

Scottish Ambulance Service Patient Focus and Patient Involvement Self-Assessment Summary 2007/08

The Scottish Ambulance Service welcomes this opportunity to report on the progress it has made this year in improving both the management and delivery of its Patient Focus and Public Involvement (PFPI). The Service views the self-assessment process as a positive way to build on work already carried out in partnership with patients, and to provide firm foundations for future involvement with patients and the public.

Governance for PFPI comes from the Board through the Designated Director for PFPI, who gives an update of activity and developments at Board meetings. The last two quarterly submissions (with comments from the Scottish Health Council) were given to the Board for information. The Designated Director chairs the PFPI Steering Group, which monitors the implementation of PFPI strategy and shares good practice. The Steering Group consists of a representative from each division, a patient representative, the National Service Redesign Manager, and other internal stakeholders, and is supported by an officer from the Scottish Health Council.

The creation of the PFPI Steering Group has contributed significantly to the development of PFPI in 2007/08. PFPI activity takes place mostly at divisional level, and so the most important function of the Steering Group has been to draw together and share divisional activity, so that good practice can be co-ordinated and implemented nationally. It is intended that the Steering Group will in the future facilitate further integration of PFPI into strategic planning.

The results of the 2006 National Patient Survey found that overall satisfaction was very high, with satisfaction of Accident and Emergency patients at 96% and Patient Transport Service patients at 95%. Changes made to the 2006 survey, following advice from the Scottish Health Council, meant that more meaningful, qualitative information was captured and so areas for concern have been identified and are being addressed accordingly. The two areas it recommended for development included the problem of lengthy Patient Transport Service journeys, caused by multiple pick-ups en route to hospital, and improving the clarity and simplicity of the complaints process. The length of Patient Transport Service journeys is an ongoing concern of the Patient Transport Service Project Board and it is thought that proposed revisions to the booking system will help to ensure appropriate use of the service and increased efficiency, thus reducing journey times. The information available on the website about making a complaint has been expanded, and it is anticipated that further improvements, including the revision of the leaflet issued to all complainants, will be made through consultation with patients. Work has also begun on the possible development of complaints/comments cards, which would be located in Patient Transport Service ambulances for patients to take as required. The annual National Patient Surveys will continue to be assessed for improvements that can be made.

While the Scottish Ambulance Service has no formal obligation to set up a Public Partnership Forum, the Service continues to recognise the benefits of working with Community Health Partnerships and the associated Public Partnership Forums. To this end involvement takes place locally through each division. Divisions now have initial links with a number of local Public Partnership Forums. Divisional activity is developing through the forging of links with Equality and Diversity groups, and creating patient groups specific to the Scottish Ambulance Service, where these did not already exist. Representatives from the divisions provide updates of activity, including involvement with Public Partnership Forums, at PFPI Steering Group meetings. The Scottish Ambulance Service has been involved with discussions about the possibility of creating a national Public Partnership Forum for Special Health Boards, and will explore this as a potential future development.

The Scottish Ambulance Service has contributed funding, along with other Special Health Boards, for the creation of NHS Health Scotland's National Reference Forum which represents black and minority ethnic communities. The Scottish Ambulance Service has this year held a training day for Lay Advisers, and it is anticipated that close working with the Forum in the coming year will contribute to a much better level of engagement with the represented communities.

The Community First Responder schemes continue to expand and develop, giving participating members of the public a thorough insight into the work of the Scottish Ambulance Service, and encouraging resilience among communities. The Scottish Ambulance Service remains committed to providing community Cardio Pulmonary Resuscitation (CPR) training, with West Central Division this year focusing on engaging 'hard-to-reach' groups, including Asylum Seekers' support groups.

The Scottish Ambulance Service recognises that it has improvements to make with regards to incorporating PFPI into strategy and service redesign. There is patient representation at several national forums and planning committees, and an increase in representation will be sought in the coming year. The National Service Redesign Manager has recently started to work with the PFPI Steering Group and the Scottish Health Council to develop PFPI within the context of delivering 'Better Health, Better Care'. A focus group for patient representatives that took place during the recent Emergency Medical Dispatch Centre Review was thought to be particularly effective, and so the successful aspects of this will be used as a model for future service redesign consultation. It is also thought that the possibility of a national Public Partnership Forum for Special Health Boards could prove to be an effective mechanism for involving patients and the public in strategic planning.

