Scottish Ambulance Service
Our Future Strategy

Our values

We will:
• put the patient at the heart of everything we do.
• treat each and every person well, with respect and dignity.
• always be open, honest and fair.
• encourage creativity, innovation and new ways of working.
• not tolerate any abuse, discrimination or harassment of any sort.

Glossary of terms

A&E - Accident and Emergency

Care Pathways - the different routes by which patients can access healthcare

Community Paramedic - a more highly skilled paramedic working alongside other NHS colleagues to reduce unnecessary attendance at hospital

CPR (Cardiopulmonary Resuscitation) - a standard treatment for patients in cardiac arrest

Defibrillator - a machine which indicates whether a patient has had a heart attack and which can shock a patient’s heart if necessary

First Responder - a trained volunteer working in local communities and able to provide immediate life support for a range of conditions

NHS - National Health Service

NHS 24 - non emergency telephone service providing advice and access to healthcare

Out of Hours - healthcare which is provided outside of normal GP surgery times

Primary Care - providers of scheduled healthcare including GP surgeries

PTS - Patient Transport Service

SAS - Scottish Ambulance Service

Scheduled Care - planned healthcare which operates on an appointment basis

Triage - an initial assessment of a patient’s condition which determines their care needs

Unscheduled Care Providers - healthcare services which operate without appointment
The Scottish Ambulance Service (SAS) is a trusted and respected organisation, designed to help people at times of critical need. The people who work in the Service aim to provide a high standard of care for residents and visitors across urban and rural Scotland.

The interventions of SAS staff have impacted positively on the lives of thousands of people. We are proud of the work we do and of our many achievements over the past five years. We have improved our focus on patients and further developed our partnerships with NHS colleagues, allowing us to care for more people at home or within their communities. This work has enabled us to take more people directly to the specialist care they need and allowed us to consider how best to meet the challenges that Scotland’s diverse geography places on our Service.

However, we still face a number of challenges if we are to continue to grow and improve to meet the changing needs of Scotland’s communities.

The drive to make wider NHS services available to patients locally means that going to hospital won’t always be the most appropriate option. The Scottish Ambulance Service needs to support and complement the way in which other national and local services work, to ensure the people of Scotland receive maximum benefit from an increasingly streamlined health service.

The Board is therefore in the process of reviewing its strategy for the next three to five years and is now embarking on a national consultation programme with key stakeholders.

Through its publication ‘Better Health, Better Care’, the Scottish Government sets a clear agenda for change for the NHS in Scotland. It indicates the need for the development and delivery of services to be undertaken as a partnership, not only between NHS organisations and their staff but also between the NHS in Scotland and the Scottish people. This principle is a keystone as we consider how the Scottish Ambulance Service will provide for patients in the future. We want your views on how we can best work together to achieve this shared vision for improving the health of Scotland’s people. Our aim is to provide an NHS which offers easier access to services and greater patient focus.

This discussion document outlines the key areas we would like to focus on. A great deal of thought has been given, across the NHS, to the options available and we want to gather opinion on the potential challenges and impacts of implementation. We also want to examine the ways in which we can work collaboratively to build new and improved services that will better fit the needs of Scotland’s communities.

We look forward to hearing your views and working together to take our Service into the future.

David Garbutt
Chairman Designate
We want this consultation to be open to everyone with an interest in the future of the Scottish Ambulance Service. As such, in addition to seeking the views of our healthcare partners, we will also be carrying out a thorough public consultation.

We’ve established a number of ways for you to contribute.

Write to us at:
Future Strategy Project
Scottish Ambulance Service
National Headquarters
Tipperlinn Road
Edinburgh
EH10 5UU

Email us on: sas.strategy@nhs.net

Complete a comment form at:
www.scottishambulance.com/futurestrategy

We would also welcome the opportunity to visit partner organisations, so if you would like us to arrange a presentation and discussion, please contact us at: sas.strategy@nhs.net

The closing date for input is Friday 14 August 2009. An analysis of the findings will be available after the consultation closes.

