Contents

Introduction by our Chairman and Chief Executive 5

Background: Scotland’s Health Service 6

The change in demand for the Scottish Ambulance Service 9

Our vision for the Scottish Ambulance Service 13

Our goals for the development of the Service 17

Achieving our goals
Patient access 22
Delivering the best service for patients 25
Engaging with partners and communities for improved health care 28

The future for Scotland’s Ambulance Service 31

Implementation 37
We are delighted to present ‘Working Together for Better Patient Care 2010-2015’, a strategic framework which sets out the vision and direction of The Scottish Ambulance Service (SAS) for the next five years.

In developing our strategy we have undertaken our most comprehensive consultation ever. We have listened intently to patients, public and staff. We have carefully considered the needs and capabilities of our partners in NHSScotland as well as other public, emergency and voluntary services, and we have taken full account of Scottish Government Health policies in developing our approach. This strategy therefore represents our commitment to developing a mutual NHS and incorporates the views of everyone who shares our aim to deliver better health care and services for patients.

‘Working Together for Better Patient Care 2010-2015’ establishes our vision, to deliver the best patient care for people in Scotland, when they need us, where they need us, and three main goals:

- To improve patient access and referral to the most appropriate care
- To deliver the best service for patients
- To engage with all our partners and communities to deliver improved health care

In meeting our commitment to put the patient at the heart of everything we do, our aim will be to make best use of the full range of SAS, NHS and other resources, available to respond to patients and make sure there is clarity and consistency in the delivery of a service which is properly focused on meeting clinical needs.

Going forward we will ensure our people have the right skills and training to deliver the best patient care and we will strengthen our commitment to integrating our innovative technology across the NHS, to deliver a flexible, fast and responsive service.

There is a critical need to further develop the effectiveness of health care in communities, especially in remote and rural areas, to ensure that they receive the best possible service. This will mean working in conjunction with all community partners, including the communities themselves, to understand needs and identify, design and implement solutions through collaborative working and sharing of resources.

We recognise that our planned developments will have to be delivered against a background of fiscal restraint, providing the best possible value for money and the best possible outcomes for patients. To this end a comprehensive review of efficiency and effectiveness will be undertaken in conjunction with the implementation of the framework. The SAS has a solid track record in sound financial management and will continue to explore all opportunities to make best use of resources.

Of course, we cannot achieve our goals without the full involvement of our patients and partners. A spirit of consensus and collaboration has brought us to this point, and, as we move forward, we will continue to work together for better patient care, reviewing our progress on an annual basis.

David Garbutt
CHAIRMAN

Pauline Howie
CHIEF EXECUTIVE
Background: Scotland’s Health Service

The NHS in Scotland has made tremendous progress in recent years in improving life expectancy, reducing ill health and in delivery of its key targets. Looking forward, the NHS is facing increasing challenges: from an ageing population with a diverse range of needs; from higher public expectations; from a need to improve value for money. Whilst significant progress has been made in tackling conditions such as heart disease, cancer and stroke, Scotland is witnessing its population living with an increase in long-term conditions such as chronic liver disease and diabetes.

Demand across the NHS is increasing in response to this changing environment, not least in the demands for emergency and unscheduled services which the Scottish Ambulance Service delivers. The traditional route to care that patients and public have accessed over the last 60 years is also changing. The pattern of demand has shifted from weekday daytime hours to ever increasing levels of demand at evenings and weekends.

In 2007, the Scottish Government set out its vision for NHSScotland in ‘Better Health, Better Care’, placing a greater emphasis on shifting the balance of care, equity of access to services, management of long term conditions, prevention and health improvement, the patient as partner with greater responsibility for self care and the further exploitation of technology to support health care delivery.

Better Health, Better Care sets out an action plan to improve health and health care in Scotland through four main themes:

- Public ownership and mutuality, stating a greater emphasis on rights and responsibilities of patients and on the role of staff as partners
- Improving health and tackling health inequalities
- Ensuring better, local and faster access to health care, focusing on providing services that are patient-centred, safe, effective, efficient, equally available to all and delivered in appropriate timescales
- Joint working with partners

In developing this Strategic Framework we have ensured we are aligned with the Scottish Government vision for improved health in Scotland and an NHS which offers greater patient focus and easier access to services.

Figure 1: The Institute of Medicine’s Six Dimensions of Quality

The diagram sets out the guiding principles of the Scottish Government’s “Health Care Quality Strategy for Scotland”, which is currently in development. Evolving from Better Health, Better Care, the Quality Framework will work with the principles of the Institute of Medicine’s Six Dimensions of Quality, to put patients’ needs, patients’ safety and clinical effectiveness at the heart of NHSScotland.

