Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

Towards 2020:
Taking Care to the Patient

Improving Access Improving Care Improving Outcomes

Contents

The Scottish Government vision:

"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."

Introduction

Foreword from our Chair and Chief Executive

The Scottish Ambulance Service recognises that it has a significant contribution to make to the effective delivery of this strategy as a frontline service providing emergency, unscheduled and scheduled care 24/7. This five year strategic framework describes how we plan to do that in a way that supports the national quality ambitions for person-centred, safe, and effective care.

By 2020 we aim to:

improve access to healthcare;

improve outcomes for patients – specifically cardiac, trauma, stroke, mental health, respiratory, frailty and falls;

evidence a shift in the balance of care by taking more care to the patient;

enhance our clinical skills as a key and integral partner working with primary and secondary care;

develop our Service as a key partner with newly formed Integration Boards;

collaborate with other partners including the voluntary sector and the other blue light emergency services as part of a contribution to shared services and public service reform;

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.

Delivering the '2020 Vision' requires whole system transformation and as a Service we recognise the need to work differently to deliver emergency, unscheduled and scheduled care in this context. We cannot deliver in isolation and will need to work effectively in partnership with NHS Boards, Health and Social Care partnerships, patients, communities, and other public and voluntary agencies to deliver this vision.

We are committed to continuing to provide a Scottish Ambulance Service that is flexible and responsive, innovative and open to learning, skilled and resourced to respond to clinical need, and one that can effectively support an integrated health and social care system.

'2020' is based on the fundamental principle that care should be appropriate to need and where that care is delivered should be appropriate, which may not be in a hospital setting. The Scottish Ambulance Service has a key contribution to make in terms of taking care to the patient. Our ability as a 24/7 healthcare provider to provide face-to-face assessment and diagnostics, to determine need and to treat, route and/or refer patients to anticipatory or definitive care more effectively is critical in supporting this approach.

This strategic framework *"Towards 2020: Taking Care to the Patient"* outlines our approach to delivering clinically focused, high quality care for patients, and developing our future workforce to meet the changing and complex landscape of health and social care for Scotland.

Our Vision: *"Towards 2020: Taking care to the Patient"*

Our Mission	To deliver the best ambulance services for every person, every time					
Our NHS Values	Care and Compassion, Equality, Dignity and Respect, Openness, Honesty and Responsibility, Quality and Teamwork					
Our Goals	To ensure our patients, staff, and the people who use our services have a voice and can contribute to future service design, with people at the heart of everything we do.	Expand our diagnostic capability and the use of technology to enhance local decision making to enable more care to be delivered at home in a safe and effective manner.	Continue to develop a workforce with the necessary enhanced and extended skills by 2020 to deliver the highest level of quality and improve patient outcomes.	Evidence a shift in the balance of care through access to alternative care pathways that are integrated with communities and with the wider health and social care service.	To reduce unnecessary variation in service and tackle inequalities delivering some services *"Once for Scotland"* where appropriate.	Develop a model that is financially sustainable and fit for purpose in 2020.
Our SAS Way	Person-centred	Safe & Effective	Quality and Outcome Focused	Collaborative	Fair and Equitable	Value driven

About us

The Scottish Ambulance Service responds to around 1.8 million calls for emergency and non-emergency assistance each year and attends nearly 700,000 emergency and unscheduled incidents. Of these over 500,000 are emergencies. We transfer around 90,000 patients between hospitals each year and respond to over 150,000 urgent requests for admission, transfer and discharge from GPs and hospitals.

Our air ambulance service undertakes around 3,500 missions and we co-ordinate delivery of the ScotSTAR Specialist Transport and Retrieval Service for Scotland which transfers 2,300 of the most seriously ill patients to specialised treatment. Our Patient Transport Service takes over 1.1 million patients to and from scheduled hospital appointments each year.

We employ over 4,300 highly skilled staff and operate across the whole of mainland Scotland and its island communities, supporting 14 territorial Health Boards. We are helped by over 1,200 volunteers working in roles such as community first responders and volunteer car drivers.

Our Story so Far

"Working together for Better Patient Care"

In 2010, the Scottish Ambulance Service published *"Working Together for Better Patient Care"* a five year strategic framework which was fully aligned to the national NHS Scotland Quality Strategy. We have made significant progress in delivering the commitments made within this strategy and in redesigning the way we deliver care. The Scottish Government's 2020 Vision builds on the framework set out in the NHS Quality Strategy.

This next iteration of our strategy, *"Towards 2020: Taking Care to the Patient"*, continues to reflect those aspirations and positions the Scottish Ambulance Service as a key enabler in shifting the balance of care away from acute hospitals into local communities and improving patients' experience of healthcare.

In *"Working Together for Better Patient Care"*, we set out a vision to deliver the best patient care for people in Scotland, when they need us, where they need us. Underpinning this aim was to: improve patient access and referral to the most appropriate care; deliver the best services for patients; and engage with our partners and communities to deliver improved healthcare. Since the publication in 2010, we have made significant progress and have successfully delivered a number of key improvements under the direction of the following five strategic programme boards.

Emergency and Unscheduled Care

A range of improvements in Pre-Hospital Cardiac Care have been achieved. By supporting the development and implementation of national pathways for Optimal Reperfusion, clinical outcomes for patients suffering myocardial infarction have improved significantly. In addition, our work in partnership with NHS Lothian to improve clinical intervention through the development of the 3RU model (Rapid Response Resuscitation) has enhanced the treatment of Out of Hospital Cardiac Arrest (OHCA), contributing to an improved survival rate in adults. The rate for patients arriving at hospital with a pulse following resuscitation from cardiac arrest in Edinburgh is 29% this year against a national Scotland average of 18%; this is world class performance.

Improving the triage and deployment of appropriately skilled staff and vehicles to ensure patients suffering hyper-acute stroke get to definitive care first time within 60 minutes has also been a key priority and we have made good progress in achieving this outcome. We have secured funding to enable us to engage more effectively with local Stroke Managed Care Networks, streamlining and improving access to specialist care for stroke patients.

We continued to work in partnership with NHS Boards through Community Healthcare Partnerships (CHCPs) in 2013/14 to further embed the national framework for frail and elderly patients who have fallen, which was developed in partnership with the Long-Term Conditions Collaborative in 2012/13. The development of a good practice guidance for the management of frail and elderly patients who have fallen along with the publication of a guidance booklet and resource tool *"Making the Right Call for a Fall"* has improved care for many non-injured elderly fallers and enabled referral into local health and social care systems with access to assessment, prevention and ongoing care packages. Overall, the percentage of patients over the age of 65 taken to hospital across the whole of Scotland as a result of a non-injured fall has reduced from around 80% in April 2012 to around 66% in April 2014. We have had notable success in Argyll, Edinburgh City, and Lanarkshire where our staff have worked alongside community based teams to support management of these patients at home and identify and refer to the appropriate services to put solutions in place to prevent future falls. This work in partnership with local community based teams has led to minimal number of patients finding the need for further 999 calls.

