

File R1.5

Direct Line: **Code A**
Fax Number: 023 9273 3292

Our Ref: CM/R1.5

15 February 2000

Mr Mike Lambert FRCS, FFAEM
Consultant in Accident and Emergency Medicine
Norfolk and Norwich Hospital
Brunswick Road
Norwich NR1 3SR

Dear Mike

Thank you for your letter.

We would have no objection if you wanted to use Haslar as an example in your report. There is still some sensitivity about the proposals, so it would be helpful if possible to see what you were planning to include before it was finalised, just in case there were particular words which might be inflammatory in the local context. (I am sure you are familiar with these problems!) But on the whole the consultation is going reasonably well. We are now at the public meetings stage and the Haslar Task Force spokesman, drawing on his knowledge from the October workshop and the visits, is proving an extremely effective advocate for the proposals. And of course people are much more inclined to listen to him than to anyone from the NHS.

On the name front, we floated various wordings using the word "emergency" but the consultants here felt that that risked pulling in people who weren't suitable for the unit, and were more happy with "accident". It's hard to tell how much of an issue it really is for the public. The people in Weymouth told us that they had had to settle for minor injuries unit because "accident" was felt to give the wrong messages, but that local people continued to call the unit casualty!

Yours sincerely

Clare Moriarty

Accident and Emergency
Modernisation Programme

A&E



AE

Tel: (01603) 287316
Fax: (01603) 286747

Correspondence to:
Mr M A Lambert
Accident & Emergency Department
Norfolk and Norwich Hospital
Brunswick Road
Norwich NR1 3SR

Code A

Our ref: MAL/jls

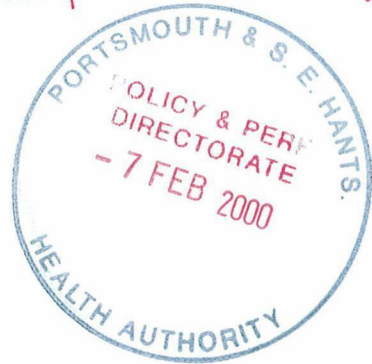
4th February 2000

*to Penny - do you see any
problem with X1?*

No problems - Penny

[Signature]

Clare



Mrs C Moriarty
Portsmouth and South East Hampshire
Health Authority
Finchdean House
Milton Road
Portsmouth PO3 6DP

Dear Clare

Thank you for taking the trouble to update me on progress over the replacement of services for Haslar.

It is clear that we have a major marketing exercise with the public in general over the development of local emergency care services. I quite agree with you that minor injuries unit is a very poor term for such services. One of the names we have been toying with is Local Emergency Care Centre to suggest that such a service is not only about injury care but can link to primary care and minor illness management.

X I am currently drafting our final report and am looking for examples of change management and new configuration of services. Although I have not sorted out the final details, would you have any objection if I chose to use the Haslar experience as an illustration of what can be achieved?

Best wishes.
Yours sincerely

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Mr M A Lambert FRCS, FFAEM.
Consultant in Accident and Emergency

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