Our Strategic Framework for the next three to five years sets out how we will deliver in alignment with these aims, how we work with others across NHSScotland and beyond to do so, and how we will further our partnerships with patients and partners to continue to develop and deliver the best clinical service we can.
It’s now clear exactly what we have to do to deliver the best possible service for our patients. I feel motivated working alongside so many committed and able people, all working towards the same goals.
Working together for better patient care

The change in demand for the Scottish Ambulance Service

At the frontline of the NHSScotland, the Scottish Ambulance Service (SAS) currently provides an emergency, unscheduled and planned service to more than 5.1 million people across mainland Scotland and its island communities.

The Service employs 4,300 highly skilled staff and responds to nearly 600,000 Accident and Emergency calls a year, around 450,000 of which are 999 emergency calls.

Almost 1.6 million patients are taken to and from hospital by our Patient Transport Service each year and we have around 30 Area Service Offices planning and co-ordinating these requests. Our Air Ambulance service deals with more than 3,000 incidents per year and we transport over 96,000 patients between hospitals in Scotland, by road and air annually.

We have 3 Emergency Medical Dispatch Centres based in Glasgow, Edinburgh and Inverness which handle in excess of 800,000 calls for help each year, ranging from life-threatening heart attacks requiring an immediate response to requests from our NHS partners to transfer patients between hospitals.

Demand for the Scottish Ambulance Service is increasing every year. The way in which the population accesses health care is also changing, and the improvements and increased specialisation of clinical services and care provided by the NHSScotland means that the traditional role of the ambulance service and how we get patients to the best available care also needs to continue to change.

In line with this, we are continually developing our staff to offer the highest levels of skills. In the last ten years, the Service has increased from 40 paramedics to 1,300 paramedics across Scotland and our staff have personal development plans and accredited training programmes. This means we are better placed than ever before to make a greater contribution to improving the health and well-being of the people of Scotland. Taking patients to hospital is no longer the only option for treatment. We have developed skills and care pathways with the NHS and other partners to treat people appropriately at home or to take them to the most appropriate service.

We are saving more lives than ever before, responding to calls faster and treating patients better because we have developed our skills, our systems and supported crews with investment in enhanced training, in leading-edge technology and the tools they need to do their job effectively.

This Strategic Framework recognises the uniqueness of the Scottish Ambulance Service and the role it plays and seeks to build on the strengths of the current Service. We are a 24/7 mobile service meeting the needs of a diverse Scotland. It is our responsibility to deliver the best emergency, unscheduled and planned care we can, and to get patients safely to the next stage of their treatment path.
I’ve always had excellent care. If they can bring the same treatment to everyone in the country, then we will have a world-class service that truly meets the needs of patients. I feel lucky to live in Scotland.
Our vision is an ambulance service for people in Scotland which is delivering the best patient care whenever and wherever that is needed.

This means that in everything we do, we must be focused on the needs of patients, providing the highest levels of clinical care and striving for excellence across all areas of operation. It also means we cannot achieve this in isolation and must work with those needing our services and our other key partners to develop better services.

In delivering this vision, you can expect the Scottish Ambulance Service to be...

Patient-centred
Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions. We will continue to support NHSScotland’s commitment to mutuality in the delivery of health care. That involves putting the patient and their experience at the heart of our service and working with patients to improve the quality of our service.

The Civil Contingencies Act 2004 also sets out our responsibilities to ensure that we are equipped and prepared to deal with major emergency incidents and this will continue to be a key factor in any future developments to the Service.

Our staff work to the highest standards of care and professionalism and we will continue to develop their skills to meet changing patient needs. Across all areas of our service, we will build on our success and challenge our responsiveness to patients as we deliver our strategy and services. We will continue to engage with patients in the review, design and delivery of our services. The development of our services will only be successful if we work with patients and communities to develop and deliver appropriate models of care.

In partnership with our NHS colleagues and in assisting with the development of more integrated transport for health care, we will put the patient first, working to gain a better understanding of needs, better awareness of provision, and make more tailored and appropriate options available.

This Strategic Framework commits the Scottish Ambulance Service to working in partnership for patients, making it easier for patients to access care, routing them quickly to the right care, delivering tailored solutions that better meet individual patient needs, and working with them to continuously improve our service.

Clinically excellent
Traditionally, the role of the Scottish Ambulance Service has been to take patients to hospital, whether for emergency, unscheduled or planned care. This role is changing as the health care needs of patients and the NHS in Scotland change.

The Scottish Ambulance Service will respond to these changing needs and ensure all its frontline services are clinically focused and delivering improved treatment for patients.

