NHS
South Central Ambulance Service
NHS Foundation Trust

13 February 2026

Re: Hythe ambulance station

Dear Sir Julian, Cllr Wade

Thank you for your queries about the Hythe ambulance station. The briefing below provides context, and we would be happy to arrange a follow-up meeting if required.

We recognise the importance people place on local NHS services and the visibility of healthcare services in their immediate area. It is important to understand how ambulance services operate and respond across our entire geography. On that basis I thought it would be helpful to explain our operating model and to provide some specific points about Hythe ambulance station.

Our geographical operating model

We divide the whole South Central Ambulance Service footprint into seven geographic nodes. Hythe ambulance station is part of our South West operational node. The node includes 5 stations (Hightown, Hythe, Lymington, Nursling and Ringwood).

Crews based at all stations collectively respond to incidents across the geography. No crew is ringfenced to serve a specific area. Clinical priority of the calls needing a response determines where crews are sent.

We predominantly look to dispatch crews to incidents within their base node and neighbouring nodes, but this is not fixed in the sense that crews would not return to their base rather than respond to a call in another node.

At any given point in the day/night the vast majority of crews on shift will be mobile. As such, response times are driven by the location of active crews around our entire footprint, rather than the distribution of ambulance stations.

A typical shift for an ambulance crew

A crew's base station is predominately where they start and end their shift. Once a crew is on shift, and confirmed ready to respond, they are normally dispatched to their first patient incident within minutes. When they complete an incident, they are then dispatched to their next call based on their location at that time.

A call may have ended with:

- Providing care on scene and not needing to take a patient to hospital.
- Taking the patient to the nearest A&E.
- Taking a patient with more serious injuries/illnesses to a specialist regional unit.

If there are periods of lower demand a crew may be directed to a stand-by point rather than immediately taking a next call. This would be a decision made in our control room based on the distribution of all units at the time.

Daily demand means that crews rarely return to their base station during a shift. They may return for a meal break, but may also be asked to take their meal break at another station if it is closer when their break is due. This is the same across all our stations regardless of size or whether in rural or urban areas.

Ambulances parked at stations

It is possible that ambulances visible outside a station give the impression that a crew is inside waiting for a call. As explained above, this is unlikely to be the case. Reasons for ambulances being parked at stations include:

- A fresh vehicle may have been delivered to the station ahead of a crew's shift start time.
- A crew may be on a formal break and not logged in for responding.
- A vehicle may have finished a shift and be waiting to be 'made-ready' on site, or to be taken to another site.
- A vehicle may have a fault or be due for maintenance and waiting to be taken to a workshop.

Long-term strategic estates plan

South Central Ambulance Service currently has over 30 ambulance stations and numerous other supporting sites across our footprint. The age and quality of sites varies, and we have an on-going programme of maintenance. This sits alongside a long-term strategy to provide a modern, efficient and safe working environment, that supports staff to deliver high quality care. To achieve this we will, over time and with access to national capital funding, reduce the size and age of the estate by building a fit for purpose hub-and-spoke model designed to enhance timely and responsive care delivery.

We would very much appreciate your support with this as we work with NHS England and the newly restructured Department of Health and Social Care to secure capital funding to modernise our built estate. The current estate is in poor condition and is not fit for purpose and we believe that a modernisation programme would significantly improve our efficiency and morale amongst our staff. We would welcome the opportunity to bring this to life with a visit to the service and would be delighted to show you and colleagues around.

Hythe station

Hythe ambulance station is a dated building with significant space constraints. It remains operational at present, but it is not fit for purpose in the long-term.

Building condition

The building itself is over 40 years' old and is unsuitable for delivering a modern ambulance service. It would require major repair / improvement to meet operational and staff welfare requirements:

- It would need a new roof, wall coverings, garage doors, lighting and other general improvements to crew and welfare areas.

- It does not have the solid structural walls required to meet standards for installing controlled drug safes, which a new procedure of storing controlled drugs (such as morphine*) requires, moving away from our current model of having drug safes in ambulances.

The cost of work required to bring the current building up to acceptable standards is estimated as being above the value of the property, and would still not address the space constraints of the site.

*Morphine is a drug used to control pain. In its injectable form it is a controlled drug and by law must be stored in a secure location in a locked room, inside a locked cupboard, securely attached to a solid wall.

Surrounding area and space constraints

Housing developments built on the former community hospital site, which the station was adjacent to, have significantly restricted space both operationally for ambulances and for staff parking.

Limited parking space now routinely causes issues for staff and local residents, and has led to conflicts such as staff being blocked in by residents' cars and needing to knock on doors late at night.

Given the space limitations of the site, a significant investment to refurbish/rebuild on that site is not a feasible option.

Options under consideration

All the options we are looking at relate to addressing the physical condition and space issues of the site itself. It is not a question of reducing ambulance crews covering the area.

- Aligning crews to other stations in the node is an option that is being explored. The impact of this has been assessed in terms of the operational efficiency of the node and local response times. This could potentially improve rostering options and ensure greater consistency in staffing vehicles across the area.

- If the Hythe station ceased to be a base for staff it would be retained in the short term as a stand-by point.

- If the site were sold at some point in the future, we would retain an alternative stand-by point in the Hythe area, for example by partnering with the fire service.

Given the operating model explained above, the location of stations has limited impact on response times to individual incidents. The only exception would be if the very first call of a shift for a crew starting from Hythe happened to be at a local address. We would mitigate this by having crews on standby in the area when patient demand allows.

Staff views

Local crews are very aware of the limitations of the current site and are generally supportive of the need for alternative options. Given the condition of the current site, a number of the staff are keen to transfer their base to another station in the node. We recognise that some former members of staff have commented on social media, however they will be hearing things second hand and will not have the full picture of the latest issues facing the site.

Consultation

At the moment we are exploring all of the options and seeking to involve our staff in the discussion so that we co-create a solution which works for the Trust and for our staff whilst maintaining and improving the level of service we offer to the people of the New Forest. Once we are clear about the options available to us and have undertaken analysis of the options to arrive at a preferred option, we will seek advice on the need to formally consult on our plans. In the meantime, we remain open to hearing people's thoughts informally and through opportunities for local leaders to visit and speak with us.

Next steps

We would be happy to arrange a visit or a meeting, in person or online, with local operational leads to provide more context and answer additional questions. If you would like to arrange a follow-up, please contact: chiefexec@scas.nhs.uk

Yours sincerely

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