Good Morning,

Sorry for the delay in providing a response to the Committee, please find enclosed responses to the questions, an outline of our Demand and Capacity programme and partnership with MacMillan. Should any members have any questions or would like a discussion about this work please encourage them to make contact and we will be happy to help.

In response to the specific questions raised by Ms White

1. Our intention is always to respond to events as quickly as possible however there are times where demand outstrips capacity for a range of reasons.

   Our Demand and Capacity review considered the optimum demand, travel time and demand and adjusted our available resources accordingly.

   Ambulance are allocated on a priority basis with those whose conditions are considered immediately life threatening receiving our most urgent response.

   As I mentioned during the Committee the handover delays occurring at ARI and Dr Gray's hospital have severely limited our ability to be able to respond to calls across the Aberdeenshire region leading to extended delays and I am sorry this has occured.

   Due to the geography of Aberdeenshire we believe this present a significant risk to the population, for this reason we have raised our concerns with NHS Grampian, relevant local authorities and key partners across the system.

   We continue to work with partners to support them to reduce delays with some positive movement, however the issue of hospital flow remains outside our control.

   2. In relation to the 'Call Before You Convey' initiative in NHS Grampian, we have established an Integrated Clinical Hub (ICH) with clinical staff from across the system to support patients to receive the care they need in a timely fashion supported by assessment and planning. This Hub supports Call Before You Convey enabling Ambulance Teams to access alternative pathways in support of the patients.

   One of the reasons for us establishing the ICH and Call Before You Convey was we were seeing a significant proportion of patients that did not require conveyance to A&E but needed the input of a senior clinical decision maker. This includes demand from patients who were not able to access primary care for a variety of reasons.

   The ICH has clear end points include self-care, GP (in and out of hours), access to secondary care (e.g. Hospital at Home) or NHS 24 which would best meet the needs of the patient.

   For these patients we use conveyed and non-conveyed rates as a measure of how many patients are being managed within the community and work continues to enhance our reporting metrics.

   In November 2023 for NHS Grampian we saw in the region of 1838 patients non-conveyed, this equates to 41.2% of incidents where an ambulance was dispatched.

52% of patients received self-care advice (956)

10% were support to access their own GP (184)

6.9% were supported to see the Out of House GP (127).

This does not indicate an overuse of primary care but also evidences that our crews will try to direct the patient to the most appropriate pathway for their need.

We continue to work across the country with the ambition is to manage more patients without the need for A&E attendance but to also avoid shifting the demand from one door to another hence the aim to improve access to alternative pathways that ultimately benefit the patient.
The ICH and Call Before You Convey also has the benefits of increasing ambulance availability for the most unwell patients in our communities, reducing waits outside hospital and patient risk.

We are seeing positive responses to similar schemes across Scotland and our aim is to continue sharing the learning from this work to improve patient safety and experience and connecting the patient with services that can best meet their needs.

I hope this helps and please come back to me should you need anything further

Thanks
Michael

Michael Dickson,
Chief Executive
Scottish Ambulance Service University National NHS Board
National Headquarters, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB
Direct Tel 0131 3140108

Scottish Ambulance Service A&E Demand & Capacity Programme

The Service commissioned the services of an independent modelling consultancy firm, in 2019 to carry out a detailed Demand and Capacity analysis for 999 activity across Scotland to establish the number of resources required to manage patient demand safely and within agreed performance standards.

The analysis highlighted that the Service was significantly short of the resources required to meet demand within performance standards and that optimised performance could be achieved by increasing resources and aligning shift patterns with demand profiles.

A Business Case was submitted to the Scottish Government in November 2019 describing the detail of this, outlining a requirement to increase resourcing capacity by 458 Whole Time Equivalents (WTE).

The Scottish Government agreed funding for the additional 458 WTE, phased in over the last 3 years with a requirement to submit an addendum to the business case on an annual basis. Funding was agreed for 148 WTE in 2020, 148 WTE in 2021 and 162 WTE in 2022.

To deliver this complex change, a Demand & Capacity Programme was established, to drive forward a work plan to 'Increase Resourcing' and 'Build Better Rosters', 2 key elements of this work. The Programme Board included Board members, Scottish Government representation and was chaired by the SAS Chief Executive.