In recent years, we have developed far greater emergency skills including the introduction of specialist practitioners working alongside NHS colleagues and communities. We have developed our staff to deliver emergency care at home where appropriate, for example, treating a minor wound or managing diabetes, thereby avoiding an unnecessary and inappropriate trip to hospital for the patient. This not only improves the patient experience but delivers greater financial and resource efficiencies for the whole NHS.

We have also developed specialist skills for the delivery of some specifically tailored scheduled services, including enhanced skills and knowledge for staff working with renal and oncology patients.

As the NHS is improving and developing its clinical services, The Scottish Ambulance Service has been fully engaged in these developments. For example, in treating patients with cardiac chest pain or stroke. Working together means that better decisions are made, patients get the best pre-hospital treatment from SAS and are taken directly to the care they need.

SAS will continue to work with NHS partners to further the development of its clinical service. Our priority will always be to get the most appropriate clinical response for patients.

Our aim is to shift the delivery of our service and the perception of our emergency and unscheduled services towards better triage, enhanced treatment and less unnecessary transport, but always within the boundaries of clinical safety and excellence.

That commitment to clinical excellence is just as important in a non-emergency situation. Our Patient Transport Service (PTS) is a clinical service and eligibility for ambulances should be based on clinical need.

However, we recognise that there are perceptions of the PTS that it is primarily a transport service to get patients to and from a hospital appointment. SAS will deliver a clinically focused scheduled care service for all eligible patients based on clinical need and assist partners in developing transport solutions for those patients who do not require our clinical skills and equipment.

This Strategic Framework commits the Scottish Ambulance Service to strive for clinical excellence across all our services. Ensuring we make the right clinical decision to determine the right clinical response, giving our staff the right training, equipment and support to treat patients at home where appropriate, working with our NHS colleagues to develop clinical services, and breaking down current boundaries between emergency, unscheduled and planned service across SAS to get the most appropriate clinical response to meet the patient’s need. We will use evidence-based, best practice to route patients to the most appropriate referral pathways, for the most appropriate care.

A leading-edge service, 24 hours a day, 7 days a week
Our aim is to deliver the best service we can 24 hours a day, 7 days a week and to keep challenging ourselves to continuously improve that service for patients. We want patients to be confident that they will receive the best possible care we can give them and to be proud of Scotland’s world class ambulance service.

We will continue to develop the building blocks we already have in place. We are able to respond 24/7 to emergency calls and we have a physical presence right across Scotland. Our crews have technology available to them that no other UK ambulance service has which monitors how effectively we treat patients, links directly to hospitals so we can better share ‘real time’ information to improve patient care, and helps develop our understanding of the clinical needs of patients to develop our response to that need more appropriately. We will continue to use leading edge technology to support our clinical service from improved telephone triage to treatment in an ambulance.

We will be innovative and creative in looking for better ways to do things, in challenging our own thinking and in challenging our partners’ systems and processes. We will engage further with communities and with partners to develop services and make sure we have the right resources in the right place to meet their needs.

This Strategic Framework commits the Scottish Ambulance Service to continuously improve the service we deliver. Working with patients, staff, communities and partners, we will strive for excellence and explore all available technology, skills and resources to develop an organisation that is recognised as a world leader in the delivery of emergency, unscheduled or planned patient care.
My role may not be visible to the public, but I feel privileged to work for the Scottish Ambulance Service, and to be playing an important part in delivering better health care for Scotland.
Throughout 2009, we have been asking patients, the public and our partners to help us clarify what our key goals should be and what we need to do to deliver these goals and achieve our vision.

This has been an extensive consultation process and we have listened to a wide range of views, experiences and ideas to develop and shape our Strategic Framework.

This consultation has led us to develop three key goals to deliver our vision as a priority for the next three to five years.

To improve patient access and referral to the most appropriate care
- We will set out how we will improve patient access to emergency, unscheduled and planned care.
- We will set out how we make access easier and equitable and how we ensure we get the right response for patients.
- We will set out how we work with the NHS to ensure patients are better informed to make the right decisions when accessing care.
- We will set out how we will ensure that patients who have a clinical need for an ambulance get the most appropriate response.
- We will set out how we will assist the wider NHS, regional and local transport providers to enable equitable and easier access to health care.

To deliver the best service for patients
- We will set out how we will ensure that patients get the most appropriate response and skills to match their needs.
- We will set out how we will develop and enhance the range of services and responses to meet changing demographic needs.
- We will set out what patients and partners can expect from the Service and how we will measure our success in delivering that service.