In 2013/14, we tested *new care pathways* for patients with Chronic Obstructive Pulmonary Disease (COPD) and *Mental Health* across Edinburgh City with evidence of positive outcomes for patients, reducing avoidable attendances at A&E and managing treatment of the existing condition at home with paramedics operating as part of an integrated healthcare team. We also continued to develop our capability to offer safe and more effective care to patients who suffer from dementia. A number of staff have now completed Alzheimer Scotland's dementia champions training programme and this was recognised at the Alzheimer Scotland National Award Ceremony in September 2013. Training for all staff in dementia will continue during 2015/16.

In April 2014, ScotSTAR, (The Specialist Transport and Retrieval Service for Scotland) was launched, bringing together neonatal, paediatric, and Emergency Medical Retrieval Service (EMRS) teams under the co-ordination of the Scottish Ambulance Service. This provides a vital road and air service for critically ill patients, taking the skills of specialist clinicians directly to patients to enhance their treatment and ensure patients reach specialist centres of excellence first time. Closely linked to this we have been working with regional and national planning to develop a major trauma network across Scotland.

As a key objective from "*Working Together for Better Patient Care"*, we have invested in significant development across our three Ambulance Control Centres (ACCs), including the introduction of 24/7 clinical advisor support and establishing a dedicated specialist services and trauma coordination desk improving the response to major incidents and major trauma. These developments have dramatically improved telephone answering standards and the effectiveness of our dispatching of ambulances.

Scheduled Care

Within **Scheduled Care** we undertook a national redesign and reconfiguration of our Patient Transport Service, establishing a new direct patient booking line and investing in mobile technology across our fleet. We enhanced our systems and processes to better understand and respond to patient needs, and continued to work with our partners in health and social care and beyond to improve planning and access to alternatives where an ambulance is not required. We have steadily improved the quality, performance and efficiency of this service over the past five years and our patient feedback indicates a very high level of satisfaction with the service provided. There is, however, more to be done and we will continue to work with patients and partners to build on these improvements, particularly supporting discharge planning, greater integration of alternative transport solutions and continuing to improve patient experience.

Doing the Right Thing – Our Organisational Development Programme

Delivering the commitments of "*Working Together for Better Patient Care"* could not have happened without **significant development of our workforce**. In 2011, the Service moved its training facility to an Academy within Glasgow Caledonian University and developed the BSc in Paramedic Practice and Specialist Practitioner Critical Care role initially to support the work of the Air Ambulance and Retrieval Team. Creating a culture of Continuous Quality Improvement and Safety has been a key priority and, as a partner in the Scottish Patient Safety Programme, we made improvements in the recognition and management of deteriorating patients, including the use of early warning scores and screening for Sepsis. We also led the development of a Paediatric Early Warning Score supported nationally by Scottish Patient Safety Programme Clinical Fellows.

Engaging with Communities

As part of our **Community Resilience** strategy we introduced new and innovative models of care 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, dedicated **Community Resuscitation Development Officers** have been established in each of our operational management divisions to support the extended use and awareness of community public access defibrillators and to continue to grow and develop the Community First Responder Schemes and volunteers across Scotland. Our Community First Responder Schemes across Scotland have grown from 82 to 127 over the past 5 years with over 1,200 active volunteers and partners such as RAF and Scottish Fire and Rescue Service operating these schemes. We have worked with British Red Cross and British Heart Foundation to develop training and support for these volunteers.

Whilst we respond to an emergency almost every minute of every day and many simultaneously, occasionally a more disastrous, complex or hazardous incident occurs, often involving multiple patients, which requires a greater degree of **specialised response and co-ordination** with other emergency organisations. This can include a wide variety of circumstances for which the ambulance service must be prepared, such as major transport accidents, firearms incidents, chemical and biological releases, explosions, public disorder situations, pandemic outbreaks, industrial accidents, incidents at crowded locations, extreme weather, acts of terrorism and many more. Specialist paramedics and support staff from the Special Operations Response Teams (SORT) have been active at many major incidents, working together in partnership with other emergency services and providing care within hazardous environments such as collapsed buildings and structures, accessing patients in severe weather including snow and flooding, and undertaking the movement of patients with suspected infectious diseases such as viral haemorrhagic fever.

e-health

We set out some ambitious aspirations to **enhance our use of technology**, and in terms of tele-health and diagnostic capability, to be operating at the leading edge.

Over the past five years we have succeeded in:

successfully developing and testing an electronic patient record interface to transfer patient records to GP practices;

developing and testing the concept of near-patient testing for cardiac patients in NHS Borders and remote diagnostics for suspected Sepsis in NHS Forth Valley;

successfully updating the technology within our Ambulance Control Centres to enable our three geographically based control centres to operate as one virtual centre;

investing in technology to significantly improve the business continuity arrangements within our control centres;

introducing new state of the art technology in all of our ambulances and invested in scheduling software to improve productivity and efficiency and ultimately provide more responsive, punctual services to patients within our scheduled care service; and

working in partnership with the Digital Health Institute to develop our future mobile tele-health platform.

Whilst we have made considerable progress, we recognise the scale of transformation required to deliver the '2020 Vision' and acknowledge that we cannot achieve this in isolation. 2020 requires whole system change and we have a vital role to play in supporting that change in partnership with NHS Boards, other care providers, patients and communities. In this strategy, *"Towards 2020: Taking Care to the Patient"*, we are aiming to build on the achievements made so far and to work within an integrated health and social care system to **see and treat** more patients safely and effectively at home where appropriate to do so, and where this is not the most appropriate outcome, to work with others to develop and access appropriate care pathways to ensure patients get access to the right care in the right place first time, every time.

Building on Successful Partnerships and Collaborations

Taking more care to the patient by 2020 will require Scottish Ambulance Service to continue to strengthen existing partnerships and to collaborate effectively as part of an integrated health and social care system to design new innovative models of care designed around patient needs. The learning from recent pilot projects and collaborative work across Scotland will continue to be tested, and evaluated. Where there is evidence of success and improved outcomes for patients, plans will be developed to spread this good practice across Scotland where safe and appropriate to do so.

