

Scottish Ambulance Service



Towards 2020: Taking Care to the Patient

Discussion with Our Partners



Scottish Ambulance Service

Towards 2020: Taking Care to the Patient

Introduction

Earlier this year the Scottish Government published its Route Map to 2020, setting out how NHSScotland would implement its 2020 Vision that “everyone would be able to live longer, healthier lives at home, or as close to home, as possible”.

‘The Scottish Governments vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.’

In pursuit of the national quality ambitions for safe, effective and person-centred care, the Scottish Ambulance Service aims to continue to develop our service to:

- Improve access to healthcare
- Support the shift in the balance of care by taking more care to the patient
- Enhance our clinical skills as a key and integral partner within primary and secondary care teams
- Build and strengthen community resilience
- Expand our diagnostic capability and use of technology to improve patient care and
- Develop a more flexible, responsive and integrated scheduled Patient Transport Service.

This discussion document sets out the Scottish Ambulance Service’s proposed contribution to the Route Map moving towards delivery of the 2020 Vision, and builds on our 2010 – 2015 strategy “Working Together for Better Patient Care”.

Working towards the 2020 Vision requires transformational change across all aspects of Health and Social Care. The Scottish Ambulance Service

appreciates that there are a number of challenges and opportunities along this journey and the Service of the future will need to adapt in order to support wider Health and Social Care, taking more care to the patient.

However, when patients do require their care and treatment to be delivered within an acute hospital setting, we need to be able to respond to those new models of care and demand patterns to support the whole system across Health and Social care whilst managing the flow of patients in and out of acute hospital settings safely and efficiently.

There are some core principles which underpin our intentions going forward:

- We will continue to strive to deliver person-centred care and to develop in partnership alternative care pathways which reflect Scotland’s commitment to shifting the balance of care towards communities. The overarching principle is to improve outcomes and patient experience ensuring those pathways direct patients towards the most appropriate definitive care first time and prevent avoidable hospital attendances and admissions

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- As a 24/7 mobile healthcare provider, we aim to enhance our contribution to the wider NHS as part of an integrated health and social care service, delivering the highest quality of clinical, unscheduled and scheduled care for patients
- We will strive to improve safety and effectiveness and to support our staff with clinical assessment and decision making for those patients with complex long term conditions and multi-morbidities, through access to enhanced senior clinical decision-support and technology solutions to make safer decisions with and for patients
- We will embrace the shared values of the NHS in Scotland in everything that we do to ensure our service is designed to deliver: care and compassion; dignity, equality and respect; openness, honesty and responsibility, quality and teamwork
- We will develop the capability and skills to build a workforce fit for the future, integrated, flexible and sustainable and with the right leadership to drive a culture of innovation, co-production and improvement.