An audio transcript or large print version of this document is available on request.
At the frontline of the NHS in Scotland, the Scottish Ambulance Service provides an emergency and non-emergency service to more than 5 million people across mainland Scotland and its island communities.

The Service employs 4 thousand highly skilled staff and responds to nearly 600 thousand Accident and Emergency calls a year, around 430 thousand of which are 999 calls. Almost 1.6 million patients are carried to and from hospital by our Patient Transport Service and our air ambulance service deals with 3 thousand incidents per year.

Demand for ambulance services is increasing every year. Scotland’s population lives longer, is more culturally diverse, is better informed, has greater expectations and has more complex needs than ever before.

The challenge to deliver healthcare which meets the needs of the population has never been greater. Now, the Scottish Government and NHS Scotland aim to increase, appropriately, the range of services available within communities and to develop a more joined up service for patients. The Scottish Ambulance Service also recognises and supports the need for a shift in where and how care will be delivered and the impact this will have on outcomes for patients. We know that a journey to hospital is not always the best option for patients and we must take this into account when setting out the ways in which we will work and the skilled services we will provide.

Below are some examples of recent developments which have been planned and implemented in conjunction with the NHS and our other healthcare partners.

- Achievement of Category A target - responding to 75% of life-threatening calls within 8 minutes.
- Introduction of practitioner paramedics in Lothian offering enhanced skills levels for patients and the NHS Boards.
- Introduction of community paramedics working with local out of hours providers, in a number of Health Boards.
- Successful joint working with NHS Boards and Regional Planning Groups to implement national clinical priorities, such as Optimal Reperfusion.
- Co-location with NHS 24 to improve joint working, leading to better triage and care pathways for patients.
- Increased numbers of patients treated at scene avoiding unnecessary hospital attendance.
- Significantly enhanced skills across all staff groups, offering greater flexibility in the response the SAS is able to provide.
- Planning and pilot implementation of the Lanarkshire Emergency Response Centre to co-ordinate all unscheduled care resources in the area.

We recognise, however, that further development is required. The principle of delivering services to the right person, in the right place and within an appropriate timescale is crucial. To meet this aim, we understand that we need to link with other parts of the NHS and Local Authority Social Care more than ever before.
‘Better Health, Better Care’ offers a framework for the development of the NHS and the SAS. We are working towards alignment with that Government vision for improved health in Scotland and an NHS which offers greater patient focus and easier access to services.

However, we face a number of challenges in meeting these aims. We need to establish our role within the changing environment of the wider NHS, ensuring our services fit within the broader change agenda and remain patient centred. Engaging fully with our NHS colleagues is imperative if we are to deliver an increasingly streamlined health service.

There may be an opportunity for us to supply a more clinically based service, but we have to ensure that we are still providing the services that patients want and need. This will also involve tackling the perception that we are purely an emergency service, providing life support and transport, rather than a clinical service.

We have an opportunity for modernisation. Our strategic direction is aligned with the ‘Shifting the Balance of Care’ agenda and will focus on the following key themes:

- Improving patient access to emergency care.
- Defining our role in the management of care and long-term conditions in the community.
- Developing our contribution to planned and unscheduled care.
- Developing genuinely integrated transport services.
- Increasing efficiency of our resources.
- Identifying opportunities for shared efficiencies in partnership with NHS Boards.

In doing so, we must be able to demonstrate that we are:

- focussed on the needs of patients.
- involving patients in the design and delivery of our services.
- working to improve the health of patients.
- meeting the challenges presented by Scotland’s geography to provide the right resources and the same quality of care regardless of where our patients live.
- ensuring that patients can be given the right treatment locally wherever possible, reducing the need for unnecessary hospital admissions.
- promoting equality and diversity.

This strategy will aim to challenge the traditional view of an ambulance service where a 999 call usually results in a trip to hospital. Patients require a highly skilled and specialised NHS, both locally and nationally, and the Scottish Ambulance Service will be at the heart of that improvement. We need to ensure our strategy meets that challenge.

We particularly want your views on four key issues:

- Improving access to emergency care.
- Providing healthcare in remote and rural communities.
- Ensuring our Patient Transport Service meets the medical and mobility needs of patients.
- Enhancing the care we provide.