The following examples highlight some recent joint initiatives that are already beginning to demonstrate the effectiveness of new ways of working in partnership with others and support our vision for 2020 to take more care to the patient.

"I am delighted with the service provided by the ASSET team. Being an older lady I am very reluctant to go into hospital so was relieved when my GP informed me of this new service. All involved from the initial GP phone call to the Paramedics, nurses, physiotherapist and consultant were attentive and caring. Being cared for in the comfort of my own home without a doubt helped my recovery. My family and I were most impressed by the service which felt like a virtual hospital ward in my own home. I am extremely grateful for this and thank ALL the NHS staff involved. I am sure others will find this service beneficial also."

Mrs Rose Gillespie (centre)

Developing an ASSET based approach

The Scottish Ambulance Service has been working with NHS Lanarkshire to support the development of their Age Specific Service Emergency Team (ASSET) 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, including Paramedic Practitioners, with consultant support. The team accepts referrals directly from GPs and from Scottish Ambulance Service following a 999 response. Thereafter patients are assessed at home, treated and monitored where it is safe and clinically appropriate to do so. ASSET will also review patients admitted to hospital to identify those that can be treated appropriately at home managing their early discharge and follow up care. Scottish Ambulance Service has two Specialist Paramedics 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. Already the ASSET pilot is demonstrating real benefits for patients and improved multi-disciplinary team working.

Our aim by 2020 is that our Paramedic Practitioners are able to work as a key component of integrated multidisciplinary teams, but also as autonomous practitioners where appropriate, supporting care in local communities. They will be experienced in Care of the Elderly and will be educated and trained in areas of minor ailment and minor injury. They will be able to carry an extended range of medications including antibiotics, painkillers in the appropriate circumstance prescribe, avoiding many unnecessary journeys to hospital. They will also provide internal professional-to-professional decision support for other ambulance clinicians supporting staff to see and treat more patients presenting with minor injuries and illnesses.

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, and the number of people with multiple and complex conditions also continues to grow. Many elderly patients 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 quickly 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 elderly patients who have fallen, we help them to access the care they require. We respond to around 45,000 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 of patients, and, typically, we take 80% of them to hospital due to a lack of easily accessible 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 specialist falls teams across Scotland means we are now able to refer patients into alternative pathways either at the point of taking the call or following ambulance attendance and help them get the care they need. All of this has been supported by an increase in the amount of intermediate care services across Scotland. Ambulance Clinicians can now access alternative pathways to community health and social care services in many localities, with those services covering both immediate interventions and follow up assessment. This approach clearly demonstrates the benefits of an integrated health and social care response.

"Over the last six months I have fallen three times. The ambulance was called to attend as I was unable to get up myself. My experience has been that I received excellent attention from the ambulance staff that checked me over for injuries before lifting me up using an air cushion device. After this they referred me to the local community based falls team to reassess my needs, help manage my diabetes and support me to stay at home."

Mr Harold Gillespie

We aim to build on this collaborative approach and to develop better access to more local care pathways and services for those frail elderly living at home with multiple and more complex long term conditions.

NHS Lothian

Supporting NHS Lothian's Discharge Hub

In 2011, during the early stages of implementing the Scheduled Care Programme, we embarked on a collaborative programme of work to support NHS Lothian with the development of a Transport Hub to coordinate 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. This collaboration has provided a mutual benefit for Scottish Ambulance Service and NHS Lothian. It has supported 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, and has supported NHS Lothian to improve the flow of patients through their hospital sites.

"We aim to continue to support this model in NHS Lothian and across Scotland to ensure we are able to support the effective flow of patients in and out of acute hospitals."

NHS Eileanan Siar Western Isles

"We aim to grow this model by 2020 to support unscheduled care in the community particularly in the out of hours period."

Specialist Paramedic Model

Scottish Ambulance Service has been working with NHS Western Isles for a number of years developing the Specialist Paramedic model. Specialist Paramedics are able to see and treat patients both as part of the out of hours community team and working within the minor injuries unit at the local hospital. The enhanced skills of the Specialist Paramedics means they can operate more autonomously and are able to access alternative care pathways directly. Because they carry an extended range of medicines, they are able to offer a greater range of treatment and interventions directly for patients, resulting in fewer avoidable A&E attendances. These Specialist Paramedics are engaged with the GP community, are able to access decision support from GPs and request follow up visits to the patient from the GP. There are clear benefits to patients with this model, increasing likelihood of being treated safely at home but additionally, freeing up hospital resources and enhancing the skills of paramedic staff.

The Ambulance of 2020

A mobile Health Facility

The ambulance of the future aims to give our staff access to: key patient information (such as the Key Information Summary, Anticipatory Care Plans, Palliative Care Plans etc.); clinical guidelines; integrated diagnostic devices; and the capability to exploit advances in decision support which rely on technology, (e.g. video conferencing, electronic access to patient records).

These developments will enable us to work together with health, social care and emergency service partners to deliver the best outcomes for patients in terms of improved care and safety.

During 2014 we tested the transfer of the electronic Patient Report Form (ePRF) from the ambulance to GP practices in NHS Greater Glasgow and Clyde. We also trialled the process of transferring the record from the ambulance to the receiving Accident and Emergency department as a pre-alert prior to the arrival of the patient.

Our aim is to evaluate the electronic transfer of patient records to acute and primary care services and to work with Health Boards across Scotland to roll this out.

This facility will be beneficial in transferring clinical information for those patients requiring urgent care on arrival at hospital, such as stroke, cardiac arrest or major trauma, but also in communicating with GPs where patients with multiple long term conditions have been seen and effectively treated in their home by our paramedic practitioners.

Our aim is also to explore and exploit remote diagnostics, near patient testing and the use of tele-health within our ambulances. Recent testing of troponin levels in patients with suspected myocardial infarction within NHS Borders will be evaluated and a range of other diagnostic equipment such as ultrasound will be assessed for use in a mobile environment as part of an integrated model supported by senior decision support.

NHS Greater Glasgow

The future of Ambulance Technology

ePRF

Modern, app-based, electronic Patient Reporting Form. Hosted on the on-board tablets, with automatic data input from medical devices through the Communications Hub. Capable of being shared at a multi-crew incident.

On-board Communications Hub

Provides all routing for data to and from the ambulance. Acts as a wi-fi router for peripheral devices and aggregates cellular signals to provide increased bandwidth.

Mobile Broadband Communications

Array of antennae providing 2G, 3G and 4G mobile and wi-fi signals. Provides fast mobile communications to ACC and other healthcare facilities, enabling video streaming and web access. Physically connected to the Communications Hub.

