairman.
- 3.1.3 Meetings were held with 24 MPs and 1 MEP, Councillors and Clinical Commissioning Groups during the pre-consultation period. They were briefed around the proposed changes and had the opportunity to feedback and help shape the proposals.
- 3.1.4 Between February 2012 and September 2012 the EMAS Chief Executive Phil Milligan attended Overview and Scrutiny Committees (OSC). The meetings provide the opportunity for the Committees to discuss the proposed changes and provide feedback on the plans. Meetings were attended on the following dates:
- 2 May 2012 – Derbyshire County Council OSC
 - 15 May 2012 - Nottinghamshire Joint (City and County) OSC
 - 30 May 2012 – Newark and Sherwood District Council OSC
 - 18 June 2012 – Derby City Council OSC
 - 19 June 2012 – Leicestershire OSC
 - 27 June 2012 – Lincolnshire County Council OSC
- 3.1.5 Details of the proposals were included in the monthly EMAS 'Aspect' stakeholder newsletter which is stored on the EMAS website and emailed to over 700 stakeholders including councils, MPs and healthcare providers. 'Being the Best' was included in the following issues: April, June, July, September, October, November and December 2012
- 3.1.6 Between February and the start of the consultation in September, twelve of the EMAS Chief Executive weekly bulletins included information on the 'Being the Best' programme. These bulletins are e-mailed to all staff and put on every station notice boards to ensure all staff had sight of key messages.
- 3.1.7 The 'Being the Best' programme was also discussed at the monthly managerial video conference delivered by the EMAS Chief Executive Phil Milligan. This provided managers with the opportunity to ask questions around the proposals.
- 3.1.8 On the 23 July 2012 a detailed paper 'Being There for Patients – Our Programme to Improve Response Times' was presented to the Trust Board during the public board session. This paper provided the Outline



Business Case that underpinned the estate proposals. It was published on the EMAS website and remained available throughout the consultation

- 3.1.9 During the pre-consultation stage there was regular media coverage of the proposed changes. Following the publication of the Estates Strategy and the 'Being There for Patients – Our Programme to Improve Response Times' paper there was a significant number of media reports (TV, radio, press, web) across the East Midlands.
- 3.1.10 During this period EMAS conducted a range of interviews with television and radio, which included hosting BBC Radio 5live allowing Richard Bacon to present his show live from the Emergency Operations Centre.
- 3.1.11 There were regular articles in the local press leading up to the consultation highlighting the proposed changes which EMAS actively engaged with.
- 3.1.12 Independently verified media-monitoring figures (Precise Media) show that more than 3.5 million people across the region read-about, heard, or watched coverage of the 'Being the Best' consultation during the period.

3.2 Formal Consultation

- 3.2.1 The formal Consultation ran from the 17 September 2012 until 17 December 2012. Activities were designed to involve as many people across the region as possible.
- 3.2.2 32,000 consultation documents were printed, distributed and made available to residents across the East Midlands. They were sent to stakeholders and Foundation Trust members on our database along with being distributed to GP surgeries, leisure centres, hospitals and council buildings.
- 3.2.3 A further 5,000 consultation documents were e-mailed to stakeholders and Foundation trust members on our database.
- 3.2.4 Over 5,000 leaflets and posters were distributed around the East Midlands to promote the consultation.
- 3.2.5 Posters were sent to Libraries, Leisure Centres and Post Offices across the East Midlands.
- 3.2.6 Other health service-providers and organisations helped by linking their websites to the EMAS Consultation web pages. They also carried articles in their internal and stakeholder newsletters.
- 3.2.7 Dedicated pages on the East Midlands Ambulance Service website were set up which provided details of all of the public events along with relevant information and documents and a formal electronic feedback form.
- 3.2.8 There were over 4,500 hits on the website during the consultation, with 29% of responses received via the on-line form.



- 3.2.9 A dedicated Facebook and Twitter page was set up to promote the proposals and the consultation – this was in addition to the main EMAS Twitter account which has over 2,500 followers
- 3.2.10 42 public events were set up across the East Midlands by EMAS during the consultation period. Each meeting was led by a member of the Executive Management Team. The meetings were advertised in the local press along with media releases being issued and promoted through the EMAS website and social media pages.
- 3.2.11 There were 33 staff meetings during the consultation to provide them with the opportunity to discuss and feedback on the proposals. Members of staff also attended the public meetings held during the consultation period.
- 3.2.12 EMAS also attended 76 pre-existing stakeholder and community group events.
- 3.2.13 Each County and City Overview and Scrutiny Committee (OSC) considered the proposals at a range of meetings. Visits to both stations and to the Emergency Operations Centre were also set up on request for the Committees.
- 3.2.14 A Clinical Advisory Group was established and attended by representatives from a range of Clinical Commissioning Groups, EMPACT and the East Midlands Ambulance Service. The meeting was chaired by EMAS Medical Director, Dr James Gray.
- 3.2.15 The Clinical Advisor Group was convened to evaluate the proposals and to answer the following questions:
- Are the changes designed to improve the quality of the service?
 - Will the changes proposed improve the service to patients?
 - Do the proposals represent a change in service delivery?
- 3.2.16 The group agreed that improving response times should be the priority and also supported proposals to improve clinical support for frontline staff. The group also wanted EMAS to make sure that improving response times across the region was not at the expense of performance in rural areas.
- 3.2.17 See Appendix 2 for the full list of meetings organised/attended during the consultation phase.



