

## **Scottish Ambulance Service Actions 2009/2010**

1. Improve the structures of involvement, and the communication and support provided to patient and public representatives by embedding the PFPI Strategy.
2. Finalise the expenses policy for patient and carer representation, by referencing and distributing Scottish Government guidance by summer 2009.
3. Improve communications with the public about the services that are provided, and appropriate use of these services, within the wider Communications Strategy. Finalise Patient See and Treat Information Leaflets and distribute in 2009/2010.
4. Consult with families and carers, as well as patients, public and PPFs as part of the Scottish Ambulance Service Strategy work.
5. Continue to develop the Community First Responder schemes and support the Community Resuscitation Development Officers and the programme of public CPR training, particularly in schools as well as more targeted training, e.g. ethnic minority groups who have a pre disposition to cardiac problems.
6. Continue to seek the views of complainants in 2009/2010 and use the report findings to make improvements to the complaints process.

## **Section 1- An overview of the Scottish Ambulance Service's Patient Focus and Public Involvement – progress during 2009/2010**

### **1.1 Introduction**

The Scottish Ambulance Service continues to make good progress in developing, promoting and delivering Patient Focus Public Involvement in 2009/2010. Much of this progress has been shared with the Scottish Health Council, who have provided the Board with regular feedback and guidance throughout the year.

The Service is strongly committed to involving patients, carers, communities and other stakeholders in the planning and delivery of services and the development of a mutual NHS. Throughout 2009/2010, we have listened intently to the views of our stakeholders and undertaken our most comprehensive consultation to date. The Service is moving towards developing a more inclusive relationship with people across Scotland; a relationship where patients and the public are affirmed as partners rather than recipients of care.

This report provides an overview of this work, examples of good practice and progress against the agreed actions for 2009/2010.

### **1.2 Patient Focus Public Involvement governance arrangements and how these work**

Governance for PFPI continues to come from the Board through the Designated Director for PFPI, who updates the Board regularly at meetings. To ensure that PFPI work continues to progress, a steering group comprising PFPI leads from each of our five geographic areas meets throughout the year to share good practice and learning from across the organisation.

### **1.3 The Progress made with the development of Public Partnership Forums**

In developing its Strategy "Working Together for Better Patient Care", we have involved a wide range of communities representative of the hugely diverse population of Scotland. The Service has engaged extensively with Community Health Partnerships, community groups, voluntary organisations and Public Partnership Forums (PPFs), to gain an understanding of the differing needs of our communities and identify, design and implement solutions through collaborative working. We will continue to strengthen and develop these relationships in 2010/2011, with a view to building on these meaningful and effective partnerships.

### **1.4 What has worked well in progressing PFPI?**

PFPI is central to our core values and we put the patient at the heart of everything we do. In developing our Strategy, which covers both unscheduled and scheduled care, we have listened to a wide range of views and patient experiences and identified three key goals to deliver our vision over the next few years:

- To improve patient access and referral to the most appropriate healthcare
- To engage with all our partners and communities to deliver improved healthcare.

- To deliver the best service for patients.

By seeking the views and personal experiences of patients and the public, we have made local changes to systems and processes, reviewed our existing complaints process to meet the needs of patients, and developed tailored solutions for the diverse communities across Scotland. We have gone to the heart of urban and rural communities to actively listen them around what matters to them.

Following a review of consultation and engagement within the South West Division of the Scottish Ambulance Service and taking into consideration the Scottish Governments proposals around the new Participation Standard, an Involving People Group was established. The purpose of this group is to work with PPF's and other groups, provide the Division with support and advice on involvement and participation activity. The group will also ensure that involvement activity is coordinated with existing involvement structures and promote networking between PPFs, groups and individuals where there are common areas of interest. If successful, there may be potential for this model to be implemented in other areas throughout the Service.

### ***1.5 Where further work is required***

It is recognised that a more consistent approach to PFPI is required throughout the organisation, the existing PFPI Steering Group will be reviewed in 2010/2011. The Scottish Ambulance Service recognises that it needs to further develop the relationships with patients and the public which has already started through our Strategy consultation. We have started to develop our communications and engagement plan to support the delivery of working together for better patient care. This will be further developed in 2010/2011.