Rear Tablet

Used by crew to access incident information, ePRF, web, ECS/KIS and back office systems (Intranet, workforce planning, incident reporting). Linked to medical devices via the Communications Hub. Integrated SIM providing data communications when out of wi-fi range.

Medical Devices

Situated in the rear of the cab, providing analysis tools for Clinicians. Linked to ePRF via the Communications Hub so that data from the device will auto-populate the ePRF.

Front Tablet

Primarily used for satellite navigation and providing incident information for allocation and mobilisation of the vehicle. Also allows crew to update the CAD using status messages and access a range of other software.

Towards 2020

Our Vision and Aspirations

The Scottish Ambulance Service recognises the key role it has to play as a frontline service, in supporting the effective delivery of the Scottish Government's 2020 Strategy.

This strategic framework aims to set out our vision for the development of our service as we move towards 2020 and describes the key actions required to deliver that vision. There are some core over-arching principles which underpin all our work.

In summary we aim to:

enable a tangible shift in the balance of care away from acute hospitals by equipping the Service to deliver more care at home or in a community setting where safe and appropriate to do so;

deliver care that ensures high quality outcomes for patients, is person-centred, safe, and improves experience;

enhance decision support further to ensure effective, safe decision making at all stages of the patient journey;

develop a workforce educated, trained and enabled to deliver the service model;

work in partnership to achieve a service model that is integrated with communities and with the wider health and social care service;

fully engage our staff, our partners and the people who use our services to design models of care that meet the needs of the people of Scotland and reduce health inequalities; and

develop a model that is sustainable and fit for purpose in 2020.

Achieving these aims will require investment in our staff, in new technologies and innovation to realise our ambitious aspirations, including:

working with our partners across health and social care to develop 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;

aiming to use our status as a 24/7 mobile healthcare provider to enhance our contribution to wider NHS as part of an **integrated health and social care service**, delivering the highest quality of emergency, unscheduled and scheduled care for patients;

striving to **improve safety and effectiveness** and to support our staff with clinical assessment and decision making skills appropriate to meet the needs of those patients with complex long term conditions and multi-morbidities, supported by access to enhanced senior clinical decision-support and technology solutions to make **safer decisions** with and for patients;

embracing 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;

developing the **capability and skills within our workforce**, fit for the future role of the Service within an integrated approach, flexible and sustainable and with the right leadership to **drive a culture of innovation, co-production and improvement**;

continuing to develop our scheduled care service in partnership, recognising the expectation on NHS Boards to transform the delivery of outpatient services, support effective discharge and transfer of patients, to support patient flow across the whole healthcare system, and deliver a better experience for patients.

building on our strengths as a national organisation to offer *"Once for Scotland"* solutions to particular challenges such as demand management, resource deployment and primary care; and

adopting an **integrated approach to transport to healthcare** ensuring that patients with a clinical need are able to access ambulance transport to hospital. However, it is vital that patients who do not require our help are still able to access appropriate alternative transport provision. We recognise that we have a role to play in ensuring that access is as seamless and straightforward for patients as possible. We will continue to work with our partners in NHS Boards, Regional Transport Partnerships, and others to support the improved co-ordination of health and social care transport resources and, where appropriate, explore opportunities to link systems and technology to facilitate this.

Building on the achievements made during the lifetime of *"Working Together for Better Patient Care"* our aims going forward are to continue to build on the strong foundations laid between 2010 and 2015 and to:

make further improvements in pre-hospital cardiac care by leading a national programme of improvement for out of hospital cardiac arrest and in doing so continue to improve survival outcomes for patients;

work with external partners and the national Stroke Managed Care Network to improve outcomes and access to specialist care for stroke patients;

work with the newly established Integrated Joint Boards to embed the guidance for frail and elderly patients who have fallen with an aim to improve outcomes for people who have fallen and help prevent people falling in the future;

continue to develop access to local services and intermediate care services through the development of new care pathways with a focus on respiratory disease and mental health as two of our top priorities for further care pathway development work in 2015/16;

continue to provide an improved person-centred response to those patients suffering from dementia and requiring care from the Service within our scheduled, unscheduled and emergency care service;

further develop ScotSTAR as a national service to improve outcomes for those patients requiring a specialist response and implement new trauma pathways;

prioritise investment in enhancing the clinical decision support available to our frontline staff, in technology solutions and advanced clinical skills within our Ambulance Control Centres to support safer, more effective, person-centred decision making;

work in partnership with NHS Boards to provide an efficient and effective ambulance service for those patients with a medical need for ambulance transport and to work in partnership with other community transport providers to improve access to alternative transport solutions within localities where the need is social and geographical;

strengthen the expertise and support provided by our Specialist Operations Response Team and support the wider NHS by sharing this specialist expertise.

develop our education model further, to provide more comprehensive care at the point of contact for our patients and offer new role opportunities for our staff alongside other Allied Health Professionals and nurses;

extend our work with partners in local communities to build stronger safer communities and strengthen resilience particularly in those hard to reach localities;

invest in technology to develop enhanced diagnostic capability and where necessary a reliable interface to share clinical information to enable our Service to operate as an effective integrated provider of unscheduled care; and

contribute to the national Scottish Patient Safety Programme with a focus initially on developing diagnostic testing on scene for patients with Sepsis and Chest Pain, but moving to a holistic patient safety programme that covers all of our activity.

Our Clinical Model

Delivering Improved Outcomes

The operational environment for the Scottish Ambulance Service is changing in response to the wider strategic context and there are a number of key drivers for change that are determining the design of our future model of care, including:

demographic challenges of an increasingly elderly population living at home with multiple and more complex long term conditions;

the clearly stated aims of the '2020 Vision' to redesign emergency, unscheduled and scheduled care services across the NHS to shift the balance of care away from traditional acute hospital environment to community based, day case and increasingly planned and anticipatory care;

greater health and social care integration in designing and delivering services that are sustainable and person-centred;

challenges to the sustainability of traditional services and operational models, not least GP out of hours, across the NHS, most acutely in rural Health Board areas;

development of specialist centres of care for specific clinical conditions, such as stroke, PPCI (specialist cardiac treatment) and major trauma, which affect traditional boundaries and patient flows;

public sector reform and the drive for efficient and effective use of NHS resources and sharing services across public sector particularly collaborating with other emergency services, i.e., police and fire;

the need for a flexible and responsive workforce working across an integrated health and social care environment;

developments in technology which facilitate remote diagnostics and enhanced decision support and information sharing to improve patient care;

opportunities to work more closely in partnership with communities and voluntary organisations; and

a need to work with partner organisations and communities to address health inequalities.

