



**Ambulance Headquarters**

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To Dr David Hambleton, Chief Officer, NHS South Tyneside CCG  
and David Gallagher, Chief Officer, NHS Sunderland CCG

We would like to thank the Path to Excellence (PtE) programme team for the opportunity to be involved in this process from an early stage and to fully understand our ability to support the safe delivery of the proposed service changes and any potential impact on ambulance service capacity and performance.

We endorse the clinical case for change and support the proposed service reform which it is recognised will deliver greater acute service sustainability for the specialties under review. It is clear that no change is not an option for these services.

While we shared a high-level impact assessment at the pre-consultation stage, we have revisited this in light of further scenario modelling that the Path to Excellence programme has undertaken.

The proposed service changes will result in additional ambulance conveyance times and an increase inter-hospital transfers for South Tyneside patients, however, the distances and added ambulance drive time remain within safe clinical time thresholds for the respective speciality areas. For example, the additional ambulance travel time for suspected stroke patients falls well within the 4.5 hour thrombolysis window for eligible patients.

While the embryonic nature of the new Ambulance Response Programme performance targets means that we cannot fully assess the implications of the Path to Excellence proposals on these, we can confirm that no hospital is now considered as a place of safety. This means that any requests for an ambulance transfer from a hospital will be treated the same as any other ambulance call from a healthcare professional and triaged and prioritised appropriately. We would therefore not expect the service change proposals to result in any ambulance transport delay for patients requiring immediate, life threatening conveyance.

We can confirm that NEAS can deliver the required changes to support the implementation of the proposed options, subject to appropriate provision to mitigate the risks highlighted in our enclosed impact assessment paper. This mitigation ensures that patients in the community are

not affected by changes at South Tyneside and ensures that the necessary skilled ambulance services are able to convey patients affected by the service change.

We acknowledge that the different options come with differing levels of ambulance service impact. Additional ambulance journeys resulting from the changes to Obstetrics/ Gynaecology and stroke services have a relatively minor impact in the context of existing ambulance service capacity.

The greatest volume of ambulance service activity lies with paediatric option 2 and is likely to require additional ambulance service resource for at least a year until the patterns of patient presentations and acuity, clinical risk thresholds and transfer volumes are fully tested.

We can give a commitment that NEAS will continue to strive to deliver timely ambulance responses within the timeframes set out in the national Ambulance Response Programme to ensure patient safety and achieve optimal ambulance response performance for the people of South Tyneside, Sunderland and beyond. Indeed, we are currently the highest performing ambulance service nationally for the highest category of call – life threatening emergencies.

Safe, effective and responsive care for all is at the heart of our trust mission and we remain keen to continue to work with commissioners into the implementation phase of the service change to agree appropriate risk-mitigations and performance monitoring arrangements and to agree transfer protocols and pathways, once final service models are agreed.

Yours sincerely

**Dr Mathew Beattie,**  
**Medical Director, North East Ambulance Service**

*cc-ed to:*

*Matt Brown, Director of Operations (NHS SOUTH TYNESIDE CCG) and Scott Watson,  
Director of Contracting and Informatics (NHS SUNDERLAND CCG)*