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The Scottish Government

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DELIVERING
A GAMES LEGACY FOR SCOTLAND

Your ref: PE1432
23 July 2012

Dear Stuart

Thank you for your letter of 13 June 2012 regarding petition PE1432 about emergency ambulance provision in Scotland's remote and rural areas. You sought a reply by 10 August 2012, and a response to each of the questions posed to the Scottish Government is set out below.

What are your views on what the petition seeks?

The Scottish Government is committed to ensuring that the Scottish Ambulance Service (SAS) continues to provide safe, efficient and effective services to patients across Scotland, including those in remote and rural areas. It is important that patients have confidence in the ambulance service's ability to respond to emergencies within a clinically appropriate timeframe and that is why response times are an important performance measure. However, it should be recognised that response times are not the only measure of ambulance performance. They must be balanced within a range of clinical and outcome targets that deliver care within the context of the *Healthcare Quality Strategy for NHSScotland*.

More generally, we recognise that the way that services are delivered in some of our more remote and rural communities will not be identical to how they are delivered in urban parts of Scotland. Nonetheless, it is important that they deliver the same quality of care. One of the key ways the Scottish Ambulance Service is seeking to do this is through the deliver of their Strategy for Community Resilience, published in 2011. This is underpinned by a commitment to work in partnership with communities, NHS Boards and the wider NHS, as well as with a range of other statutory partners, voluntary organisations and public and patient groups. A huge amount of activity is ongoing and the Scottish Ambulance Service website (link attached) sets this out in some detail.

http://www.scottishambulance.com/YourCommunity/communityresilience.aspx

I am sure the Scottish Ambulance Service will provide the Committee with more detail, but it is important to note that we are fully supportive of the development of innovative service

models, such as the retained model being implemented in Shetland. The Cabinet Secretary for Health, Wellbeing & Cities Strategy made that point in the chamber on 17 May 2012 (S4O-01018). It is, of course, essential that such models are supported by robust clinical development, audit and governance to assure patient safety.

The Scottish Government has, for several years, provided increasing levels of funding to ensure that the Scottish Ambulance Service can deliver a high quality service for patients. Since 2007 there has been an increase of over 25% in the core budget allocated to the Service and it is for the Service themselves to decide how best to allocate their budget throughout the operating divisions across Scotland. In addition to the core budget allocation the Scottish Government has made a range of further allocations such as the recently announced investment in new ambulances.

With specific reference to the Stewartry area of Dumfries and Galloway, and as with all parts of Scotland, the objective of the Scottish Ambulance Service is to respond to emergency calls as promptly and safely as possible and within a response time that meets the clinical needs of the patient. Dalbeattie is served, in the main, by Castle Douglas ambulance station which provides cover by a double crewed ambulance, 24 hours a day, 7 days a week. In addition the Service can also deploy the ambulance based in Kirkcudbright (previously based at Gatehouse of Fleet) and ambulances from the Dumfries station should that be required, for example if the Castle Douglas ambulance is on another call.

In 2011/12 the Service attended 350 emergency incidents in Dalbeattie, of these 77 were Category A (immediately life threatening) calls. The average response time for calls made from Dalbeattie was 12.57 minutes for Category A and 13.7 minutes to Category B (serious but not life threatening) calls.

The Ambulance Service is aware of the concerns expressed by the community about the service it currently provides for the area and have advised that they will be actively seeking to engage with them, in the first instance through the community council, in order to work with them to support enhanced resilience for the area. Included within this engagement will be consideration of the formation of a Community First Responder Scheme.

Please provide an update on progress against category A and B time based targets for remote and rural areas in Scotland.

We recognise that targets set at a mainland Scotland level will mean that there may be some communities where they are not routinely met. That is why the Scottish Ambulance Service continues to work to secure continuous improvement in response times across all parts of the country, including remote and rural areas. A resilient emergency response can be supported in a range of ways, as outlined under my answer to the first question.

Both the Scottish Government and the Scottish Ambulance Service are committed to driving continuous improvement in the care provided to patients. A range of annually agreed targets are the subject of ongoing performance management, including the Annual Review meeting which is held in public and chaired by the Cabinet Secretary for Health, Wellbeing & Cities Strategy. The Scottish Ambulance Service is required to account for the level of performance it achieves each year through a published annual report.

