

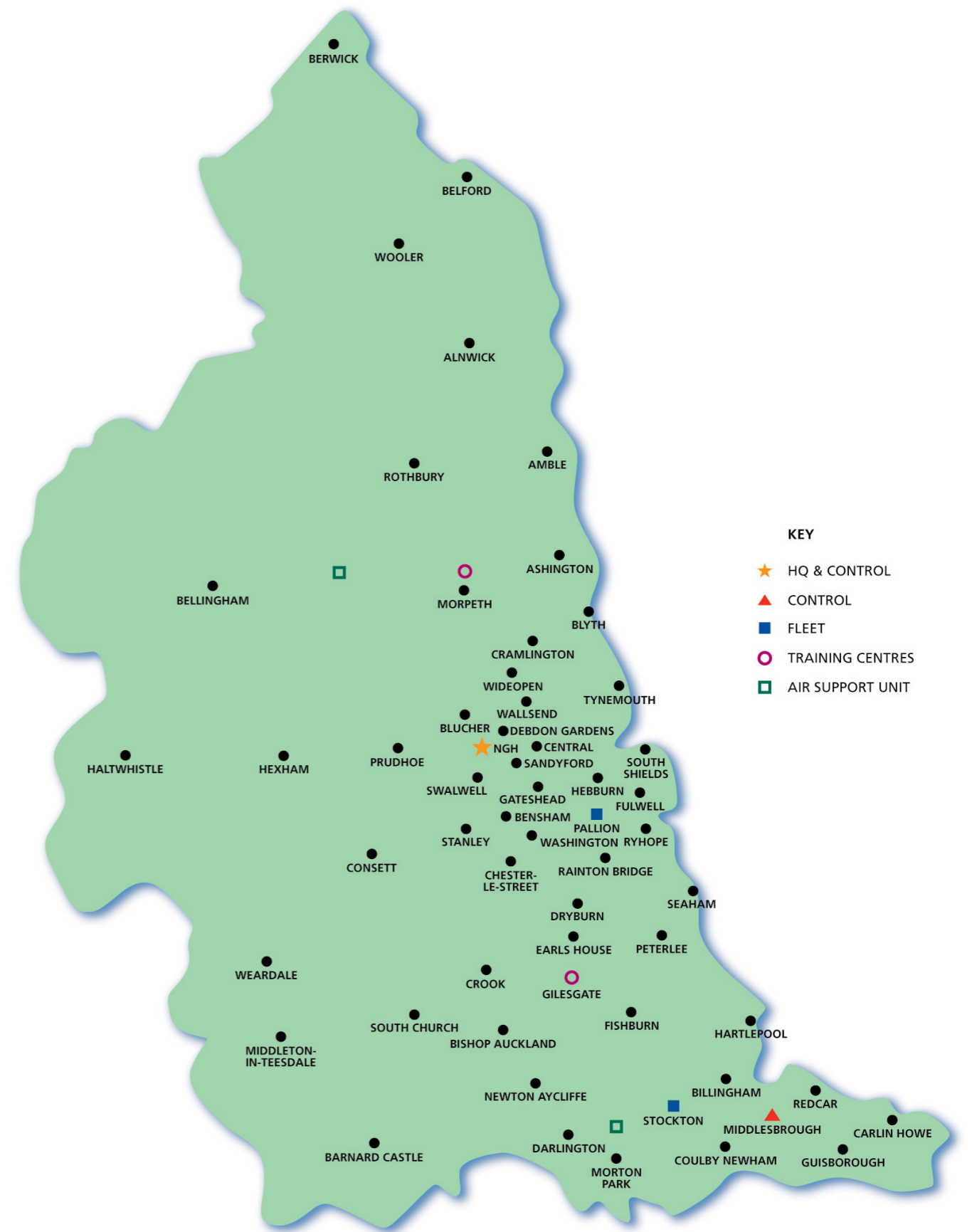


PROPOSALS FOR

AMBULANCE CONTACT CENTRES IN THE NORTH EAST OF ENGLAND

We would like your views on proposals which, we believe, will improve the resilience of A&E ambulance services and provision of patient transport services in the North East.

This map shows the area covered by the North East Ambulance Service, with contact centres currently based in Newcastle (shown by gold star) and Middlesbrough (shown by red triangle).



We are seeking your views on proposals which, we believe, will:

1.

Improve the resilience of A&E ambulance contact centres in the event of a natural disaster, technical failure or terrorist attack

2.

Allow us to provide an uninterrupted service from our contact centres in the event of a major incident

3.

Improve the provision of patient transport services across the North East

4.

Reduce our risks associated with our responsibilities under the Civil Contingencies Act.

Why is this happening?

In July 2006, the former North East Ambulance Service – which covered Northumberland, Tyne & Wear, Durham and Darlington – merged with the Tees area of the Tees East and North Yorkshire Ambulance Service. This new organisation, also known as the North East Ambulance Service, was part of a national review of ambulance trusts which saw 31 services in England merged to form 11 larger trusts.

This reconfiguration of services is part of a wider improvement of ambulance services to respond quicker than ever before to those who are in desperate need of our help and to treat less seriously ill patients in their home or refer them to other healthcare professionals in the community to receive the right treatment from the right person at the first time of calling. To meet these goals, smaller trusts were not able to afford the levels of investment that can achieve the economies of scale that fewer, larger ambulance services are capable of achieving.