The Scottish Ambulance Service is an integral part of the healthcare system and, as such, we are developing our clinical model to reflect the need for greater integration with key partners, and to seize the opportunity to develop and utilise the full breadth of enhanced paramedic practice along with the opportunities technology affords to better manage, diagnose and treat patients in an out of hospital environment.

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 can only be met through increased integration and effective partnership working. As a national service operating 24/7, we are ideally positioned to support the change necessary across the whole system and to deliver frontline emergency and unscheduled care in an increasingly responsive, person-centred and efficient manner.

The Scottish Ambulance Service has historically delivered a traditional ambulance service model with a bias towards taking patients to hospital and delivery of response time targets. In recent years, however, we have looked to develop new roles and models of working; to date these have been small scale and predominantly focussed around local initiatives. The current service model is largely weighted, with the intention of being risk averse, to delivering a response based on an 8 minute Category A target, with a desire to secure a timely response to patients in cardiac arrest or in an immediately life threatening condition. That model does not support our future strategic vision. Current analysis shows that only 5-10% of patients who call 999 have an immediately life threatening condition and therefore require that 8 minute response.

In addition under the current clinical model only 3 or 4 patients out of every 10 require the services of Accident and Emergency or require admission to hospital yet 8 out of every 10 are conveyed to hospital. In order to redress the balance and ensure patients get to the most appropriate care first time, every time, we need to do a number of things over the next five years to:

create the right conditions for change and equip our clinical workforce with the skills, capacity and capability to deliver more care at home;

work in partnership to develop integrated care pathways, supported by senior clinical decision support and access to alternative pathways for those patients who do not require emergency care within an acute hospital environment; and

ensure we have the right mix of skills and resources across Scotland to deal with increasingly complex needs of patients, including specialist teams and fulfilling our statutory responsibilities under the Civil Contingencies Act.

At its heart, **this new clinical model** seeks to place quality outcomes for patients at the heart of its decision making. This means that engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. Our emerging clinical and operational model aims to shift the focus towards providing the most appropriate response based on clinical need, including;

an aim to increase the level of 'hear and treat' through improved telephone triage, clinical intervention and referral to alternative pathways at the point of the initial telephone call;

an aim to increase the level of 'treat and refer' following face-to-face assessment by an appropriately skilled paramedic or other healthcare professional with access to enhanced decision support and alternative referral pathways;

an aim to ensure patients are treated in the right place first time and in doing so reduce the number of patients unnecessarily taken to Accident and Emergency and improve value through greater integration of services, skills development and access to more appropriate care pathways; and

a commitment to delivering some services *"Once for Scotland"* where there is tangible evidence of benefit and value to the system as a whole.

SAS Clinical Model

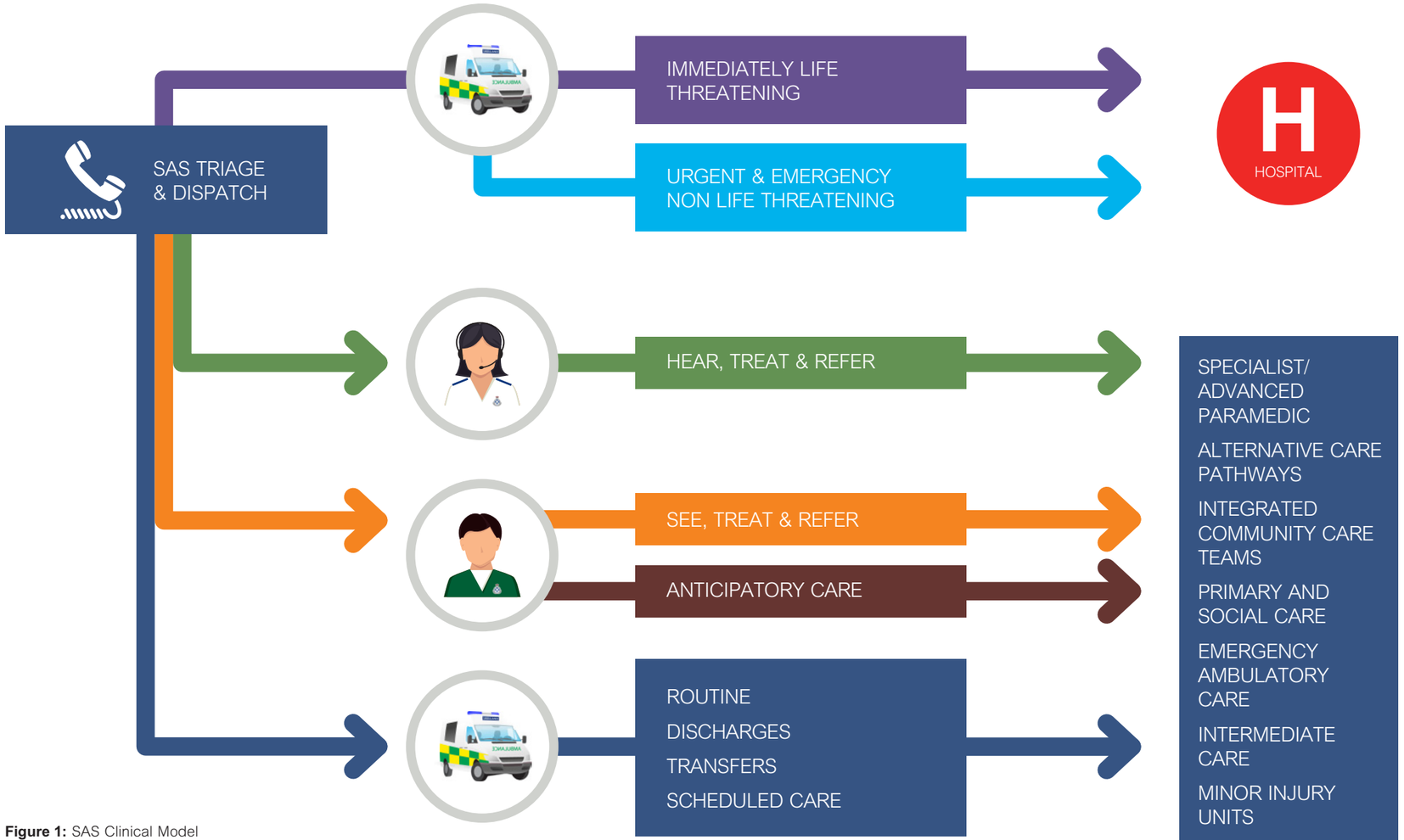

Figure 1: SAS Clinical Model

Figure 1 illustrates the key components of the new clinical and offers some examples within each of the identified patient flow groups.

