

Scottish Ambulance Service Annual Assessment Summary 2008/2009

The Scottish Ambulance Service continues to make progress in developing, promoting and delivering its Public Focus Patient Involvement during 2008/2009. Much of this progress is detailed in the quarterly portfolio submissions to the Scottish Health Council during the reporting period. The Service has a strong commitment to involving patients, the public and our partners in the planning and delivery of our work. This is central to our current mission to save more lives, improve health outcomes and reduce hospital admissions/ attendance by treating people more locally. The following summary information provides an overview of this work and highlights some examples of good practice.

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 is progressing effectively a steering group comprising senior PFPI Leads from each of the Divisional areas and patient representatives meet on a quarterly basis to share good practice and learning from across the organisation and discuss opportunities for further engagement. PFPI activity takes place mostly at divisional level and as part of its remit the group monitors PFPI performance in each of the Divisions and report back to the group.

The Scottish Ambulance Service continues to recognise the many benefits of closer joined up working with Community Health Partnerships and Public Partnership Forums and is currently working in partnership with Quality Improvement Scotland alongside other Special health boards, in exploring ways of working with existing Public Partnership Forums in territorial health board areas, with a view to creating meaningful, sustainable and effective partnerships with these existing groups. In addition to this the Scottish Ambulance Service works, along with the other Special Health Boards with the National Reference Forum which represents black and ethnic minority groups. The National Reference Forum is managed through the equalities and Planning Directorate, NHS Health Scotland.

The Service recognises that supporting patients and the public to enable them to participate in PFPI is essential and as such some of the barriers to participation have been considered. Patient representatives are reimbursed traveling and accommodation expenses where appropriate to attend meetings or events. A draft expenses policy covering travel, carers expenses, childcare and accommodation costs has been produced and will be implemented by summer 2009 in line with Scottish Government guidelines issued this year. In addition it is Service Policy if required, to arrange additional support to enable individuals to attend events and meetings, this includes signers for deaf people, translation and hearing loops.

Recognising the benefit to both Patients and the Service in having useful information leaflets, 8 leaflets were developed to complement some of the "See and Treat" care pathways. Valuable input was provided from approximately 600 stakeholders, including over 300 patients as well as specialists and other healthcare professionals. As a result of this the leaflets are more user friendly and meet the needs of patients and health professionals alike.

The Service recognises the importance of the development of an open and fair culture that is receptive to adopting new practices and learning from complaints, by involving both complainants and staff. Complaints provide useful management information about the quality of service we provide, from the perspective of service users, their carers, families, friends, and from the public. Questionnaires are being sent to all complainants from March 2009 asking them about their unique experience of the process to see how we can improve on our current management of complaints. The collated information will then be shared throughout the Service with a view to implementing recommendations from the results of the questionnaires.

The Service have progressed many positive initiatives this year including building on the success of the First Responder Scheme, where volunteers are trained by the Scottish Ambulance Service and provide life saving treatment to people in their local communities. There are now 52 First Responder schemes operating all over Scotland; with in excess of 500 volunteers, the Service plans to extend this scheme further in the coming year. In addition to this the Scottish Ambulance Service and the British Heart Foundation (BHF) have been working together in partnership in the development of schools and community training and resuscitation. This is an area where PFPI work could make a significant difference to the communities we work with. The Partnership has meant that four Service paramedics are teaching emergency life support skills throughout Scotland. In the coming year the possibility of delivering targeted training to members of ethnic minority groups will be explored.

The Service recognised the importance and value of involving service users in improving the existing services as a result a large survey of patients from across Scotland who use the Patient Transport Service was undertaken this year. The purpose of the survey was to seek the views and real experiences of service users and to find out what is important to them. It is hoped that by working with patients and listening to their views, longer term solutions can be sought, resulting in improvements to the service.

It was recognised in last year's self assessment that the Service could improve on incorporating PFPI into strategy and service redesign and as a result PFPI is now being embedded in this important area. In the coming year the Service welcomes the opportunity to involve its stakeholders in its development of a vision and strategy which will set out a route map for the development of the ambulance service in Scotland. The consultation process will involve; shopping centre road shows, public meetings, focus

groups, staff road shows, and engagement with Public Partnership Forums. This is an exciting time for the Service and an opportunity to strengthen existing relationships and create new partnerships with the public, patients and other stakeholders.

In summary this year has been very positive in terms of consolidating existing activity and progressing new initiatives to involve patients and the public. The Service also updated its PFPI strategy in autumn 2008 and will continue to monitor and implement this strategy in its many work streams. The coming year promises new opportunities for involvement and engagement, and a commitment to working closely with the Scottish Health Council and involving them in the development of our strategy. This would allow the Service to involve patients and the public in a meaningful way, to make a positive difference to the service we provide, and ultimately to benefit the communities we serve.