At the time of the merger, we were asked about the future for the from our contact centres of the new service. At the time, no decisions had been taken. However, we did say that we would involve people before the time came to take a decision on where and how ambulance control centres should be used in the future.

We have been working with Catalyst IT Partners, one of the UK's leading contact centre and change management consultancies, to provide an independent set of recommendations evaluating a number of existing sites and potential new locations for NEAS' from our contact centres.

This has included looking at what would be the optimal number of from our contact centres to enable NEAS to deliver an effective and efficient service, whilst managing risk and cost; and reviewing existing NEAS sites for suitable locations for our from our contact centres operations.

Based on Catalyst's understanding of best practice for emergency services from our contact centres operations, gained over years of experience with ambulance trusts and other emergency services, they have made a number of recommendations to NEAS.

We would like to share these recommendations and the Trust's preferred solution with you and to listen to your views before any final decision is made.

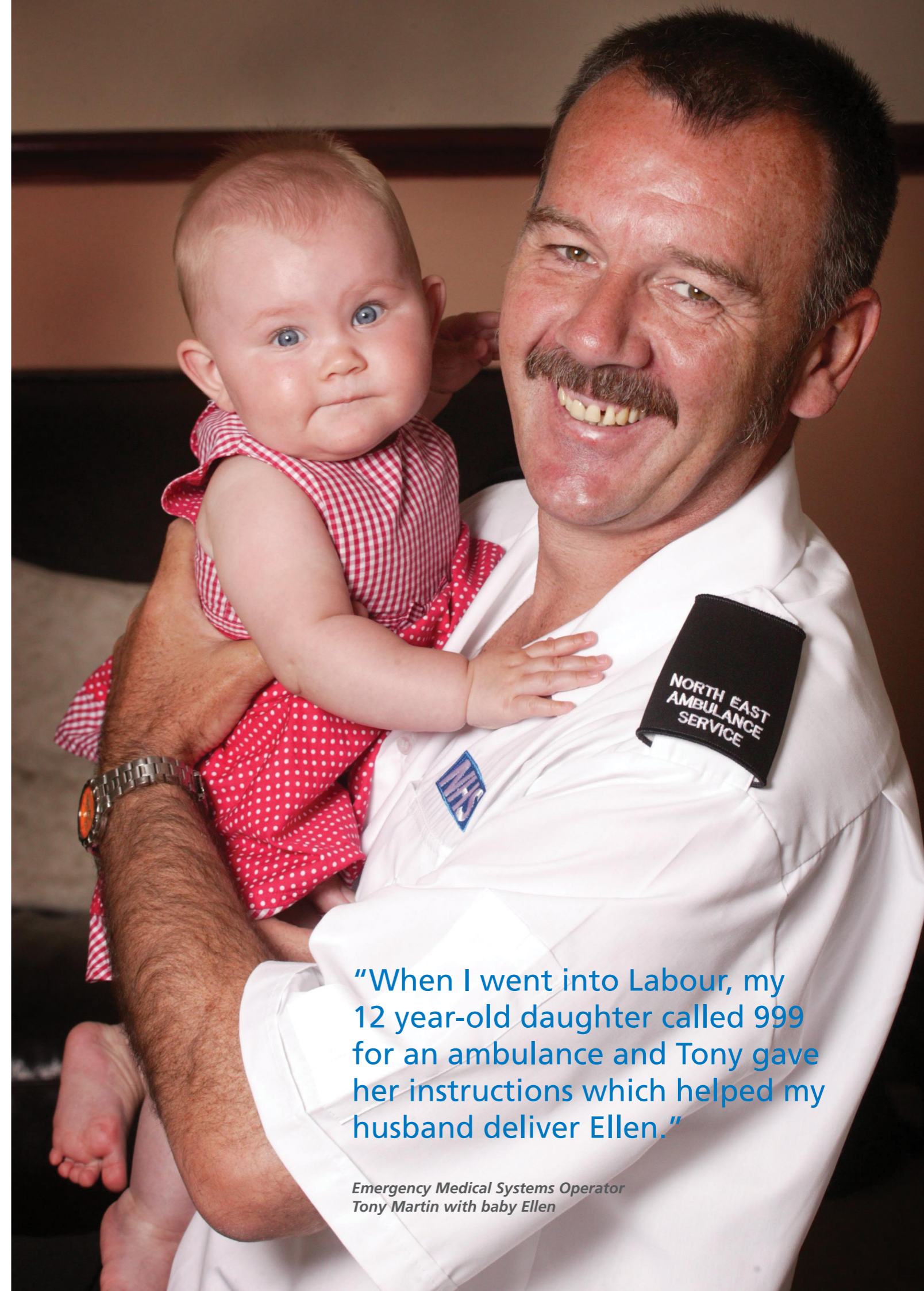
What services are involved?

We are looking at our contact centre operations that take 999 and urgent calls and dispatch ambulance resources to these calls.

This will have no impact on the location of ambulance stations. The ambulance crews who currently respond to your calls will not change as a result of this review.

Management offices and senior operations managers will continue to be based in the four divisional areas of the NEAS – North of Tyne; South of Tyne; County Durham and Darlington; and Teesside.

This consultation is about where NEAS receives calls from patients, doctors, hospitals and other health professionals in the future.



