Chairman: DAVID GARBUTT
Chief Executive: PAULINE HOWIE

National Headquarters, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB

Telephone: 0131 314 0001

Mr Stuart Todd
Assistant Clerk to the Public Petitions Committee
Scottish Parliament
T3.40
EDINBURGH
EH99 1SP

Our Ref: PH/PE1432/12

26 July 2012

(by e mail)

Dear Mr Todd,

Scottish Ambulance Service response to Written Questions for PE1432

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

What are your views on what the petition seeks?

The Scottish Ambulance Service recognises that local communities have a legitimate and genuine interest in the delivery of health care services which meet the needs of their community. The Scottish Ambulance Service is keen to further engage with communities to better understand their needs and develop solutions in partnership.

Within the Stewartry area of Dumfries and Galloway, Dalbeattie is served by Castle Douglas ambulance station which provides cover with a double crewed ambulance, 24 hours a day, 7 days a week. In addition the Service can also deploy the ambulance based in Kirkcudbright and ambulances from the Dumfries station. All areas of Scotland are also supported by the Air Ambulance Service. In 2011/12 the Service attended 350 emergency incidents in Dalbeattie, of these 77 were Category A (immediately life threatening) calls.

The Scottish Ambulance Service is conscious of local sensitivities relating to emergency ambulance provision in the Stewartry area and is eager to include all community partners in developing services further.

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

The table below sets out Category A and B response time performance at NHS Board level for the last two years and shows the variance in demand.

NHS Board Area	2010-2011		2011-2012		%variance demand
	Cat A%	Cat B%	Cat A%	Cat B%	
Ayrshire & Arran	73.4	95.7	70.8	94.3	5.2%
Borders	58.0	88.5	60.3	88.9	2.3%
Dumfries & Galloway	67.6	90.7	66.9	90.1	0.0%
Fife	72.1	97.2	74.1	97.0	5.1%
Forth Valley	66.0	90.9	69.2	92.3	1.2%
Grampian	75.4	93.7	76.1	94.0	3.9%
Greater Glasgow & Clyde	74.8	89.8	75.0	88.3	3.4%
Highland	68.9	89.8	69.2	90.5	4.2%
Lanarkshire	72.4	95.3	73.8	96.0	3.9%
Lothian	69.2	93.9	72.5	94.5	1.2%
Tayside	74.3	92.6	74.5	92.7	-1.0%
SCOTLAND	**72.0**	**92.6**	**73.0**	**92.4**	**2.9%**

Scottish Ambulance Service is committed to driving continuous improvement in response times and in the care provided to patients across all of Scotland. 2011/12 was a year of continued improvement for the Scottish Ambulance Service despite an increase in demand of 2.9%, summarised below:

- Improved average Category A response times within 8 minutes from 72% in 2010/11 to 73% in 2011/12. Furthermore the average emergency response time for Category A during 2011/12 reduced from 6.9 minutes to 6.7 minutes
- An increase from 14.5% to 16.9% Return of Spontaneous Circulation (ROSC) across Scotland for patients in cardiac arrest;
- The emergency response within 8 minutes for patients in cardiac arrest has improved from 77.4% to 78.3%;
- The % of Hyper-acute stroke patients taken to hospital within 60 minutes has improved from 75.5% to 78.4%;
- A 14.9% increase in specific categories of heart attack patients receiving treatment and transportation to specialised care;
- Responses to emergencies within the Island Boards has improved with an increase from 54% responded to in 8 minutes to 54.5%

Whilst these response times and clinical performance are amongst the best in the world , the Scottish Ambulance Service recognises the benefits associated with greater Community Resilience. Last year, the Scottish Ambulance Service Board approved its Community Resilience Strategy (attached) which sets out how it will further work with communities to develop services. In the last two years we have developed a new Community Resilience team, headed by a senior member of staff and comprising a Community Engagement officer and 8 local Community Resuscitation Development Officers who work with communities, recruiting and training people to provide emergency support whilst the ambulance is on its way. We now have over 120 local community First Responder schemes, a retained ambulance service in Shetland, an Emergency Responder

model in West Ardnamurchan, 80 BASICS GP's throughout the country to support our land and Air Ambulances.

