

29 November 2012**Agenda Item: 3****REPORT OF THE VICE CHAIRMAN OF EMAS CHANGE PROGRAMME SUB-COMMITTEE****EAST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST
CONSULTATION – CHANGE PROGRAMME (JOINT REVIEW)****Purpose of the Report**

1. To introduce the sub-committee's scope for agreement and to initiate an evidence gathering session relating to the East Midlands Ambulance Service Change (EMAS) Programme.

Information and Advice

2. The East Midlands Ambulance Service commenced a formal consultation in relation to its change programme on 17 September 2012. This consultation concludes on 17 December.
3. EMAS representatives have previously attended Nottinghamshire County Council's Health Scrutiny Committee in June and September 2012 to describe the change programme proposals and planned consultation. In addition to this, the Chief Executive of EMAS, accompanied by colleagues, made a presentation on the proposals and the current position with the consultation on 13 November to the Joint Health Scrutiny Committee. At this time, the Joint Health Committee agreed to commence a review of the change programme proposals. This work would be undertaken by a sub-committee the Joint Health Committee which would also comprise some representation from the County Council's Health Scrutiny Committee, which has a remit to examine health issues in the north of the county.
4. A scope with some suggested areas for questioning is attached as Appendix A for consideration and agreement.
5. The sub-committee will gather evidence in a single session and develop draft recommendations which will be ratified at the next meeting of the Joint Health Committee on 11 December. The final findings and recommendations of the Joint Committee will be passed to EMAS before the close of formal consultation on 17 December.
6. The change programme proposals include a rationalisation of the EMAS estate. EMAS currently operates 65 ambulance stations; associated with this is a high cost of maintenance (supplies, buildings etc). There is a maintenance backlog of £13m and also vacant space within the estate that was previously occupied by the Patient Transport Service. The estate strategy for EMAS indicates a move to a 'hub and spoke' model with a smaller estate optimally positioned for response times within the challenging geography of the region.

7. Members of the Joint Committee and Health Scrutiny Committee Members have raised various concerns in relation to the consultation as follows:
- Management of consultation sessions stifled debate
 - Local Members were not always informed of consultation sessions run within their electoral divisions and turnout was therefore low in some places
 - The use of 'Portakabins' as Community Standby Points should be strenuously avoided – it would be much preferred if ambulances could be co-located at other public sector facilities (e.g. at Newark Hospital)
8. EMAS emphasised that ambulances do not currently respond from existing old stations and that the level of ambulance cover will remain the same. The committee also heard that one reason that the EMAS estate is underused is that EMAS were unsuccessful in tendering for the Patient Transport Service (PTS) contract. This means that ambulance stations can be underused as much as 50%. The presentation given by EMAS to the Joint Health Committee on 13 November is attached as Appendix B to this report. The written briefing is attached as Appendix C.
9. The sub-committee will wish to undertake detailed questioning of the groups and stakeholders who have been invited to attend this evidence gathering session. These include:
- UNISON and the GMB
 - Sherwood Forest Hospitals Trust
 - Community First Responders
 - Public Groups/Local Involvement Networks (LINK)
 - West Midlands Ambulance Service
 - Nottingham University Hospitals NHS Foundation Trust (NUH) - a written submission from NUH is attached as Appendix D.
10. Members are requested to consider the information provided by the stakeholders and groups attending the evidence gathering session and use it to inform the development of their draft recommendations.
11. It is anticipated that EMAS representatives will attend the Joint Health Committee 12 February 2013 to indicate their response to the recommendations and furnish the results of the consultation and explain how they have made changes to the proposals following the consultation. The Joint Health Committee should then be in a position to determine if they have been properly consulted and if the proposals are in the interests of the local health service.

RECOMMENDATIONS

- 1) That the EMAS Change Programme Sub-Committee amend and agree the draft scope, as necessary
- 2) That the EMAS Change Programme Sub-Committee initiate evidence gathering
- 3) That the EMAS Change Programme Sub-Committee develop draft recommendations.

Councillor Mel Shepherd
Vice Chairman of EMAS Change Programme Sub-Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Substantial Variations and Developments of Service – a guide (Centre for Public Scrutiny, 2005)

Electoral Division(s) and Member(s) Affected

All