



**Scottish  
Ambulance  
Service**

University National NHS Board



# AIR AMBULANCE RE-PROCUREMENT PROJECT

Phase 1 and 2 Consultation  
and Engagement Report

February 2023





# Introduction

The Scottish Ambulance Service (SAS) provides a national air ambulance service to mainland Scotland and its islands. This is the only wholly publicly funded air ambulance service in the United Kingdom and provides an invaluable resource to the public of Scotland that must be used appropriately to ensure good value for money.

Under the current contract which is due to expire, SAS provides the clinical staffing, while the aircraft, flight crew (pilots) and engineering support are provided by Gama Aviation on a managed service basis. Annual activity is estimated at 3700 missions based on current data, consisting of a variety of missions ranging from hospital discharges through to pre-hospital helicopter emergency calls and inter-hospital transfers.

In order to develop a tender specification brief for the re-procurement of air ambulance service which meets the needs of staff, patients, the public, NHS and other partner organisations, SAS conducted a consultation and engagement exercise to gather input.

As a result of this activity, SAS has been able to build a clear picture of the desired next generation of the Air Ambulance Service.



## Purpose of this Report

This report provides an overview summary of the level and reach of engagement and the key themes identified based on the feedback received during both Phase 1 and Phase 2 of the process from staff, stakeholders, the public and colleagues from partner organisations. Phase 3 of the process will involve further feedback based on the themes highlighted in this report.

## Approach to Consultation: Phase 1

Phase 1 of engagement was launched in early February 2022 and was conducted digitally due to the Covid-19 pandemic and sustained Service and NHS Scotland-wide pressures. SAS staff were sent a survey link and information about the re-procurement process via email and internal communications channels. Remote and rural healthcare staff received a survey via communications cascaded by their health board. Social media was also used to promote the surveys to both groups.

Stakeholder, public and patient engagement consisted of a questionnaire. Stakeholders were sent information about the re-procurement process via email and electronic e-newsletter which included a link to the online questionnaire on the Scottish Ambulance Service website, as well as a PDF of an A5 explanatory document. A Microsoft Word/paper version of the survey was made available for those who could not/did not have access to responding to the survey online. This information was distributed to the stakeholders identified in the programme's Stakeholder matrix.

Social media advertising, press content and a cascade model of engagement through established networks were utilised to reach patients and the public.

The stakeholder, public and patient questionnaire was completed by 1,100 people. In total, over 1,400 individuals contributed to Phase 1 of Air Ambulance Re-procurement consultation.

## Engagement Results and Themes: Phase 1



### 1,467 survey responses

- 1,100 patients/ public/stakeholders
- 109 remote and rural healthcare professionals
- 258 staff



### Website visits (1 February – 31 May)






- 1,790 page views
- 1518 unique page views



### Staff Engagement Session (28/4/2022)

- Over 100 staff attended via Teams

### Social Media – Total Reach/Impressions

	Facebook – 87,400		Twitter – 30,761		LinkedIn – 5,622
	Instagram – 1,974		Facebook advertising reach – 8,256		

### Five main themes emerged from analysis of survey responses:

1. The Air Ambulance Service ensures life-saving care to all people of Scotland, no matter where they live
2. Sometimes escorts were not allowed to transfer and this caused distress
3. Delays caused distress, and cited factors such as weather or bariatric patients as barriers to effective transfers
4. More aircraft in different locations, although recognised money was a factor
5. Users had a positive experience, highlighting the professionalism and care received

These were identified as the themes with the highest number of references in the survey responses. The themes informed the focus groups and engagement sessions during Phase 2, and this enabled the Service to gain further detail and to also ascertain if there were other themes which had not been covered in the survey responses.

Relevant elements of the feedback were also shared with colleagues to help them develop their own service area. Positive comments praising staff and services were shared with our workforce and Board to highlight the appreciation of the Air Ambulance Service.

## Approach to Consultation: Phase 2

Phase 2 of consultation commenced in August 2022 and gave further opportunity to submit feedback and a chance to build on the information received during Phase 1. With restrictions and pressures slightly easing, a face-to-face and digital approach to engagement and consultation was adopted.

In-person focus groups were undertaken with healthcare professionals who had indicated they would like to be further involved in the consultation by submitting their email address during Phase 1. All respondents who submitted their email address were subsequently contacted and offered one of two dates to attend a focus group. These were completed on Wednesday 17th August and Thursday 18th August 2022.



In attendance across these two focus groups included:

- A rural Anaesthetist
- Nurse Manager from NHS Shetland
- GP from Orkney
- Rural Paramedic with SAS
- GP from Benbecula
- An Advanced Nurse Practitioner from Orkney
- A Nurse from NHS Shetland.

This sample of healthcare professionals, therefore, offered a viewpoint reflecting more remote and rural medicine rather than urbanised medicine.

With regard to patient groups and third sector groups, the Service sought to leverage existing relationships with other NHS bodies and third sector organisations, as well as relationships that developed over the first phase of consultation.

