



# Media release



## Better response, better performance and better care

### Ambulance service change programme to improve patient care and staff working lives

Tuesday, 17 July 2012

East Midlands Ambulance Service (EMAS) has today published its *Being the Best* change programme - plans designed to ensure that EMAS provides the right patient services, within the funds available, for the long term.

The three key areas to be discussed at the Board meeting include:

#### Estate Strategy:

- EMAS will work from 131 Tactical Deployment Points (TDPs) and stand-bys with most of these having amenities enabling crews to get a drink, rest and have toilets available
- 13 hubs will be created to support these TDPs and provide better support for crews in the form of 'make ready' (a team to clean, restock and perform basic vehicle checks rather than our clinicians doing it) and team leader contact and support (see Notes for description of hubs, TDPs & standby-by points)
- These changes will result in the closure of the majority of EMAS' ambulance stations most of which are empty all day, every day. Many of our existing premises are very dated and in poor physical condition with substantial backlog maintenance requirements.

#### New Service Model:

- There will be more investment in the Emergency Care Practitioner (ECP) role – these are paramedics or nurses with additional training and a wider range of skills than a paramedic, allowing them to treat and refer patients to a more appropriate service, or treat patients in the comfort of their own home, thereby saving them from an unnecessary journey into a busy A&E department. This allows ambulance crews to concentrate on patient with the most life threatening conditions and those who do need taking to hospital for further assessment and treatment.

- Urgent Care crews will be formed (they are currently being trialled) with new vehicles provided to the teams over the next 2 years. Urgent Care crews will provide transport for patients who do not require paramedic care but do need taking to hospital or another healthcare facility. The vehicle is staffed by emergency care assistants and possibly technicians (see Notes for breakdown of each role). They will be equipped with Automated Defibrillators and other basic medical supplies, and take to hospital patients clinically assessed as safe to do so. This will free paramedics and our ambulances with life-saving equipment and drugs on board to attend the most seriously ill or injured.
- The role of technician will continue for the foreseeable future, they will continue to support paramedics and may help with the new urgent care response. Staff holding this position had been concerned that they may be asked to downgrade to the position of emergency care assistant or train to become a paramedic, but we have decided that this would not be the right thing to do.

### **Management Structure:**

- The paper will go out for consultation by 1 August 2012. It will be discussed in the private section of the Trust Board meeting on 23 July and as such will not be published on our website with other papers for this meeting. The proposals affect individuals and it is not appropriate to go into detail in a public forum at this stage.
- We published on our website the ‘Operating Model Business Case’ which went to the 5 April 2012 Board. The key points included in that paper remain, i.e. localities (as detailed above under ‘estate strategy’); teams (as highlighted under ‘new service model’ heading above); clinical leadership i.e. role of paramedic consultant (as highlighted in ‘Operating Model Business Case’ paper); and to rationalise from five to three divisions, i.e.:
  1. Lincolnshire – divisional boundary to retain status quo and be titled East Division
  2. Nottinghamshire/Derbyshire to merge and be titled North Division.
  3. Leicestershire & Rutland/Northamptonshire to merge and be titled South Division
- One level of management will go but most staff affected will be able to apply for roles created under the new management structure, and as such we do not anticipate that there will be any redundancies for our Paramedic Team Leaders (paramedics with management responsibility for a team of clinicians), however whilst we will do our best to place all staff affected in the organisation, there is a possibility that we may not be able to do this for some staff in higher bands.

The proposals will be discussed at the public Trust Board meeting on Monday 23 July and if the recommendations are approved, the service will launch a full consultation in September allowing local people and staff to share their views. These will feed into the final plan that will go to the January 2013 EMAS Trust Board.

EMAS Chief Executive Phil Milligan said: “Our plans are to deliver better performance which we know is important to patients and staff, and the changes we propose should see our response to immediately life-threatening 999 calls improve by about 5% which means we will get to more people faster, enabling us to provide better patient care. We know that East Midlands residents have been concerned about our response times, we now have a plan to deliver long term, sustainable performance. These plans are right for patients and right for our staff.

”The changes are clinically focused allowing us to make better use of our clinicians skills, to deliver on performance targets and quality standards, improve patient outcomes, provide more care closer to home and will help us to improve the working lives of our staff which is important to us.

“To continue to implement our quality strategy and to meet current and future performance standards, EMAS has to change.

“If we choose not to implement change, we will not be able to meet patient’s needs – as defined by response times, improve the working life of our staff, nor meet the financial challenges faced.

“I encourage people to read our Board papers so they can be fully informed, and to make comment when our consultation is launched.”

ENDS

**EMAS Communications** Sharing our news with our communities

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### Notes

1. **Hubs** will have the staff and facilities for clinicians to be provided with serviced, clean and stocked vehicles at the beginning of each shift. They will also provide more opportunity for clinicians to meet with their team leaders, improving communications and early resolution of any issues;
2. **Tactical Deployment Points** will be facilitated either with a modular unit or with a partner organisation such as other emergency services – providing our frontline staff with a hot drink and toilet facilities when they are at deployment points, we believe, will materially improve staff morale and overall performance to the benefit of patients;
3. **Stand-by Points** include areas which are not facilitated i.e. lay-by’s or car parks
4. **Emergency Care Practitioners** (ECPs) are paramedics or nurses with additional training and a wider range of skills than the paramedic role.

**Paramedics** have a nationally recognised qualification and are professionally registered. Paramedics provide the 'standard' ambulance service response. Paramedics are autonomous practitioners.

**Technicians** are trained to a consistent national standard to support paramedics and to undertake a range of assessments and clinical interventions.

**Emergency Care Assistants** are trained to support paramedics and ECPs.

**Accident and Emergency Clinical Students** are able to support paramedics and ECPs whilst undertaking formal paramedic training within the Trust.

5. East Midlands Ambulance Service NHS Trust (EMAS) provides emergency 999 and urgent care for the 4.8 million people within Derbyshire, Leicestershire, Rutland, Lincolnshire (including North and North East Lincolnshire), Northamptonshire and Nottinghamshire.
6. We employ circa 2,700 staff and operate two control rooms, one in Nottingham and one in Lincoln, with the largest staff group being our accident and emergency 999 crews. Our overall annual budget is £147 million.
7. We operate a fleet of around 530 vehicles including emergency ambulances and fast response cars. We also provide a patient transport service in North and North East Lincolnshire.
8. Every day we receive around 2,000 calls from members of the public calling 999 - this is the equivalent of receiving a 999 call every 45 seconds of every day. During 2011/12, our accident and emergency crews responded to over 776,000 emergency calls, and we were on scene for over 75% of all life-threatening calls within eight minutes of the call being picked up.
9. EMAS and Northamptonshire County Council were announced winners of the 'Patient Safety in Diagnosis' category of the National Patient Safety Awards in July 2012. The Crisis Response Team was launched to prevent unnecessary admission to hospital and to provide dignity, support and reassurance to people in Northamptonshire immediately after a fall – see media release via <http://www.emas.nhs.uk/about-us/emas-news/> for details