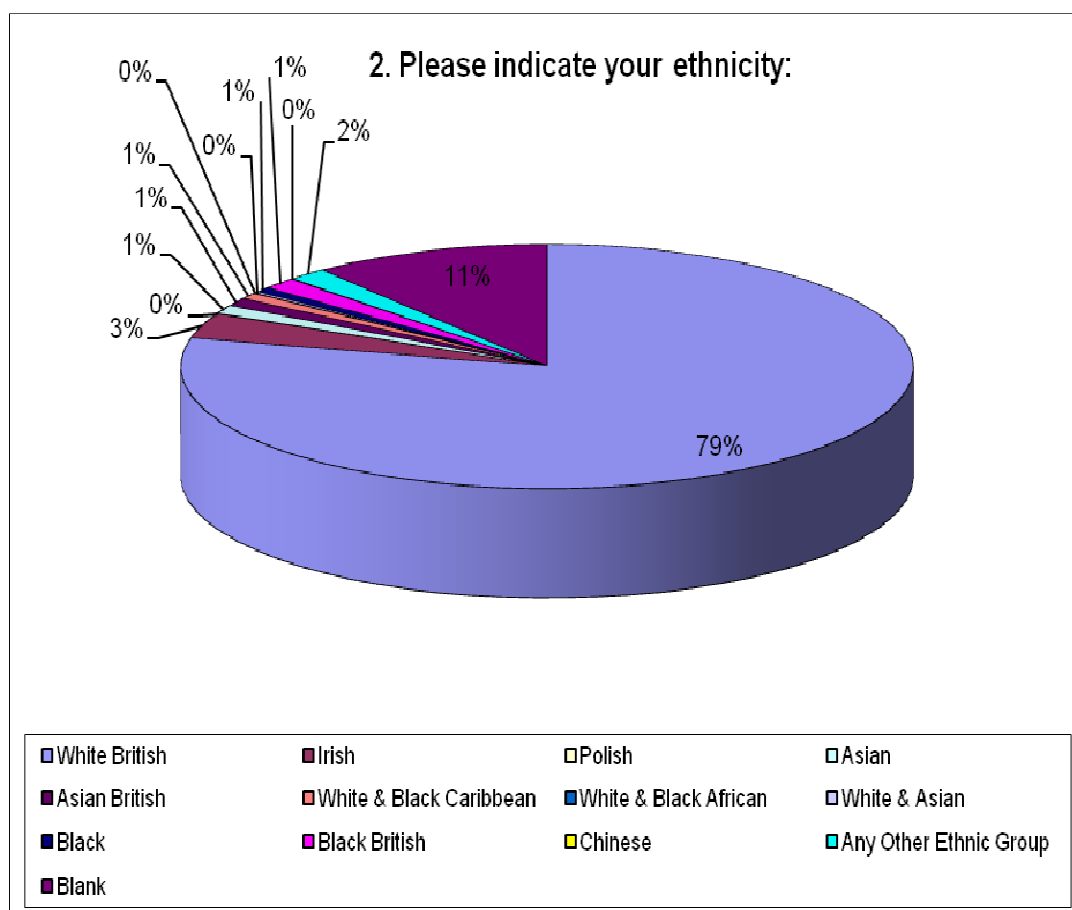
3.3 Equality and Diversity

3.3.1 An equality impact assessment was carried out on the 'Being the Best' Proposals.

3.3.2 The proposals were translated into the top 7 languages spoken in the East Midlands. We produced easy read and large print documents along with a Braille version.

3.3.3 Equality monitoring was included on the feedback form and results were monitored to ensure representative responses from across the region. The ethnic breakdown of respondents was in line with Office for National Statistics analysis of the East-Midlands.

3.3.4 A breakdown of respondents by ethnicity:



3.3.5 A number of community engagement events were also set up and attended to ensure under-represented groups in society could participate in the consultation. These included Northampton Association for the Blind; BME (Black Minority Ethnic) group in Leicester; Carers group in Market Harborough; Learning Disability groups in Leicestershire & Rutland; Older People's Day in Derby and further education colleges across the region.



3.4 The review was of great local interest.

- 3.4.1 The consultation received wide coverage in both local and national media.
- 3.4.2 On the day of the launch there was a live interview with the Chief Executive, on BBC East Midlands Today. Regular interviews were conducted with regional and national news programmes with significant coverage through the Channel 4 national news.
- 3.4.3 The BBC 1 local magazine programme 'Inside Out' ran a 20 minute headline article focusing on the proposed changes.
- 3.4.4 Local radio interviews and question and answer session were held in all counties across the East Midlands on both BBC and Independent stations.
- 3.4.5 The Chief Executive Officer, Phil Milligan, took part in a web chat hosted by the local newspaper in Northampton for an hour answering questions put to him live from the public.
- 3.4.6 Consultation events and details were available on the East Midlands Ambulance Service website throughout the consultation process. This was continually updated as more meetings were organised.
- 3.4.7 The Facebook and Twitter pages set up for the consultation continually promoted the meetings prior to them taking place and send out key messages about the proposal and these were re-tweeted by the main EMAS Twitter account which has over 2,500 followers.



4.0 Response Review

4.1 Responding

4.1.1 Individuals and groups were able to respond to the consultation in a variety of ways. These were designed to ensure that it was as easy as possible to participate:

- A freepost address was set up for people and organisations wishing to contact us by post.
- The consultation had a form included in the back page of the document that could be detached, completed and sent to the freepost address.
- A free telephone number was provided to allow people to complete the feedback form, ask for more information and make additional comments.
- An online duplicate of the consultation form could be completed via the EMAS website.
- Detailed notes were recorded on a set template at all public events and meetings to ensure the themes and responses were captured.
- An email address – Beingthebest@emas.nhs.uk – was also available for people to send in their response and feedback

4.2 Overall Response Rate

4.2.1 The Cabinet Office issues clear guidelines on organising consultations, which were followed as part of this project. Analysis of the figures was carried out by the independent company 'Participate.' See Appendix 1.