### ***1.6 How the public and patients have been supported to be involved and the difference this has made***

The Scottish Ambulance Service recognises the importance of supporting the public and patients to enable them to participate in PFPI and has removed some of the barriers to involvement. An expenses policy to assist with the cost of travel, accommodation, childcare and carers costs was implemented in 2009/2010.

Methods to support patients and the public to participate have included making information available in other formats i.e. Braille, larger text and ensuring that information is easy to understand and free of jargon. A range of consultation methods were used to try to ensure that the voice of patients and the public are heard, in line with the national standards for community engagement, as well as those who are often excluded from consultation. In particular, marginalised groups as well as other groups from each of the six equality and diversity strands were invited to participate in consultation.

Consideration is given to choosing venues that are wheelchair accessible, have good transport links and where possible, we have engaged with the public in venues that they are comfortable with and at a time that suits them. After workshops and events, participants are invited to complete evaluation forms to provide valuable feedback which informs the Service of what has been successful and what could be improved to enable people to fully participate.

## **Section 2- Patient Focus Public Involvement (PFPI) Actions- progress against agreed actions for 2009/2010.**

### ***Case Study 1 – Involving People Group (Action 1)***

Following a review of consultation and engagement within the South West Division of the Scottish Ambulance Service and taking into consideration the Scottish Governments proposals around the new Participation Standard, an Involving People Group was established.

The Involving people Group will support managers and staff in their commitment to working with patients and members of the public, to enable local people to see real benefits to patients and the wider community as a result of their involvement.

The group will work with Public Partnership Forums (PPF's) and other groups, providing the Service with support and advice on involvement and participation activity. The group will also ensure that involvement activity is coordinated with existing involvement structures and promote networking between PPFs, groups and individuals where there are common areas of interest.

The membership of the group includes the Divisional General Manager, local managers from each sub division, one Patient representative from each ambulance sub division who are associated with local NHS Board PPF's, a local Community Council representative nominated from The Association of Community Councils, a voluntary group representative nominated from The Scottish Council for Voluntary Organisations and a Scottish Health Council Representative.

If successful, there may be potential for this model to be implemented in other areas throughout the Service.

### ***Case Study 2- Working with marginalised groups in North Ayrshire (Action 3)***

The Scottish Ambulance Service continues to develop and strengthen relationships with existing community groups. Opportunity arose to contribute to the "Just Like You" world café event organised by the Ayrshire Anti Stigma Group. The remit of the Ayrshire Anti-Stigma Group is to address the stigma and discrimination associated with mental ill-health. The group works with a wide range of partners to try and change public attitudes and behaviours.

The purpose of the event was to try to overcome poor public attitudes towards people with mental health problems and improve the general public's awareness and understanding of mental health issues. The Scottish Ambulance Service is keen to play its part in helping to tackle the stigma and discrimination associated with mental health.

The event brought together people who felt in some way stigmatised, the general public, community groups and representatives from NHS Ayrshire and Arran. The participatory style ensured that perspectives and experiences could be shared and an understanding of some of the preferences and needs of patients.

At the event the Service was able to provide advice and support to people around the various types of ambulances that can assist patients with mental illness to attend

health appointments. The Scottish Ambulance Service advised people that more discreet ambulances are available. Providing care that is respectful of and responsive to individual patient needs is at the heart of the Scottish Ambulance Service's vision for patient care.

### ***Case Study 3- Working in partnership with Age Concern (Action 3)***

Improving communication with the public was one of the key priorities for the Scottish Ambulance Service during 2009/2010.

We were invited by Age Concern to deliver a presentation to elderly people on the symptoms of heart attacks and how to access medical help. The event was held in West Kilbride in November 2009 and 24 people participated.

Participants were provided with an overview of the Scottish Ambulance Service and the many services we provide covering both unscheduled and scheduled care. Practical information was shared on accessing medical assistance through GPs, the out of hour's service, NHS24 and the Scottish Ambulance Service. Information was given about chest pain, including the signs and symptoms of a heart attack and actions required to help make the patient more comfortable before an ambulance crew are able to assist.