To engage with all our partners and communities to deliver improved health care
- We will set out how we will work with all our communities to develop appropriate solutions to meet their health care needs.
- We will set out specifically how we will engage with remote and rural communities to develop appropriate solutions, building on the work of the Remote & Rural Implementation Group.
- We will set out how we will work as part of a wider NHS community to deliver joined up services.
- We will set out how we will work with all our partners to better share resources and streamline services.

As we are concentrating on improving and delivering these goals, we will remain aware that the continuous improvement of NHSScotland calls for improved access to primary care and greater efficiency. We believe we have the skills and expertise to make a bigger contribution to the provision of health care in Scotland.

While we implement our Strategy during the next three years, we will continue to look for opportunities with partners to explore and exploit the skills and experience of the SAS to provide innovative solutions to existing problems and add value to the NHS and people across Scotland.

The following strategy map sets out how we will take forward delivering our goals.
It’s been immensely useful to be involved in the development of this strategy. It’s really good news for our patients, who will benefit from the collaborative approach taken by the Scottish Ambulance Service in delivering a truly patient-focused service.

“"
In an emergency situation

In an emergency our priority is to dispatch the most appropriate response to patients as quickly as necessary. The SAS responds to around 450,000 999 emergency calls a year, 150,000 of which are currently assessed as potentially life-threatening, at the time of the call. Generally, the route to receiving help in an emergency is clear cut: the SAS is contacted via 999, the patient’s need is assessed and in an emergency, an ambulance is dispatched straight away.

However, increasingly, we are receiving 999 calls from other organisations, such as NHS24, the Police or out of hours providers. Consultation around this issue has told us that patients are not always clear about what is an emergency situation and where else to call when they need help which is not immediately life-threatening. This leads to confusion within the system, increasing call transfers and potential delays for patients.

For unscheduled care

Unscheduled care is not an emergency but may still require ambulance clinical support, for example, following a GP visit, transfer to hospital may be required. Or perhaps where a minor injury has been sustained out of normal GP hours and an alternative pathway is necessary. In these situations, a patient may have more time to consider the various options and services available for health care and make a choice which may be inappropriate or may not best meet their needs, phoning 999 in non-emergency situations or NHS24 with a genuine emergency. In doing so they may be contacting an agency which is unable to provide the most appropriate response immediately, again making it necessary to transfer calls between agencies and leading to delays for the patient.

There has been an increase in the number of requests for unscheduled care e.g. inter-hospital transfers and discharges. Feedback from our NHS partners suggest that this is likely to continue.

There is also a further issue. When a patient has made contact with emergency or unscheduled care providers, different tools are used to assess need. The system used by 999 operators prioritises ambulance dispatch, while other services are more likely to focus on primary care solutions or patient referral to specialist services for example. This inconsistency of approach can limit the options available depending on which number is called, or result in an inappropriate response. To make sure they get the right help, we need to assess patient need better.

For scheduled care

Patients and partners have also told us that the current systems for accessing transport to scheduled care are unclear and often inconsistently applied. This causes confusion and inefficiency in the system.

Scheduled care is a planned appointment, for example, renal dialysis or physiotherapy, and the SAS has a role to play in ensuring patients who need our clinical skills get to and from these appointments. Currently we move 1,600,000 scheduled care patients a year to and from hospital and clinic appointments. Our primary responsibility is to provide a service for patients with a medical care need or with limited mobility. The Service also transfers patients between hospitals and takes them home upon discharge, for example following surgery.

Whilst the SAS has a clear role to play in providing a clinical transport service for scheduled care, not every patient attending a hospital appointment is clinically eligible for ambulance transport. A wide range of alternatives is available but our consultation has shown that there is little awareness of these and no real integration between providers to deliver a comprehensive service.

Ensuring there is clarity and consistency in how patients access services for emergency and unscheduled care is key to our strategy. The principle is exactly the same for scheduled care, although the final outcome would be either an ambulance or referral to an alternative transport provider. The SAS will work with local and regional transport groups to develop a similar system for these requests which properly assesses patient need and routes patients to the most appropriate provider to meet those individual needs.
Likewise, we will work with NHS Boards and transport groups to develop a similar assessment tool for determining eligibility for ambulance transport based on clinical need and linking in with a more integrated health care to transport system so we can route patients to other appropriate providers. We believe a system like this puts the patient first. Its strength lies in the fact that it is common across different agencies, with a set of shared information available to streamline the decision-making process and ensures the right response first time for individual patients.

