

## Scottish Ambulance Service

### Preventative Agenda

#### **Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?**

As a follow on from the Finance Committee report in 2010 one approach may be to consider progress framing preventative spend in light of the impact of the development and implementation of the Health and Social Care Delivery Plan (Dec 2016). Framed in this way the key areas of focus could include:

Robust benefits realisation models and data will need to be developed around prevention, anticipatory care and supported self management.

The Scottish Ambulance Service are currently involved in a number of change programmes that are focused on avoidance of hospital admission and increased outpatient treatments and services in the community and home setting including:

- Hear and treat telephone clinical advice and triage services
- See and treat – clinical advice and treatment in community settings including the patients home and admission avoidance where safe and appropriate.
- Clinical brief interventions – smoking, alcohol, mental health first aid.
- General health promotion opportunities – signposting – possible links to directory of services.
- Out of Hospital Cardiac Arrest, links to DNACPR – prevent unnecessary resus attempts and preserve dignity in death.
- CPR in schools.
- Key Information Summary use – wider utilisation re anticipatory care planning.

The whole system benefits and unintended consequences would need to be tracked and monitored within a robust measurement framework of the Health and Social Care Delivery planning framework at policy regional and local level.

#### **How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?**

Design whole system, working that is underpinned by integrated strategic planning and interagency solutions. The new regional planning and delivery arrangements will play a key role in highlighting current and emerging pressures and build solutions that aim resources at improved outcomes and prevent additional expenditure.

Clear predictive analytical data on demand and supply and flow of services as well as service level monitoring will be necessary. Clear investment strategies for innovation.

In addition more data analysis between public partners will enable more evidence based targeted action e.g. working with Police Scotland re data on mental health

**How could spend that is deemed to be preventative be identified and tracked more effectively?**

Systems could develop and identify categories of waste (including duplication), variation and harm. Clear metrics around these areas may have the potential to track forms of preventative spend.

The current plans in 'Once for Scotland' throughout the NHS will identify key areas of duplication and opportunities for joint working. The high level national changes undertaken as a result of these plans will require high level financial metrics around savings both capital and revenue.

**What is required in terms of data, evidence and evaluation to test interventions for producing 'best value for money'?**

**Data**

Testing within and across sectors in health and social care to develop and standardised best value models.

**Evaluation**

Sharing current data sources. This will require IT systems to connect and triangulate data from different sources. A range of evaluation models will be required both realistic evaluation and longitudinal studies both qualitative and quantitative

Real time and predictive analytics will be required.

**Evidence**

Process outcome and balancing measures that impact on multiple systems across and within sectors.

**How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?**

Identify and invest in the whole range of professionals in the community.

Identify develop and target investment in new models of care in community settings.

Advanced strategic long term planning in the development of community care.

Focused and targeted work in scheduled and unscheduled care.