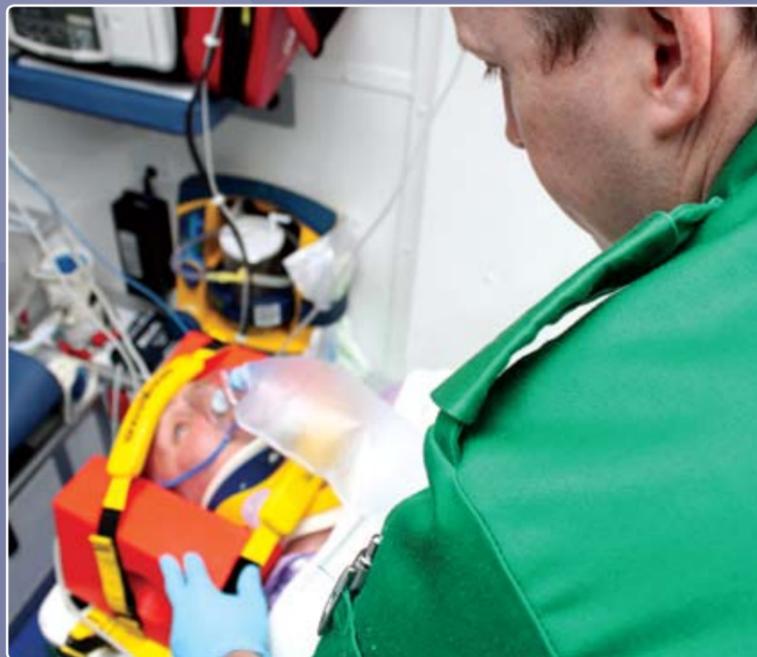
The Scottish Ambulance Service

The Scottish Ambulance Service responds to around 850,000 calls for assistance each year and attends nearly 700,000 emergency and unscheduled incidents as a result. Over 500,000 of these are '999' emergencies. We transfer around 90,000 patients between hospitals each year and respond to over 150,000 urgent requests for admission, transfer and discharges from GPs and hospitals.

Our Air Ambulance Service undertakes around 3,500 missions and supports the delivery of the Emergency

Medical Retrieval Service for Scotland. Our Patient Transport Service takes over 1.1 million patients to and from scheduled hospital appointments each year.

We employ over 4,000 highly skilled staff and operate across a wide and often challenging geography covering mainland Scotland and its island communities, supporting 14 territorial health boards. We are supported by over 1200 volunteers working in roles such as Community First Responders and volunteer car drivers.



Where are We Now?

In "Working Together for Better Patient Care", we set out our vision to improve access and referral to healthcare, focussed on more effective clinical triage, accessing appropriate care pathways for patients and ensuring we developed our skills, roles and resources to support this.

We have made significant progress with the

implementation of our strategy and delivered a number of key workstreams since 2010 which prepare the ground for 2020 and fully embrace the quality ambitions throughout the National Quality Strategy. We have made considerable progress in supporting the shift in the balance of care, increasing the number of patients treated at home

and developing pathways in partnership to offer alternatives to hospital attendance, as well as enhancing our clinical skills and accessing technology to support better decision-making.

Our routemap to 2020 builds on the progress to date and below are some specific examples:

Our Route Map to 2020

Quality Ambitions and Priority Areas

Our Contribution so far to the 2020 Vision and the 12 Priority Areas for Improvement

Person-centred

The development of our Person-centred Action Plan to focus on our mission and values, listening to people, our environment and design of services around people and information and education

The development of an Organisational Development Programme and frontline leaders and manager to support a culture of openness, reflective practice and continuous improvement

Introduced direct patient access to book Patient Transport Service and tailored patient needs assessment framework

The development of Dementia Champions within our front line emergency service to promote education and awareness of dementia and deliver improved patient care.

Safe

As a partner in the Scottish Patient Safety Sepsis Programme, testing of the Sepsis 6 Bundle in NHS Forth Valley and Tayside with an electronic hospital pre-alert to accelerate treatment for patients at risk of deteriorating.

The development of a Paediatric Early Warning Score supported nationally by Scottish Patient Safety Programme Clinical Fellows

Embedded use of the peripheral vascular cannulae bundle

continues on pages 04 an 05

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Effective

Primary Care

The development of an electronic patient record interface to transfer patient records to GP practice

The development of a number of Paramedic Practitioner models, adapted to meet local circumstances of a number of NHS Boards to provide more care at home for patients whose condition does not require attendance at or admission to hospital; particular success in NHS Forth Valley, Tayside and Western Isles.

Unscheduled Care

Working in partnership with NHS Lothian to improve clinical intervention through the TOPCAT study to enhance the treatment of out-of-hospital cardiac arrest patients, significantly increasing survival rates. The rate for patients arriving at hospital with a pulse following resuscitation from cardiac arrest in Edinburgh is 29% this year against a national Scottish average of 18% - this is world class

Development of the clinical content and flows to support delivery of an enhanced triage tool in partnership with NHS24

Significant development programme across our three Ambulance Control Centres, including the introduction of 24/7 Clinical Advisor support and establishing a dedicated trauma desk improving response times to trauma incidents

Accessing professional to professional decision support for crews in most NHS Boards working with Accident and Emergency (A&E) and out-of-hospital services as appropriate

Further extension of the community practitioner paramedic model and developed a new role of Specialist Paramedic Practitioner Critical Care to support the Air Ambulance and ScotSTAR retrieval services.