“When I went into Labour, my 12 year-old daughter called 999 for an ambulance and Tony gave her instructions which helped my husband deliver Ellen.”

*Emergency Medical Systems Operator
Tony Martin with baby Ellen*

Do the current services suit the needs of people?

After the merger of ambulance trusts, we commissioned Catalyst IT Partners to review services delivered by our contact centres in Newcastle and Middlesbrough to determine whether the infrastructure inherited from the former NEAS and Tees area of TENYAS matched the needs of patients and the responsibilities of the new Trust.

The number of calls that we receive and incidents that we attend is increasing every year and we need to ensure that our operations are capable of handling higher volumes of calls in the future.

We also need to ensure that we continue to meet our legal requirements to respond to a regional disaster or major incident while maintaining our day to day business.

And if the worst should happen and we lost the use of one of our contact centres, we need to be sure that we have systems and procedures in place to allow us to provide an uninterrupted service.

Newcastle contact centre

The areas of Northumberland, Tyne & Wear, Durham and Darlington have been served by one 999 contact centre based in Newcastle since 1999. This served a population of approximately two million people in an area of 3,000 square miles.

A single contact centre allowed the former NEAS Trust to invest heavily in performance systems and staff training to meet all of the Government's response time targets.

The contact centre is divided into three desks – one for Northumberland and North Tyneside; one for South Tyneside and a third for County Durham and Darlington. Having all three desks together in one room has meant that our staff can communicate directly with each other to share resources and ensure that the region has the most effective 999 ambulance cover for every minute of each day.

As a result of this, over the past four years the NEAS has been responding to more patients quicker than ever before.

There are 104 members of staff working in Newcastle. When a full complement of staff is on duty during a single 12-hour shift, there will be eight emergency medical support officers who answer 999 calls, three communications officers who liaise between ambulance crews and hospitals, three dispatch officers who assign crews to each 999 incident and a duty manager who has responsibility for the whole operation.

In addition, there are between two and five further support staff working an eight hour shift to match periods of high demand.

Since 2004, NEAS has been working on relocating its current contact centre based on the Newcastle Business Park. The lease for a new headquarters and new contact centre was signed in early 2006 to relocate to a new site just off the A1 at Newburn Riverside.

The move to the new site, known as Bernicia House, is in preparation for the introduction of a digital radio system for all ambulance crews which is similar to that used by the police. This digital system requires additional radio transmission equipment that could not be stored and used at the existing Newcastle Business Park location.

NEAS will be using digital radios by January 2008 from its contact centre and headquarters at Bernicia House, in Newcastle.

Middlesbrough contact centre

Before the merger in July 2006, Teesside was served by two 999 control centres in Middlesbrough and York for a population of approximately 600,000 people.

The Middlesbrough ambulance contact centre is based in a stand alone office within Cleveland Police HQ. There are 25 members of staff

working in Middlesbrough. When a full complement of staff is on duty during a single 12 hour shift, there will be two emergency medical support officers who answer 999 calls, one communications officer, one dispatch officer and a duty manager.

Although based approximately 50 miles from Newcastle, the contact centre is a satellite station to the primary Newcastle contact centre. This means all the computer systems and command and control systems are linked, allowing the three desks in Newcastle to operate as a virtual back-up for calls in Middlesbrough.

The North East Ambulance Service was the only Trust in England to be involved in a merger last year that was able to achieve this seamless continuity of systems from the first day. It has allowed us to answer all 999 calls made in the Teesside area very quickly because they can also be picked up by staff in Newcastle when the Middlesbrough control is busy.

This effectively means that the North East is currently covered by a single 999 contact centre which is physically split over two sites in Newcastle and Middlesbrough.

The review of our contact centres therefore needs to be considered from the position that we currently operate as a single 999 contact centre and not two independent sites.

Back-up contact centre

In the event of a natural disaster, technical failure or terrorist attack affecting the contact centre in Middlesbrough, all calls could be handled at our primary contact centre in Newcastle.

However, in the event of a catastrophe in Newcastle, the contact centre in Middlesbrough – were it not intrinsically linked – does not have the capacity or capability to manage all the 999 calls for the North East.

Because of this, NEAS currently has the use of the NHS Direct call centre facility in Longbenton, Newcastle as a back-up. In the event of a disaster, staff could be transferred to the back-up contact centre which would then be brought online. Exercises to test this contingency has shown us that this would take approximately 60 minutes.

Additionally, while the NHS Direct facility is nominally ready for us to use in the event of a disaster, it is not operational on a daily basis. This poses problems to us when we carry out resilience tests because the facility is not used every day. These uncertainties present a risk to the service which we feel should be eliminated.

What discussions have we had so far?

Any review of our contact centre needs to take account of patient care, our staff, our systems and its infrastructure, operational efficiency and contingency planning; not only for natural disasters, but also the increased threat from terrorist activity.

We have met with our contact centre staff and listened to their comments. We have also met with representatives of patients and the public; either at publicly-arranged meetings or in council committee rooms, and listened to these views.

All of these comments have been taken on board in the final proposals on which we are now seeking views.

What did people tell us?

