

Dear Convener,

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?

Ultimately, the responsibility sits with the Scottish Ambulance Service and our safety netting/ response arrangements. Obviously there are numerous factors at play, including patient location and proximity of other healthcare staff.

The actions to reduce long delays include the following:

- Improved triage to ensure that patients are triaged as accurately as possible at the stage of the initial call. Our internal audit measures show that the accuracy of our triage is now at an exceptionally high level and SAS are in the process of becoming an Accredited Centre of Excellence (ACE) for the use of the Priority Medical Dispatch system that we use for 999 triage.
- There is a weekly review of long delays at our executive team to ensure that whole system learning where delays are avoidable are put in place.
- A continued review of the coding system to ensure that codes continue to be allocated to the correct category is in place and reports through our Clinical Response Model group.
- Recruitment of additional staff in line with our 2020 strategy and our aim of training 1,000 new paramedics up to 2021 - 700 paramedics have been trained since 2016/17.
- A review of demand and capacity has been undertaken which will mean that evidence based changes to staff rostering will be

implemented. Our modelling shows that this will improve both the timeliness of response and the ability of our staff to more regularly achieve rest period and end of shift compliance.

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?

As indicated to Committee during the recent evidence session, the positive impacts of the new model are detailed extensively in the two evaluations published in February by the University of Stirling and the Scottish Ambulance Service. The model has led to improved triage to ensure that patients are triaged as accurately as possible at the stage of the initial call.

Our internal audit measures show that the accuracy of our triage is now at an exceptionally high level and SAS are in the process of becoming an Accredited Centre of Excellence (ACE) for the use of the Priority Medical Dispatch system that we use for 999 triage.

Where audit processes or other reviews show that triage decisions have been incorrect, this is fed back to staff and support arrangements including supervision and additional training are put in place. Calls are then audited on an ongoing basis to ensure that these reparative measures have been effective.

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.

In the 2018 calendar year, the Scottish Ambulance Service attended 318,361 incidents which were triaged into the ‘yellow’ category.

The median response time for these incidents was 16.73 minutes. The 90th centile response time was 51.08 minutes.

In terms of numbers of patients, 2.9% of patients from the 318,361 incidents attended in 2018 waited longer than 90 minutes, with most waiting between 90 minutes and 3 hours.

There are often exceptional circumstances involved in the less than 0.5 % of cases of patients waiting beyond 3 hours. For example, our longest wait was just over 12 hours.

For context, the case came in on the same night we were also responding to a major incident involving a bus crash in Glasgow - with high demands on our service as a result. The case was initially for a non-emergency ambulance which came in whilst our crews were attending to the major incident. The call was upgraded to an emergency when we could not contact the caller by phone and when the ambulance arrived at the address, the patient indicated they did not need an ambulance.

In cases of long waits, patients have often been initially triaged into a lower category of call but then subsequently upgraded if their condition worsens. The clock does not reset in such instances when they are upgraded into the yellow category.

As indicated above, we are improving triage to ensure that patients are triaged as accurately as possible at the stage of the initial call. Our internal audit measures show that the accuracy of our triage is now at an exceptionally high level and SAS are in the process of becoming an Accredited Centre of Excellence (ACE) for the use of the Priority Medical Dispatch system that we use for 999 triage.

There is a weekly review of long delays at our executive team to ensure that whole system learning where delays are avoidable are put in place.

A continued review of the coding system to ensure that codes continue to be allocated to the correct category is in place and reports through our Clinical Response Model group. We are also recruiting additional staff in line with our 2020 strategy and making good progress towards our aim of training 1,000 new paramedics up to 2021, with 700 paramedics trained since 2016/17.

A review of demand and capacity is being undertaken to look at current demand vs future demand trends so that we can accurately match our staffing and resource needs with predicted future demand. This will mean that evidence based changes to staff rostering for example can be implemented. Our modelling shows that this will improve both the timeliness of response and the ability of our staff to more regularly achieve rest period and end of shift compliance.

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.

As detailed to Committee in the evidence session, our most critically ill patients (those with a cardiac arrest rate of over 50%) are triaged into the 'purple' category.

Out of the 466 postcodes in Scotland served by the Scottish Ambulance Service, there are 24 postcodes where the 8 minute response time has been missed on more than 20 occasions for these patients. It is important to note that in some of these cases, the response time may have been missed by a matter of seconds.

These postcodes are KY10, ML11, AB31, KA5, EH49, AB41, HS2, DD10, KA18, ML9, PA8, PA14, KA6, EH47, EH51, FK6, PH10, AB51, G77, KY6, G66, ML7, DD8, G65.

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 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.

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?

No. Our new response model arrangements have not changed the nature or timeliness of our response to police calls.

The Scottish Ambulance Service do not downgrade calls – if a patient requires emergency medical attention, we will always send an ambulance. In cases where we have been called but the patient does not require an emergency response we will provide appropriate advice; this may include self care advice or contact with a pharmacist or GP. We prioritise calls to ensure we respond to patients presenting with life threatening conditions first.

Q. 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 arrangements.

We welcome the interest from Committee in visiting our control rooms and ambulance stations and look forward to hearing from individual members directly should they wish to take up our offer. As we said in our previous response, we are very keen to also increase our engagement with MSPs, particularly through events and opportunities within the Scottish Parliament building itself. Ideally, we would like to host a three-day exhibition stand and a separate drop in session in one of the Committee rooms. For guidance, this is likely to be later in the year given the impending summer parliamentary recess and the lead in time required for such parliamentary events. We will be liaising with the Scottish Parliament events team (and a sponsor MSP) over our aspirations to hold such an information session and will provide further details to Committee if and when approval is granted and a suitable date identified.

A handwritten signature in black ink, appearing to read 'P. Howie', with a stylized, cursive script.

Pauline Howie, OBE
Chief Executive Officer
Scottish Ambulance Service