The Scottish Health Council agrees that this self assessment represents a fair and accurate account of the progress made in the last year by Scottish Ambulance Service in relation to Patient Focus and Public Involvement.

Community resuscitation development officers

The Scottish Ambulance Service and the British Heart Foundation (BHF) have been working together in partnership in the development of Schools and Community training and resuscitation and First Response and have come together to fund 4 Community Resuscitation Development Officers who are on a two year secondment from the Scottish Ambulance Service to the British Heart Foundation to set up Heartstart UK schemes which will deliver Emergency Life Support Training.

Each of the new Community Resuscitation Development Officers assumes a specialist interest according to their Divisional area needs (e.g. remote and rural developments, urban developments, schools focus, community partnerships focus, addressing health provision inequalities etc) to ensure one officer takes a lead for an identified project development need.

The Community Resuscitation Development Officers play a key role in community education and have delivered presentations to Community Health Partnerships, local councils and education departments around Heartstart schemes. Heartstart UK is an initiative coordinated by the BHF and delivered by the Scottish Ambulance Service to teach members of the public what to do in a life-threatening emergency. It provides opportunities for members of local communities to learn essential, lifesaving skills.

Examples of work include the delivery of free first aid courses for fathers of young karting drivers, young parents and also visiting schools to provide first aid advice. The Community Resuscitation Development Officers have also visited a primary school to give a talk to pupils on what happens when they make a 999 call. Over 80 Service staff have volunteered to become Heartstart Instructors and will continue to deliver 2 hour free lifesaving courses to members of the public in their areas.

In each of the divisions consideration will be given to those hard to reach groups and whether the focus on life saving courses would assist in developing relations further.

Patient information Leaflets

The Service is in the process of producing 8 new patient leaflets to provide useful information to patients and carers covering the following topics; lower than normal blood glucose, nosebleeds , minor wounds/ steri strips/ tissue adhesive, seizures, head injury, asthma, fainting and panic attacks. These leaflets are intended to be given to patients following “see and treat”, where it is has been safe to treat patients at home. The Paramedic Researcher contacted various ambulance trusts to find out what leaflets were already available and cross referenced this in accordance with practice guidelines. New leaflets were produced with input from patients and other stakeholders e.g. specialists and other healthcare professionals. Leaflets were then produced and sent to stakeholders identified by Clinical Effectiveness departments in Five Health Board areas. The stakeholders included Managed Clinical Networks, Patient Focus Groups, Safe and Effective Care Committee, Community Health Partnerships, specialists in each field and outpatient clinics.

As part of the consultation two questionnaires, one for patients and one for health professionals, were designed. The aim of the patient questionnaire was to identify the information which patients needed and present this in a user-friendly and accessible format that would be helpful to the patient. The health professional questionnaire focuses on content and best practice.

Approximately 600 questionnaires to date have been received from stakeholders, including over 300 from patients, providing valuable feedback which has resulted in amendments being made. These include the use of medical terminology and jargon, font size, providing contact details, offering to translate leaflets in another language or format, consideration that not everyone is on the internet and simplifying the content of the leaflets. This valuable information has meant that the leaflets are more user friendly and meet the needs of patients and health professionals alike.

A patient representative, active on various patient groups expressed a keen interest in the work and has been instrumental in the further distribution of leaflets to other groups for consultation. The leaflet is currently at the design stage and further engagement with this individual and also other stakeholders will continue.

Positive Impact of Complaints

Safeguarding high standards of clinical care, and facilitating continuous improvement in the quality of care, are key objectives for the Scottish Ambulance Service. A fundamental requirement of complaints handling is the development of an open and fair culture that is receptive to adopting new practices and learning from complaints, by involving both complainants and staff. The Scottish Health Council made a recommendation that consideration should be given to involve complainants more in improvements to the Service.

Service questionnaires were sent out to complainants along with a pre paid envelope. It is important that we ask complainants for feedback on the complaints process. The questionnaire will continue into next year and complainants, where appropriate will also be asked for their consent to be kept informed of future Service consultation with the public around redesign, strategies and our annual review etc and possibly asked to participate in future patient groups and committees. It is hoped that this input will play a key role in informing service improvements.

A recent example of positive patient feedback was when a renal patient had a series of problems with his transport having a significant impact on his life. On several occasions the transport home from hospital was delayed and on one occasion a problem with communication meant that the patient was not collected. On hearing these concerns the local Patient Transport Manager visited the patient at the clinic and listened to the issues firsthand. This resulted in the Manager changing the resource that the patient needed from a crewed ambulance to a single ambulance as even though the patient was in a wheelchair, a ramp at home meant that assistance from a second member of staff was not required, resulting in the allocation of a regular driver and vehicle. As a direct result of this feedback the patient has noted a positive improvement to the service provided and has made a real difference.