The following pages set out the current situation in each of these areas, alongside what we are trying to achieve. This document also outlines how our thinking is developing and what we believe the benefits will be for patients. We have included some specific questions and would appreciate your feedback.
‘Better Health, Better Care’ recognises a need to ensure that patients are appropriately routed to the care they need when accessing emergency services. As such, the SAS and NHS 24 have been asked to explore the development of a single clinical decision support tool. The aim would be to ensure that all patients, regardless of whether they access care through 999 or NHS 24, will receive a consistent response and will be directed to the most appropriate service.

In developing its strategy, the SAS is seeking your support for this direction and your views on how to ensure maximum benefit for Health Board partners.

**What is happening now?**

Over the past five years, demand for unplanned care services in Scotland has increased significantly. More frequently, patients call 999 or attend Accident and Emergency wards with symptoms and conditions which could be better treated at a primary care level, for example, by a GP.

Similarly, NHS 24 and Out of Hours Clinics receive a small but significant number of calls relating to potentially life-threatening conditions, which would be better treated at a primary care level, for example, by a GP.

Currently, unscheduled care providers use different tools to assess patient needs. The system used by 999 operators prioritises ambulance dispatch, while other services are more likely to focus on primary care solutions or patient referral. This confusion can lead to increases in call transfers and delays for patients.

**What do want to achieve?**

A new common assessment system would mean that, regardless of which route is used to access emergency or out of hours healthcare, there will be consistency in the triage of patients’ needs. This would give call handlers the ability to route patients to a variety of healthcare pathways, dependent on individual need.

**How would this benefit patients?**

A shared system for assessing need would ensure the right response for patients, first time. It would cut down on the number of calls transferred between NHS 24 and the Ambulance Service and potentially speed up the response patients receive as a result.

Both the SAS and other unscheduled care providers would have access to a full range of health services and clinicians, allowing them to refer patients more quickly to the care they need. This would avoid unnecessary attendance and hospital admission for the patient.

The ability to make use of a shared patient record would also enable a better informed and more appropriate response.

**What are the challenges?**

A common triage system needs to ensure the following:

- That patients’ access to unscheduled care is consistent and simplified.
- That a wide range of NHS services and care pathways are accessible.
- That all partners have access to a shared patient clinical record.
- That any new single telephone number for unscheduled care is introduced with clarity about the services it can be used to access.
1. How can we work together to improve patient access to the right emergency help?
2. How can we better share resources?
3. What are the practical considerations for implementation?

Moving forward

The model above illustrates how a common triage system could operate by assessing patients’ needs and routing them to the most appropriate healthcare service.

We want your views

While the need for a single assessment tool has already been identified, we still need partners’ views on how we can make sure it delivers maximum benefits for patients.
Delivering for Remote and Rural Healthcare: Emergency Response and Transport

The Scottish Government’s report ‘Delivering for Remote and Rural Healthcare’ has identified a lead role for the SAS to collaborate with territorial NHS Boards, to improve emergency response models in remote and rural communities. A Remote and Rural Implementation Group has been established and to date, its work has resulted in the scoping of seven models intended to provide a flexible emergency response service for communities with diverse needs.

As part of the consultation process, the SAS will work appropriately with Boards to establish how these models can best be developed in local communities.

What happens now?

Scotland’s remote and rural communities present very different challenges to urban areas when it comes to the provision of emergency healthcare. Whilst the level of demand for ambulance services may be lower than in towns and cities, the challenge of responding quickly is far greater. The Scottish Ambulance Service has skilled staff based throughout Scotland in urban, remote and rural areas. We aim to give all patients the same quality of care regardless of where they live.

Currently, if a patient calls 999 and an ambulance is required, it will be dispatched immediately in life-threatening situations or as soon as possible in urgent cases. Where a life is at risk, we also have access to a network of GPs and trained volunteers who can respond quickly and provide life support until an ambulance arrives.

Most of the patients we currently see will be taken to hospital, however, for those in remote and rural areas, this can be a lengthy journey. As such, a transfer to hospital is not always the most appropriate action to take for the patient.