The Service endeavours to support patients and the public to become involved in PFPI activity. Patient representatives receive reimbursement for travel and accommodation costs (where appropriate) when they attend meetings. Induction training is provided where possible, for example in East Central Division where two patient representatives have observed shifts with both Patient Transport and

Accident and Emergency ambulance crews to hear patients' views and to gain a first-hand understanding of the work of the Scottish Ambulance Service, and therein the operational challenges that are faced. Patient representatives on various committees are offered the opportunity to meet the Chairman of the committee to go through previous papers. Board papers are made available to members of the public before meetings on request.

Scottish Ambulance Service managers who have been involved with patient and public consultation report that such activity has allowed them to identify what is most important to patients. To add further value, the Scottish Ambulance Service is committed to the ongoing development of its PFPI activity and will continue to work closely with the Scottish Health Council to this end.

Case Studies

1) Community First Responders

These trained volunteers respond to medical emergencies in rural communities and deliver vital medical care to members of their communities until the ambulance or doctor arrives on scene. Each scheme has a local co-ordinator, who arranges rotas and every team member from each scheme is re-assessed in their skills every 6 months. The Scottish Ambulance Service Area Service Managers identify and prioritise locations that would benefit from the introduction of a First Responder Scheme, or where local interest has been noted in setting up a scheme. Following this identification, contact is made with local community groups, town halls, voluntary aid groups, Rotarian Groups, local authorities, local parish town councils and any other group that would help in the recruitment of volunteers. The Divisional First Responder lead for the service then helps raise awareness in the identified areas through presentations to local groups in the area. Anyone interested in becoming a volunteer will be invited to attend an information interview with a representative from the Scottish Ambulance Service

As an illustration of the important work carried about by the Community First Responder schemes, the Highlands and Western Isles has 21 schemes supported, trained and equipped by the Scottish Ambulance Service, and over 160 skilled First Responders. The number of schemes and volunteers increases on a monthly basis. From 1 April 2007 to 31 March 2008, these rural schemes responded to 423 emergency calls. In 326 of these calls, the Community First Responders were with their patients within eight minutes, giving vital help to many with life-threatening conditions.

2) Annual National Patient Survey

The Scottish Ambulance Service commissions Market Research United Kingdom to conduct its annual National Patient Survey of both Accident and Emergency and Patient Transport Service patients. The 2006 survey was the third consecutive annual survey to be conducted and, in common with the previous two surveys, used quantitative telephone surveys of patients. In addition, the 2006 survey also conducted in-depth qualitative interviews with eight of the 828 telephone interviewees. These interviews, which targeted patients with specific ongoing health conditions, provided valuable information into the details of the patient experience of the Scottish Ambulance Service. The positive findings included praise for the caring and reassuring communication from Accident and Emergency ambulance staff to both patients and relatives, and the high levels of competence and expertise exhibited by staff. The interviewees generally felt that there was little room for improvement, but did suggest that some improvements that could be made included extending the use of private cars to shorten journey times, and ensuring that drivers had a thorough knowledge of the roads in the local area.

Quantitative satisfaction rates for the National Patient Survey are traditionally very high, making it difficult to identify areas for improvement. The qualitative research approach has ensured that useful information about areas for development is always gathered. Recent feedback has shown positive views about the Community First Responders schemes, and has highlighted that more work could be done to show what services could be provided to those with mental health issues. The 2007 survey also interviewed carers to learn about their experiences. The Scottish Ambulance Service is committed to the continued development of the Patient Survey process and will seek new ways to improve for future surveys, to ensure that the most appropriate people are involved and that the questions asked are valuable.

3) Emergency Medical Dispatch Centre Review

In January 2008, a focus group was invited to consider options for the redesign of the Scottish Ambulance Service's Emergency Medical Dispatch Centres (EMDCs). Eight patient representatives attended the meeting in Inverness, which gave participants the opportunity to express their views about current, and possible future, arrangements. The patient representatives were asked to comment on their general experiences with, and perceptions of, the Scottish Ambulance Service, before discussing issues specifically relating to the EMDCs including, for example, concerns over the geographical knowledge of call takers.

The model of the focus group has been regarded as a success, particularly for its use of an experienced independent facilitator, who was able to structure and arrange the session in an interesting and effective manner. It has been noted, however, that the focus group should have taken place at the very start of the planning process, and so the Scottish Ambulance Service will endeavour to ensure that this happens for future patient and public consultation. The Scottish Ambulance Service managers involved in the EMDC Review reported that the most important outcome of the focus group was that they were able to identify what was most important to patients, and thus to ensure that any future developments were in line with these values.