4.2.2 Overall 1,461 responses were received via the post, online form, e-mail and free phone number. In addition there has been 1450 of individual comments received either via e-mail, letter or in the additional comments box on the feedback form.

4.2.3 Of all the feedback received, 63 formal and 301 informal responses were provided by members of EMAS staff.

4.2.4 The following petitions were received expressing opposition to proposals to close local stations.



Bassetlaw Petition	19,034 signatures
Grantham Petition	12,876 signatures
Louth Petition	3,119 signatures
Bourne Petition	949 signatures
Hinckley Signed Petition	793 signatures
Derbyshire Petition	485 signatures
Hinckley Online Petition	180 signatures
UNISON Regional Petition	51, 000 signatures
New Mills Petition	6,277 signatures
Barton Petition	168 signatures
High Peak Petition	269 signatures

4.3 Consultation Feedback from key groups and organisations

4.3.1 During the consultation period collective feedback from key groups and organisations were received and recorded. The summary of these responses is provided below.

4.3.2 Over 200 pieces of feedback were received from key Stakeholder groups and organisations. The common themes which emerged from these groups are listed in the table below in descending order, with the most common theme stated at the top.

Table of common themes to have emerged from stakeholder groups:

Supportive

Feel proposals could improve service efficiency
The proposals could prove beneficial for community cohesion by working with other services such as fire-stations
The proposals are positive
Positive proposals as they are cost effective

Negative

Concerns over proposed hub locations covering wide geographic areas
Perception that proposals will result in longer response times giving cause for safety concerns
Concerns over effects on staff travel times and rotas
Feel proposals will leave rural/remote localities isolated with diminished accessibility and poorer response times
Chesterfield location is inappropriate to serve the area
Concerns regarding potential effect on the environment in regard to carbon footprint and increased fuel usage
Concerns about locations of CAPs and service points
Would prefer to keep existing stations/happy with existing service

Recommendations

Feel more detail needs to be provided as part of consultation i.e. evidence for need for change, how service will improve, staffing implications etc
Alternative solution needed: code calls and/or develop handover system
Alternative solution: provide additional resources for increased need



4.4 Overview and Scrutiny Committee views

4.4.1 As a regional service EMAS is obliged to consult with the five County Overview and Scrutiny Committees (OSCs) but engaged at town and district level in order to evaluate more feedback and opinion.

4.4.2 The major Overview and Scrutiny Committees in the East Midlands are:

- Nottinghamshire Joint (City and County) OSC
- Derbyshire OSC
- Leicestershire OSC
- Northamptonshire OSC
- Lincolnshire OSC

4.4.3 Nottinghamshire Joint Overview and Scrutiny Committee meetings were attended on the following dates:

- 24 September 2012
- 17 October 2012
- 13 November 2012
- 29 November 2012

4.4.3.1 The formal response stated that “The Committee is broadly in agreement with the hub and spoke model that is the basis of the change programme, but has some concerns about the impact of the proposals on rural areas”. It has set out a number of recommendations which includes providing another hub in the North of the County – to cover the Bassetlaw and Newark areas.

4.4.4 Leicestershire Overview and Scrutiny Committee meetings were attended on the following dates:

- 1 October 2012
- 31 October 2012
- 6 November 2012
- 27 November 2012

4.4.4.1 The Committee “supports the underlying principles of the review and proposed changes”. It has also set out a number of recommendations which includes reviewing the locations of the CAPs especially in the South and East of the county.

4.4.5 Derbyshire County Overview and Scrutiny Committee meetings were attended on the following dates:

- 29 October 2012
- 7 November 2012
- 12 December 2012



4.4.5.1 The Committee is concerned by the inequity of provision proposed for the County as set in the 'Being the Best' consultation. The Committee requests, therefore, that EMAS reconsiders its proposal for one Hub in the County, accepting that the City Hub would also provide some service across parts of the County. The County Council "recognises and supports the need for change set out in the consultation. We appreciate that the challenges brought about by reducing funding and the need to improve performance mean that the status quo is not an option". However it does not feel that an adequate level of service will be provided for the current and future demands of the High Peak, North Dales, and South Derbyshire areas.

4.4.6 Northamptonshire Overview and Scrutiny Committee meeting was attended on the following date:

- 3 October 2012

4.4.6.1 The Committee "agrees with the principles of change" it also highlighted that "efficiency could be improved if clinicians were not required to clean vehicles". However, they stated a list of concerns and recommendations which included considering a third hub close to Daventry.

4.4.7 Lincolnshire Overview and Scrutiny Committee meetings were attended on the following dates:

- 3 October 2012

4.4.7.1 The Committee "does not support the proposal" and "would also like to reiterate that EMAS's main priority should be meeting response times throughout its region". The Committee detailed a number of concerns and recommendations including the lack of details provided, the number of hubs and locations of hubs and CAPs, response times and the impact upon staff.

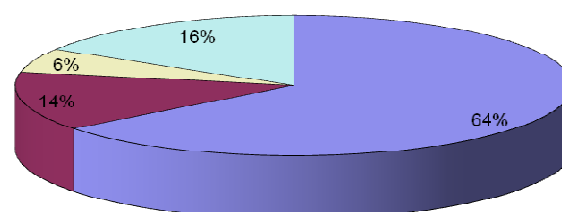


5.0 Responses from Local People to Consultation Proposals

5.1 Question 6: Is this document easy to understand and are there clear reasons shown for the proposals?

5.1.1 Result: 64% of respondents answered 'yes' to Question 6.

6. Is the document easy to understand and are there clear reasons for the proposal?



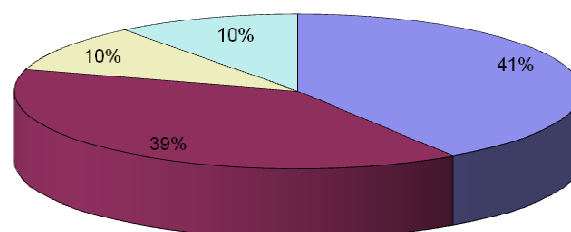
■ Yes ■ No □ Don't Know □ Blank

5.1.2 Those respondents that left a comment mainly questioned the basis for the content of the document and requested more information.

