

Your ambulance service is changing

‘Being the Best’



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



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What is the review about?

- We have to change to improve patient care
- *Being the Best* programme – 3 key elements
- Improve performance and quality targets
- Engaging and involving the public and partners



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What are we proposing?

To create purpose-built Hubs, Community Ambulance Posts and standby points: Fit for the future

- Introduce 118 Community Ambulance Posts/Standbys and 13 Hubs/Super Stations to replace 66 old ambulance stations



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What is a Hub?

- Super station housing the majority of our vehicles
- Feature make-ready facilities for cleaning, vehicle maintenance and re-stocking
- Education facilities for staff
- Support for staff – managerial and clinical
- Eco-friendly



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What is a community ambulance post?

- Physical building providing facilities for crews
- For resting in between calls and comfort breaks
- Could be stand alone or shared facilities with other services
- Location chosen to ensure fast response
- Flexible



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Myth busters

- Ambulances rarely respond directly from the existing old stations
- Level of ambulance cover will stay the same
- Spending public money wisely
- Investment in ECPs and Urgent Care Ambulances
- Listening exercise – we want to hear from you
- Staggered shift patterns will ensure robust cover
- Other services have already moved to this model(WMAS/SECAMB)
- Not a cost cutting exercise



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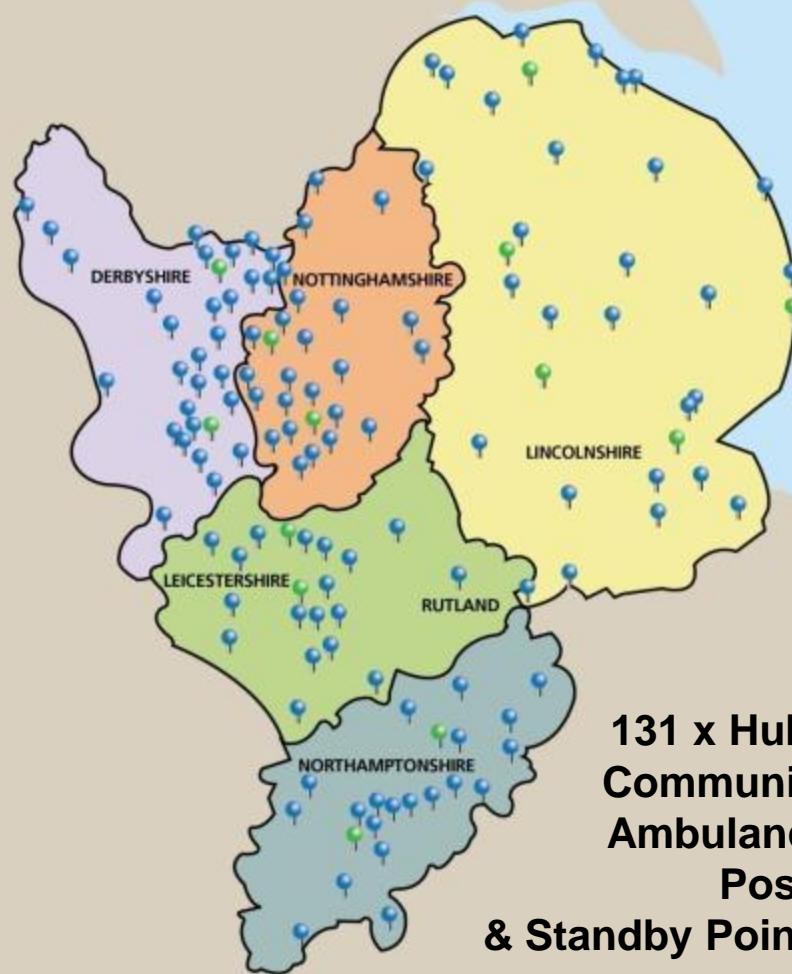


Existing stations



**66 existing
ambulance stations**

New facilities



**131 x Hubs
Community
Ambulance
Posts
& Standby Points**



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Your local area...

Now



Future



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Before



Before



Why are these changes needed?

Growth, efficiency, effectiveness

- Most old stations built/started to be used 50 years ago – £13million needed to upgrade
- Functionality designed and built in a different era
- Hubs will provide modern location with more facilities and support for clinical colleagues
- New proposals self funding



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After



After



But some things stay the same!



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Before



After



Quality and Safety: A clinical case for change

- Clinical case for change led by Medical Director, Dr James Gray, with lead professional clinicians from across the region, wider UK and internationally
- Focus funding on frontline services ensuring patients receive 'right care, right place, first time'
- Responding in the fastest time possible – more response points – better coverage
- Our emergency ambulance vehicles are our mobile emergency treatment centres
- We don't treat patients in our stations



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How are we listening to you?

- Public consultation meetings
- Stakeholder briefings – including clinical commissioning groups (CCGs), OSC
- Media
- EMAS Website
- Twitter and Facebook pages
- LINKs
- Freephone/Freepost
- Email



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What happens next?

- Consultation closes on **Monday, 17 December 2012**
- Co-ordinate all the responses and analyse any themes
- EMAS Board will receive a report on the views of the public and our staff before a decision is made in January 2013
- Changes made between April 2013 and April 2018



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Summary

- Ensure patients get the right clinical care
- Improve response times
- To be the best we can be
- Provide a modern service fit for the future
- Increase support for staff



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Thank you

Questions?

Please complete your feedback form



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