What are we trying to achieve?

We believe that where a patient lives should not affect the quality of service they receive from the Scottish Ambulance Service. We have an opportunity to use the wide ranging skills of our highly trained staff in a much more innovative and flexible way to handle emergency and non emergency care demands. Many have enhanced skills for handling long-term medical conditions such as asthma and diabetes. This high level of expertise means we could play a greater role in the provision of day to day healthcare in rural areas.

Possible models of care

- The provision of Community CPR training and public access defibrillators, working in tandem with the British Heart Foundation and other organisations.
- The training of volunteer ‘First Responders’, who can provide life support ahead of an ambulance arriving on scene.
- A Retained Ambulance Service, in principle, similar to the existing Retained Fire Service.
- A Community Practitioner Response scheme, where local GPs and nurses would support the emergency service by responding to suitable calls.
- A Retained Driver Service, to support GPs or nurses responding to emergency calls.
- A fully trained Ambulance Service response unit, providing 24 hour care directly within rural communities.
- An Extended Community Practitioner Service where existing GPs provide a graded response to calls in island communities.
How would this benefit patients?

Working in new ways and making better use of the skills available within the SAS should result in fewer unnecessary journeys to hospital. This should also enable us to provide treatment at home more frequently for patients with long-term conditions.

We are now working more closely with our NHS partners and with local communities to ensure our shared skills and resources are put to best use.

What are the challenges?

What works in one community will not automatically work in another. The challenge when piloting new initiatives is to ensure that they are applied to each community based on its individual needs.

There are also challenges relating to resources if we are to play a greater role in the provision of scheduled healthcare. Providing extra services will require investment in equipment and in staff training. Where models rely on volunteer staff such as First Responders, we must ensure that we maintain a high level of training and upskilling which recognises the changing demands on our services.

Moving forward

We are developing a number of different models to improve remote and rural healthcare provision and will be piloting these in various parts of the country in the coming months.

In addition to this, we are exploring the role the SAS could play in the provision, and co-ordination, of non emergency, scheduled healthcare services. We believe we could avoid unnecessary trips to hospital by carrying out routine tests and providing assistance at home for those managing conditions such as diabetes.

Island Ambulance

George McKay is the sole GP for the islands of Stronsay and Eday. As part of a pilot scheme, the community has been given an Ambulance Service PTS vehicle. It is being used for transporting patients in need of medical care, but is also now being utilised for community health projects.

“About two months ago we got a health centre and gym fitted in the school. And on the island, we have a number of people with BMIs of between 50 and 60, which is morbidly obese.

“The vehicle has enabled us to start up a weight-loss club alongside a dietician and two trainers who live on the island, with myself as facilitator.

“We used the vehicle to transport the members to the fitness centre. Many of them wouldn’t have the money or the means to get to the fitness centre or seek nutritional advice otherwise, so this could be hugely beneficial to them.”

We want your views

We want to hear your opinions of these models and your views on how we can best work together to implement them.

1. How can we develop our current role in the provision of emergency care?
2. Given the unique challenges faced by remote and rural communities, how can we share resources to improve emergency care services?
3. How can we share resources to deliver integrated non emergency care?
4. How do we involve communities better in the planning and delivery of services?
5. What additional skills and infrastructure would we need?
Getting patients to and from hospital

The SAS is looking to develop the Patient Transport Service to ensure it is properly focussed on meeting the clinical needs of patients as part of an integrated transport strategy across Scotland. Changing needs mean we have to extend the available provision of non emergency transport to reflect extended hours across the NHS.

We recently consulted with patients to explore issues in developing our non emergency Patient Transport Service. The consultation raised the following questions:

- Should the SAS provide a tailored PTS for specific clinical conditions?
- What role does the SAS have in managing long-term conditions in the community?
- Is a one-size-fits-all eligibility criterion failing to recognise the different needs of urban and rural communities?
- Should those who have no medical need for the service continue to be included in the eligibility criteria under social or geographical need?

We want to establish how we can collectively meet these challenges and better develop integrated transport arrangements. Key to this is the creation of additional capacity through the reduction in unnecessary attendance at hospital.