5.2 Question 7: The proposed plans are designed to ensure we are providing the best ambulance service possible. What do you think?

5.2.1 Result: 41% answered 'yes' to question 7 and 39% answered 'no'.

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



■ Yes ■ No □ Don't Know □ Blank



5.2.2 Breakdown of responses by area:

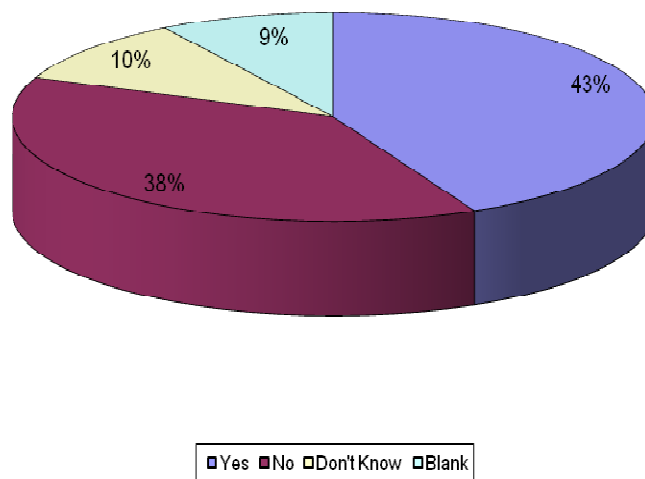
Q7	Yes	No	Don't Know	Blank
Derbyshire	21%	65%	9%	5%
Leicestershire and Rutland	65%	16%	13%	6%
Lincolnshire	39%	45%	10%	6%
Northamptonshire	42%	33%	15%	10%
Nottinghamshire	53%	30%	7%	9%
Total	40%	39%	10%	11%

5.2.3 Those respondents that left a comment questioned the validity of the question and the evidence presented.

5.3 Question 8: Do you agree that we should establish Community Ambulance Posts and move away from the old ambulance stations?

5.3.1 Result: 43% of respondents answered 'yes' to Question 8 and 38% answered 'no'.

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





5.3.2 Breakdown of responses by area:

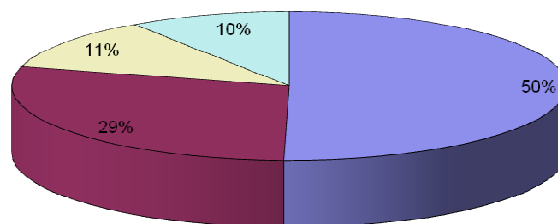
Q8	Yes	No	Don't Know	Blank
Derbyshire	24%	61%	10%	5%
Leicestershire and Rutland	65%	19%	12%	4%
Lincolnshire	39%	45%	12%	4%
Northamptonshire	44%	36%	15%	6%
Nottinghamshire	56%	29%	8%	7%
Total	42%	39%	10%	9%

5.3.3 Most comments agreed with the proposal stating that it would help road networks and it was needed to 'move with the times'. Those that did not agree were mainly concerned about location.

5.4 Question 9: Do you agree that 'Super Stations' would mean that our ambulances are well maintained, clean and fully stocked?

5.4.1 Result: 50% answered 'yes' to Question 9 and 29% answered 'no'.

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



■ Yes ■ No ■ Don't Know ■ Blank

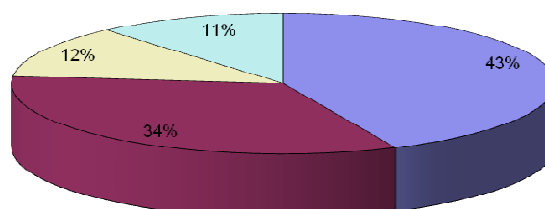
5.4.2 Those respondents that left a comment mainly stated that they happy with the existing arrangements and questioned the need for change. Those that did agree with the proposals stated that they felt it may improve operational productivity.

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

5.5.1 Results: 43% answered 'yes' to Question 10 and 34% answered 'no'.



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 ■ Blank

5.5.2 This question received 384 comments. Those that agreed with the proposed names stated they felt improvement was needed; they were happy with the names as long as the service improved and/or remained patient focused. Those respondents that didn't agree stated a dislike for the term 'super'; they felt the names were ambiguous or; they disagreed with the consultation proposals and therefore the names were deemed irrelevant.

5.6 Question 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." Do you have any comments on this?

5.6.1 There were 645 comments stated in regard to this question. Those that agreed with the statement mainly stated that they felt the proposals could produce a more efficient service. The majority of comments left disagreed with the statement. The common themes were concerns in regard to remote rural locations and how they would be served with the proposed system (especially travelling out from Chesterfield); the locations of the proposed hubs in terms of being close enough to potential patients; the effects on staff and travel times for staff; concerns about response times and the effects on patient safety and; questioning the need for change at all.

5.7 Question 12: Please state any additional comments overleaf.

5.7.1 There were 850 additional comments. Out of these 12 were comments which agreed with proposals, stating that they felt efficiency may be improved, it may make better use of facilities and encourage closer working between services. The majority of comments stated concerns about losing stations in rural locations especially taking into account adverse weather conditions; concerns in regard to the potential effect on response times and patient safety; questioning a need for change; concerns in regard to the effect on staff travel times and rotas and; questioning the validity of the consultation.



