Appendix D

NUH Written Submission

We recognise that EMAS, in common with the rest of the NHS, is facing significant financial challenges. In this context, radical change proposals are understandable, as incremental changes are unlikely to match the scale of the challenge. It is entirely logical that EMAS would seek to focus its available resources on front-line service provision, and to rationalise “back office functions” and infrastructure to best support these front line services i.e. vehicles and trained staff in communities responding to emergencies. To that extent, and taking the stated aims at face value, we are supportive of this strategy.

We do not believe that there will be any adverse effects upon our hospitals as a result of the implementation of the proposals. In general terms, we simply receive patients when the emergency ambulance service delivers them. Our key collective challenge, with EMAS colleagues, is to ensure patients are transferred from vehicles into our Emergency Department in a timely way, and these vehicles leave the hospital sites promptly to respond to the next call. We have an active joint programme of work to ensure that fewer people wait more than 15 minutes to be booked in and accepted in ED when arriving by ambulance. This is yielding some success, but there is more to do.

The other aspect that has some implications for our services, is the travel time for patients with conditions such as strokes and heart attacks, where the clinical outcome for the patient is partially dependent upon how quickly they receive treatment. If “call to door” times were to increase, then outcomes could worsen. However, the proposals are designed to improve response times, and if this proves to be the case we may see a corresponding improvement in patient outcomes. It is our hope and belief that this will be the case, but we will obviously not know until after the implementation of the proposed changes.

Many thanks for the opportunity to contribute to the review.

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