The discussions held earlier this year generated a range of comments. In particular, we received some strong messages:

- Effective call handling is the over-riding important factor for any contact centre.
- Some callers feel less comfortable dealing with a contact centre outside their immediate area because of their perception of a lack of detailed local knowledge of the geographical circumstances of the area.
- However, it is recognised that NEAS' current call handling operations share 999 calls between the Teesside and Newcastle contact centres. Having operated in this way since April 2006, there has been no reduction in service levels when calls originating from the Tees' area have been handled by the Newcastle contact centre.
- There is no obligation to ensure that contact centre are located in a particular geographical area as long as the location of emergency incidents is established using a common IT mapping system. This system enables all staff to accurately identify incident locations, rather than relying on individual's local knowledge.

What else have we had to consider?

The investment in time, money and equipment over the last three years has established Bernicia House in Newcastle as the primary location for one of our contact centres and the Trust's new headquarters. This contact centre, which should be operational later in 2007, will replace the current contact centre on the Newcastle Business Park which will close down in early 2008.

The search for a larger contact centre in Newcastle began in 2004 following the proposal by the Department of Health to replace all ambulance radios with new, digital equipment. The current contact centre at the Newcastle Business Park was not big enough to cope with this expansion and investment in technology and its associated hardware and so a new, larger site had to be found.

The Trust at that time looked at a number of scenarios and chose the best value option to integrate the contact centre with its headquarters functions, instead of operating across a split site, as happens now. The move to the new building has been delayed due to alterations which have had to be carried out; but Newcastle nevertheless remains the primary location for the ambulance control functions.



*Left to right: Paul Whittingham with
Emergency Medical Systems Operator Phil
Wheatley holding baby Emily
alongside mother Beki.*

“Although unplanned, delivering my own baby was a very proud moment. I would like to thank Phil at the control room and the staff who were called to the house for their excellent help and support.”

Proud father Paul Whittingham describes his feelings on delivering his own baby.

We needed to consider whether the NEAS' current contact centre set up was adequate or whether we should consider other ways of working. The options include:

1.	2.	3.	4.	5.
<p>Single contact centre</p> <p>A contact centre on a single site would allow us to operate our day-to-day business effectively with good interaction between staff and relatively high morale. This option would also mean that service delivery and staff would be easy to manage.</p> <p>This option is the cheapest, due to economies of scale; however, this must be balanced against the high risk associated with having a single point of failure, which would result in losing all our control functions in one incident.</p> <p>This raises the risk of managing the ambulance contact centre function with non-ambulance staff by either directing that function to another Emergency Service, through a reciprocal arrangement, or to a third party.</p> <p>The effectiveness of these parties to provide support will be dictated by their ability to communicate with ambulance resources in the field, as well as to take calls. Without this link, call takers cannot track and dispatch resources with confidence, which will increase call lengths and repeat call frequencies.</p>	<p>Single contact centre with a standby facility</p> <p>This is the option that has been in operation in the new NEAS Trust since the merger in July 2006. The Newcastle and Middlesbrough locations are linked as a single unit.</p> <p>Although a stand-by site is available at NHS Direct in Newcastle, the time taken to move staff will mean that all ambulance calls could not be taken for a period of time. For an emergency service this risk is unpalatable and, in certain circumstances, will contravene NEAS' Civil Contingencies obligations.</p> <p>The costs associated with this option are dependent on whether we commission a new, dedicated, stand-by centre; continue to use a third party to host the centre such as NHS Direct; or share space with another NEAS site and claim this space when disaster occurs.</p> <p>Costs for this option should also be a factor in regular live testing of switch-over and all contact centre technologies.</p>	<p>Single contact centre + standby + stop gap facility</p> <p>Since September 2007, NEAS has had the capability of using its two Newcastle contact centres as a stop gap facility. During the period of this consultation, NEAS is moving the Newcastle contact centre from its existing Newcastle Business Park location to Bernicia House. However, both contact centres in Newcastle remain operational as a stop-gap facility in the event of a failure.</p> <p>Compared with the option two, the use of a third party to prevent calls from going unanswered during a site swap process will reduce the risk to the service. However, this option will still generate a gap in service continuity while the third party establishes connection with NEAS systems and communications with field resources.</p> <p>This option also generates additional cost when compared with Option 2. We would be required to pay to maintain the stop gap facility, implement continuous training for staff in the event of an incident and maintain computer software licences for third parties. Service providers, such as a telecom company, may also charge a slight premium for setting up more complex network routing patterns.</p>	<p>Two independent contact centre</p> <p>This option would offer equal levels of operational effectiveness as the previous three options. There would be fair levels of staff interaction which could be optimised by rotating staff, if the two contact centres were geographically close enough.</p> <p>Modern technological links would allow the functions of a contact centre to be evenly spread to manage peak periods of high demand.</p> <p>However, on-site management will be required at two sites, if performance and morale is to be maintained.</p> <p>The physical division of resources removes the risk of one localised incident affecting all control room staff at once. However, the loss of one site in this option will result in a temporary loss of capacity, rather than availability. This would mean that we could continue to take calls – albeit fewer than normal – until staff were relocated at the second site and ready to bring operations back to a normal level.</p> <p>There are higher operating costs than the single hub options because of the need to duplicate costs for overheads and management.</p>	<p>Three or more contact centres</p> <p>The operational effectiveness of three or more contact centres is equal to that in option 4; however, as the number of sites increases, issues with management and communication also multiply.</p> <p>The risk of losing our contact centre functions decreases exponentially, especially where sites are geographically diverse, but the cost and scale of implementing this option is a key factor which could dictate the ideal number of locations.</p>

Summary of options

This table shows a simple traffic light comparison of the strengths and weaknesses of each of the five options, with the most importance placed on maintaining a 999 service.