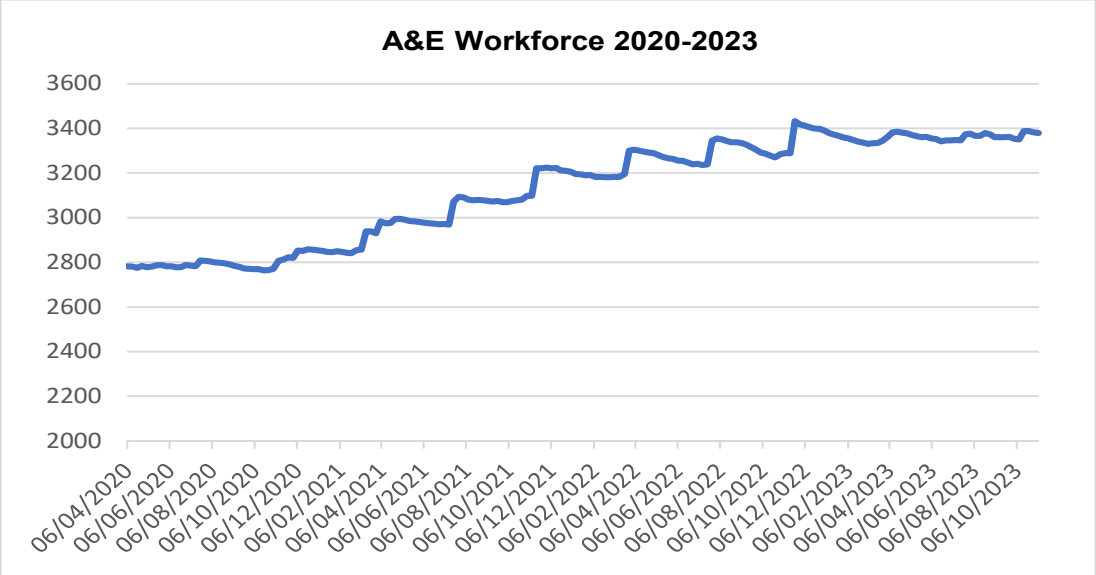
Key Aims/Programme Deliverables

- Increasing our workforce (458 wte)
- Increasing the number of station locations to spread our footprint (10 new locations)
- Developing and aligning shift patterns with demand (149 Locations)
- Increasing our Fleet Establishment (52 Vehicles)

Increasing our workforce

Over the last 3 years, SAS has recruited a record 1,388 staff into our frontline Accident Emergency and Urgent care workforce. This has enabled growth of 458 wte as part of the Demand & Capacity programme as well as covering the backfill of vacancies, annual attrition and movers into alternative posts. Overall growth of the Accident & Emergency workforce whole time equivalent can be seen in **Chart 1 – A&E Workforce Growth (whole time equivalents) 2020-23.**

Chart 1 – A&E Workforce Growth (whole time equivalents) 2020-23



Increasing the number of Station Locations

The demand and capacity investment in staffing was supported by an increase in estate capacity through the provision of 10 additional locations. In delivering best value, the service worked closely with our emergency services partners to increase the number of station locations/co locations with Scottish Fire & Rescue, spreading our footprint further to support an improvement in response times.

New locations have been established in MacDonald Road, Sighthill and Crewe Toll in Edinburgh, Penicuik, Bathgate, Aberdeen, Ardrossan, Dreghorn, Clarkston and within our Johnstone SORT base.

Development & Implementation of New Rosters to match demand

There are 149 stations across the country. 96% of Double Crewed Ambulance rosters have been implemented to date with the remaining 5 locations to be complete by the end of March 2024.

Work is also well underway with the development and implementation of Paramedic Response Unit rosters and Urgent Tier Rosters with 89% of PRUs complete so far (24/27 locations) and 72% of Urgent Tiers (18/25 locations). Full implementation is expected to be concluded by the end of March 2024.

Increasing our Fleet establishment

The Service have increased our fleet establishment by 52 vehicles to support implementation of the additional resources, new locations and changes in roster profiles. These have been fully implemented and are delivered in line with the approved fleet business case.

Benefits Realisation

Benefits realisation has been impacted by wider pressures within the Health & Social Care system that have been brought about as a result of the pandemic.