Our developing clinical model better reflects the needs of patients and aims to ensure we send the right response to meet that need. Our aim is to improve how we assess and triage patients' condition on the telephone. We may take a little more time to do this once we have established the patient's condition is not immediately life-threatening, to ensure we send the right staff with the most appropriate skills. Where patients do not need to go to an emergency department, our skilled paramedics may treat them at home or access a more appropriate care pathway. In some cases, we might refer patients directly to specialist services. We will work as part of an integrated health and social care system to access the right care first time for patients.

Immediately Life Threatening

Patients whose condition is potentially life-threatening and a fast response is vital. This accounts for less than 10% of 999 calls received. These patients will be responded to by skilled paramedics and will normally be taken to A&E or specialist care. An example would be a patient in cardiac arrest.

Urgent and Emergency

Some emergency and urgent calls will also require a quick response and conveyance to hospital i.e. GP calls and non life threatening emergencies.

Hear, Treat & Refer

Patients whose condition is not serious enough to require an ambulance to attend or likely to result in any need to go to hospital. These patients can safely be given telephone advice by a paramedic, referred onto NHS24 for further advice or referred onto another service, such as a GP. An example would be a person with flu like symptoms.

See, Treat & Refer

Patients whose condition requires face-to-face assessment by a skilled paramedic but, in many cases, may be safely and effectively treated by that paramedic at scene without any need to go to hospital. Alternatively, these patients may be referred directly to more appropriate services. An example would be an elderly patient who has fallen but is uninjured who could be referred onto a specialist community team and their care could be managed at home.

Anticipatory Care

Patients living with one or more long-term conditions whose care can be managed proactively at home, where a package of care has been put in place to support patients to stay at home. Specialist paramedics can help deliver this care package working alongside colleagues in health and social care. An example would be a patient living with Chronic Obstructive Pulmonary Disease whose acute exacerbation requires urgent care.

Non-Emergency (Scheduled Care)

Patients who require to be admitted or discharged from hospital, or transferred between hospitals for further treatment and patients attending hospital for a scheduled outpatient appointment. These patients do not normally require the skills of a paramedic and are in a stable condition. An example would be a patient admitted for elective surgery or attending an outpatient appointment where ambulance transport was required.

Building this model by 2020 will require:

more **effective triage** of all calls, including those from other healthcare professionals and agencies. We must continue to ensure rapid identification and response to immediately life-threatening calls and those requiring a specialist operational response, whilst recognising that these account for less than 10% of demand for our service. Nevertheless, it is vital that our response is fast and a crew with a paramedic present is available to respond and convey the patient to the most appropriate healthcare facility. Alternatively, where the call is not immediately life-threatening, that we are able to determine the level of clinical response more effectively;

effective **clinical supervision and senior decision making** in our Ambulance Control Centres to strengthen decision making, call management and response and, more especially, to provide clinical telephone advice or onward referral to a more appropriate service to patients who do not require an ambulance;

developing our paramedics to operate confidently at the full scope of their practice, making the best possible clinical decisions with and for patients, which will result in fewer avoidable attendances at accident and emergency, where safe and in the patient's best interest to do so;

increasing the number of **patients treated at home**, including those with minor **injury and illness**;

increasing direct conveyance to specialist departments such as trauma, stroke and orthopaedics and linking in with other services across primary care and community based teams and networks to route patients to more appropriate care;

working with NHS Boards and partners to develop better and more consistent access to professional-to-professional **senior clinical decision support** and direct access to **local care pathways and intermediate care services where clinically appropriate**;

embedding specialist and advanced paramedic practitioner roles within **integrated and multi-disciplinary teams** working effectively in partnership with colleagues in primary care, out of hours, secondary and acute care and in the community;

effectively supporting the flow of patients both in unscheduled and scheduled care, where the right response will be determined by the needs of patients and the traditional demarcation between emergency, unscheduled and scheduled care services will be removed within the concept of 'one ambulance service';

development of our **mobile tele-health** infrastructure to increase capacity and capability for near patient testing and remote diagnostics; and

all of these actions will be developed within a robust and effective governance framework, ensuring that patients are protected and that there is evidence for the safe and effective implementation of these new ways of working.

Responding to Patients' needs

Delivering this clinical model will require a **fundamental shift in how we respond to calls** and significant development of the current and future workforce in a way that is more responsive to the needs of patients and the severity of their condition. Being sophisticated enough to deploy the right resource to those patients based on more effective clinical triage is also required.

Our response to patients aims to always dispatch the right skills to deal with the severity of the patient's condition based on improved triage. We are therefore moving from a response which is biased towards hospital attendance to one where our staff are skilled to treat patients at home and refer directly to more appropriate services as part of an integrated health and social care system. This model will be supported by a number of specialist teams able to deal with complex or hazardous situations and stabilise and retrieve critically ill patients. We will also continue to develop our network of community first responders and work with volunteers, including other healthcare professionals, to build and strengthen community resilience.

Patient Flows	Acuity	Response/skills
Immediately Life Threatening These patients need a rapid paramedic response. We will dispatch an additional paramedic responder and an ambulance to these patients as evidence shows additional support saves lives as does getting to hospital as quickly as possible. An example would be a patient in cardiac arrest. We may also deploy specialist teams to retrieve some patients or deal with major or hazardous incidents.	Immediately life threatening 8 minute response	Paramedic/Specialist paramedic Conveying resource
Serious but not Immediately Life-Threatening These patients require a paramedic response and will generally need to go to hospital. We will dispatch an ambulance with a paramedic on board. Whilst their condition is not immediately life-threatening, time can still be important and make a difference to the outcome. An example would be a patient having a hyper-acute stroke who needs to be at a hospital with a CT scanner within an hour.	Time-critical Urgent GP admissions and hospital transfers	Conveying resource Paramedic plus support
See, Treat & Refer These patients require a paramedic response but our aim would be to treat as many of them safely at home as possible. We will dispatch a paramedic, with advanced assessment skills and in some cases a specialist paramedic, able to treat minor injuries and minor illness and if necessary access appropriate care pathways as an alternative to hospital. An example would be a diabetic patient or a patient with an exacerbation of an existing long term condition.	Non time-critical Face-to-face assessment	Specialist paramedic/Paramedic Enhanced minor injury/illness
Hear, Treat & Refer These patients do not require an ambulance to attend and are unlikely to need to go to hospital. We may transfer some patients to NHS24 or to our paramedic clinical advisors who will offer advice, telephone assessment and directly refer patients to a more appropriate service. An example would be a patient with a minor ankle injury which could be seen by their GP. On some occasions, where circumstances or patient vulnerability require it, we may still dispatch an ambulance with a paramedic on board.	Low acuity 999 calls Calls passed to NHS24	Clinical advisor in Ambulance Control Centres Paramedic level
Non-Emergency These patients need to be admitted to, discharged from, or transferred between hospitals. This will also include some scheduled care outpatient and day care activity. These patients do not require a paramedic and will generally be responded to by a scheduled care ambulance.	Scheduled care Low acuity urgent-discharge/ transfers	Conveying resource Enhanced Ambulance Care Assistant, Basic Life Support, oxygen, Automated External Defibrillator.

