Scottish Ambulance Service

Quality Improvement and Efficiency Programme

Heather Kenney
Director of Strategic Planning and Quality Improvement
Our Quality and Efficiency Programme

• Philosophy of “Learn and Improve”
• Bottom up
• A range of “efficiency priorities”
  • Back office support services – Administration
  • Operation Workforce and Resource Planning
  • Our Ambulance Control Centres
  • Our Scheduled (PTS) Care Service
SAS QI Collaborative

- 65 staff from across the country engaged
- Foundation level QI training
- Improvement based on small tests of change
- Falls and Frailty Pathway developments
- COPD pathway developments
- The role of our paramedic practitioners
- SEPSIS
- PVC Bundles
- Mental Health
Scheduled Care – Our Approach

- Challenging hypotheses – proof of concept
- **Learn and Improve**
- 8 Week Intense Service Review
- Detailed Diagnostic
- Key stakeholder engagement
- Several Critical Issues Workshops
- Lanarkshire Pilot
- Working towards a national framework
- Mobile Data Solution
NHS Scotland

- Mainland Health Boards = 14
- Population: 30 June 2011 = 5,254,800
- No of PTS Journeys per year = 1,272,590
- No of Hospital sites = 350
- No of miles covered = 11.8m
Our Assumptions

- Capacity & demand issues
- Day to day service delivery issues
- Differing perspectives nationally & locally
- Variance in practice and perceived quality
- SAS – Health Board tensions
- High levels of waste
- Organisationally under-valued
- Lack of technology and communication infrastructure
Approach

**Step 1: understanding PTS**

Understanding the process: stakeholder interviews, process walks and crew shadowing

**Step 2: engaging with stakeholders**

Critical Issue Workshops (CIWs) with PTS, Health board and patient stakeholders across 3 regions

**Step 3: creating the baseline**

Data sourced from CLERIC, other departments (Fleet, MIS, mgt accounts etc), ASO survey and patient engagement

**Step 4: what are our outcomes?**

An outcomes map was produced to illustrate the quick wins and longer term benefits the team can deliver. This was driven by data collection and engaging with stakeholders

A structured and fact based approach to ensure the team put forward the best recommendations for improvement
Building the case for change

- Stakeholder engagement
- Patient satisfaction surveys
- Service lacks clinical focus
- Evidencing Variation in Practice
- Identifying waste and low levels of efficiency and productivity
- Exploring technology capability
- Understanding the expectations of partners and stakeholders
- The Lanarkshire test of change – establishing proof of
- The Lothian Hub concept
Principles of New Model

• Clinically focussed service
• SAS ownership of pre-appointment information
• Direct patient access
• Consistent application of patient needs assessment
• Removal of prioritisation
• Standardisation of systems/processes/procedures
• Improve service responsiveness, flexibility & efficiency
• Improve the use of technology e.g. Journey planning, resource management etc.
• Improve links to other transport providers
• Maintain local knowledge & liaison
In simple terms we went from this........
PTS Central Server Systems
With DR System and controlled access

PTS Regional Centre
North Co-located
Inverness EMDC

PTS Regional Centre
West Co-located
Cardonald EMDC

PTS Regional Centre
East Co-located
Norseman EMDC
• Sophisticated cab based technology for journey planning
• In vehicle satellite route navigation and tracking
• Electronic patient record
• Access to back office systems (e-mail, shift rostering, risk and averse incident reporting)
• Airwave communication systems to support
And a lot of this ………..

**Stakeholders Engagement**

**Various issues**

- Shift timings do not match demand patterns
- Lack of technology to support increased efficiency and productivity
- Lack of communication between ASO and crews
- Use of service i.e. if a request was made for a C2 pt and the requester was told “Quota full” then the caller would change the mobility to suit any transport available.
- Too many people are allowed to book patients
- Some areas do not use eligibility so inequity and NHS staff abuse of transport is a problem
- A lot of patients do not need transport, but get it and it is the Patients that do require it that suffer or get cancelled with no resources.
- Patient Cancellation Hotline - does it still get used?
We are not quite there yet!

• What will success look like?
  – A better patient experience
  – Improved Productivity – more with less
    • Improved service delivery, streamlined processes, consistent models, reduced variation
    • Better use of finite resources
    • Stronger partnerships, greater collaboration
    • A paradigm shift in the culture of the service
Improving Direct Access

Call Performance %

- North
- West
- East
• STRUCTURED APPROACH

• TOTAL CRES DELIVERED OVER 3 YEARS 2011-12 £ 21.9M

• PTS CRES - £2.5M (14/15) BUT A BIG HEALTH WARNING HERE AROUND PACE AND SUSTAINING QUALITY