Demand levels have now changed, there has also been an increase in patient acuity levels, an increase in on scene times and a significant increase in hospital turnaround times. Covid 19 related absence also didn't exist at the point the business case was developed and therefor had not been factored into absence assumptions.

Without the investment, response times and resourcing levels would have been further impacted. Over this last year, as the system show some signs of pressures easing, we are seeing the benefits in our response time improvements.

OFFICIAL

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Macmillan Palliative & End of Life Care Project

A Partnership Project with Macmillan and Scottish Ambulance Service

Making a Difference that Matters to All

https://twitter.com/ukldcnn

July 2023

Macmillan Project Team

Programme Lead: Scott Mackinnon
Nurse Consultant: Sandra Campbell (FRCN)
Clinical Effectiveness Leads:

North	Keri Fickling
East	Caitlin Laird
West	Robbie Johnston

For further information: sas.endoflifecare@nhs.scot
sandra.campbell8@nhs.scot

OFFICIAL

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Agenda

- Overview of project
- Including :
  - SAS contribution
  - Importance of collaborative working in achievement of optimum outcomes in person centred care

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Project Overview:

1

OVERALL AIM:To improve end of life care which includes reducing the number of people being taken to hospital in the last days and hours of life when death is expected and to reduce the number of futile CPR and allow natural death

2

Key components:

- Pathways
- Education programme
- Care Homes
- Access to communication
- **Key messages:**
  - Early conversations
  - JIC medication

3

Key Objectives:

1.To work in collaboration with other teams in Health and Social Care and Third Sector to develop alternative pathways to admission to hospital when death is expected in the next few days.

2.To develop a comprehensive education programme

3.To work with teams to develop professional to professional communication pathways to avoid admission to hospital from a care home setting

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Who?

Core Team of 5:

- Macmillan Partnership Programme Lead
  Scott Mackinnon

- Macmillan Partnership Nurse Consultant
  Sandra Campbell

- 3 Macmillan Clinical Effectiveness Leads
  West - Robert Johnston
  East - Caitlin Laird
  North - Keri Fickling

Supported by Macmillan, Operational & Steering Groups and working with other teams within SAS, Leads in all Boards, and multiple teams in HSCPs and Third Sector Organisations

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Why?

Work and support with "*the end in mind*"(Mannix 2017)

Current model ineffective- not sustainable

ED is not suitable for providing end of life care (Gloss 2017)

Many barriers to paramedics providing good end of life care eg lack of access to information/timely communication with appropriate teams (Brady 2014, Blackmore2020)

28.8% of inpatients in an acute hospital died within a year of discharge (Clarke et al 2014)

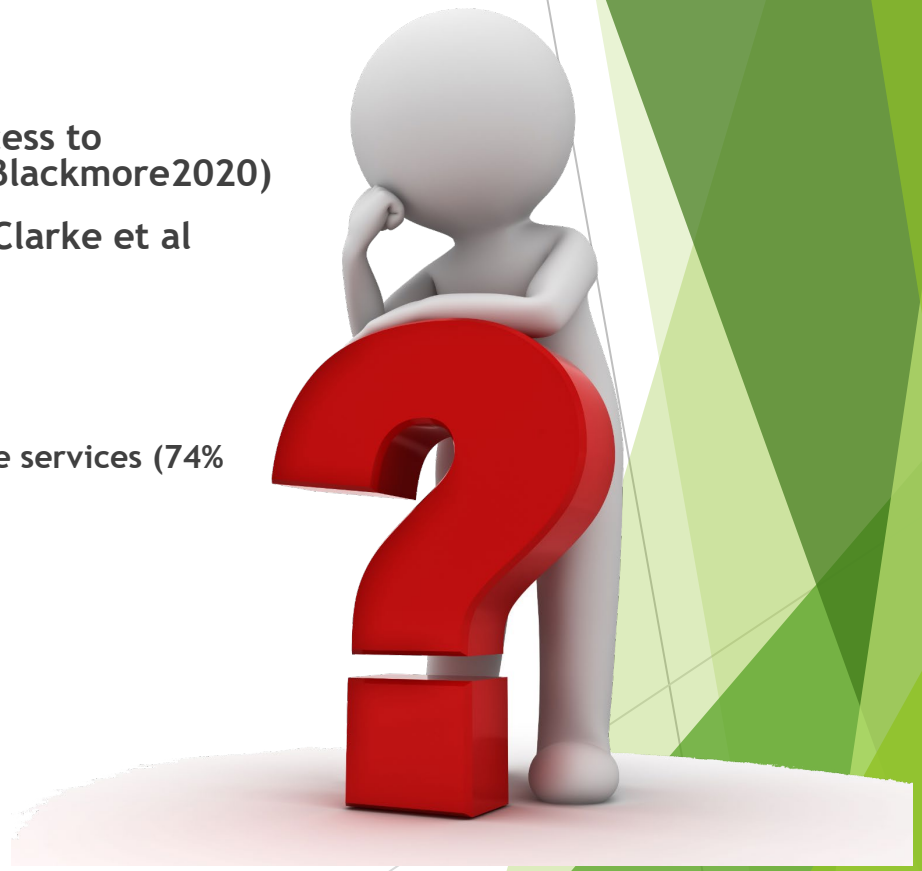
Over 90% of hospital deaths occur following an acute admission