Integrated Care

Supporting the development and implementation of national pathways for Optimal Reperfusion including electronic transfer of Electro Cardio Gram ST elevated MI for STEMI patients, hyper-acute stroke and trauma, ensuring dispatch of appropriately skilled staff and vehicles and taking patients to definite care first time.

Increased levels of 'see and treat' reducing avoidable attendances at hospital and working with NHS Boards to develop alternative pathways

The development of national pathway framework for frail and elderly patients who have fallen with the publication of a guidance booklet and resource tool "Developing an Integrated Urgent Care Pathway for Older People: Making the Right Call for a Fall"

Care for Multiple and Chronic Illness

Work in partnership with NHS Lanarkshire with support from the Local Unscheduled Care Action plans to support people in the community with multiple and chronic illness, focussed on the elderly (over 75's).

Early Years

Active engagement of the Collaborative – Scottish Patient Safety Programme Fellow leading on improving out-of-hospital care for children who require our service

Effective

Health Inequalities

Developed new and innovative models in partnership with communities to enhance resilience, for example, the Emergency Responder Model in West Ardnamurchan and the Retained Service Model in Lerwick

In partnership with British Heart Foundation, established dedicated Community Resuscitation Development Officers across Scotland to support the extended use and awareness of Community Public Access Defibrillators and the Community First Responder schemes and volunteers across Scotland

Increased the number of Community First Responder schemes across Scotland to 127 with over 1,000 active volunteers operating and working with British Red Cross to develop training and support for these volunteers.

Prevention

Work with Police Scotland and Alcohol and Drug Partnerships to develop inner city safe zones to support people who are vulnerable to alcohol misuse and provide referral onwards for alcohol brief intervention and support

Enhanced major incident management, special operations and events capability

Undertaking significant research in partnership with Stirling Nursing and Allied Health Professional Unit around referral pathways and self management tools and advice for diabetes.

Workforce

Developed the BSc in Paramedic Practice and Specialist Practitioner Critical Care role supporting the work of the Air Ambulance and Retrieval Team.

Innovation

We are working in partnership with the Digital Health Institute to develop our future mobile telehealth platform

With Scottish Centre for Telehealth, we are piloting near patient testing for Troponin in a pre-hospital environment working with NHS Borders and lactate monitoring as part of the Sepsis 6 bundle pilot within NHS Forth Valley.

Efficiency

Successful re-procurement of the next generation of Air Ambulance Service for Scotland and, in 2013, supporting the successful launch of Scotland's first Charity Air Ambulance Service

Progress with ICT, HR, Finance, Fleet and Procurement taking forward the shared services agenda.

NHS Scotland Routemap to 2020 www.scotland.gov.uk/Resource/0042/00423188.pdf

As we shape our own vision towards 2020 and examine how best the Scottish Ambulance Service can support the national 2020 Vision, we have reflected that although in recent years we have developed new roles and models of working in some localities, we need to

increase the pace and scale of our roll out. To that end, the Service still operates a largely traditional ambulance service model where conveyance to hospital is the norm and performance is assessed on how quickly we arrive at the patient; however, that model does not support the

Service's strategic vision and emerging clinical and operational models. To deliver the Scottish Government's 2020 Vision, the next phase of our strategy aims to grow these new models of care and, where they evidence improved outcomes, implement them across Scotland at scale.

Developing the Scottish Ambulance Service for the Future

Emergency and Unscheduled Care

“Working together for Better Patient Care” laid the foundations for development of new models of care and established an evidence base and proof of concept for much of this change. The evidence from these tests of change and the evidence emerging nationally and internationally, demonstrates that the Service of 2020 has the potential to significantly influence and improve the provision of emergency and unscheduled care away from traditional models of high conveyance to hospital, towards more integrated Health and Social Care, focused on prevention anticipation and supported self management.

The King’s Fund analysis¹ in southern England concluded that there was a general consensus that the potential of ambulance services was underused and could contribute a great deal more to managing demand pressures and the development of new care models. The Department of Health’s evidence emphasised the ability of ambulance services to deliver efficiencies



across the whole system rather than within the ambulance service itself. The Department believed that ambulance services could be developed to limit the number of patients conveyed to A&E units.