6.0 Key Messages to inform Business Case

6.1 Overall Agreement with Proposals

6.1.1 Responses to the formal feedback to the consultation demonstrate a marginal overall agreement with the proposals. Comments received across all forms of dialogue from residents, OSCs and stakeholder groups highlight key areas for concern as detailed in this section of the report.

6.1.2 It should also be noted that the majority of responses in disagreement were from the high peaks area, Derbyshire, where due to accessibility for remote areas, there are concerns about the Hub being located in Chesterfield.

6.2 Concerns in regard to the provision for remote/rural locations

6.2.1 There was a general concern in regard to the provision of ambulance services for rural/remote locations within the proposed changes. Respondents questioned whether ambulance crews would have local knowledge of road networks if they were not locally based. Further concerns relating to this theme were in regard to accessibility during adverse weather conditions, general journey times and the perceived effect on response times.

6.2.2 Some respondents asked for further investigation into how remote/rural areas would be served, especially those that put forward a petition:

- Derbyshire (High Peak and Buxton)
- Bourne
- Grantham
- Bassetlaw
- Hinckley
- Louth.

6.3 Questioning Choice of Locations for Hubs

6.3.1 Respondents also questioned the choice of locations for the hubs, not just in serving rural locations but also, being central enough to serve large geographic areas. There was a fear that CAPs would not be crewed and, therefore, there would not be the local knowledge or local service required to serve the population. In addition some respondents were concerned that hubs and CAPs were not in the right location – leading to potentially longer response times.

6.4 Questioning Case for Change

6.4.1 A common theme which emerged questioned the need for change at all. Respondents stated that they needed clearer evidence as to why the proposals would result in an improved service.

6.5 Dissatisfaction with the Consultation



- 6.5.1 Some respondents felt the consultation did not give them sufficient information to fully understand the proposals. Others stated that the feedback form was misleading in terms of the 'yes/no' questions and the map visuals
- 6.5.2 It should be noted that many of these respondents took the opportunity to use the 'additional comments' section where their responses have been inputted and coded, ensuring their concerns have been taken into account.

6.6 Concerns about the Impact on Staff

- 6.6.1 The impact of the proposals upon staff travel times and rotas was a key concern that emerged. Respondents asked for reassurance that staff would still be able to fulfil their roles effectively. Others questioned whether additional resource would be required as a result of the proposals or whether additional resource should be put in place as an alternative to the proposals to cover increased need.
- 6.6.2 Restocking was also a concern and respondents questioned whether staff would have to drive out to hubs to restock
- 6.6.3 There was also a fear of losing 'good' local staff that had in-depth knowledge of the area if they had to be relocated as a result of the proposals.

6.7 Environmental Concerns

- 6.7.1 The perceived increase in travel for staff and ambulances between hubs and standby points/CAPs raised concerns about negative environmental effects. This related to increased fuel usage and the carbon footprint of the proposed changes.

6.8 Support for Enhanced Efficiency

- 6.8.1 Those in agreement with the proposals stated that they hoped it would result in improved efficiency and make better use of facilities. Some staff stated that they felt it would enable their vehicles to be ready to go at the start of each shift, having been cleaned and fully stocked prior to them starting.
- 6.8.2 There were also suggestions that 999 calls should be coded to understand level of importance so that ambulance services can be used more effectively.



6.9 Opportunities for Improved Joint Working

- 6.9.1 Some respondents felt that the opportunities for joint working would be a positive outcome of the proposals, making better use of regional facilities for all the emergency services especially fire-stations.



APPENDIX 1

1.0 Statutory Obligations

- 1.1** Under the NHS Act (2006) section 242 (1B), Ambulance Services are obliged to make arrangements for users to be involved. This always applies when NHS organisations are planning the provision of services.
- 1.2** Under section 244 of the NHS Act 2006, as amended by the NHS Act 2012 , Local Authorities need to be consulted on proposals.
- 1.3** The Trust Board made a decision to run a full consultation to ensure the public, stakeholders and staff could shape the future estates model.
- 1.4** The Trust Board are offered reassurance that both sections of the Act have been followed, including the statutory 90 day consultation period and the organisation of public meetings.
- 1.5** The formal consultation process for the 'Being the Best' consultation commenced on 17 September 2012 and concluded on 17 December 2012, resulting in a 92-day consultation.
- 1.6** Further details on the guidelines followed during the formal consultation can be found at <http://www.cabinetoffice.gov.uk/resource-library/consultation-principles-guidance>



‘Being the Best’ Consultation Meetings

Derbyshire

Date	Meeting Type	Where
8 October 2012 18.30	Stakeholder	Glossop One Stop Shop, Municipal Buildings, Glossop
8 October 2012 15.00-16.00	Stakeholder	Derby Health Forum, Guinness Trust, Derby
9 October 2012 19:00-21:00	Public	Chesterfield Parish Centre, Chesterfield
15 October 2012 Am	CCG	Southern Derbyshire Clinical Commissioning Group, EMAS Training room, Matlock
15 October 2012 Am	CCG	Erewash Clinical Commissioning Group, EMAS Training room Matlock
15 October 2012 Am	CCG	Hardwick Clinical Commissioning Group, EMAS Training room Matlock
15 October 2012 Am	CCG	North Derbyshire Clinical Commissioning Group, EMAS Training room Matlock
23 October 2012 18:00-19.30	Public	Derby City Lecture Theatre Level 2 of Education centre
29 October 2012 AM	OSC	Buxton & Chesterfield EMAS Ambulance Station
5 November 2012 18:00	OSC	Derbyshire City Council Derby
6 November 2012 18.00 – 20.30	Public	The Octagon Lounge, Buxton, Derby
6 November 2012	LINK	Committee Room One, County Hall, Matlock
7 November 2012 10.00-12.00	OSC	Derby County Council Improvement and Scrutiny Committee, Matlock
13 November 2012 10.00-12.00	Stakeholder	EMAS Training room Matlock (LRF, Police, Fire, Acute)
13 November 2012 13.00 – 15.00	Stakeholder	EMAS Training room Matlock Urgent Care Network
13 November 2012	OSC	Alfreton District Council OSC EMAS Matlock Station
16 November 2012 19.00-20.30	Public	New Mills Town Hall High Peak
19 November 2012 13.30 – 16.30	Stakeholder	EMAS Matlock Station
21 November 2012 18.00	Public	Lecture Theatre, Chesterfield Royal Hospital, Derbyshire
3 December 2012 16.00	Stakeholder	EMAS HQ -Horizon Place Nottingham