Rising demand for unscheduled care (Mason et al 2020)

- 95% of those who died in 2016 had at least 1 contact with unscheduled care services (74% were SAS contacts)
- 50.4% had 6 or more contacts
- 5.4% had more than 20 contacts
- Increased contact as death approaches with 34.2% in last month

Ongoing impact of pandemic uncertain

Human factor…



"The ferocity of this longing not to lose him obliterates, at times, both my training and my reason. I just do not want him to die" (Clarke 2020 p226)

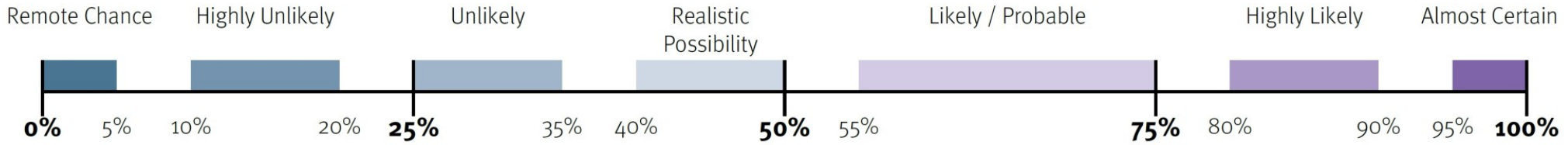
Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Risk?....

If we do not have a culture of early identification of need, followed by effective care coordination integral to practice, including sensitive, tender conversations and ACP, there is increased risk of crisis.

This risk could perhaps be assessed using an adapted version of the *Probability Yardstick used by UK Government to assess risk of threat…if no ACP then higher risk of crisis calls*



Therefore, we should always have *the end in mind…*
(Mannix 2017)

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

What ?

Work with others to change and improve care and experience of those who have palliative and or end of life care needs

Facilitate pathway development that will support people to remain in their own homes at the end of life: includes

- Encouraging earlier conversation/ACP
- Improves personalised care (Mason 2022)
- Access to information for SAS staff/digital solutions
- Availability of JIC medication