The Scottish Government is currently working through a strategic plan for the modernisation of

primary care. We believe the Service has a role to play in supporting this modernisation agenda, not least in supporting patient care to be managed at home through extended use of anticipatory care planning, with community based Paramedic Practitioners working as part of a multi-disciplinary primary care team in and out of hours.

Our New Model of Working Aims to:

- Increase the level of ‘hear and treat’ through enhanced telephone triage, increased clinical intervention and referral to alternative pathways at the point of the initial telephone call
- Increase the level of ‘see and treat’ following face to face assessment by an appropriately skilled Paramedic or other healthcare professional

with access to enhanced senior clinical decision support systems and telehealth, and access to alternative referral pathways

- Reduce the level of conveyance to hospital as a consequence of the above and through greater integration of services and access to more appropriate care pathways.

The scale of the transition we are aiming for by 2020 is significant as set out in the table below. We recognise that we will not achieve this shift in isolation.

For example See and Treat, in 2006/07 our rate of conveyance to hospital was 83.7%. The Service has already reduced that conveyance rate to hospital from 83.7% to 76.4% in 2013/14 through the introduction of enhanced see and treat protocols, professional to professional clinical decision support and enhanced triage within our controls, supported by the recruitment of Clinical Advisors. This is an effective model of care in the sense that it reduces unnecessary trips to hospital and provides care at the point of contact within a local community or alternatively referral to another more appropriate care provider. Increasing See and Treat rates further to between 35 and 40% would in effect reduce the number of attendances at A&E up to 180,000 patients.

Whilst demand for our services continues to increase, we recognise the role we can play in influencing the flow of patients across the system through integration with wider Health and Social Care services. The challenges of providing sustainable services will only be met through increased integration and effective partnership working. As a national service operating 24/7, the Service is ideally positioned to support the change necessary and deliver frontline emergency and unscheduled care in an increasingly responsive, person-centred and efficient manner.

Transition Table

Outcome	2013	2020
Hear & Treat	3%	20-30%
See & Treat	17%	35-40%
Conveyance	80%	35-40%



1. House of Commons Health Committee “Urgent and Emergency Services”, Second Report of Session 2013-14, 24th July 2013

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There are a number of key elements we aim to take forward in delivering our strategy towards 2020, specifically;

Enhanced Triage and Assessment

- Continuing to develop a clinically focussed triage system with enhanced clinical supervision and decision support
- Ensuring our Ambulance Control Centre staff and road crews have access to e-KIS key (e information summary) on other sources of key patient information along with more consistent access to professional to professional senior clinical decision support
- Sharing information with partners to build a comprehensive patient record which improves their treatment and care.



Joined Up Thinking in Grampian

The Service has worked with NHS Grampian as it has developed its unscheduled care model. The delivery of responsive 24/7 unscheduled care Clinical Practitioners within this is based on the GMED workforce model of care and the success of the emergency nurse practitioner roles, which have been developed within primary care. Emergency Nurse Practitioners, Paramedic Practitioners and Physician Assistants have a similar set of competencies which allows them to work across the system to assess, triage, diagnose, treat and discharge and refer patients within the hospital, community or in a homely setting.

This component of the NHS Grampian model allows where appropriate, the right level of expertise to be brought to the patient instead of unnecessarily taking

patients to the hospital setting. This enhances and provides more sustainable 24/7 unscheduled care, particularly within general practice during the day, and therefore reducing the demand out of hours. The key to supporting the unscheduled care advance Clinical Practitioners is the role of GP's and A&E Consultants in the delivery of timely clinical decision support and follow-through of agreed actions when required.

For the Service, the development of the NHS Grampian Decision Support Unit, access to telehealth and telemedicine support, and the work over a number of years with paramedic practitioner involvement in the GMED out of hours service, will give crews access to professional to professional decision support and alternatives to an emergency department attendance for hundreds of patients.