We also provided information on the West of Scotland Reperfusion Service. This is where ambulance crews can refer suitable patients having a heart attack directly to either Hairmyres hospital or the Golden Jubilee Hospital in Glasgow. Results of an ECG are transmitted electronically by ambulance crews from the ambulance to the hospital, where it is read by the receiving consultant before the patient's arrival. This allows faster treatment which can potentially save lives. Participants found this information valuable and gained a better understanding of our services and of the importance of recognizing the symptoms of cardiac arrest early.

### ***Case Study 4- Case Study 4- Recruitment and Equality (Action 4)***

The Scottish Ambulance Service is committed to creating an organisational culture which respects the rights of all individuals irrespective of their race, age, gender, disability or sexual orientation. The Scottish Ambulance Service works with and for a hugely diverse population and recognises that diversity enhances innovation, flexibility and makes an organisation more responsive to the needs of patients. The Scottish Ambulance Service continues to promote race equality within service delivery and employment practices.

In order to support the review and development of NHS recruitment processes, the Scottish Ambulance Service, alongside NHS Education for Scotland and Health Scotland, initiated a meeting involving the National Reference Forum. Members of the National Reference Forum are drawn from black and ethnic minority communities.

Each of the three Health Boards provided a brief overview of the status of their recruitment and selection review, building on background information that had been distributed beforehand. This was followed by discussion, to capture the view of the group. Members of the National Reference Forum shared their own personal experiences of gaining employment and provided an insight into what some of the

barriers towards ethnic minorities applying for and gaining employment with the NHS are.

Following this meeting, the Scottish Ambulance Service has reviewed the training for divisional teams and updated the recruitment process to incorporate the issues discussed.

#### ***Case Study 5- Partnership Working- British Red Cross and Community First Responders (Action 5)***

Community First Responders are teams of volunteers who are trained by the Scottish Ambulance Service and provide life saving treatment to people in their local communities. They are deployed to appropriate calls and are backed up by an ambulance crew.

The model has proved successful, with more and more schemes being rolled out throughout Scotland, with over 650 volunteers. The model is promoted through local authorities, community councils, community groups and Public Partnership Forum.

Our Largs scheme, which launched in February 2010, brings together the combined knowledge and experience of The Scottish Ambulance Service and the British Red Cross. The focus is on a volunteer centred approach that draws on best practice in working with volunteers. This partnership approach will ensure that local Community First Responders have access to increased support, better enabling them to respond to the needs of the community. Central to this support is increased training provision and further opportunities for volunteering, both at the British Red Cross and at the Scottish Ambulance Service.

#### ***Case study 6- Strategy Consultation Inverclyde Care Forum (Action 4)***

As part of the Strategy consultation, the Service held an event with Your Voice, Inverclyde Community Care Forum, a voluntary organisation, on 20 May 2009. The event was attended by 30 service users from local area, drawn from a diverse range of backgrounds including patients with brain injuries, carers and people with mental health conditions. The group also included 3 facilitators from Your Voice.

The Service delivered a presentation which outlined the need for a new strategy and some of the existing challenges and key areas participants could influence.

The participants were then split into 2 groups. Each group was facilitated by a Service employee and a member of Your Voice. Participants were led through a series of questions designed to encourage debate around the consultation topics, which are:

- Getting the right help in an emergency
- Getting patients to and from hospital
- Enhancing the care we provide

The key themes emerging from the discussion were captured by facilitators and a report was produced. This report along with other feedback helped to inform the Service Strategy 'Working together for better patient care'. The Service has been invited to carry out a further, more focused event in 2010/2011.

### ***Case study 7- Community Resuscitation Development Officers Public Training in Mull (Action 5)***

Developing and sharing skills for resuscitation amongst members of the public is a key focus for Community Resuscitation Development Officers (CRDOs). The Scottish Ambulance Service recognises that there is a critical need to ensure community engagement and resilience for healthy, thriving communities across the whole country.

An example of this work is a CRDO working with Tobermoray's Surgery Practice Manager to plan and promote a training session on Automated External Defibrillators (AEDs), as it was identified that an available AED was not being utilised. Automated External Defibrillators (AEDs) within communities can significantly improve survival rates for people experiencing cardiac arrest.

The training covered CPR, basic life support and the use of an AED. 19 members of the community, aged between 12 to 70, participated in the training. The defibrillator is located in the Village Hall, and any call taker receiving an emergency call from that area can advise the caller of the availability of the AED. This has enabled them to become more resilient to life threatening medical conditions such as cardiac arrest.