Reduce the number of bed days occupied in the last 6 months of life

Scottish Ambulance Service
Taking Care to the Patient

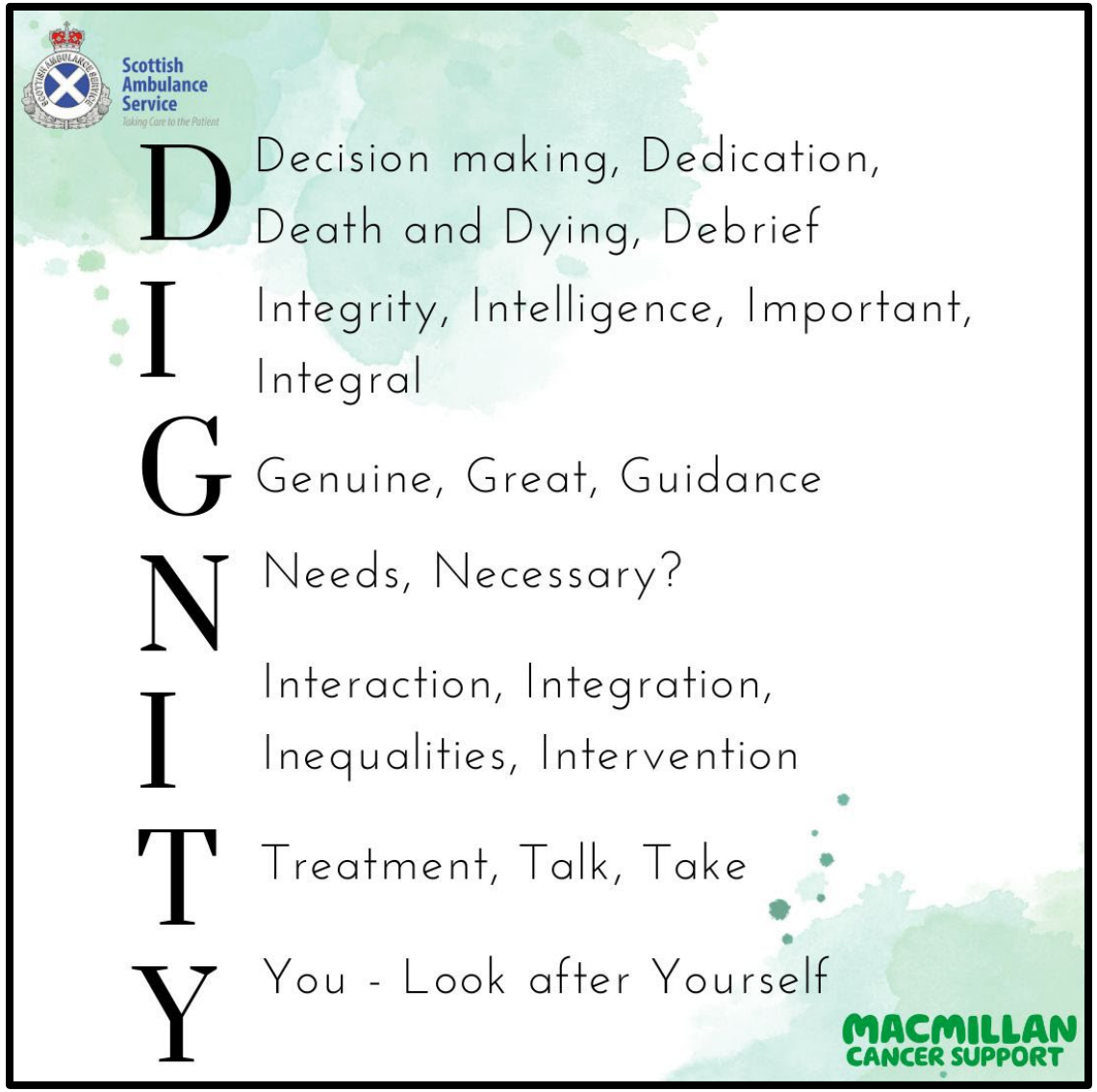
MACMILLAN CANCER SUPPORT

How?

- Efficient Project planning
- Communication plan
- Collaborative working with Health and Social Care Leads and Third Sector Organisations
- Scoping of current practices
- Effective use of data/working with data analyst team
- Linking with other relevant projects
- Development and implementation of alternative pathways
- Development of robust education programme in line with NHS Education for Scotland Framework (2018)
- Learn from others experience/ QI methodology
- Governance structure: Team reporting to Steering Group
- In line with Realistic Medicine and SAS Clinical Decision Making Framework (2022)

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT



Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Education programme:

An overarching programme that will focus on symptom control and communication skills to support SAS staff to manage potentially difficult and complex end of life situations.

Reflective practice

Shadowing

Case studies

Virtual

ECHO

TEAMS Programmes –symptom control

Face to Face

Communication skills

Practical learning e.g. Subcutaneous Injection

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

When?