Expansion of the Specialist Paramedic Practitioner Role

- Enhanced critical care clinical skills and support for specialist retrieval teams
- Working as part of integrated intermediate care and community based services supporting care for patients with long-term conditions, management of anticipatory care plans, and referral to appropriate community based care
- Enhanced clinical skills to treat more patients at home, with direct access and referral to appropriate services, avoiding unnecessary attendance at an emergency department.



An ASSET based approach

The Service has been working with NHS Lanarkshire to support the development of their ASSET team model for frail and elderly patients (over 75s) in North Lanarkshire. The ASSET team aims to manage patients care at home and avoid unnecessary admissions to hospital. This is done by a team of practitioners with consultant support, including the Service Paramedic Practitioners.

The team accept referrals directly from GPs and from the Service following a 999 response. Patients are assessed at home and continue to be assessed and monitored. Additionally, the team will review patients admitted to hospital to identify those that can be better treated at home and manage early discharge and follow up care.

The Scottish Ambulance Service has two specialist

Paramedic Practitioners working as part of the ASSET team, undertaking face to face assessment with patients, participating in a 'virtual' ward, referring patients directly to the team where a trip to hospital is not appropriate, and treating and monitoring patients in their home.

Paramedic Practitioners also provide internal professional to professional decision support for other the Service crews and are able to treat more patients at home, dealing with minor injuries and illnesses.

Already the pilot is demonstrating benefits for patients and, to date, 100% of the patients who had been in contact with, or were treated by a Paramedic Practitioner, having been referred by the Scottish Ambulance Service following a 999 call, were successfully treated at home.

Co-production of Patient Pathways and Access to Care

- Continuing to work with communities to build and strengthen resilience
- Developing in-partnership specific care pathways which support care for patients at home and within their community with a particular focus on the needs of those patients with long term conditions and multi-morbidities
- Continuing to develop new and innovative models, with communities, ensuring equity of access to care
- Working with NHS Boards, social care services and the voluntary sector to establish sustainable alternatives to hospital.

Developing an Integrated Urgent Care Pathway for Older People: Making the Right Call for a Fall

The needs of patients across Scotland are changing, with the population of over 75 year olds in Scotland due to increase by approximately 25% over the next 10 years, with the number of people with multiple and complex conditions continuing to grow too. Many older people have a combination of physical, cognitive and functional impairments that increase their risk of a fall. This situation can be caused by common and reversible problems such as a chest or urine infection, side effects from medicines, or by a flare up of another condition. Whilst some of these issues may require prompt assessment and treatment, often this can be done urgently by integrated teams visiting patients in their own home rather than a patient having to attend an acute hospital.

We have recognised that we play a key role in making sure that when providing high quality clinical care to older patients who have fallen that we navigate patients to the correct onward care. We respond to around 30,000 calls each year where people aged 65 years or older have fallen.

This represented the most frequent single 'diagnosis' presenting to the Service for this group for patients, and, typically, we take 80% of them to hospital due to a lack of easily assessable alternative pathways.

Over the last three years we have been working in conjunction with Health and Social Care services to develop integrated pre-hospital pathways to make sure frail and elderly patients are provided with the right care at the right time following a fall. The introduction of a number of local falls teams across Scotland means we are now able to refer patients onto alternative pathways following clinical triage at the call taking stage without the need to dispatch an Ambulance Clinician. Furthermore, the development of professional to professional clinical decision support helps crews to better determine whether a patient requires to be taken to hospital. All this has been supported by an increase in the amount of intermediate care services across Scotland which now allows Ambulance Clinicians to access alternative pathways through single points of access, with those services covering both immediate interventions and follow up assessment.

Delivering High Quality Clinical Care and Patient Safety

- Developing a skilled, flexible, modern workforce
- Embedding the use of technology and diagnostic capability to support effective decision making and treatment through our mobile technology infrastructure.

Emergency Response in West Ardnamurchan

There are around 250 residents in West Ardnamurchan, with access via a single track road along the peninsula via ferries from Corran on the mainland or from the island of Mull. The nearest ambulance station is in Strontian, some 45 minutes from the area and the nearest hospital is in Fort William, a journey of nearly 2 hours; West Ardnamurchan is one of the remotest communities in mainland Scotland.

