Dear Pauline,

Thank you for your letter on 16 April 2019, providing information on a number of follow up questions from the Committee. However, we do require further clarification on a few points which are outlined in the attached document.

It would be helpful to have your response by Friday 31 May.

Yours sincerely

Lewis Macdonald
Convener
Health and Sport Committee
### Annexe

1. **New triage system and response times**

   Q. What is the longest time a patient with non-life-threatening injuries (amber and yellow category) has waited on an ambulance in each of the past three, six, nine and twelve month periods?

   Your response provides a table with the longest response times for patients in the Amber and Yellow categories in our requested timeframes. We note that in July-Sept 2018 the longest wait time for a patient in the Amber category was 112 minutes (1 hour 52 minutes). This figure then increases dramatically to 680 minutes (11 hours 20 minutes) in Oct-Dec 2018. While there is clear evidence of benefits from the new system, the outlying figures are of concern. What is being done to reduce the figures to an acceptable rate?

   Your response in relation to patients waiting for lengthy periods for an ambulance to arrive is in reply to a question about patients lying in the street. Who do you consider is responsible for taking care of patients when they are waiting up to three hours for an ambulance to arrive?

2. **Classification of 999 calls**

   Q. Can you provide further information on whether changes to the new model have had a positive impact on response times and how incorrect classifications of patients are currently dealt with?

   Your response does not include information on how incorrect classifications of patients are currently dealt with. Please can you provide a response to this question.

   Q. 10 per cent of calls in the biggest category are not provided an ambulance within 50 minutes. Please provide further information on how long this substantial number of patients is waiting and detail steps taken to eradicate this figure.

   You advise that the SAS will “look at every case where a patient has waited longer than 90 minutes”. Please can you provide information on the numbers and length of waits involved for the past calendar year as it is still unclear how long patients in this 10 per cent category are waiting for an ambulance.

3. **Response Time In Rural Areas**

   Q. Given that the eight-minute target for immediately life-threatening cases is still used, can you provide further evidence on how this target is reached within large rural areas and provide a regional breakdown of response times across Scotland?

   Are there particular postcode areas where response times are often missed and if so, which ones?
Please can you be more specific in your response and identify the particular postcode areas in Scotland where median response times are beyond 8 minutes.

4. **Police Scotland**

Q. Recent press reports state a significant proportion of Police Scotland's resource is being taken up by Officers escorting patients with mental health and other issues to hospital. Vice Chairman of the Scottish Police Federation, David Hamilton, was quoted as saying,

“Our Members are telling us that they are now regularly left escorting people to hospital or waiting around because there is nobody else to do it.”

We are unclear how this is occurring and what categorisation is given to such patients. Are the claims of the Scottish Police Federation borne out by the experience of the ambulance service?

We note your response stating there is a close working relationship between the SAS and other emergency services in Scotland but it is unclear why the new triage system might be affecting patients in the scenario outlined above. Please can you provide further clarification on this point.

5. I note towards the end of your response that the New Clinical Response Model is proving a success and you would like to raise awareness via a Parliamentary event. Please can you elaborate further with details of this request?

Finally, thank you for your kind offer to welcome members of the committee to visit ambulance control rooms and speak with staff about their experiences. Members will contact you directly to arrange.