Community First Responders

Community First Responder Schemes 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 by the ambulance service's emergency medical dispatch centres and are always backed up with the nearest available emergency ambulance. Their skills are comparatively basic, but speed of intervention can often be critical when responding to 999 calls. The First Responder initiative creates an even faster response for patients and is co-coordinated with our existing ambulance resources. In a medical emergency it is often the simple first aid skills, like making sure an airway is clear, that save a life.

In a recent case two Community First Responder's attended to a patient who had stopped breathing and was being resuscitated by his wife and daughter with advice being given via telephone contact with a 999 call taker. The First Responders restored the patient's heartbeat and the patient was subsequently taken to hospital. The report produced by the First Responder's provided the Hospital with invaluable information which indicated that the patient suffered ventricular fibrillation arrest rather than a myocardial infarction. This has meant that the patient received the most effective treatment which was the implantation of a cardiac defibrillator.

The Scottish Ambulance Service now has 52 First Responder schemes operating all over Scotland; with in total well over 500 volunteers. The Service continues to promote this scheme and engage with communities through delivering presentations at local Community Health Partnerships and local council meetings.

Patient Transport Service Survey

The Scottish Ambulance Service is currently reviewing its Patient Transport Service Strategy. As part of this review approximately 900 randomly selected patients from across Scotland were sent Patient Transport Survey forms, 593 people responded equating to a 66% return, one of the highest return rates of all the Ambulance Service Patient Surveys, which clearly shows the high degree of interest in the subject matter by those patients who participated.

The purpose of the survey was to seek the views and real experiences of service users and find out what is important to them and also inform the Service as to the reasons why patients access the transport service, their expectations of what a patient transport service should provide and around their eligibility.

Based on patient feedback the Service will concentrate on awareness development sessions with our NHS partners around the eligibility criteria. This would assist in ensuring that patients with a medical need to access this service are able to do so and reduce the number of ineligible people using this service. The survey also highlighted a need for Health Boards to publicise the "Hospital travel costs scheme" to make patients aware that there is a mechanism to provide financial assistance with travel costs. The survey results also highlighted the need to strengthen communication links with hospitals, one such mechanism may be by the development of a liaison person, coupled with a national telephone number which would be adequately staffed and would give patients better access to advice and assistance. Other patient concerns included the comfort of ambulance travel and the survey report has recommended investigation into the redesign of suspension systems. The inclusion of "free text" options in the survey form allowed patients to include make comment on other issues which they felt may not have been included in the formal survey questions. On the whole most comments were positive, praising staff and the service provided.

In addition to sending the surveys, drop in desks were set up at two major hospital sites, Ayr Hospital and Raigmore Hospital at the end of 2008. The drop in desks were operated by Patient Transport staff including senior managers and were set up to capture the views of patients and allow them to ask questions around the future of the Patient Transport Service in an informal and relaxed setting. By going into an environment patients were familiar with and in a care delivery setting meant that patients were able to engage with staff more freely and staff were able to get a real feel for the issues patients have. It is intended that all of the information gathered will inform any service change and improvements.

PFPI Strategy

The Scottish Ambulance Service produced its PFPI Strategy in autumn 2008. This document provides the strategic framework for a comprehensive approach to patient and public involvement at the Scottish Ambulance Service, with the primary aim of 'involvement' becoming integral practice within all service planning and delivery of services. The Scottish Ambulance Service recognises and supports the inclusion of patients, carers and the public as essential partners in its development. The Board also believes that people should be at the heart of service development and the decisions made which affect them.

The Service have identified and set out a challenging, but important, agenda, to be taken forward in the months and years ahead. In doing so we will endeavour to ensure that this is fully supported by key partners and has the full involvement of our managers, staff and the population and patients we serve. We hope that by adopting a structured approach to patient and public involvement, we can ensure that the concept of a 'mutual NHS' becomes embedded in the everyday practice and culture of the Scottish Ambulance Service.

The document outlines the key strategic objectives for 2008-2011, set out below:

1. To develop good practice in engagement methods, ensuring that all methods meet quality standards.
2. To seek wider, and more representative, patient and public involvement.
3. To improve staff awareness of PFPI.
4. To enhance the co-ordination of PFPI activity nationally.
5. To ensure the full integration of PFPI into strategic planning.
6. To seek opportunities for consultation in collaboration with other departments, divisions and organisations.
7. To encourage community resilience and development.

Progress on this three-year strategy will be monitored by the PFPI Steering Group, which will also monitor progress on the annual action plans alongside the Scottish Health Council. The Designated Director, who chairs the PFPI Steering Group, will then report progress to the Scottish Ambulance Service Board.

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 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.