4) Case study showing positive impact of complaint feedback

A complaint was received at National Headquarters that a patient was not transported timeously, as the vehicle used came from a surrounding area. The complainant felt that the perceived reduction in service within the area added to the delay encountered. The Head of Accident & Emergency Services met with the complainant (Mr S) and established that Mr S was a member of the local community council. Mr S was invited by the Scottish Ambulance Service to join a consultation group looking at the options that will be put forward to improve the cover in the local area where the complainant lived, to which he was happy to agree. Once the option appraisal is complete it will be put forward for discussion and comment to the three

villages concerned and the most appropriate option being agreed. This is an example of how complaint feedback can be turned into a positive experience.

Summary Table

<p>1.4 Identify, from analysis of the Service's own previous surveys, the three issues most important to patients and demonstrate improvements to the patient experience as a result</p>	<p>The two areas identified for improvement by the 2006 survey included the problem of lengthy Patient Transport Service (PTS) journeys, and improving the clarity and simplicity of the complaints process. It is thought that proposed revisions to the booking system will help to ensure appropriate use of the service and increase efficiency, thus reducing journey times. The information available on the website about making a complaint has been expanded, and it is planned that further improvements, including the revision of the leaflet issued to all complainants, will be made through consultation with patients. Work has also begun on the possible development of complaints/comments cards, which would be located in PTS ambulances for patients to take as required.</p>
<p>2.1 Continue liaison with local Community Health Partnerships and through them, the Public Partnership Forums</p>	<p>Involvement with Public Partnerships Forums takes place through each division's links with local Community Health Partnerships. The co-ordination and development of divisional activity has been strengthened in the last year through the creation of the PFPI Steering Group, chaired by the Designated Director, at which staff representatives from each division provide updates of their activity. Divisions now have initial links with a number of local Public Partnership Forums, and work will take place in the coming year to develop these relationships.</p>
<p>2.5 Develop a more comprehensive action plan which will demonstrate the manner in which the information gathered through these means is used to influence the development and redesign of patient services</p>	<p>The National Service Redesign Manager now works with the Steering Group and the Scottish Health Council to develop PFPI within the context of delivering 'Better Health, Better Care'. The focus group that took place during the Emergency Medical Dispatch Centre Review represents an improvement in patient involvement in service redesign, and so this model will be considered for future use.</p>
<p>3.2</p>	<p>The Scottish Ambulance Service has begun to work with the newly-formed National Reference Forum (NRF), for which</p>

<p>Develop work streams with the National Reference Forum</p>	<p>it provides part of the funding to NHS Health Scotland for the post of the Community Development Manager to lead on this. The NRF's Lay Advisers, who represent black and minority ethnic communities, have attended a training day to learn about the work of the Scottish Ambulance Service, and the Service has also undertaken joint Equality and Diversity training with some of the Lay Advisers. The Scottish Ambulance Service is currently considering which areas would be suitable for joint working with the NRF, before the development of formal work streams in the coming year.</p>
<p>4.2 Hold a regular review of complaint performance at Management Team meetings each month and feedback quarterly to Divisions at the Service's senior management team meetings and through the dissemination of quarterly performance statistics</p>	<p>Complaints are now discussed at the monthly Senior Management Team meetings. Bimonthly Divisional meetings are now being held where detailed information on complaints performance is discussed with the Divisional Management Team.</p>
<p>4.10 Ensure that the feedback is being used to improve services and this is shared with patients, carers and the public</p>	<p>A complaints audit has been established, whereby information is requested from General Managers to demonstrate the changes that have been made as a result of upheld complaints, and which is closely monitored by the National Complaints Administrator, to ensure compliance with this process. It is intended that further improvements will take place in the coming year to ensure that these changes are shared with patients and the public.</p>
<p>5.2 The Service will identify areas where the introduction of</p>	<p>Several new First Responder schemes have been established in the past year. The schemes give local communities a greater insight into the work of the Scottish Ambulance Service, and facilitate a comprehensive level of interaction, through the public meetings and dialogues that take place when a new scheme is set up.</p>

<p>First Responders Scheme will be beneficial with a view to expanding First Responders Scheme</p>	
<p>8.1a Continue to involve patients, carers and stakeholders in order to improve health outcomes. The Service will do this by involving patients and stakeholders at national forums, such as at the Clinical Governance Board and Service Re-design Committee meetings.</p>	<p>There is patient representation at the annual strategic planning event, the Clinical Governance Board and during periods of service redesign. Many of the divisional Continuous Improvement groups have patient representation, with some focusing particularly on recruiting representatives from 'seldom-heard' groups. Some patients or members of the public represent themselves; others represent particular groups or forums. Board meetings are advertised through local media for the public to attend.</p>

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