East Midlands Ambulance Service



4 December 2012 14.00	Stakeholder (PPG)	New Mills Surgery High Peak, Derby	NHS Trust
5 December 2012 18.00-19.30	Public	Green Bank Leisure Centre Derbyshire	
12 December 2012	OSC	Council Chamber, Civic office, Derbyshire	

8 October 2012 14.00 -16.30	Staff Meeting	Buxton Station
0 9 October 2012 10.00 to 12.00	Staff Meeting	Chesterfield Station
16 October 2012 10.00 to 12.00	Staff Meeting	Training room Matlock Station
23 October 2012 14.00-16.00	Staff Meeting	Raynesway Station
28 November 2012 16.00- 20.00	Staff Meeting	Raynesway Station
3 December 2012 10.00-14.00	Staff Meeting	Ripley Station
6 December 2012 10.00-14.00	Staff Meeting	Bakewell Station
7 December 2012 13.00-17.00	Staff Meeting	Mickleover Station



East Midlands Ambulance Service



Leicestershire/Rutland

NHS Trust

Date	Meeting Type	Where
20 September 2012 14.00	LINK	The Peepul Centre Leicester
26 September 2012 13.20	CCG	Blaby & Lutterworth locality meeting Westfield House Hotel Leicester
27 September 2012 14.00	All LINK Task Groups	The Peepul Centre Leicester
27 September 2012 10.00	Stakeholder	Rutland Learning & Disability Partnership Board Council Chamber Rutland
1 October 2012 14.15-14.45	OSC	Leicestershire CC Adults, Communities & Health, Council Hall, Glenfield
1 October 2012 19.30	Stakeholder (PPG)	Patient Participation group Dr Masharanis Practice Lutterworth
9 October 2012 13.30-15.00	Public	Anglian Bird Watching centre, Egleton Leicester
10 October 2012 10.00	Stakeholder	Leicester Health & Wellbeing board meeting Fosse House, Leicester
10 October 2012 18:00-20:00	Public	The Peepul Centre, Leicester
12 October 2012	Stakeholder	LFRS Headquarters, Leicester
17 October 2012	Stakeholder	SHA Octavia House Nottingham
22 October 2012 10.30-12.00	Public	Lutterworth Town Hall Leicestershire
22 October 2012	Stakeholder	Hinckley and Bosworth Council Hinckley
23 October 2012 14.00-14.30	Stakeholder	Rutland Health and Wellbeing Group Council Chambers, Oakham
24 October 2012 10.00-12.00	All LINK Members Group	The Peepul Centre Leicester
24 October 2012	Stakeholder	Locality Meeting Narborough, Leicester
24 October 2012 16.00	Stakeholder	Charnwood Borough Council, Meeting Room 14, Loughborough
29 October 2012 14.00-15.30	Public	St Marys church, Hinckley
31 October 2012 10.10-15.20	OSC	EMAS Narborough/Loughborough Station and Horizon Place (EMAS HQ)
6 November 2012	OSC	EMAS Loughborough Ambulance Station



East Midlands Ambulance Service

6 November 2012 16.30-18.00	Public	Snibston Discovery Park, Coalville, Leicester
8 November 2012 18.00-19.30	Public	Harborough Council Offices, Market Harborough, Leicester
8 November 2012 18.30	OSC	Hinckley OSC Council Offices, Leicestershire
12 November 2012 10.30	Stakeholder	Leicester City VCS & public sector strategy group Voluntary Action Leicester
14 November 2012 10.00-13.30	Stakeholder	Year 12 Health morning - Lutterworth College
14 November 2012 19.30	Public	Enderby Parish Council, Civic Centre, Leicestershire
15 November 2012 13.30 – 15.00	Stakeholder	Knit & Natter Carers group, Market Harborough
19 November 2012	Stakeholder	LFRS Senior Management Team Leicester
21 November 2012 10.00	Stakeholder	Better Health Reference Group Netherhall Community Centre, Leicester
22 November 2012 19.00	OSC	Rutland County Council Rutland
27 November 2012 14.00	OSC	Leicestershire OSC, County Hall, Glenfield
28 November 18.00 – 19.30	Public	Sysonby Knoll Hotel, Melton Mowbray
29 November 2012	Stakeholder (PPG)	Lutterworth Patient Participation Group, Lutterworth Practice Lutterworth, Leicester
14 December 2012 14.00	Stakeholder	Leicestershire Shadow Health and Wellbeing Board Guthlaxton Committee Room, Glenfield, Leicester

3 October 2012	Staff Meeting	Hinckley Station
25 October 201	Staff Meeting	Oakham Station
1 November 2012	Staff Meeting	Market Harborough Station
15 November 2012	Staff Meeting	Hinckley Station
29 November 2012	Staff Meeting	Lutterworth Station



