Health Inequalities - Early Years

Scottish Ambulance Service

The Scottish Parliament Health and Sport Committee call for written The Scottish Ambulance Service is aware of work being taken forward on early years but is not directly involved and would therefore not like to comment on the effectiveness of interventions.

At present, SAS strategy contains little to no specific information on early years interventions for health inequalities (Working Together for Better Patient Care) contains 1 reference to ‘health inequalities’ where it directly quotes from the NHS Scotland strategy document, and no references to early years, children, or young people), with the focus of our work on health inequalities being on ensuring remote and rural communities have more equitable access to quality healthcare (see for example Towards 2020: Taking Care to the Patient, p5). However, the ongoing development of alternative care pathways to A&E, and the development of Paramedic Practitioners working in the community, may provide the opportunity to increase our ability to influence health inequalities through early years interventions.

In certain more extreme cases of health inequality, SAS staff will encounter a child in circumstances where there are concerns over neglect or abuse, will be in a position to take action. However, it is the nature of the service that while we have the benefit of seeing patients ‘in context’ rather than in a hospital or GP’s surgery, the drawback is that we are usually a reactive rather than proactive service. So, while staff may encounter the more drastic causes of health inequalities for children, practically speaking we can usually try and cure or mitigate, rather than prevent them happening in the first place.

With regards to barriers and challenges: We do not have an ongoing relationship with our patients in the same way a territorial board does. Indeed, we do not have specific early years services, and we interact with such services rarely, if at all.

Scottish Ambulance Service
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