OPTIONS	OPERATIONAL EFFECTIVENESS	RISK	COST
Single contact centre	Green circle	Red circle	Green circle
Single contact centre + standby	Green circle	Red circle	Yellow circle
Single contact centre + standby + stop gap facility	Green circle	Yellow circle	Yellow circle
Two independent contact centre	Green circle	Green circle	Yellow circle
Three or more independent contact centre	Yellow circle	Green circle	Red circle

At the same time as this review earlier this summer, the Department of Health commissioned a report into contact centres within English ambulance services which set out the minimum requirements for Trusts to achieve. For the North East of England, this meant having a minimum of two contact centres for the post-merger area. The recommendation in this report is supported by Catalyst's own findings.

There is no perfect answer, but the third option of establishing two independent contact centres evenly spreading the functional capability of the contact centre across two locations offers the best solution. This would be our preferred choice in which we would aim to achieve the ideal of having no disruption of service during an incident by ensuring that all roles and responsibilities involved with call handling should be mirrored at both sites.

Where is the best location for a NEAS contact centre?



Catalyst identified the following districts, indicated on this map, as offering good potential sites for the second NEAS contact centre. It should be noted that the locations marked here denote the surrounding district, rather than a single town or city. In all, 14 potential locations were evaluated for NEAS' second contact centre.

What factors were considered in the evaluation for a second site?

Business continuity

We hope that the worst may never happen, but we need to plan and prepare for it, nevertheless.

The Civil Contingencies Act states that we should have disaster recovery plans in place to allow us to carry out civil protection duties and our normal functions. This means that during a disaster we should offer a seamless service to the community and our review of contact centre needs to reflect this responsibility.

Our current arrangement using NHS Direct as a standby contact centre is brought into question in the light of a recent national report into contact centre configuration for the Department of Health which states “the overwhelming and inescapable disadvantage of standby sites is that the workers do not work there”.

The solution for the Trust is to ensure that the working contact centres have sufficient capacity to accommodate the failure of any other centre. In addition, the contact centres need to have the capacity to manage a major incident within the region and to have the ability to control and monitor the resources from a central point whilst maintaining the normal workload day to day.

This table shows the necessary configuration of contact centres that would be needed to meet the minimum requirements of maintaining our core business services.

Guidance	New Site Configuration Impact
1. Be able to provide continuous service (Civil Contingencies Act 2004)	<ul style="list-style-type: none"> • Would require two contact centres, independent of each other, but operating as a network system.
2. Whilst it is unrealistic not to have some service deterioration, this should be limited to the implementation of back up plans on the day. It should be noted that ‘deterioration’ does not equate to loss of service. (Civil Contingencies Act 2004)	<ul style="list-style-type: none"> • Requires additional staff at the fall back site to cover the work of the impacted site’s capacity <ul style="list-style-type: none"> – ‘Budge up’ – Displacement – Remote Working
3. Sister, or fall back, sites should not share utility services or else they should be between 15 miles and one hour’s journey away from the primary site (Business Continuity Institute guidance) <ul style="list-style-type: none"> – Allowing for impact and exclusions zones – Ideally, one hour for staff travel to alternative site, though this need not be a hard and fast limit 	<ul style="list-style-type: none"> • Selected sites are 15 miles or one hour’s journey away or separated by a natural boundary so that utility services are not shared.
4. Should not be located within five miles of high risk, or Control Of Major Accident Hazard (COMAH) sites, i.e.: <ol style="list-style-type: none"> 1. Airports 2. Flood plains 3. Gas/Chemical works 	<ul style="list-style-type: none"> • Avoid obvious high risk areas when considering possible locations • Carry out a risk assessment of proposed new sites, including potential risks within impact distance.

Distance from the Newcastle contact centre

Two issues need to be addressed when choosing where to locate a second control room in relation to Bernicia House, in Newcastle.

Firstly, the second contact centre needs to be close enough to be easily and properly managed, share resources quickly and relocate staff swiftly between sites in the event of a disaster or failure at the other site.

On the other hand, the two contact centres need to be far enough apart that in the event of a catastrophe at one site, the other contact centre is able to continue working effectively, independent of the utilities, phone lines and infrastructure supporting the other location.

We have evaluated the threats around each location and between each location and Bernicia House in Newcastle and have found no significant concerns. However, our ability to redeploy staff between either site is enhanced when the two contact centres are closer together.

Redeploying staff

In the event of needing to relocate staff as a result of this review, we need to ensure that we retain our skilled workforce for daily operations. This needs to be considered for staff currently working in Newcastle and Middlesbrough so that we do not lose our most valuable assets.

Equally as important, we need to be able to move staff swiftly from one site to another. We need to consider this not only on the day of disaster, but also in the days or weeks afterwards when we still need to maintain service provision.

Logistical ease

The distance of the second contact centre to Bernicia House is important for a number of reasons:

- Managing and maintaining two contact centres becomes easier, with management spending proportionate time at both sites.
- The two sites need a close association to ensure that we can retain all of our current contact centre staff ; capitalising on their skills and perpetuating a positive culture.
- Moving staff from one site to the other in the event of a disaster becomes easier to maintain service continuity.