To make this happen we will...
- Work with patients, the NHS and other transport providers to review and develop the criteria for determining eligibility for an ambulance to get to/from a hospital appointment
- Work with regional and local transport providers to promote accessible solutions which are available where an ambulance is not required
- Actively contribute to raising public and patient awareness of how to access care and make the right choices for the best outcomes
- Work in partnership with the NHS to develop and implement improvement to clinical services and routing patients directly

Recognising our success...
- Patients will get the care they need
- Patients will understand how to access that care more easily
- Fewer unnecessary attendances at hospital and more treatment at home where appropriate
- More joint working with unscheduled care providers and NHS Boards
- Better decision-making in getting the right resource and the right outcomes for patients
- A solution for planned health care transport which meets the full range of patients’ needs

Challenges
- We need to ensure a clinical, patient focus in developing a shared triage tool and ensure patient safety and robust clinical governance is paramount in developing care pathways and decision making
- We need to ensure our staff have the right skills to make the right decisions and are fully supported by clinicians
- We need to ensure the solution works and access to care is easier, faster and more appropriate
- For this solution to work, there needs to be a full range of services and care pathways available and properly resourced across Scotland
- Traditional practices and processes will need to be challenged to develop a more integrated and appropriate response whether that is for emergency, unscheduled or scheduled care

For this solution to work, there needs to be a full range of services and care pathways available and properly resourced across Scotland

Recognising our success...
- Patients will get the care they need
- Patients will understand how to access that care more easily
- Fewer unnecessary attendances at hospital and more treatment at home where appropriate
- More joint working with unscheduled care providers and NHS Boards
- Better decision-making in getting the right resource and the right outcomes for patients
- A solution for planned health care transport which meets the full range of patients’ needs

Challenges
- We need to ensure a clinical, patient focus in developing a shared triage tool and ensure patient safety and robust clinical governance is paramount in developing care pathways and decision making
- We need to ensure our staff have the right skills to make the right decisions and are fully supported by clinicians
- We need to ensure the solution works and access to care is easier, faster and more appropriate
- For this solution to work, there needs to be a full range of services and care pathways available and properly resourced across Scotland
- Traditional practices and processes will need to be challenged to develop a more integrated and appropriate response whether that is for emergency, unscheduled or scheduled care

Delivering the best service for patients

Once we have clearly established a clinical need for ambulance services, we are committed to ensuring we deliver the highest levels of care and service to patients. This principle and commitment will be evident whether for emergency, unscheduled or scheduled care.

If we are to deliver a truly clinical, patient-focused ambulance service, then we will need to continue to develop the range of resources and skills we have at our disposal. Our consultation has told us that we do not always make best use of the full range of SAS, NHS and other resources available to respond to patients and that there is inconsistency across Scotland in how we deliver services.

We have already begun to develop more tailored services, such as community and practitioner paramedics with enhanced skills working alongside NHS colleagues, an inter-hospital transfer co-ordination facility, and tailored patient transport services, for example. We want to continue to build on these models and develop our capacity to respond appropriately.

We recognise that the traditional model we operate may not offer that flexibility and will need to define and develop our response for emergency, unscheduled and scheduled care.

We will engage with partners to explore opportunities for greater integration and closer working to deliver a more integrated health care response.

In meeting our commitment to put the patient at the heart of everything we do, our aim will therefore be to make sure there is clarity and consistency of practice in the delivery of a service which is properly focused on meeting the clinical needs of patients.

We are mobile 24/7 providers with a Scotland wide footprint. Our consultation tells us that patients would welcome a visit from a qualified paramedic in their own home to respond to a call for help with a minor injury or minor illness which does not need them to be taken to hospital. Likewise, NHS Boards would largely support highly skilled paramedics visiting patients to take a blood test avoiding an often long and unnecessary journey to hospital for the patient. We will continue to explore these opportunities for development in conjunction with NHS Scotland and other health partners.

SAS has a national technology infrastructure, which could offer solutions for partner agencies, to help with areas such as the co-ordination of local community resources to get help to patients or providing valuable performance management information, which offers a national and often unique insight into national problems.

Our aim

Our aim is to deliver the best and the most appropriate services to meet the clinical needs of patients. We need to...
- Clearly define the services required and raise awareness with patients and partners
- Ensure we have the skills and resources in place to deliver the highest quality of service
- Provide the right response to meet patient needs

The Scottish Ambulance Service responds to a wide range of individual patient needs and we need to be flexible and able to respond to those individual patient needs. That means that, where previously we have operated distinct Patient Transport and Accident & Emergency services, we will in future have a wider range of resource types able to match and respond to the clinical needs of the patient.