The table on the next page sets out Category A and B response time performance at NHS Board level for the last two years.

For these years the targets that applied were as follows:

- The national response time target for category A calls (life threatening) across mainland Scotland is that 75% of all incidents should be reached within 8 minutes.
- The national response time target for category B calls (serious but not life threatening) across mainland Scotland is that 95% of all incidents should be reached within 14, 19 or 21 minutes depending on population density.

NHS Board Area	2010-2011		2011-2012	
	Cat A%	Cat B%	Cat A%	Cat B%
Ayrshire & Arran	73.4	95.7	70.8	94.3
Borders	58.0	88.5	60.3	88.9
Dumfries & Galloway	67.6	90.7	66.9	90.1
Fife	72.1	97.2	74.1	97.0
Forth Valley	66.0	90.9	69.2	92.3
Grampian	75.4	93.7	76.1	94.0
Greater Glasgow & Clyde	74.8	89.8	75.0	88.3
Highland	68.9	89.8	69.2	90.5
Lanarkshire	72.4	95.3	73.8	96.0
Lothian	69.2	93.9	72.5	94.5
Tayside	74.3	92.6	74.5	92.7
SCOTLAND	**72.0**	**92.6**	**73.0**	**92.4**

How is progress and implementation of the Strategic Options Framework monitored and reported, particularly relating to remote and rural areas?

We remain fully committed to supporting remote and rural areas of Scotland, and to the implementation across the country of the Strategic Options Framework. Following on from the CEL 21 (2010) in June 2010, it was subsequently agreed that the North of Scotland Planning Group would continue to have a role in overseeing ongoing implementation and development as appropriate of the Remote and Rural Implementation Group (RRIG) actions. This was set out in a letter from Jill Vickerman, Deputy Director for Healthcare Planning, in a letter to NHS Board Chief Executives of 1 March 2011 (which also includes the RRIG final report of October 2010) and a further letter of 18 May 2011 – these are attached. As far as the detailed aspects of the Strategic Options Framework are concerned, progress with implementation, including the types of response which are described in the plans, should be monitored via local NHS Board performance management arrangements. These arrangements enable the Scottish Government to be assured that there is appropriate ongoing partnership working involving the Scottish Ambulance Service and territorial NHS Boards in support of the delivery of emergency and urgent care to the remote and rural areas of Scotland.

I hope this is helpful, please get in touch if you require further information at this stage.

Yours sincerely

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The Scottish Government

To: Chief Executives, NHS Boards
Chief Executives, Special Health Boards

Copied to: Directors of Planning

1 March 2011

Dear Colleague

DELIVERING FOR REMOTE AND RURAL HEALTHCARE - FINAL REPORT OF THE REMOTE AND RURAL IMPLEMENTATION GROUP (RRIG)

1. This purpose of this letter is to tell you how Boards will be supported in the implementation of the actions and recommendations contained in the Final Report of the Remote and Rural Implementation Group (pdf version attached at **Annex A**) which was published in October 2010. Chief Executives of the Special Health Boards have also been sent a copy of this letter as they also need to be aware of the content of the RRIG report and the implications the related actions and recommendations will have for them.

Background

2. The Delivering for Remote and Rural Healthcare report published in May 2008 (see CEL 23 (2008)), which followed the Better Health, Better Care: Action Plan launched the previous year, set out 83 recommendations and forward issues for the delivery of a sustainable model of healthcare for remote and rural Scotland. The Remote and Rural Implementation Group (RRIG) that was established to take this work forward with a role to oversee and monitor implementation across the system, has now completed its two year work programme; and Dr Roger Gibbins, former Chief Executive of NHS Highland and Chair of RRIG, delivered RRIG's Final Report to the Cabinet Secretary for Health and Wellbeing in October 2010. Ms Sturgeon accepted the report in full and agreed to all the RRIG recommendations for going forward.

3. RRIG's Final Report reveals that 80 of the 83 recommendations and forward issues have been delivered, or are well on the way to being delivered across Scotland's remote and rural communities. Since the Final Report was published, it has been confirmed that the remaining three recommendations have now been actioned and put in place. RRIG has now been stood down and we would like to take this opportunity to thank Dr Gibbins and all members of RRIG for their work in achieving delivery of the recommendations and forward

issues and we are grateful for the efforts put in by Health Boards to meet the challenging timetable to implement them.