Recruitment and retention of staff

We want to keep the skill and expertise of all our staff and continue to put these to use for the benefit of the service. These proposals will affect staff working in our contact centres and we will work with them to minimise the impact of any changes.

Keeping on our existing staff and maintaining the interpersonal relationships that have developed over years of working together will be a key factor in the success of our future contact centre operations.

For staff, any change will impact on their commute to work and, by extension, their work-life balance. Thus, we need to ensure that within the labour market our staff are not only happy to stay with us, but we are also able to attract skilled and qualified replacements for those who will leave as part of the natural turnover of employees. Therefore, the benefits for staff as well as the Trust were also considered by Catalyst.

What are we proposing?

Catalyst IT Partners looked at the current sites in Newcastle and Middlesbrough and evaluated a further 13 locations as the potential site for NEAS' second contact centre.

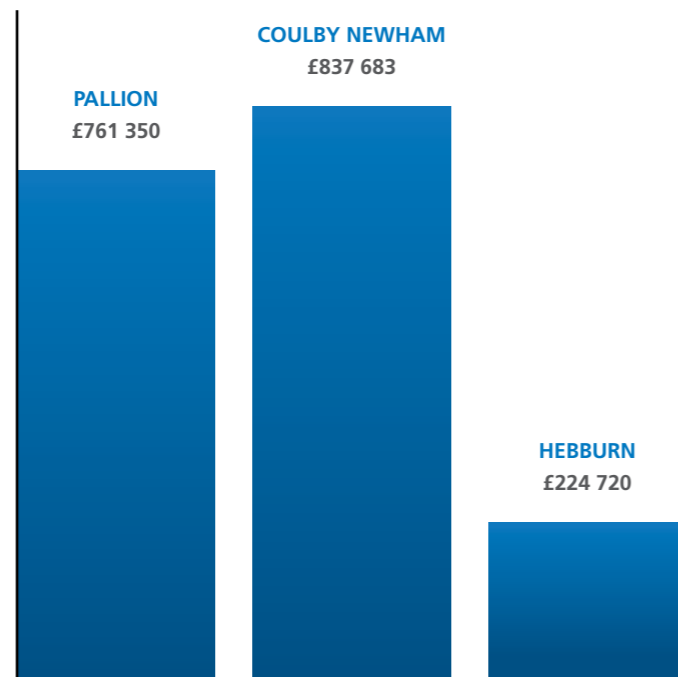
No single site provides a perfect location, but based on aggregate scores on a number of factors for suitability – such as business continuity, operational effectiveness, recruitment and retention of staff and value for money, the top three sites are at:

1. Hebburn, South Tyneside
2. Chester-le-Street, County Durham
3. Sunderland

In a comparative ranking of sites, Hebburn is the highest scoring location, followed by Sunderland and then Pallion Industrial Estate, also in Sunderland – home to the NEAS fleet workshops and South of Tyne divisional headquarters.

What investment is needed for the second contact centre?

Additional investment will be required to build and operate a second contact centre. Costs can be kept down by locating to a site already owned or leased by NEAS. This comparative chart reflects the cost to convert, or develop, sufficient space within existing NEAS sites for contact centre staff. Anywhere other than Hebburn – including the second choice at Chester-le-Street – would require significantly more investment for a new build from scratch.



Our preferred choice

The proposal, following a consideration of many factors including operational effectiveness, civil protection responsibilities, retention and recruitment of staff; value for money; benefits to existing staff and opinions of patient and public groups is:

- To replace the current working model of the single contact centre site in Newcastle plus its satellite site in Middlesbrough and the back-up control facility at NHS Direct with two operational contact centres.
- One contact centre will be located at Bernicia House, Newcastle in the headquarters of the NEAS and the other will be based in Hebburn, South Tyneside.
- Both contact centres will be used daily, to ensure a continuous and uninterrupted service in the event that a natural or deliberate catastrophe disrupts one site.
- The two contact centres are separated by the natural barrier of the River Tyne and cannot share the same utilities such as power and telecoms. This ensures that they are far enough apart to be independent of one another, yet close enough to maintain our civil protection responsibilities and normal business functions and be more easily managed as an integrated system.

How will this work?

A&E calls

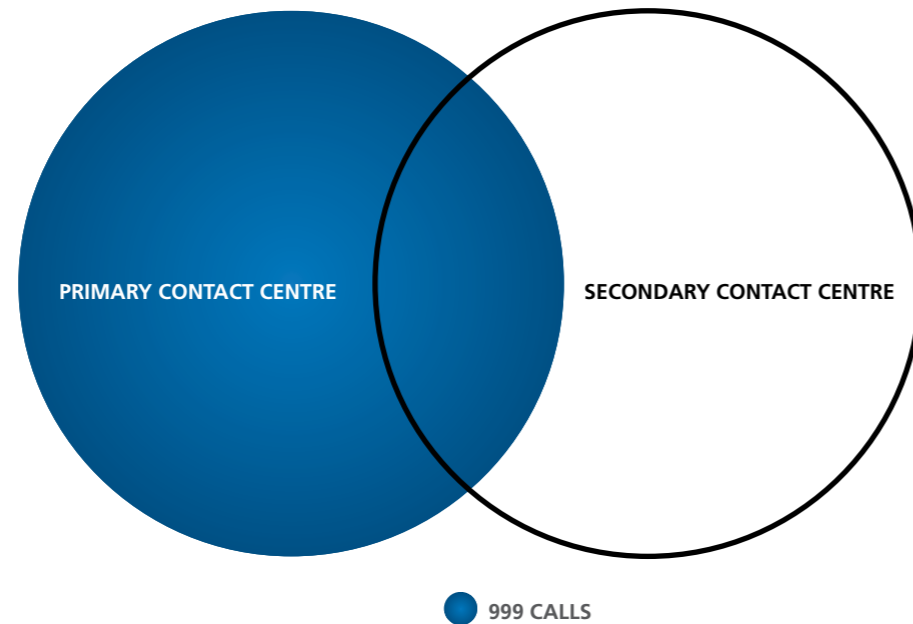
Both contact centres will be capable of carrying out all the functions expected in the delivery of our services, both in the present and in the future. We would propose that four dispatch desks are located in Bernicia House – one for North of Tyne area; one for South of Tyne area; one for County Durham and Darlington and one for Tees. The social interaction between staff working on all four desks should result in an improvement in A&E services on Teesside as communication is speeded up without the use of telephones and computer systems.