The diagram overleaf sets out what that might look like and the challenges for us to address in delivering it.
To make this happen we will...
- Review our systems and processes to clearly define and enhance service delivery
- Develop a wider range of emergency, unscheduled and scheduled ambulance responses that better meet the needs of individual patients and NHS partners
- Where eligibility for an ambulance to provide a scheduled service is determined, we will work with patients and partners to review and develop an improved service
- Develop our skills and infrastructure to offer a more flexible, clinical, patient focused service
- Develop a national inter-hospital transfer service co-ordinating all emergency, unscheduled and scheduled transfers and specialist emergency retrieval services
- Work to develop tailored scheduled care services such as palliative care
- Further develop discharge and take home services
- Extend availability of our scheduled care services to better match demand and shifting the balance of care
- Review and refine our core processes and ensure consistent application across Scotland

Recognising our success...
- SAS will be delivering a high quality, clinical service whether for emergency, unscheduled or scheduled care
- Clarity and consistency of practice and process across SAS
- Better engagement with partners to develop and deliver services
- Clear evidence for development of specialist services which demonstrates benefits to patients

Challenges
- Traditional practices and processes will need to be challenged to develop a more integrated and appropriate response whether that is for emergency, unscheduled or scheduled care
- Currently SAS meets a social and geographical need for scheduled transport which is not within its remit. However, SAS will work with other partners in the development of their services so that the needs of these patients for transport are more appropriately met by alternative providers
- We will work with staff and partners to review existing structures and mechanisms for delivering services.
Engaging with partners and communities for improved health care

The Scottish Ambulance Service recognises that there is a critical need to further develop the effectiveness of community partnerships and help to ensure community engagement and resilience for healthy, thriving communities across the whole country.

We work with and for hugely diverse communities who have needs ranging from inaccessible and challenging terrain in small remote communities, to significant demand for services in urban areas.

Community engagement and resilience is becoming increasingly important in the current economic climate. We must work with all our communities to ensure that they receive the best possible service that can be achieved, working in conjunction with all community partners, including communities themselves to understand needs and identify, design and implement solutions through collaborative working and the sharing of resources.

We will embark on this work through a national community engagement and resilience strategy which will see the SAS work on a community by community basis to facilitate decision making, mutual assistance and co-operation at all levels. We will encourage communities to use their people and skills creatively in conjunction with the support and services available.

We will work with them to lead and develop partnerships and collaborative ways of working and we will help them in the development and achievement of their goals through planning that guides development, on-going action planning and effective monitoring and evaluation.

Delivering specifically for remote and rural communities

We believe that where a patient lives should not affect the quality of service they receive from the Scottish Ambulance Service. Scotland’s remote and rural communities present very different challenges to urban areas, when it comes to the provision of health care. Whilst the level of demand for ambulance services may be lower than in towns and cities, the challenge of responding is far greater.

In working with remote and rural communities we believe we could better collaborate to develop and deliver appropriate models of health care dependent on local needs and support.

In remote and rural areas we have the opportunity to use the wide ranging skills of our highly trained staff in a much more innovative and flexible way. This should result in fewer unnecessary trips to hospital and enable us to provide treatment at home more frequently for patients with long-term conditions.

We have a mobile, 24/7 resource available and a growing network of community volunteers in place.

We are committed to working with NHS Boards, volunteer organisations, communities and the other emergency services to explore opportunities for improved service delivery to remote and rural communities.

Our aim

Our aim is to improve the level of service we provide in remote and rural communities across Scotland and to ensure equity of access regardless of geography. We need to:

- work with communities and partners to develop tailored integrated health care
- develop strategic partnerships which streamline services to be more efficient and effective
- be innovative in finding solutions and look for ways to share resources

In conjunction with partners and communities, the Remote and Rural Implementation Group has developed a range of potential models of care to be explored. SAS will continue to work in partnership to test and implement these models as appropriate. We will develop a strategy for ensuring community resilience across Scotland and set out clearly how we will engage and communicate with communities.

To make this happen we will...

- Work with NHS Boards to identify those communities where resilience is vulnerable and engage with them to develop appropriate solutions
- Develop a comprehensive programme to roll out agreed Remote and Rural Implementation Group models of care working with NHS Boards and communities
- Work with our NHS colleagues to develop an integrated, multi-disciplinary approach to health care in remote and rural communities
- Develop strategic alliances with BASICS Scotland to support continued development of a network of GP first responders
- Develop strategic alliances with relevant volunteer organisations to deliver resilience
- Actively participate in a review of health care transport needs and services for remote and rural communities
- Work in partnership to ensure our staff have the right skills and resources to work as part of a multi-disciplinary health care team
- Work with other partners and emergency services to explore opportunities for joint working, sharing of resources and access to volunteer first responders
- Develop a more flexible mix of resources to better respond in an emergency to remote and rural communities and reflect their needs in developing our air ambulance and specialist retrieval services

Recognising our success....