Figure 2: Responding to Patients' needs

Everyone Matters: 2020 Workforce Vision

"We will respond to the needs of the people we care for, adapt to new, improved ways of working, and work seamlessly with colleagues and partner organisations. We will continue to modernise the way we work and embrace technology. We will do this in a way that lives up to our core values. Together we will create a great place to work and deliver a high quality healthcare service which is among the best in the world."

Our People

Developing our Workforce for the future

As we move towards 2020, the Scottish Ambulance Service faces a number of challenges which influence the future workforce required to deliver the 2020 Vision. In developing our strategic workforce plan, we have sought to align our commitments with those set out in the 2020 Workforce Vision below, and to ensure we develop a workforce capable of delivering the highest levels of quality service and clinical, person-centred care, in line with the NHS Quality Strategy.

The emerging model of care described above clearly requires development and re-profiling of our current workforce and investment in new roles and enhanced skill sets. It is also clear that the challenges faced in some areas of Scotland may require us to develop a flexible workforce model that better supports person-centred care and reflects those specific needs, for example, by adapting local pathways or developing an urban and a rural model, recognising that one size may not fit all.

Our aim is that by 2020, the workforce within Scottish Ambulance Service will provide:

all staff working to their full scope of practice, skills, knowledge and experience, supported by Personal Development Plans and enhanced learning opportunities;

increased levels of specialist paramedics, many of whom will operate as part of an integrated health and social care team, managing patients, primarily with long-term conditions in the community, able to provide treatment at home with direct access to alternative pathways if required, and able to provide additional face-to-face assessment for those patients without an immediately life-threatening condition who do not require to go to hospital; and

appropriate number of specialist critical care paramedics able to respond to critically ill or injured patients and provide support to specialist retrieval teams and seriously unwell patients with a life-threatening condition;

appropriate number of specialist paramedics and support staff able to respond to patients requiring clinical care in hazardous or difficult access environments, including confined spaces, collapsed structures, entrapment; including at height, inland water operations and similar to provide decision making, advice and direct clinical care;

an appropriate level of conveying resources for emergency and unscheduled care, ensuring that patients can be taken to hospital when required, meet expectations for planned scheduled work, and manage the increasing demand for transfers and discharge;

enhanced clinical decision support in the Ambulance Control Centres (ACCs) through increased impact of clinical advisors; for example, continuing the practice of appointing nursing staff to this role; providing access to more senior clinical decision support from medical staff through a professional-to-professional support network; and through development of our call handlers and dispatchers to make most effective use of our triage tool and referral pathways;

more tailored models specific to the needs of local communities, such as the Retained and Emergency Responder models, involving ourselves, NHS Boards and the voluntary sector supported by appropriate tele-health facilities and decision-support;

enhanced skills and development of scheduled care staff, within our control centres and those delivering care on the frontline development of corporate and support staff;

significant development of leadership and management capabilities, building on the development of a 'just culture' where staff feel supported to learn from mistakes and near-misses.

in essence, the Scottish Ambulance Service workforce of the future will be more highly skilled, operating across traditional boundaries, accessing improved decision-support, more clinically focussed, but with sufficient capacity to manage the movement and flow of patients through the wider system effectively.

The transformation of our workforce will be aligned to the career framework that is familiar to the wider NHS. This framework will enable us to have discussions about what essential skills are needed at each level to provide good clinical decision-making and to provide safe and appropriate care in all settings. New roles will be grouped according to their level of complexity and responsibility in practice and the level of experience and learning required to carry them out. The framework will demonstrate how different jobs build on one another to allow progression up and across the paramedic career ladder.

Our Strategic Workforce Plan *"Delivering Our Future Workforce"* will support this strategic framework by providing clarity about how many of each level of staff we will need by 2020. This will be supported by training, education and staff development of our existing workforce and will guide our recruitment of new staff. The career framework also aims to makes it clear that we will develop our existing workforce through the various levels as well as recruiting directly into each level.

Finally, aligning the career framework for paramedics to the national framework in place across the wider NHS provides scope for understanding the roles of other clinical staff from nursing and other allied health professions within the delivery of the 2020 Vision. This provides an opportunity for a richer mix of clinical skills and builds on the good practice established in Angus with the paramedic/nurse co-responder model.

Delivering the Vision

Our Mission	To deliver the best ambulance services for every person, every time					
Our NHS Values	Care and Compassion, Equality, Dignity and Respect, Openness, Honesty and Responsibility, Quality and Teamwork					
Our Goals	To ensure our patients, staff and the people who use our services have a voice and can contribute to future service design with people at the heart of everything we do.	Expand our diagnostic capability and the use of technology to enhance local decision making to enable more care to be delivered at home in a safe and effective manner.	Continue to develop a workforce with the necessary enhanced and extended skills by 2020 to deliver the highest level of quality and improve patient outcomes.	Evidence a shift in the balance of care through access to alternative care pathways that are integrated with communities and with the wider health and social care service.	To reduce unnecessary variation in service and tackle inequalities delivering some services *"Once for Scotland"* where appropriate.	Develop a model that is financially sustainable and fit for purpose in 2020.
Our Corporate Objectives	Engage with partners, patients and the public to design and co-produce future service. Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. Enhance our telephone triage and ability to see and treat more patients at home through the provision of senior clinical decision support.	Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. Develop ScotSTAR as a national service to improve outcomes for patients requiring a specialist response. Support NHS Scotland to deliver a high quality major trauma service. Develop our mobile tele-health and diagnostic capability.	Lead a national programme of improvement for out of hospital cardiac arrest. Improve outcomes for stroke patients. Strengthen and share the expertise provided by our Specialist Operations Teams. Develop our education model to provide more comprehensive care at the point of contact. Offer new role opportunities for our staff within a career framework.	Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers – early priorities being mental health and COPD. Continue to develop our scheduled care service in partnership to support outpatient services and facilitate effective discharge and transfer to improve patient flow, and deliver a better experience for patients.	Improve our response to patients who are vulnerable in our communities. Work in partnership to identify alternative transport solutions for those scheduled care patients with no medical need for ambulance transport but are socially isolated. Continue to work with partners in local communities to strengthen resilience.	Develop a three year financial plan to ensure we achieve financial stability by 2017/18. Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. Invest in technology and advanced clinical skills to deliver the change.
Our SAS Way	Person-centred	Safe & Effective	Quality & Outcome Focussed	Collaborative	Fair and Equitable	Value driven
Benefits	Keeping patients at home where they want to be with appropriate governance to optimise safety.	A decrease in A&E attendances (around 12% ie. 250,000) reducing overcrowding in acute hospital A&E departments.	Improved staff experience, recruitment, career development, morale and retention, increased diversity.	Sustainable and integrated Out of Hours Services.	Getting patients to the right place first time every time, and improving access to some specialist services.	Savings to the whole health economy circa £2,500 per patient episode in acute care.