The second contact centre in Hebburn would take urgent calls from doctors, hospitals and other health professionals and assign these cases to resources where the critical time is measured in hours rather than minutes. However, the second contact centre would also be used as an overflow for 999 calls at peak periods and during the night.

This would allow:

- No person to wait any longer than necessary for their call to be answered. The national standard is for 95% of 999 calls to be answered within five seconds. Reducing any delay will improve our responsiveness to patients' needs.
- All staff to maintain skills in responding to emergency calls
- New staff to be exposed to the stress and pressure of emergency call handling in a controlled and gradual process from one contact centre to another.

This chart illustrates how the division of 999 calls will be split between the two contact centres.



Patient Transport Service (PTS) calls

Over the past five years, the former NEAS has been centralising its PTS bureaux to improve our service to patients and doctors. PTS bureaux in Framwellgate Moor, Durham; the three Newcastle hospitals (RVI, Freeman Road and General Hospital); Gateshead's Queen Elizabeth Hospital and North Tyneside General Hospital have moved to the existing Newcastle Business Park contact centre.

In the move to Bernicia House, the remaining PTS bureaux in South Tyneside General Hospital; Sunderland City Hospital; Wansbeck; and NHS Direct will all move in together.

After the merger with Tees, the PTS offices in Hartlepool, Middlesbrough contact centre; North Tees Hospital and York have all been centralised into offices based in Stockton.

It would be our plan to harmonize PTS control functions in the same way that A&E control functions are being proposed in this consultation.

What happens if we do nothing?

If we were to do nothing, over the next few years, there would be a significant and growing risk that the Trust would not be able to respond suitably to the normal 999 calls it receives - never mind a large or major incident. This would undoubtedly have a detrimental effect on patient care and would seriously affect our compliance with the Civil Contingencies Act.

However, we recognise that for those people on Teesside, where a contact centre is currently based, there may be some reservations over these proposals.

The contact centre in Middlesbrough was set up at a time when there was a smaller, local ambulance service responsible for that area. There are now 11 regional ambulance trusts in England and we want to ensure that we are set up to offer the best service we can for everyone in the North East.

This means being able to move our staff quickly and safely from

one site to another in the event of an incident. It also means being able to maintain our core services in the days and weeks after an incident without losing staff due to long commutes to work.

There is also uncertainty over the future of the Cleveland Police headquarters which places us at a risk of having to find a new home if the force chose to move to another site themselves.

The number of calls we receive every year is rising and we need to be able to manage that growth in the future. The facilities available to us in the current contact centre in Middlesbrough would not allow us to expand to meet rising demand in the future.

We also want to see improved performance with Tees contact centre staff working directly opposite their colleagues managing ambulance resources in County Durham, Tyne & Wear and Northumberland. This social interaction is the best form of communication when working in the emotionally stressful environment of a contact centre.

And all of this needs to be achieved within tightly held budgets which must be accountable for how public money is best being spent.

It is also important to note that the ambulance service crews based at stations across the North East region are not affected by these proposed changes and your call will still be answered in the same way that it is now.

How can you comment?

You can tell us your views on these proposals between **Friday 12 October 2007 and Friday 11 January 2008**. During that time, we will be seeking the opinions and comment of as many people as possible.

In October and November, we will be holding five public meetings:

Thursday 25 October, 10am to 12noon:

St James Community Centre, Wellway, Morpeth, Northumberland

Thursday 1 November, 10am to 12noon:

Three Tuns Hotel, New Elvet, Durham

Monday 5 November, 2pm to 4pm:

Sea Best Western Hotel, Sea Road, South Shields

Thursday 8 November, 10am to 12noon:

Riverside Stadium, Middlesbrough Football Club

Thursday 22 November, 6pm to 8pm:

Riverside Stadium, Middlesbrough Football Club

We are also happy to attend existing meetings of local groups to explain these proposals and answer any questions that people might have. If you would like to meet with us, please contact Katherine Shenton at consultations@neas.nhs.uk or call 0191 226 4461.

You can e-mail your comments to consultations@neas.nhs.uk

Or you can send them in writing to the **FREEPOST** address (no stamp required):

Simon Featherstone, Chief Executive, North East Ambulance Service NHS Trust, Contact centre consultation, Freepost RLUJ-RKYT-AZGH, Scotswood House, Amethyst Road, Newcastle upon Tyne, NE4 7YL

Further copies of this consultation document can be downloaded from our website at www.neambulance.nhs.uk or by contacting Katherine Shenton.