- Improved quality and service delivery in remote and rural Scotland
- Tailored sustainable solutions for remote and rural communities, involving communities and multi-agency working
- Better collaboration with NHS Boards and other partners
- Better use of shared resources

Challenges

- Demand in remote and rural communities is not as high as in urban areas and we must be careful to manage expectations and work with communities to develop appropriate solutions
- Historical boundaries and ways of working will need to be challenged
- We will need to work with partners to explore how we best share resources
- We need to ensure our staff have the necessary skills to make the necessary contribution to health care in remote and rural areas and avoid skills atrophy due to lower levels of demand
We’re already looking at new ways to boost health care support in urban and rural communities: developing eHealth technology and providing training for volunteers are just two ways we’re helping improve the quality of patient care across the country.
Our vision is to deliver the best patient care for people in Scotland, when they need us, where they need us.

To do that we must be clear what we need to achieve, but also how we will go about achieving it, building on our strengths and developing our learning as an organisation.

The Scottish Ambulance Service is a modern, progressive organisation with highly professional and skilled staff and we aim to continue to develop and improve. We aim to be at the cutting edge in the technology and systems we use to deliver our service. And in putting the patient at the heart of everything we do, we will always strive for clinical excellence, working with communities.

The current financial climate will require us to deliver the planned developments within a tightening public sector budget. This will focus the Service on ensuring that both efficiency savings and improvements result in improved outcomes for patients. The service has a solid track record in sound financial management and will continue to explore all opportunities for cash releasing efficiency savings and look to work collaboratively to make best use of resources.

Organisational development
Improving organisational performance and our vision to deliver the best patient care will be achieved through engagement with, investment in and involvement of our people.

To achieve our goals the organisational development framework will be developed to set out:

- How we will continue to improve organisational performance and effectiveness through further developed performance management
- How we will support a climate of continuous improvement through a creative and supportive approach to staff development
- How we will ensure that we always act in accordance with our values
- How we will improve organisational effectiveness and efficiency by further developing our staff and ensuring that everyone has the chance to be involved and make a valued contribution
- How we will develop our organisation to increase leadership capacity, capability and accountability

Clinical excellence
Above all else, the Scottish Ambulance Service is a clinical service and everything we do must be underpinned by robust clinical governance, the right level of skills, support and training for our staff, and a commitment to continuous improvement.

To achieve our goals, our clinical framework will be developed to set out:

- How we will use evidence to support clinical practice and decision-making
- How we will ensure the safety of patients in our care
- How we will develop, implement and monitor clinical policy and practice
- How we will work with the wider NHS to develop our skills and services
- How we will ensure robust clinical governance at every level in the organisation
- How we will ensure our staff has the right level of skills
- How we will support our staff to learn and improve through experience and challenge

This clinical framework will cover all areas of our operation from the person answering the telephone call to the ambulance crews responding to emergencies or taking patients to a hospital appointment.

Developing a learning culture
A key strength of the Scottish Ambulance Service is our staff. The delivery of this strategy will be wholly dependent on our staff having the right skills, on evident leadership across the organisation and on a culture of learning and improvement. As an organisation we have to constantly challenge ourselves to improve and to learn in everything we do.

To achieve our goals, our framework for a learning organisation will be developed to set out:

- How we will develop education and training for our staff that promotes continuous professional development
- How we will train and develop our staff to make sure they have the skills needed to deliver our strategy
- How we will develop a multi-agency approach to education and training with the wider NHS
- How we will develop and access the best facilities and support for staff to learn
- How we will encourage and promote a leadership culture and support our leaders in delivering our strategy
- How we will ensure we have the right staff in the right roles with the right skills in the right place
- How we will use information and knowledge to learn and to inform our strategic decision-making
- How we will foster and encourage a culture of learning and continuous improvement to deliver a quality service
- How we will harness and encourage creativity and innovation of our staff

Communications and engagement
In delivering our strategy, there is a critical dependency on building and strengthening effective relationships with patients, public, partners and staff. We cannot deliver our goals in isolation and will need to work closely with others.

To achieve our goals, our communication and engagement framework will be developed to set out:

- How we will build key strategic alliances across the NHS and demonstrate the value we add to Scotland’s health service
- How we will build key strategic alliances beyond the NHS, including other emergency services, transport providers and the voluntary sector
- How we will listen to and work with patients and partners to improve our role
- How we will support the public and patients to make the right decisions in accessing our services
- How we will contribute to the work across the NHS to encourage and promote health education
- How we will build our capacity to meaningfully engage with others and ensure consistency and commitment in our approach
- How we will keep our staff involved and informed in taking the organisation forward

Leading-edge technology
The Scottish Ambulance Service is already at the forefront in the technology it makes available to support staff in delivering an effective service. Technology will play a vital part in our strategic delivery in the next few years and is underpinned by our commitment to greater integration across the NHS, a flexible, fast and responsive service, and improved patient experience and clinical care.