In 2012, the Service, working with NHS Highland and the local community in West Ardamurchan, developed an Emergency Responder Scheme, training local members

of the community with a healthcare background to respond to appropriate urgent and emergency calls. These volunteers are given additional training beyond that of community first responders and provide vital initial response but are always backed up with a road or air ambulance, depending on the patient's condition. Emergency responders also have access to a Paramedic Clinical Advisor with the Services Ambulance Control Centre for additional decision support.

Additionally, satellite technology has been installed in the University of Highland and Islands facility in the area to offer remote video consultation to a Decision Support Unit.

Working with NHS Boards to improve discharge and transfers

- Shifting the current trend away from unplanned to planned discharges and transfers
- Through effective professional to professional support, ensuring patients get to the right care first time reducing the need for onward transfer.

We want your views

1. Do you agree that this strategy will support us collectively in shifting the balance of care and helping us to deliver the 2020 Vision?
2. How can we work in partnership to focus on the right priorities and deliver the scale of change required?

Scottish Ambulance Service Towards 2020: Taking Care to the Patient

Scheduled Care – Supporting Patients to Access Planned Healthcare Appointments

In January 2010, “Working Together for Better Patient Care” set out a five year plan to improve our scheduled care ambulance service and to ensure it focussed on those patients with a clinical need for ambulance care and support, to get to and from a healthcare facility for planned appointments, care or treatment.

Our plans for the non-emergency service were developed in response to feedback received from the extensive consultation carried out in 2009. In summary, the consultation found the existing Scheduled Services needed to:

- Improve patient experience with the Service
- Improve the understanding and assessment of patient needs, particularly for those patients with complex conditions in most need of ambulance transport to get to and from their healthcare appointment



- Improve the planning and co-ordination of journeys to achieve a higher level of efficiency, productivity and better utilisation of the ambulance fleet
- Provide a more ‘demand responsive’ service
- Engage with the public, patients and their carers to ensure a clear understanding of any new arrangements
- Develop mechanisms that support and signpost those patients who do not

have a clinical need for ambulance transport to alternative providers.

In 2010/11 a detailed diagnostic review of the Service was undertaken and in 2011 a business case setting out a programme of service redesign and improvement was approved by the Scottish Ambulance Service Board.

The diagnostic review engaged extensively with staff who deliver our services, patients using our services, members of

the general public and our partners in territorial health boards, local partnerships and voluntary organisations. Implementation of this improvement programme was planned in two phases:

Phase 1 of the programme was focussed on creating the right conditions for improvement by:

- Reconfiguring the planning and control function of the service and relocating 30 local area service offices into three regional Ambulance Control Centres collocated with our emergency control centres and NHS24
- Investing in industry standard call centre technology within our three Ambulance Control Centres with direct patient access to the Service through a single telephone number for Scotland, allowing patients to talk directly with our staff to discuss their needs; ensuring we provide the right support for the patient. This also helps to free up capacity within hospitals and healthcare facilities with the responsibility for booking ambulance transport moving away from healthcare professionals and providing patients with the opportunity to book their own transport
- Developing a clinically focussed needs

assessment tool that is much more person-centred and focussed on individual needs, replacing the previous eligibility criteria

- Introducing mobile cab-based technology into all of our scheduled care ambulance fleet to enable a much more ‘demand responsive’ service over time
- Reviewing the use of existing technology and skills within our ambulance planning function and preparing the conditions to enhance the use of technology and to develop our staff.

The Scottish Ambulance Service is now in the process of implementing Phase 2 of the Scheduled Care Programme. Our key aims are to deliver a person-centred, ‘demand responsive’ service that not only meets the needs of those patients requiring ambulance care and support to get to and from hospital, but also one that supports our partners across the wider NHS and Social Care as we jointly work towards delivering the 2020 Vision.