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

Each Division of the Scottish Ambulance Service monitors, measures and reports progress against its SOF Plans through its Local Development Plan (LDP) and has monthly reviews in place through its divisional management team where reports are submitted by local SAS managers who report progress against the plans. The LDP also has agreed plans in place with relevant Health Boards to jointly monitor, measure and report progress against the plans. There are a number of formal and informal liaison and communication groups between the Scottish Ambulance Service and Territorial Health Boards which meet on a regular basis. We also engage with communities through the development of self-help information, participation in awareness raising campaigns such as stroke and chest pain and working with employers to promote volunteering/basic first aid skills for staff within the community. In addition, each division has a nominated Patient Focus Public Involvement (PFPI) lead who recognises and respects the cultural diversity of the community, understands the need for engagement to deliver a sustainable service model and factors into the outcomes, a method for the community to "own" the outcome. The PFPI leads work with the local Community Resuscitation Development Officers to deliver these outcomes in partnership

In relation to the First Responder scheme, the Committee understands that no-one attended the public meeting in Dalbeattie on 28 March 2012. The petitioners have indicated that they were unaware of the meeting. How was the meeting publicised?

The public meeting that was arranged in Dalbeattie was being facilitated with the British Red Cross (BRC) who were organising the publicity of the meeting. The Scottish Ambulance Service supported this by advertising the meeting on twitter and facebook. Unfortunately, the advertising was not included in the local press. It should be noted that a similar event at Moffat on the previous day which was advertised in the local press, was well attended, resulting in 20 volunteers expressing their interest to be involved in a scheme. The Scottish Ambulance Service remain keen to engage with the Dalbeattie community. The Head of Ambulance Services for the area has written to the Community Council for support in this area.

The petitioners state that interest previously expressed in the First Responders scheme was not followed up. How was the scheme introduced and developed in Dumfries and Galloway?

A Scottish Ambulance Service Community Resuscitation Development Officer attended a Community Safety Forum in Dalbeattie a couple of years ago with the intention of generating some interest in setting up a First Responder scheme. Although there was some interest shown, there was not enough to set up a scheme at the time. The schemes in place at the moment are Southerness, Gretna, Wanlockhead, Garlieston and Sorbie, Port William, Isle of Whithorn, Drummore, and Carsphairn. These schemes were co-ordinated by the local SAS management and training teams. The local manager would attend meetings established by the community and following discussion, application forms and disclosures were despatched to interested parties, once checked, training would be arranged and delivered by the Scottish Ambulance Service. After completion of all training, the First Responder scheme would be introduced to the community. The Scottish Ambulance Service maintains a training and development link with each scheme within a supportive mentorship relationship.

The Committee is aware of the use of retained firefighter crews in mostly rural areas and the creation of a "retained" ambulance in Shetland. What consideration is the Scottish Ambulance Service giving to using retained ambulance staff across remote and rural areas in Scotland?

The SAS is exploring a range of community responder models across Scotland working in joint partnership with local communities, NHS Boards and other partners including organisations such as the British Heart Foundation, the Fire Service and British Red Cross. The SOF Implementation Plans for each geographical area will vary depending on their own unique needs which will include access to local services, geographical access and distances to healthcare facilities. In addition to community responder models, the SAS has established a retained ambulance scheme in Shetland and an emergency responder pilot in West Ardnamurchan. These schemes are unique to the needs of the local population but do offer some flexibility for future consideration in other areas.

As a useful comparison, with reference to the issues raised in the petition, please set out how the challenges of delivering an emergency service are dealt with in the Highlands and Islands.

The models described above are set up to compliment our core land and air resources. There are challenges with establishing and maintaining some of these models The main challenges which faces First Responder schemes are the availability and willingness of people to respond and the sustainability of the models. Each scheme should ideally have 12 members, who are supported by Community Resuscitation Development Officers who provide support and refresher training. The Scottish Ambulance Service works in joint partnership with local communities and NHS Boards to look at the delivery of urgent and emergency care in remote and rural areas, using the guidance set out in the Strategic Options Framework. The Scottish Ambulance Service North Division has driven a number of initiatives due to the wide ranging remote and rural needs of the area. However, it is important to note that the Scottish Ambulance Service is a national Special Health Board and as such, operates in a collegiate way by spreading best practice and lessons learned throughout the country. The SOF provides a simple guide that partners and local communities can use to progress discussions which includes:

- health intelligence - an overview of urgent and emergency activity in a defined geographical area using mapping software to identify what services currently exist in hours and out of hours, where incidents occur, what time of day and the clinical categories of calls. Consideration is also given to the health needs of the population and access to health and social care which will vary in each geographical area
- option appraisal - a number of options are considered by partners and local communities looking at the unique requirements of each geographical area and the available resources.
- phased implementation plans are then discussed and agreed by partners and local communities

I do hope that this information is of assistance, please do not hesitate to contact me if you require further information.

Yours sincerely

Pauline Howie
Chief Executive