What about the staff involved?

We will be consulting with all staff affected by these changes. We will also work with those staff who may be affected by these proposals to minimise the impact of any change and identify alternative opportunities, if necessary and appropriate.

What happens next?

At the end of this period, a report will go to the Board of North East Ambulance Service NHS Trust. This report will be made public. Having taken into consideration comments received, the Board will make a decision on the way forward. Again this decision will be made public.

Frequently asked questions

Has the ambulance service looked at co-locating with a police force or fire and rescue service?

Sharing our contact centre with other emergency services was something that was looked at a number of years ago and even started in Teesside with the sharing of facilities between Cleveland Police and Tees East and North Yorkshire Ambulance Service.

However, the ambulance service does a very different job to other 999 services which needs different systems that are not compatible with the police or fire service. The pilot in Teesside ended some time ago so that there is now no connection between the ambulance and police other than sharing the same building.

Co-location with other 999 services is not being sought by either the police or fire service as the demand for each service is often not related. Ambulance services are playing an increasingly wide role in becoming a mobile healthcare resource for the NHS and many more of the calls that NEAS receive have an urgent, primary or social care need rather than emergency need. Our contact centre needs to be set up to deal with this.

However, in the event of a major incident, there are plans in place for all three emergency services to work together under a planned and organised structure. These structures are regularly tested with other organisations including local government, other health organisations and utility and commercial companies.

Doesn't this proposal mean that the local knowledge of staff on Teesside will be lost?

Staff that work in our control rooms do build up a good knowledge of the areas that they cover.

However, local knowledge always needs to be supported with reliable and accurate systems to ensure that every caller who needs an ambulance receives one quickly.

At the moment, during peak demand, we may have up to 17 people in our contact centre to cope with approximately 1,000 calls a day across an area of 3,200 square miles. Our systems identify telephone numbers with addresses, postcodes and grid references as soon as they are transferred by BT. Where this information isn't available, our staff use a well rehearsed questioning procedure to identify the most unusually named locations very quickly. Even where staff do have an excellent knowledge of the area, it is vital that they do not assume they know the location of the caller and still follow the normal procedure to ensure no mistake is made.

Technology can play a significant support role. The signal from mobile phones can be triangulated to a small area in which the caller is located; even on very weak signals.

And the local knowledge of the ambulance crews who will remain based in the same locations as now will continue to serve the patients and public from every area.

Over the last few years, the introduction of robust and accurate systems has seen response time performance of ambulance services in the North East improve year on year. We are getting to more patients quicker than we have ever done before.

Are you relying too much on technology? What will you do if it fails?

A modern ambulance service is supported by sophisticated and advanced technology. This is supported with a common-sense approach to identifying locations. Maps are available in every ambulance and callers are often asked to help crews by turning on their car hazard lights parked in the driveway or leaving the front door open, when it's safe to do so.

This proposal is about ensuring that we have a safe and reliable fall-back position in the event of any failure or disaster which can be operated independently and separately from any other contact centre without any downtime.

Is this just a cost-cutting exercise to save money?

No. Increasing our operations to support two independent contact centre rather than our current set-up will require increased investment. If approved, a business case will need to be made to the NHS commissioners of ambulance services to fund these plans.

What will happen to staff who don't wish to move to a new contact centre?

The Trust is committed to working with individuals affected by any forthcoming change. We recognise that these staff have excellent skills and we want to keep them working in our contact centre so that we can retain their expertise.

Will any relocation assistance be provided to staff moving to a new location?

Yes. Requests will be considered on individual merit using standard terms and conditions set out in the NHS Agenda for Change policy.

आपके आवेदन करने पर यह जानकारी बड़े प्रिंट, ब्रेल, ऑडियो टेप या दूसरी भाषाओं में भी उपलब्ध करवाई जा सकती है। इसके लिये कृपया पब्लिक रिलेशन्स डिपार्टमेंट को 0191 273 1212 पर फोन करें या 0191 226 4474 पर फैक्स करें।

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ, ਬ੍ਰੇਲ ਵਿੱਚ ਜਾਂ ਆਡੀਓ ਟੇਪ 'ਤੇ ਮਿਲ ਸਕਦਾ ਹੈ ਅਤੇ ਬੇਨਤੀ ਕੀਤੇ ਜਾਣ 'ਤੇ ਇਸਦਾ ਦੂਜੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਟੈਲੀਫੋਨ ਨੰਬਰ 0191 2731212 'ਤੇ ਜਾਂ ਫੈਕਸ ਨੰਬਰ 0191 226 4474 'ਤੇ ਪਬਲਿਕ ਰਿਲੇਸ਼ਨਜ਼ ਡਿਪਾਰਟਮੈਂਟ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

এই প্রকাশনাটি বড় ছাপার হরফে, ব্রেইলে বা অডিওটেপে, এবং অনুরোধ করলে অন্য ভাষায়ও এর অনুবাদ পেতে পারেন। দয়া করে পাবলিক রিলেশন ডিপার্টমেন্ট এর সাথে 0191 273 1212 নম্বরে বা 0191 226 4474 নম্বরে ফ্যাক্সে যোগাযোগ করবেন।

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