During Phase 2 of the improvement programme our aim is to:

- Maintain our focus on delivering person-centred care and meeting individual needs

- Further improve our assessment of patient needs by continuing development of both our staff within our dedicated patient contact centres and the patient needs assessment tool
- Deliver our commitment to improve the punctuality of our service for patients, and where possible, reduce the time they spend in ambulances through better planning of journeys
- Continue to improve the efficiency of our service through better use of technology and improved planning
- Build on those efficiency gains to deliver a much more ‘demand responsive’ service to patients who require access to care on a planned basis
- Rise to the increasing demand on the Health and Social Care system by enhancing and improving our capacity and capability to support the increasing number of inter hospital transfers and the shift in the balance of care towards local communities
- Work towards the development of more integrated solutions for patients who do not require an ambulance to get to and from hospital, but rather a more appropriate alternative transport provider.

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Joint Working with NHS Lothian

In 2011, during the early stages of implementing the Scheduled Care Programme, we worked collaboratively with NHS Lothian to develop a Transport Hub which currently coordinates all ambulance transport services across NHS Lothian hospital sites for patients returning back to a homely setting, following discharge from hospital, or being transferred to other hospital sites for ongoing care. The introduction of the Transport Hub has allowed us to improve the effectiveness of our scheduled care service in delivering a high quality and patient-centred service to those patients with a clinical and medical need for ambulance transport, whilst also supporting NHS Lothian to improve the flow of patients through their hospital sites.

An evaluation of the discharge and transfer practices and process across both organisations highlighted a number of joint challenges and issues impacting on patients being discharged or transferred, including:

- Poor pre-planning of discharges and transfers resulting in a high proportion of same day requests for ambulance transport



- A high occurrence of our service being unable to respond to the volume of same day requests being made for ambulance transport
- No co-ordination across NHS Lothian regarding demand for ambulance services, with varying practice across wards in terms of when and how to request ambulance transport rather than other transport options
- Scheduled care ambulance resources not being fully utilised
- NHS Lothian having to pay for alternative transport provision from the private sector for patients with a clinical and medical need.

Through some focussed joint working and incremental tests of change, the Transport Hub in Lothian is now able to coordinate ambulance transport for all discharges and transfers, making sure patients access the most appropriate

resource based on their individual needs, with those patients with a clinical and medical need for ambulance transport being transported by the Scottish Ambulance Service.

Since the Transport Hub went live in October 2012 pre-planning has greatly improved. Analysis of activity between January 2013 and September 2013 respectively demonstrated a 20% increase in the amount of discharges and transfers being booked in advance through the Transport Hub, resulting in a 54% increase in the number of patients being discharged or transferred by the Scottish Ambulance Service over the same time period. This has also resulted in NHS Lothian, from 12th August 2013, no longer having to pay alternative providers from the private sector to transport those patients with a clinical need for ambulance support.

As with emergency and unscheduled care, we cannot develop and deliver our service in isolation. We are committed to the principle of 'one ambulance service' where we differentiate our skills and response on the basis of clinical need rather than traditional A&E and Patient Transport models.

Since the publication of "Working Together for Better Patient Care" in 2010, and following the review by Audit Scotland of Health and Social Care transport, we have been working with NHS Boards, Regional Transport Partnerships, Scottish Government and the voluntary sector to take forward the integration agenda.

We are clear that we have a responsibility to ensure that patients with a clinical need for ambulance transport to hospital are able to access that from the Service; however, it is vital that patients who do not require our help are still able to access an appropriate alternative transport

provision, and we recognise that we have a role to play in ensuring that access is as seamless and straightforward for patients as possible.

We believe this will only be achieved through effective integration, so we are able to route patients to alternative providers easily and without any onus on the patient to navigate that complex landscape.

The 2020 Vision is clear that traditional outpatient services are no longer the best model for Scotland and there is a clear expectation that treatment is delivered locally for patients in a more appropriate community based setting. Outpatient activity accounts for a significant proportion of our scheduled care service but we recognise the need to shift that to create the capacity to better respond to increased levels of day case treatment, more effective discharge and transfer planning and taking care to the patient through the better use of technology.

In the short-term, our focus will be on continuing to improve the efficiency of our service for those patients with a clinical need as set out in Phase 2 of our improvement programme. However, in order to truly transform scheduled care, greater integration and collaboration is essential and we would welcome your views on how we can collectively achieve this towards 2020.

