Welcome to our spring edition of our Patient Focus and Public Involvement newsletter.

Since our January update, the Service has been out holding a series of public meetings across Scotland. We have been talking to patients, carers, members of the public and voluntary organisations about some of our public involvement work we undertook in 2011/2012. Thank you to everyone who took the time to participate. The discussion of these outcomes and input from patients will form part of our 2011/2012 annual review.

New direct patient booking line ready for the North

An update on the Patient Transport Service Improvement Project

Work is well underway to deliver the first phase of the Patient Transport Service Improvement project. On the 23 April, the Service will launch a new direct patient booking line for the Patient Transport Service in the North region. This area will cover the following Health Boards to begin with: NHS Highland (excluding Argyll and Bute), NHS Grampian, NHS Western Isles, NHS Orkney and NHS Shetland. Over the course of the year, this service will become available to all patients across the rest of Scotland. In the coming months we will keep you up to date on the implementation in the West Region and later on in the East Region.

The investment of Mobile Data Services (in-vehicle technology which enables the Service to track vehicles and improves communication with vehicle crew staff) within Patient Transport ambulances will also assist the Service in ensuring that a more effective and efficient approach is taken when transporting patients to and from appointments. This technology will support us to make the best use of our staff time and skills and to provide a service that is more responsive to our patients. Our principle aim of this project is that patients will begin to experience a number of improvements to the service including, improved telephone call answering standards, direct access to the Patient Transport Service via a single telephone number and improved journey times to hospital. If you have any further questions about phase 1 of the project then please e-mail scotamb.YourPTS@nhs.net

Single Common Triage Tool is on its way

The Service has started work, in partnership with NHS 24, on the content and design of the Single Common Triage Tool. The Single Common Triage Tool will be the decision support tool which triages emergency and out of hours patients between the Service and NHS 24. Our aim is to ensure that patients are appropriately routed to the care they need, when accessing emergency or unscheduled care services.

A new, single clinical decision support tool or single common triage tool would mean that regardless of which route is used to access emergency or out of hours healthcare, there will be an improvement in consistency in the triage of patients. Furthermore, the users of the system will have the ability to route patients to a variety of healthcare pathways, dependent on their individual need. A shared system for assessing need would ensure the
right response for patients, first time. Members of staff have started training with the new software delivered by a company called Arezzo. This will begin to establish the structure of the questions call takers will use in the future. This project is on track to go live in the middle of 2013. If you are interested in becoming part of a reference group for the Service on the development of the Single Common Triage Tool then please e-mail scotamb.communications@nhs.net

**Patient Opinion - making a difference**

The Service is participating in a pilot, which uses the not-for-profit, third party patient feedback mechanism, Patient Opinion as an additional channel to learn more about patient experiences. Since the pilot started last June, over 20 stories have been told on Patient Opinion about high quality care, and where patient or carers think there are areas for improvement.

One piece of feedback came from a patient who felt that compassion was lacking from her treatment by the NHS, and that the judgements made by the abulance crew who attended the patient had a negative impact on the way the patient was treated by Accident and Emergency staff. The patient has since met the Service face to face to talk about these concerns. The patient agreed to the Service writing up her experience as an anonimised case study, which is now used in staff training at the Scottish Ambulance Academy.

The patient has since posted the following comment on Patient Opinion, which demonstrates that by listening and acting on the experience of patients, confidence in services grow, “At a face-face meeting I was able to talk through what happened and ask some questions that I had. I felt comfortable and free to say what I needed to and I feel very validated and understood. I thank the staff members of the Scottish Ambulance Service who talked with me for their time and understanding.” This patient has since agreed to help in the Service on a project which is developing a new care pathway.

There are other ways patients, carers or the public can provide the Service with feedback. If you have a compliment, comment, concern or complaint, you can contact our Corporate Affairs Team. You can also use Facebook, Twitter, and soon we will be piloting an e-portal which will allow patients and the public to join discussion groups about the Service, to fill in surveys on subjects which interest them and to find out about events which the Service is holding in their area.

**Scottish Ambulance Service Annual Review 2012**

A date for your diary is the 21 August 2012, when the Cabinet Secretary for Health, Wellbeing and Cities Strategy will be conducting our Annual Review. We will send out an agenda and location later in the year. There will be a public meeting during the annual review, where patients, carers and the public can attend and listen to the performance review of the Service and ask questions. More details will follow in the next issue of our PFPI newsletter.

**Community Resilience Update**

Since the launch of the Community Resilience Strategy last summer, significant progress has been made towards the Service’s Community Resilience action plan. Key areas of growth and development are:

- community information and engagement
- service delivery
- anticipatory care
- technology
- enhancing skills

The Community Resilience Team has been increased to 12 people, in a range of community resuscitation development roles across the Service’s divisions. This includes the recent appointment of a Community Engagement Officer based in Fort William. Along with four Community Resuscitation Co-ordinator roles, this post is funded by the British Heart Foundation. The team is continuing to strengthen relationships with a range of organisations, including the British Heart Foundation, Chest Heart and Stroke Scotland, the British Red Cross and British Association for Immediate Care, Scotland (BASICS). Good headway is also being made on the Heartstart programme in schools, where children are learning vital early life support skills. The team have been mapping existing defibrillator locations against potential new sites, for example in Scotmid and Semichem stores and recently gained agreement from Caledonian MacBrayne to locate public access defibrillators on their ferries.

**Patient Stories - Mid air first for baby Euan**

A baby boy was the first to be born in mid flight in the air ambulance EC 135 helicopter in March. Euan Cameron was delivered by an air ambulance paramedic and a midwife while his mother was being transferred from Mull to
Paisley for the birth. As the labour sped up, the pilot changed course to land at Oban hospital, but baby Euan wasn’t for waiting, and was born 4,000 ft above Loch Awe. Mum, Marion and Euan were met later the same day by proud Dad, Ian who took his family home, safe and well.

Marion Cameron said: “we were in the helicopter at the time, we were airborne, 4,000 ft above Loch Awe when he was born. It was Loch Awe and its got a grid reference, so I don’t know how it will be on the birth certificate.” Chris Aitcheson, the paramedic on board the helicopter, said: “Everybody was very calm and the birth was actually very quick. “Once the baby was on the way that was it and out he came, to the rather fantastic scenery of Loch Awe I think.”

The EC 135 air ambulance helicopters have been adapted so that they can carry a specially designed stretcher for use with maternity cases. This is the first time since the helicopters came into service in 2006, that a baby has been born in the air.

**Air Ambulance Re-procurement Project Spring Update**

Plans are underway for the impending announcement on the outcome of the tender to re-procure air ambulance services. There are still a few formalities to be completed in the coming weeks. We expect to make the announcement in May. Again, thanks to everyone who took the time to share their views on our Air Ambulance Service, which helped shape the tender document.

For more information please check out our new website [www.scottishambulance.com](http://www.scottishambulance.com) or email scotamb.communications@nhs.net

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