Over the next few years, the Service will embark on this work through a national community engagement and resilience strategy which will see the Scottish Ambulance Service work on a community by community basis to facilitate decision making, mutual assistance and encourage communities to use their people and skills creatively in conjunction with the support and services available.

### ***Case study 8- Strategy- working with remote and rural communities (Action 4)***

As part of the Strategy consultation, the Service facilitated a series of focus groups with patients and partners across Scotland. The purpose of the focus groups was to further explore emerging themes and inform how these could be taken forward. The groups were arranged as follows:

- Inverness – to discuss unscheduled services from a remote & rural perspective
- Thurso – to discuss scheduled services from a remote & rural perspective
- Fort William – to discuss engaging with communities from a remote & rural perspective
- Glasgow – to discuss unscheduled services from an urban perspective
- Dundee – to discuss scheduled Services from an urban perspective
- Edinburgh – to discuss engaging with communities from an urban perspective

Patients and the public who contributed to the Strategy were invited to attend these events. The Scottish Health Council were in attendance at each session and provided support and guidance. Participants were given details in advance, along with supplementary materials.

A discussion guide was prepared for each topic and each session was facilitated by the Strategy Project Manager and a Redesign Manager. People's views were captured and will help inform how the Strategy is implemented. People's contribution can be found in 'Our Future Strategy Consultation Findings 2009', available on our website.

### ***Case Study 9 – Complaints Service Review (Action 6)***

The current Complaints Process was reviewed in 2009/2010. It was recognised that the current process needed to be evaluated and streamlined in order to meet the needs of patients.

The methodology used for the review was a combination of qualitative and quantitative data along with the mapping of existing processes and research. It was important to take onboard the views of complainants and employees involved in the process and use their views to inform any changes. Throughout 2009/2010, complainants were sent questionnaires at the end of the complaints process to seek their views on the current system. Furthermore, employees were given the opportunity to express their view of the current system, some of the challenges and ideas on how to improve.

The review will inform a new process to be developed and implemented in 2010/2011.

The revised process will aim to:

- Actively listen to complainants to understand what they are looking for.
- Encourage local resolution at an early stage for appropriate concerns.
- Create a system which enables us to learn.

### ***Case study 10-Air Ambulance Reprocurement (Action 1)***

The current contract for the Air Ambulance Service expires on 31 March 2013. In order to develop a tender specification for the market, which reflects the views and opinions of patients and members of the public across the country, the Service has developed an engagement plan with three distinct phases. Phase I will capture feedback from people about the kind of air ambulance service they would like. Phase II comprises feeding back to people the information which has been gathered, which will be incorporated into the tender specification. Both of these phases will be complete by June 2010. The third phase of engagement will be the communication of the successful tender. This phase will take place in 2011.

During phase I, patients or carers using the Air Ambulance were given information and a questionnaire requesting feedback on the service. In addition, explanatory letters and leaflets about the Air Ambulance and the re-procurement process were sent out by mail and by e-mail. The leaflet and letter also signposted the Scottish Ambulance website, where more detailed information was held about meetings. These were sent to key stakeholders including, GP surgeries, NHS Health Boards, PPFs, voluntary organisations and the Scottish Health Council. Participants were able to submit feedback and comments by mail or e-mail. Representatives from the Service met with members of the public at 13 meetings across Scotland. These were publicised through targeted local media. Where requested, support needs were met; this included a signer which enabled a deaf member of the public to participate.

For Phase II and Phase III there will be a greater emphasis on partnership working with local groups. The Service will request slots at existing community meetings and may also hold standalone meetings. By working more closely with organisations in close contact with hard to reach groups, the Service will continue to gather valuable input from an even wider range of people.

**Summary table- Update on Actions for 2009/2010 for which no case studies have been submitted**

<b>Agreed Action</b>	<b>Progress 2009/2010</b>
Finalise the expenses policy for patient and carer representation by referencing and distributing Scottish Government guidance by summer 2009.	Action complete. This was implemented in autumn 2009.
Finalise patients See and Treat Leaflets	Action complete. The new patient leaflets are now provided to suitable patients following assessment and treatment.