4. RRIG's Final Report also highlights a number of areas where action needs to continue and makes a number of further recommendations for going forward. In particular, Chief Executives are asked to note the RRIG recommendations on a revised staffing model for the Rural General Hospital (RGH) in order to ensure continued access to safe and sustainable services in remote and rural areas; the ongoing requirement to develop Obligate Networks; and the workforce issues that are needed around identifying skills and competencies to deliver safe emergency care and agree a common role across RGH. It should also be noted that a number of the recommendations have implications for all Health Boards, not just those which serve remote and/or rural communities.

Further actions and recommendations

5. Whilst RRIG has completed its work and been stood down, there is clearly a need to maintain the momentum it has created over the last two years. We are clear that there is a need to sustain progress and to integrate many of the actions with the implementation of the Quality Strategy, wherever possible. We feel that this approach will ensure greater co-ordination and integration of remote and rural issues within current programmes and initiatives. Health Boards will also, of course, need to assure themselves that implementation of the continuing RRIG actions and further recommendations is underway.

6. In order to ensure continuity of leadership, and that adequate support is given to NHS Boards, it has been agreed that Dr Annie Ingram (Director of Regional Planning and Workforce Development in the North of Scotland Planning Group/Project Lead for RRIG) should have a continued involvement in this work by supporting the implementation of the continuing RRIG actions and further recommendations. Further details of how this arrangement will operate in practice will follow in due course.

Yours sincerely

JILL VICKERMAN

ANNEX A

DELIVERING FOR REMOTE AND RURAL HEALTHCARE - FINAL REPORT OF THE REMOTE AND RURAL IMPLEMENTATION GROUP (RRIG)

http://www.jitscotland.org.uk/downloads/1287391964-RRIG%20Final%20Report.pdf

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The Scottish Government

To: Chief Executives, NHS Boards
Chief Executives, Special Health Boards

Copied to: Directors of Planning

May 2011

Dear Colleague

NATIONAL PROGRAMME DIRECTOR, ACHIEVING SUSTAINABLE QUALITY IN SCOTLAND'S REMOTE AND RURAL HEALTHCARE

I wrote on 1 March 2011 to share the final report of the Remote and Rural Implementation Group (RRIG) and to describe the further actions and recommendations that were being taken forward.

In my letter, I also indicated the intention that Dr Annie Ingram (Director of Regional Planning and Workforce Development in the North of Scotland Planning Group/Project Lead for RRIG) would have a continued involvement in this work by supporting the implementation of the continuing RRIG actions and further recommendations.

In her role as National Programme Director, Annie Ingram will report to myself. She will also work closely Robbie Pearson, Acting Deputy Director, in the Scottish Government's Healthcare Planning Division. Annie will combine the role with her existing role as Director of Regional Planning and Workforce Development in NoSPG. I am grateful to Richard Carey, Chair of the NoSPG, for supporting this arrangement.

In this role, Annie will lead and support Scottish Government initiatives to deliver high quality and sustainable healthcare in remote and rural parts of Scotland, consistent with the ambitions in the Quality Strategy. This will focus on ensuring an integrated and robust programme plan for advancing the RRIG recommendations which include:

- supporting the implementation of appropriate and effective models of unscheduled and scheduled care
- facilitating the introduction of new skills and practitioner roles to support sustainable health care
- supporting the development of obligate networks of care to secure viable services in the most remote parts of Scotland
- contributing to the TAGRA sub-group review on remote and rural issues

- developing a coherent and integrated approach to workforce, quality and service planning

Annie will continue to work closely with NHS Boards and partner organisations to sustain and improve the provision of health services, consistent with the ambitions in the Quality Strategy. This will include developing strong links with NES and the higher education sector in the development of new roles. Annie will also work closely with the Quality Delivery Groups to ensure the RRIG actions are reflected appropriately in their priorities and work plans.

I hope colleagues will support Annie in her new role of promoting the development of sustainable high quality healthcare in remote and rural parts of Scotland.

Yours sincerely

JILL VICKERMAN