Nottinghamshire

East Midlands Ambulance Service



NHS Trust

Date	Meeting Type	Where
24 September 2012 11.30-13.00	OSC	Nottingham County Hall, Nottingham
4 October 2012	LINK	Christopher Cargill House, Nottingham
9 October 2012 18.00 -20.30	Public	Worksop Town Hall Nottingham
10 October 2012 18.00 – 20.30	Public	EMAS Beechdale Conference Centre
10 October 2012 10.00-16.00	Stakeholder	Bassetlaw District Council Nottingham
11 October 2012 18:00-20.30	Public	The Towers, Nottingham
12 October 2012 16.00	Stakeholder	HQ John Buckley Fire Station Lead
15 October 2012 13.30	Stakeholder	Beechdale Emergency Care Network
16 October 2012 18:00	Public	Newark town hall Nottingham
17 October 2012	OSC	North Nottingham, Nottingham County Hall, Nottinghamshire
17 October 2012 18:00-20.30	Public	EMAS Beechdale Conference Centre
18 October 2012 13.30	Stakeholder	Mansfield Emergency Care Network
26 October 2012 12.30 – 14.00	Stakeholder	Union Meeting, EMAS Beechdale Conference centre
30 October 2012	Stakeholder	Newark and Sherwood Forest Stakeholder review, Edwinstowe house, Nottingham
8 November	OSC	Rushcliffe Borough Council
8 November 2012 12.30	OSC	Gedling Borough Council, Civic Centre, Arnold
13 November 2012 10.00	OSC	Nottingham County Hall
13 November 2012	CCG	Retford Hospital Chair and Chair Clinical Commissioning Group
15 November 2012	Stakeholder	Ransom Hall, Mansfield
15 November 2012	Stakeholder	Greater Nottingham Emergency Care Network
19 November 2012	Stakeholder	North Nottingham Emergency Care Network
28 November 2012 18.00	Public	Best Western Hotel, Retford, Nottingham
28 November 2012	Stakeholder	Nottingham Council
29 November 2012	OSC	Nottinghamshire Health Scrutiny



East Midlands Ambulance Service



10.00		Committee NHS Trust
29 November 2012 18.00	Public	Aura Commerce and Technology Centre, Newark

9 October 2012 13.00-14.30	Staff Meeting	Arnold Station
11 October 2012 13.00-14.30	Staff Meeting	Retford Station
11 October 2012 15.30-17.00	Staff Meeting	Worksop Station
16 October 2012	Staff Meeting	Newark Station
17 October 2012 15.30 – 17.00	Staff Meeting	Beechdale Conference Centre
18 October 2012 10.00-11.30	Staff Meeting	Kingsmill Station
22 October 2012 15.30-17.00	Staff Meeting	Hucknall Station
23 October 2012 15.30-17.00	Staff Meeting	Carlton Station
24 October 2012 15.30-17.00	Staff Meeting	Stapleford Station
25 October 2012 13.00-14.30	Staff Meeting	West Bridgford Station
25 October 2012 15.30-17.00	Staff Meeting	Wilford Station



Lincolnshire

East Midlands Ambulance Service



NHS Trust

Date	Meeting Type	Where
24 September 2012 19.00	Stakeholder	Louth Town Council, Louth Town Hall, Louth
25 September 2012 14.00	Stakeholder	Louth Health Watch, Town Council, Louth town Hall, Louth
3 October 2012 10.00	OSC	Lincolnshire County Council, County Hall, Lincoln
8 October 2012 10.30 – 13.30	Public	The Crown Hotel, Skegness
10 October 2012 14.00 – 16.45	Public	Meridian Leisure Centre, Lincoln
10 October 2012 17.30-18.20	Stakeholder	East Lindsey District Council Tedder Hall, Louth
11 October 2012 10.00- 13.00	Public	South Holland Centre, Spalding
12 October 2012 18:00-20.00	Public	The Source, Sleaford.
15 October 2012 18:00- 20.00	Public	Berkley Hotel, Scunthorpe
18 October 2012 12.00-16.00	Public	Cleethorpe Memorial Hall, Grimsby
22 October 2012 14.00- 17.00	Public	Princess Royal Sports Arena, Boston
24 October 2012 18.00-20.00	Public	The Bentley Hotel, Lincoln
29 October 2012 14.00-17.00	Public	South Kesteven District Council, Grantham
30 October 2012 10.00-12.00	Public	Lincoln Drill Hall, Lincoln
31 October 2012 10.30-13.00	Public	The George Hotel Stamford Business Centre, Stamford
6 November 2012 10.00- 12.00	LiNk	The Kings Hotel, Grantham.
6 November 2012 12.30	Stakeholder	The Civic Centre Scunthorpe
6 November 2012 14.00	OSC	The Civic Centre Scunthorpe
21 November 2012 19:00	Stakeholder	Stamford Parish Council, Ryhall Methodist church, Ryhall, Stamford
22 November 2012 18.00	Public	Best Western Kings Hotel, Grantham
26 November 2012 19.00	Public	Corn Exchange, Town Hall, Bourne
27 November 2012 10.00	OSC	South Kesteven District Council, Council Chambers Grantham



East Midlands Ambulance Service



27 November 2012 19.00	Stakeholder	Stamford Queen Eleanor School Stamford, Lincolnshire
28 November 2012 16.30	OSC	Grimsby Town Hall, Grimsby, Lincolnshire
29 November 2012 14.30	Public/CCG	Health Place, Brigg
7 December 2012 10.30	Stakeholder (PPG)	Mablethorpe Patient Participation Group, Marisco Health Centre Mablethorpe
14 December 2012 10.00	Who Cares Exec. Group (part of LINK)	Carers Support Centre Brigg
18 December 2012 16.00	Stakeholder	Skegness Town Council, Town Hall, Skegness

11 October 2012 15.00	Staff Meeting	Sleaford Station
15 October 2012 15.00	Staff Meeting	Skegness Station
16 October 2012 15.00	Staff Meeting	Boston Station
17 October 2012 15.00	Staff Meeting	Grimsby Station
19 October 2012 15.00	Staff Meeting	Lincoln Station