What happens now?

The Ambulance Service transports 1.6 million non emergency patients a year to and from hospital. Our primary responsibility is to provide a service for patients with a medical care need or with limited mobility. The PTS provides assistance for these groups of patients, ensuring they arrive at hospital appointments on time and are taken home as quickly as possible afterwards.

The Service also transfers patients between hospitals and takes them home upon discharge, for example following surgery.

What are we trying to achieve?

The Ambulance Service is part of a wider network of transport providers and we’re working with those partners to ensure we provide a priority service for patients with a medical or mobility need.

Patients do not automatically qualify for ambulance transport because they have a hospital appointment, however, a lack of general awareness of available alternatives results in a higher dependency on the SAS. Often, there is an expectation from patients who don’t meet the criteria that they will be eligible for PTS transport. Our patient consultation found that:

- 80% of our patients are able to travel around on other transport when not attending the hospital.
- 22% can’t travel by other means because of their medical condition.
- 37% were unaware of the eligibility criteria as their transport was booked “automatically” on their behalf.
- 61% could not afford to pay for their hospital transport costs upfront and were unaware of reimbursement schemes.

We believe there is an opportunity to develop a dedicated transfer service between hospitals and specialist healthcare facilities. In addition, we think there is potential to further develop transport services for patients with specific needs, for example, those with heart or renal conditions or requiring end of life care.
Marie Curie Partnership Working

NHS Tayside has been working alongside Marie Curie Cancer Care to provide a Patient Transport Service tailored specifically to patients requiring end of life, palliative care.

In the two years the pilot project was running, with one adapted vehicle and three full-time specialist staff, more than 1,300 patient journeys were made. Around 1,100 individual patients used the service and, for many, it was the only way they were able to leave hospital to make a will or to spend their final hours at home. Our staff were able to make these final, vital journeys as comfortable as possible.

The Service operates with its own phone number, so that staff can be contacted directly in cases where a patient requires immediate transport. Talks are now underway to continue the provision of the Service for the Tayside area and beyond.

How would this benefit patients?

A collaborative approach to getting patients to and from hospital, which could also make use of non-ambulance transport services, would result in greater flexibility for patients. This in turn would help the SAS to more efficiently target resources towards patients with a real medical or mobility need. We believe that patients would receive a higher level of care as a result.

What are the challenges?

There is a general lack of awareness of non-PTS transport options which raises expectations and the demand on the Service. Many patients don’t know about reimbursement schemes and any moves to make greater use of alternative methods must recognise that greater public awareness is needed.

Identifying the groups of patients who require additional services or specific help is a challenge. These groups will change over time and that changing need must be recognised.

The use of Transport Co-ordinators could provide huge assistance to the Scottish Ambulance Service in assisting patients who don’t meet the criteria for PTS transport. However, this service is currently not available across all of Scotland.

Moving forward

We must work towards providing an integrated transport strategy for Scotland, working alongside the Scottish Government and other transport and healthcare providers. We need to examine whether there are opportunities to develop specific inter-hospital transport teams or a service which focuses on taking patients home from hospital.

We believe that these developments would allow us to improve the transport services we provide to patients with specific clinical needs.

We want your views

We want your views on how we can most effectively build upon our work so far, to modernise and improve the Patient Transport Service.

1. How do we work with local and regional Transport Co-ordinators to take forward an integrated transport strategy?

2. The current eligibility criteria is not adhered to across the NHS – how do we ensure it is correctly applied?

3. How can we support NHS Boards in:
   • meeting hospital transfer targets?
   • meeting the 18 week target?
   • meeting the 4 hour target?
   • managing the patient discharge process?

4. What services should the PTS deliver?
Enhancing the care we provide

‘Better Health, Better Care’ calls for improved access to primary care and greater efficiency across the NHS. In line with this, and in response to a shift in our demand profile, the Ambulance Service has identified some major areas where it could potentially take a more defined role.

What happens now?

In our Emergency Medical Dispatch Centres, we are able to satellite track all of our resources and deploy the most suitable, nearest resource to an incident.