Resourcing our Plans

Our funding for 2015/16 will be around £212 million.

The Scottish Ambulance Service receives over 99% of its funding from Scottish Government. In 2015/16 our revenue budget is expected to be £212 million, and capital budget £10 million. This is an uplift of 1% on the previous year and 4% efficiency savings will require to be achieved to deliver financial balance.

2015/16 is the first year of implementation of this strategic framework. We have assumed in developing this framework that our funding and budget will remain broadly stable for 2015/16 and 2016/17, however, we anticipate that transition funding will be required to support implementation of this strategy, and we will work with Scottish Government, NHS Boards and Integration Boards to identify such transitional funding based on the economic case for change developed by independent economic evaluation. Our annual corporate plan will set out the detailed financial planning supporting the implementation of this framework. It is clear that there will remain a need to deliver significant cash releasing efficiency savings and to meet increasing levels of unfunded cost pressures.

Over the lifetime of this strategy, there will require to be a shift in resources will be required to enable this new clinical model to be developed.

Delivering the commitments made will require:

investment in training and continuing professional development for staff to enhance their confidence in assessment and decision making;

investment in training and development for the cohort of staff that will form the basis of the enhanced skilled specialist and advanced paramedics;

investment in clinical advice and triage within our ambulance control centres to ensure we make the right clinical decisions to ensure we provide the right response first time, every time;

investment in technology to support remote clinical decision support through tele-health technology solutions; facilitate electronic transfer of data and better information sharing to support the integration of Service clinicians within the wider health and social care system; and

some disinvestment and savings to be achieved through a reduction in conveyance of patients to hospital.

Implementation of this framework will therefore be dependent on securing the necessary funding. We have commissioned an economic evaluation in partnership with the Scottish Government of the new model to evidence the benefit to the wider health and social care community.

The detailed financial and workforce development plans will set out the key milestones for investment in each year to 2020 to deliver the corporate objectives and actions set out in the framework. These plans will be incorporated in the annual Corporate Plan for the Service to ensure the developments are phased in a way that supports safe, sustainable and effective models of care. In order to ensure benefit realisation for the whole health and social care economy, we will commission robust independent evaluation throughout this change programme.

Glossary

A&E Accident and Emergency

ACC Ambulance Control Centre responsible for triage of all 999 calls and dispatch of ambulances and co-ordination of the patient transport service

AHPs Allied Health Professions are a distinct group of health professionals who apply their expertise to prevent disease transmission, diagnose, treat and rehabilitate people of all ages and all specialities. Together with a range of technical and support staff they may deliver direct patient care, rehabilitation, treatment, diagnostics and health improvement interventions to restore and maintain optimal physical, sensory, psychological, cognitive and social functions, for example, paramedics or occupational therapist

Care Pathways the different routes by which patients can access healthcare

COPD Chronic Obstructive Pulmonary disease, a progressive lung disease which makes patient's breathing difficult

CPR Cardiopulmonary Resuscitation - a standard treatment for patients in cardiac arrest

Defibrillator a machine, which indicates whether a patient has had a heart attack and which can shock a patient's heart if necessary

ECG Electrocardiogram test commonly used to detect abnormal heart rhythms and to investigate chest pains

Emergency Ambulatory Care a service which provides same day emergency care to patients. Patients are assessed, diagnosed, treated and are able to go home on the same day without being admitted overnight.

First Responder a trained volunteer working in local communities and able to provide immediate life support for a range of conditions

Intermediate Care a collection of services aimed at helping people stay in their own home, or care home instead of going into hospital, or that help people get home after a hospital stay, provided by teams of professionals that may include nurses, occupational therapists, care assistants and others

Minor Injury Unit a hospital department largely staffed by emergency nurse practitioners (ENP's) working autonomously to look after minor injuries such as lacerations and minor fractures. A minor injury unit has access to x-ray facilities.

Myocardial Infarction a heart attack, which is usually caused by a blood clot, which stops the blood flowing to a part of your heart muscle

NHS National Health Service

NHS 24 non emergency telephone service providing advice and access to healthcare

OHCA out of hospital cardiac arrest

Optimal Reperfusion pathway for treatment of patients with Segment ST Elevation Myocardial Infarction whereby patients will be taken directly to specialist treatment to be fitted with a stent; where the centre cannot be reached within 70 minutes, paramedics will treat patients with a clot-busting drug and transfer directly to specialist care for reperfusion

Out of Hours healthcare which is provided outside of normal GP surgery times

3RU Rapid Response Resuscitation model developed in partnership with NHS Lothian providing enhanced response to cardiac arrest patients with significant improvement in resuscitation

Primary Care providers of scheduled healthcare including GP surgeries

PTS Patient Transport Service

ROSC Return Of Spontaneous Circulation for patients following cardiac arrest and successfully treated showing a return of pulse

SAS Scottish Ambulance Service

Scheduled Care planned healthcare which operates on an appointment basis

ScotSTAR Specialist Transfer And Retrieval Service for Scotland including paediatric, neonatal and emergency medical retrieval teams

Sepsis potentially life-threatening whole body inflammation caused by an infection. Early identification reduces the time to administer antibiotics and improves survival

SORT Special Operations Response Team responsible for response to major incidents and incidents requiring specialist equipment or training

Specialist Paramedic a more highly skilled paramedic working alongside other NHS colleagues to reduce unnecessary attendance at hospital treating patients safely at home or as part of the specialist retrieval team able to deliver critical care

STEMI ST segment elevation myocardial infarction, which is a type of heart attack

Triage a process for arranging ill or injured people into categories based on their need for, or likely benefit from immediate medical treatment.

Unscheduled Care Providers health care services which operate without appointment

Scottish Ambulance Service
Taking Care to the Patient

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