To achieve our goals, our eHealth Strategy will be developed to set out:

- How we will interface across the NHS to share information, join up systems and streamline processes as part of the wider e-Health agenda
- How we will develop our ICT systems to support continuous improvement in delivering our service
- How we will route patients and public to the care they need in an emergency or in getting to hospital for an appointment
- How we will explore opportunities to use our infrastructure and systems to find collaborative health care solutions
- How we will develop management information systems which support effective performance management, planning and service development
- How we will ensure information security and robust information governance is in place

Working together for better patient care
The future for Scotland’s Ambulance Service
Planning and performance management

To deliver our strategy we must have in place robust planning and performance management arrangements which ensure everyone in the Service understands their contribution and that the organisation is focused on the delivery of agreed objectives.

To achieve our goals, our planning and performance management framework will be developed to set out:

- How we will ensure our strategy and plans support the delivery of national shared outcomes and link clearly into Better Health, Better Care as it develops
- How we will continue to engage with the public, with patients, partners and staff in reviewing our strategy and plans and in monitoring our performance
- How we will cascade our strategy into annual Corporate and Divisional Plans which fully support the delivery of national and local objectives
- How we will define and measure success in delivering against plans and in achievement of key performance indicators
- How we will ensure we have the resources and capacity to deliver our plans
- How we will monitor and manage delivery of plans throughout each year of the strategy
- How we will ensure our strategy and plans are cascaded through individual appraisals and personal development plans
- How we will report progress against strategy, plans and performance both internally and externally

Finance strategy

The spending review for 2010 onwards has not yet been announced, however it would be prudent to make the following assumptions:

- Little or no real terms growth
- Continued programme of at least 2% cash releasing efficiency programme
- Service redesign will have to be managed within existing resources — this means redesigning the way we work
- Continued exploration of collaborative working and opportunities to share resources

Sound governance

Fundamental to how we operate as a service is sound governance and we will continue to ensure we have robust arrangements in place across all areas.

To achieve our goals, our governance framework will be developed to set out:

- How we will work with colleagues across the NHS to ensure robust clinical governance
- How we will continue to work in partnership with staff
- How we will deliver Best Value in developing and delivering our services
- How we will make effective and efficient use of all our resources including property and fleet
- How we will ensure robust information governance and patient confidentiality
This is a really exciting time to be working for the Scottish Ambulance Service. Greater focus on education and training as well as continuous professional development is going to help me keep improving the care I give to patients.
The Strategic Framework will be implemented over the next five years, and successful delivery will be ensured through the following mechanisms and delivery structure.

- A Programme Board and sub-programmes, which will include multi-disciplinary and multi-agency representation. A sub-programme will be established for each of the following workstreams:
  - Emergency and Unscheduled Service
  - Scheduled Service
  - Engaging with Communities
  - eHealth
  - Organisational Development/Workforce Planning

- Underpinning these five workstreams will be our key enablers, which will cut across all areas of the strategy programme and be critical to their delivery.

The Scottish Ambulance Service Board will govern delivery and ensure reporting to the Scottish Government via the Annual Review process.

- Stakeholders will be involved throughout the delivery and a comprehensive programme of engagement with all stakeholders will be developed.
- A fully developed corporate planning process will determine the actions required by the Service at a national and regional level on a yearly basis.
- The Service will review and publish a Corporate Plan on a yearly basis.

Underpinning these five workstreams will be our key enablers, which will cut across all areas of the strategy programme and be critical to their delivery.

Figure 5: Strategy Delivery Programme Structure

<table>
<thead>
<tr>
<th>Programme Sub-programme</th>
<th>Action</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency &amp; Unscheduled Service</td>
<td>Streamline routes to accessing care</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Develop a common shared system for accessing care</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Raise public awareness of how to access care for best outcomes</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Work with NHS Boards to develop appropriate pathways</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Develop shared access to electronic patient records</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Scheduled Service</td>
<td>Review and develop eligibility criteria</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Review and improve SAS processes and service delivery</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Work with NHS partners and transport providers to assist development of an Integrated Transport Strategy</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Work with regional and local transport providers to ensure fully integrated solutions are available when an ambulance is not necessary</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Engaging with Communities</td>
<td>Develop a community resilience strategy</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Identify communities where resilience is vulnerable</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Comprehensive programme to roll-out agreed models of care</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Develop strategic alliances for support in remote and rural areas</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>eHealth</td>
<td>Develop and implement eHealth Strategy</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Organisational Development/Workforce Planning</td>
<td>Develop and implement Organisational Development Framework</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>