SAS utilised its comprehensive list that is used for all engagement activities, which has been expanded with assistance and advice from the third sector, to ensure we are meeting social inclusion standards for all groups, including minority, disabled and community-based populations. Groups were segmented into regions to ensure we targeted the key audiences and patient groups who will have an interest in Air Ambulance Re-procurement. Project and operational colleagues presented to the following groups:

- Western Isles Patient Group
- Age Scotland
- Medcats Patient Group
- Royal National Institute for the Blind (RNIB)
- North-Highland Women's Wellbeing Hub

Two public meetings were held via Zoom on Monday 26th and Thursday 29th September 2022.

# Engagement Themes – Phase 2

## Focus Groups

Four key themes emerged from the focus groups. These were:

### **Theme 1: Future demand on the Air Ambulance service**

A key voicing from remote and rural clinicians is that their reliance on the Air Ambulance service is largely determined by the clinical services in their areas.

Reduction in specialist services, challenges with medical staffing and an aging more co-morbid population are all contributing to the sense that demand on the Air Ambulance will increase.

### **Theme 2: Delays having meaningful impact on clinicians**

The focus group attendees all discussed the impact of delays on their services, given that clinicians from remote and rural areas often cover larger geographical areas with less supportive resource than urban health services.

### **Theme 3: The Air Ambulance as part of wider remote and rural services**

A theme emerged that highlighted how remote and rural areas have key services that support their communities. It is possible for SAS to support remote and rural clinicians in engaging with these services so that the Air Ambulance is not viewed as the only option when someone is ill.

### **Theme 4: Overall positive experience with the Air Ambulance**

Clinicians recognised that many different parts of a complex system had to work together to provide an air asset, with many different factors contributing to the success of the aircraft arriving in a timely manner. Taking into account all these factors, clinicians at the focus group echoed the core findings from the questionnaires that the vast majority of service users have an excellent experience with the Air Ambulance.

## Patient, Third Sector and Public Consultation Meetings

Feedback from the patient and third sector meetings aligned with the findings found throughout the questionnaires and focus groups. This signals that a point of 'data saturation' was met, meaning that no new viewpoints were being expressed. The main themes which emerged from the public consultation meetings are below:

### **Theme 1: Patients with additional needs**

Both clinicians and members of the public/patients recognise that some users of the Service have bespoke needs. Attendees at the public meeting noted that heavily pregnant women and babies in incubators should be identified as having bespoke needs, akin to bariatric patients.

The Service noted these thoughts and highlighted that similar issues were discussed at the last round of re-procurement in 2010/11. Crews can now respond to these patients without any requirement to re-configure our helicopters.

### **Theme 2: Minimising transfer times**

It was raised that there could be a standard time threshold for when air transfer is preferred. On discussing this point further, the Service highlighted that a range of factors are taken into account when using the air service, including time, patient acuity, resource available and weather. The Service does use dual-transfer when needed (i.e the patient is transported by road to a location and then is met by the air ambulance).

### **Theme 3: Mental health presentations**

A recurring theme found throughout the consultation exercise related to patients with mental health presentations. At the public meetings this was discussed further. The Service acknowledged that this will be fully taken into account during this re-procurement process and that the wellbeing and safety of patients with mental health presentations is paramount. The Service is committed to ensuring equity of healthcare irrespective of healthcare need or location.

### **Theme 4: Space on board aircrafts for medical equipment/ mobility aids**

It was raised at several meetings that aircraft which had the capacity to carry luggage (i.e extra medical equipment) would be extremely beneficial.



## Conclusion

The consultation for the Air Ambulance Re-procurement has welcomed responses from over 1,500 patients, members of the public, healthcare professionals and stakeholders groups. As can be seen throughout the feedback above, there is consensus that the air ambulance provides excellence service. Moreover, the ability to mobilise air assets to remote and rural regions provides a lifeline to these communities.

The data indicated that there are three findings to be borne in mind that can further enhance the air ambulance service for patients, staff, stakeholders and healthcare professionals:

**For patients:** the ability to transfer patients with additional needs as well as supporting parents/ carers who cannot travel with unwell children would be welcomed.

**For staff:** ensuring a consistent and transparent approach to communication with referring crews would enable them to make more informed decisions 'on the ground', whilst allowing them to understand how decisions are being made.

**For healthcare professionals:** clinicians who request the service would benefit from similar consistent and comprehensive communication, particularly if air assets cannot be mobilised quickly. Particularly for remote and rural clinicians, this would allow them to plan local resource utilisation in the event that someone is severely unwell.

Notwithstanding these findings, the Air Ambulance demonstrably delivers a safe, effective and high-quality service which is welcomed by all citizens across Scotland. The themes that emerged during this consultation should be viewed within this context and approached as incremental improvements to an already high-functioning service.

## Next Steps

We are keen to hear from you if you have any additional feedback on the SAS Air Ambulance Service which has not been covered above. To contribute to the consultation, please email [sas.airamb@nhs.scot](mailto:sas.airamb@nhs.scot) with your views by 17 March 2023.