Northamptonshire

East Midlands Ambulance Service



NHS Trust

Date	Meeting Type	Where
3 October 2012 14-17.00	OSC	Room 28, County Hall, Northampton
9 October 2012 14.00	Public	Northampton Association for the Blind, Church Rooms, of the Holy Sepulchre, Northampton
12 October 2012 10.00-1.00	Public	Saints Rugby Club Northampton
17 October 2012 19.00	Stakeholder	Corby Council
18 October 2012 15.00-16.00	CCG	Northampton & Corby Clinical Commissioning Group, Francis Crick House, Northampton
24 October 2012 14.00-17.00	Public	Kettering Conference Centre, Northampton
1 November 2012 10.00-13.00	LINK	White-Water Rafting Centre Northampton
9 November 2012 9.30 – 13.00	Public	Saints Rugby Club Northampton
22 November 2012 18.15 – 21.00	OSC	Council Chambers Daventry District Council Daventry
26 November 18:30 – 21:00	OSC	Corby. The Council Chambers, The Corby Cube, , Corby, Northamptonshire
3 December 2012 18:30 – 21:00	Public	The Abbey, Daventry Northamptonshire
5 December 2012 18.00-21.00	Public	The Council Chambers, The Corby Cube, Northamptonshire
6 December 2012 18.00	Public	9-11 High Street Rushden Northamptonshire
20 December 2012 12.00-13.00	Stakeholder	Northamptonshire Fire & Rescue Service County Fire Headquarters, Moulton Way, Northampton

1 October 2012 15.00-17.00	Staff Meeting	Brackley Ambulance Station
1 October 2012 18:00-20:00	Staff Meeting	Wellingborough Ambulance Station
23 October 2012 18.00-20.00	Staff Meeting	Mereway Ambulance Station
31 October 2012 15:00-17.00	Staff Meeting	Kettering Ambulance Station



Full List of Stakeholders/Groups consulted

- Alfreton District Council
- Andrew Bingham MP
- Andrew Bridgen MP
- Andrew Gwynne MP
- Andy Percy MP
- Arnold Hill Academy
- Austin Mitchell MP
- Bassetlaw District Council
- Beechdale Union
- Better Health Reference Group
- Brooke Weston College (Northants)
- Charnwood Borough Council
- Chesterfield College
- Choice Unlimited
- Chris Heaton Harris MP
- Chris Williamson MP
- Corby Council
- Daventry District Council
- Derby City Council
- Derby College
- Derby County Council
- Derby Health Forum
- Derbyshire Clinical Commissioning Group
- Derbyshire Local Involvement Networks (LINKs)
- Derbyshire Local Resilience Forum
- Derbyshire Older Peoples Forum Event
- Derbyshire Patient Participation Group
- Derbyshire Urgent Care Network
- Dereck Clarke MEP
- Djanogly Academy
- East Leicestershire and Rutland Clinical Commissioning Group
- East Lindsey District Council
- Enderby Parish Council
- Erewash Clinical Commissioning Group
- Gedling Borough Council
- GMB Union
- Greater Nottingham Emergency Care Network
- Hardwick Clinical Commissioning Group
- Heather Wheeler MP
- High Peak Borough Council
- Hinckley and Bosworth Council
- John Mann MP
- Karl McCartney MP



East Midlands Ambulance Service



NHS Trust

- Knit and Natter Carers Group
- Leicester Patient Participation group
- Leicestershire County Council
- Leicestershire Fire and Rescue Service
- Leicestershire Health and Wellbeing Group
- Leicestershire Local Involvement Networks (LINKs)
- Leicestershire Primary Care Trust
- Leicestershire Shadow Health and Wellbeing Board
- Lincolnshire County Council
- Lincolnshire Community Health Services
- Lincolnshire Local Involvement Networks (LINKs)
- Louth Health Watch
- Louth Town Council
- Lutterworth College
- Mablethorpe Patient Participation Group
- Mansfield Emergency Care Network
- Mark Simmonds MP
- Martin Vickers MP
- New College Nottingham – Clarendon Campus
- New Mills Surgery Patient Participation Group
- Newark and Sherwood District Council
- Newark and Sherwood Forest Stakeholder Review
- NHS Nottinghamshire Community In Unity
- Nicky Morgan MP
- Nigel Mills MP
- Nik Dakin MP
- North Derbyshire Clinical Commissioning group
- North East Lincs Council
- North Nottingham College
- North Nottingham Emergency Care Network
- Northampton and Corby Clinical Commissioning Group
- Northamptonshire Association for the Blind
- Northamptonshire County Council
- Northamptonshire Division Community Engagement Event
- Northamptonshire Fire & Rescue Service
- Northamptonshire Local Involvement Networks (LINKs)
- Nottingham City Council
- Nottingham County Council
- Nottingham Emergency Care Network
- Nottingham Local Involvement Networks (LINKs)
- Patient Participation Group Mablethorpe
- Patrick McLoughlin MP
- Patrick Mercer MP
- Pauline Latham MP
- Peter Bone MP
- Phillip Hollobone MP
- Public Sector Strategy Group
- Regent College



East Midlands Ambulance Service



NHS Trust

- Residents of Mahatma Gandhi House
- Retford Clinical Commissioning Group
- Rt Hon Alan Duncan MP
- Rushcliffe Borough Council
- Rutland County Council
- Rutland Health and Wellbeing Group
- Rutland Learning and Disability Partnership
- Skegness Town Council
- South Derbyshire Clinical Commissioning Group
- South Kesteven District Council
- South Leicester College
- Stamford Parish Council,
- Stamford Town Council Meeting
- Steven Phillips MP
- Strategic Health Authority
- The Masharani Practice Patient Participation Group
- The Race Equality Council
- Toby Perkins MP
- Unions
- Who Cares Executive Group