This capability could provide a platform for other organisations to co-ordinate their mobile resources more appropriately to communities’ needs. That might be, for example, community nurses, community psychiatric teams, midwives or indeed local authority falls teams. There is an opportunity to explore whether we could use our national IT infrastructure, and the skills and the knowledge that we have in these areas, to improve co-ordination nationally.

We also have the skills and expertise to make a bigger contribution to the provision of scheduled healthcare. We are mobile providers and we are in more locations than any other mobile or healthcare provider across Scotland. Is there an opportunity for us to work with partners to extend our range of skills to meet an unmet need and really manage long-term conditions in communities?

Doing this could prevent cases from becoming acute or emergency, helping us to meet our aim to shift the balance of care.

Out of Hours Hubs

Currently, Out of Hours Hubs in locations including Edinburgh, Forth Valley, Lanarkshire and Grampian use SAS paramedics with enhanced training and skills as part of their multidisciplinary teams. While services across these regions vary, most of these paramedics are trained to diagnose minor acute injuries and illnesses. Many can also treat patients and dispense medication, according to their diagnosis.

Feedback suggests that the majority of patients are happy to receive treatment or a visit from a qualified health professional who is not necessarily a doctor. Doctors benefit from the support of highly trained staff who can be called upon to help meet patient demand. Ultimately this approach has resulted in reduced hospital admissions.

Co-ordination of mobile unscheduled resources

The Lanarkshire Emergency Response Centre is currently operating a centralised system which co-ordinates all unscheduled care resources in the area.

This multidisciplinary way of working means that if, for example, a patient who has had a fall calls 999, the local falls team could be dispatched.

In areas where this co-ordination of resources is not provided, the same call could result in the dispatch of an ambulance and an unnecessary admission to hospital for the patient.

What are we trying to achieve?

In conjunction with NHS and other health partners, we believe we have a contribution to make to the wider healthcare structure in Scotland.
The possibilities for enhancing the patient experience could range from the provision of specific primary care services to the mobilisation of other healthcare resources.

Scotland’s diverse landscape and population present some very specific challenges, but there could be solutions in partnership working. Would patients prefer to attend hospital, or could an ambulance service staff member visit them at home to take a blood test and transfer it to hospital? Would patients be happy to receive a visit from a paramedic out of hours, instead of waiting for their own GP?

**How would this benefit patients?**

Our aim in developing enhanced services and contributing our skills and expertise to extended multidisciplinary initiatives across the country will be to improve the focus on patient needs. This would ensure that patients could easily access the right services and be given the right treatment locally wherever possible, reducing the need for unnecessary hospital admissions.

**What are the challenges?**

Providing a healthcare service in Scotland presents a wide range of challenges and local needs will differ vastly from area to area. If we are to work with partners across Scotland, it will require a huge level of co-ordination, putting pressure on resources.

The provision of new services such as blood testing and diabetes management would also place new demands on the Ambulance Service. Our staff will require training and an increase in their skills range and there may be a need for increased resources.

**Moving forward**

Importantly, we are an emergency service and that will remain our primary role. We will always provide an immediate response to life-threatening calls.

However, we also recognise there are opportunities for the development of the Health Service. An enhanced contribution from the Scottish Ambulance Service could play a substantial role in meeting unmet demand and supporting the development of an improved Service nationally.

**We want your views**

We would welcome your views on how we can build upon existing initiatives to enhance services for patients across Scotland. We would like to explore with you how we can use the skills, expertise and infrastructure of the Scottish Ambulance Service to support the further development of the NHS as a whole.

1. How can we build on the existing models of care currently available to patients, for example, extending the work of community paramedics?
2. Is there a role for paramedics in the provision of primary care?
3. What role could we have in managing long-term conditions at home?
4. What skills do we need to develop?
5. What are your expectations of the Ambulance Service within the wider NHS framework?
6. How can we exploit SAS infrastructure and expertise?
7. How could we support the co-ordination of all mobile unscheduled care resources?
Thank you for taking the time to consider these issues and questions. We would very much value your opinion and we look forward to receiving your comments.