3 year project from April 2022:

- 4 phases
- Clear processes /timescales

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Progress against 3 Key Objectives…

Alternative Pathways

- Multiple engagement meetings with teams in Health and Social Care and Third Sector
- Engagement meetings with most of hospices
- Collaborative working with existing projects within and outwith SAS eg Front door and Unscheduled Care
- Informing service development within SAS
- Supporting learning from complaints

Education Programme

Two overarching themes:

- Communication skills
- Symptom control

Including:

Fundamentals of PEOLC
Confirmation of death

DNACPR rules

Management of Futility

Face to face and virtual methods

Paramedics, Technicians, students, Advanced paramedics

Informing VQ4 and NQP programmes

In collaboration with universities & hospices- ECHO

Over 1000 staff to date have attended formal sessions

Care Homes

Evolving model working with Lead Nurses re proposal to test in 3 areas:

Forth Valley, Grampian and Ayrshire & Arran & includes:

- Scoping of call activity from care homes to SAS
- Mapping of local data and SAS data to identify areas where support would be beneficial
- Joint education to develop different model of care and reduce risk of inappropriate admissions

All project work informed by SAS and local data and reflective practice with core pathways developed embracing the inequalities agenda and marginalised groups

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Engagement with Hospices

- Engagement meetings with almost all of the hospices by mid –July
- Positive responses including linking with existing projects

- Gaining understanding of services offered
- Professional to professional support
- Collaborative approach to education
  - ECHO
- Exploring the possibility of direct referrals admissions in extreme cases
- Exploring value of dedicated palliative care vehicle

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

To Summarise…

- Major project
- Collaborative working essential
- Focused outcomes based on data
- Will improve patient/ carer and staff experience & reduce occupied bed days in last 6 months of life

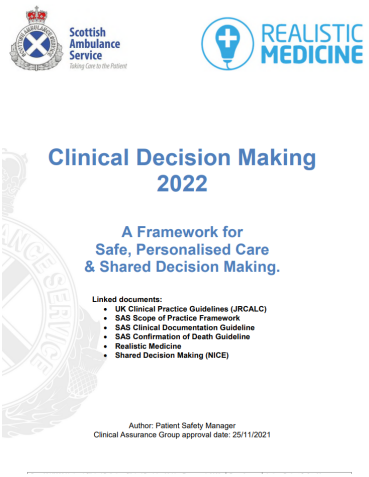
It takes a system to save a life……. People are a part of that system (EMS 2020 Strapline)

It takes a system to provide excellent PEOLC….. SAS staff are part of that System

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

Questions?



jrcalc
joint royal colleges ambulance liaison committee

Thank you for your time and contributions

Scottish Ambulance Service
Taking Care to the Patient

MACMILLAN CANCER SUPPORT

References/Suggested Reading

Blackmore T (Ed) (2020) *Palliative and End of Life Care for Paramedics Class* Professional /Bridgewater

Brady M (2014)Challenges UK Paramedics currently face in providing effective end of life care *International Journal of Palliative Nursing 20* 1 pp37-44

Clarke D (2014) Imminence of deaths amongst hospital inpatients: prevalent cohort study *Palliative Medicine 28* 6 pp474-479

Clarke R (2020) *Dear Life* Great Britain/ Little Brown

Mannix K (2017) *With the End in Mind* London/Harper Collins

Mannix K (2021) *Listen How to Find the Words for Tender Conversations* London/Harper Collins

Gawande A (2014) *Being Mortal* USA/Welcome Collection

Gloss (2017) End of life care in Emergency Departments *Emergency Nurse* 12;25(2):29-38.

Mackesy C (2019) *The Boy, the Mole, the Fox and the Horse* Penguin /UK

Mason B & Kerssens JJ et al (2020)Unscheduled and out of hours care for people in their last year of life: a retrospective cohort analysis of national datasets *BMJ Open 2020;10*: e041888.doi:10.1136/bmjopen-2020-041888

Mason B & Carduff E et al(2022) Integrating lived experiences of out of hours health services for people with palliative and end of life care needs with national datasets for people dying in Scotland in 2016, multi-stage design *Palliative Medicine 36* 3pp478-488

Anticipatory Care Planning Toolkit - ihub | Health and social care improvement in Scotland – Anticipatory Care Planning toolkit

Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation

www.cpni.gov.uk/guide-using-threat-assessments

https://www.gov.uk/government/organisations/civil-service-intelligence-analysis-profession/about