We want your views

3. Are our plans focussed on the right priorities to support the effective delivery of scheduled care across the NHS in Scotland?
4. What do our partners require from the Service to support their plans for transport integration in response to Audit Scotland and the Scottish Government short-life working group recommendations?

How to feedback

This document set out our strategy toward 2020 and how we shape emergency, unscheduled and scheduled care and take forward the Scottish Ambulance Service's vision. We welcome your feedback and input.

You can access the questions through our Consultations section on our engagement website <http://your.scottishambulance.com> or e-mail your response to scotamb.strategy@nhs.net

Closing date for responses is 14th February 2014



We want your views

5. Do you agree with our visions and plans for the future?
6. Are there any other areas of service development or improvement you would wish to see?
7. Is there anything else you want to tell us about our plans regarding the 2020 Vision?



Equality and Diversity

The Scottish Ambulance Service believes that embedding equality and diversity across all that we do has a significant impact on the service we provide to our patients and the experience of the workplace for all our staff. The Board opposes all forms of unlawful discrimination on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion / belief and sexual orientation.

Information about the Service, the full financial accounts for 2012/13 and details of the organisation and operation of the Service can be obtained from:

Corporate Affairs and Engagement Department
National Headquarters, Gyle Square,
1 South Gyle Crescent, Edinburgh, EH12 9EB

T: 0131 314 0000

E: scotamb.communications@nhs.net

W: www.scottishambulance.com

A full Annual Report is also available on our website. A summary is available in other languages and formats on request. Please telephone the Interpretation and Translation Service on 0131 242 8181 and quote reference number 13-0907.

Gheibhear làn Aithisg Bhliadhnail cuideachd air an làrach-lìn againn. Tha geàrr-chunntas ri fhaighinn ann an cànanan agus cruthan eile le iarratas. Feuch an cuir thu fòn chun t-Seirbheis Eadar-mhìneachaidh is Eadar-theangachaidh air 0131 242 8181 agus ainmich àireamh clàraidh 13-0907.

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如有需要，我們可以用其他語言及格式提供報告的摘要，

請致電0131-242 8181向傳譯及翻譯部提出要求，並引述參考編號13-0907

你还可以在我们的网站上看到完整的《年终报告》。报告摘要被译成了其他语言，可以要求取得其他格式的版本。请打 0131 242 8181 联系译和笔译服务部 (Interpretation and Translation Service)，并报上参考号 13-0907。

С полной версией годового отчета можно ознакомиться на нашем сайте. Краткий обзор предоставляется по требованию на других языках и в других форматах. Пожалуйста обращайтесь в Переводческую Службу ITS по телефону 0131 2428181 за документом под исходящим номером 13-0907.

يُرِقتال ىلع أضيأ ينورتكللإل ان عقوم يوتحيو
ىلإ أمجرتم صخلمل رفوتيو .لم الكلا يونسل
دن ع لذو تائيوهلا فلتخمبو ىرخأل تاغلل
ةيريرحتل تمجرتل تمذخ لاصتلإل ىجزيو .بلطل
ةيوفشلاو Interpretation and Translation Service
قراشإل مقر ركذو 8181 242 0131 :فتاهلا مقر ىلع
0907-13

एक पूर्ण वार्षिक रिपोर्ट हमारी वेबसाइट पर भी उपलब्ध है। अनुवाद पर एक सारांश अन्य भाषाओं और स्वरूपों में उपलब्ध है। कृपया Interpretation और Translation सेवा को संदर्भ संख्या 13-0907 का हवाला दे कर 0131 242 8181 पर टैलफोन करें।

সম্পূর্ণ অ্যানুয়াল রিপোর্ট-টিওআমাদের ওয়েবসাইট থেকে তুলে নেতি পোরনে। অনুরোধ করলে অনুযায়্য ভাষা ও রূপ -এ ও একটী সারাংশ পাওয়া যাবে। দয়াকর অনুবাদ সেবাবিভাগ-কে (Interpretation and Translation Service) 0131 242 8181 নম্বর ফোন করে 13-0907 রফোরনেস নম্বর-টিউল লখেকরলে আপনাব্রব্যাপারসোহায্যপাবনে।