



Our 2030 Strategy

Draft

Our Strategy

Our Vision: Saving more lives, reducing inequalities, improving health and wellbeing

Our Mission: Working together with the people of Scotland, our staff and partners to deliver sustainable and effective care, experience and treatment, anticipating needs and preventing ill health



Our Values: Care & Compassion | Equality, Dignity & Respect | Openness, Honesty & Responsibility | Quality & Teamwork



Why Do We Need This?

The coronavirus pandemic has dramatically affected all of us. We were well into the engagement process for our 2030 strategy when the magnitude of the COVID-19 pandemic began to emerge. Over the last two years, it has profoundly impacted our health, economy, society, and our Service. We have sought to deliver the best care we can throughout the pandemic, but we know the impacts of COVID-19 are still felt acutely by individuals, our staff, and the wider health and care system.

It has exacerbated both physical and mental health issues and further highlighted inequalities. It has resulted in a service pressure challenges, and exhausted our workforce. We also know that the environment in which we operate is changing, and we need to adapt to meet the changing needs of our population, which is steadily growing.

By 2030 our pensionable population is predicted to increase by around 110,000 people, with a similar reduction in the number of children making up our population.

Around 50% of those in a pensionable age are likely to have long-term health conditions which are likely to require treatment and care. The age profile of our patient is changing, along with their health and care needs.

The impact of the pandemic has not been felt evenly, with those who were the most disadvantaged having suffered dis-proportionately.

The most disadvantaged are more likely to need us more. They have also been hit hardest socially, educationally and economically.

The threat to human health from the climate emergency, both in Scotland and globally, is so serious that climate change has been described as “the biggest global health threat of the 21st century”. We all have a responsibility to take urgent action to protect lives and improve the health and well-being of our population.

- People living in deprived areas are:
- 18 times more likely to suffer a drugs related death;
 - 4 times more likely to die from alcohol;
 - 3 times more likely to die by suicide;
 - twice as likely to die from COVID-19;
 - expected to have 20 years less healthy life.



This Strategy is anchored in doing things differently as we strive to realise our vision to save more lives, reduce inequalities and improve health and wellbeing.

We recognise there is a mismatch in the whole health system between the demand experienced, and the capacity the system has to address the demand. We will help manage this demand, and improve capacity, but we can't deliver this in isolation so need effective collaboration with our patients, public and partners. Our Strategy will describe how we will play a vital role in:

- Improving our care to patients and the public by anticipating needs and responding to these as quickly and safely as possible, and delivering the right care at the right time in the right place;
- Avoiding unnecessary hospital admissions and delivering more care at home and in local communities;
- Improving healthy life expectancy and saving more lives;
- Addressing the inequalities made worse by COVID-19.



We are immensely proud of our workforce. We recognise that they all, from our patient-facing staff to our support staff, have gone above and beyond during our response to the pandemic. Our 2030 Strategy commits us to a continued focus on the health and wellbeing of the people who work for our Service, enabled by a culture rooted in our NHS Scotland values of: care and compassion; dignity and respect; openness, honesty and responsibility; quality and teamwork.

We cannot deliver this Strategy alone. To achieve our aims, we need to collaborate, design and deliver service change with our staff, volunteers, public, patients, local and national government, community groups, charities and voluntary organisations.

Who are we, and what do we do?

A Day in the Life of the Scottish Ambulance Service

Every day we are ready to respond in every community in Scotland to our 5.4m citizens and visitors

On a typical day we answer 4500 calls in our 3 control centres



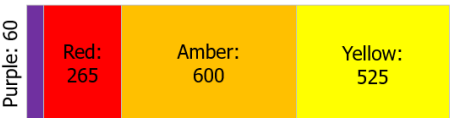
Of the 3200 calls to our 999 service: 1100 do not require any response (e.g. duplicate calls)

As well as 1300 calls to our Patient Transport Service we do 1150 planned journeys

We attend 1700 people: We give advice to 400 over the phone



The 1450 999 attendances are prioritised by severity:



This severity determines how many minutes we typically take to respond:



We respond in a variety of ways:



By Road



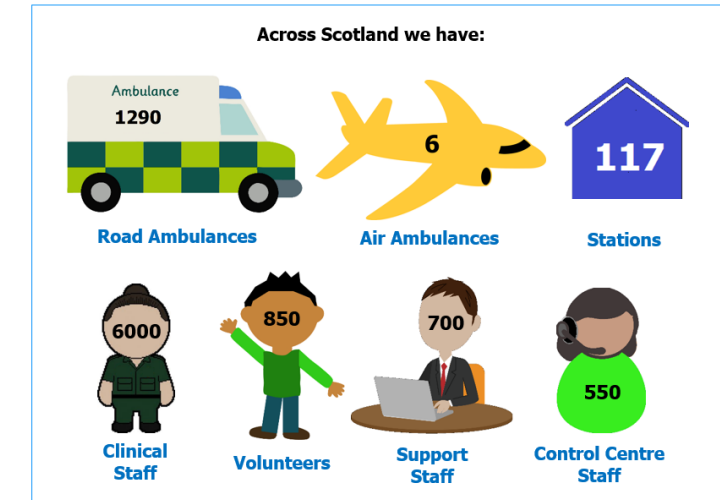
By Air



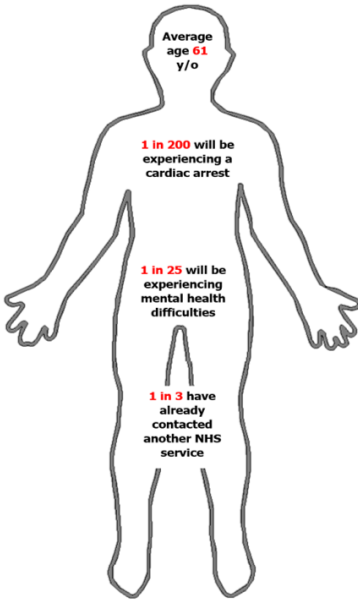
By Specialist Operations Response Team (SORT)



Retrieved by ScotSTAR Critical Care Teams



Typical Emergency Care Patient

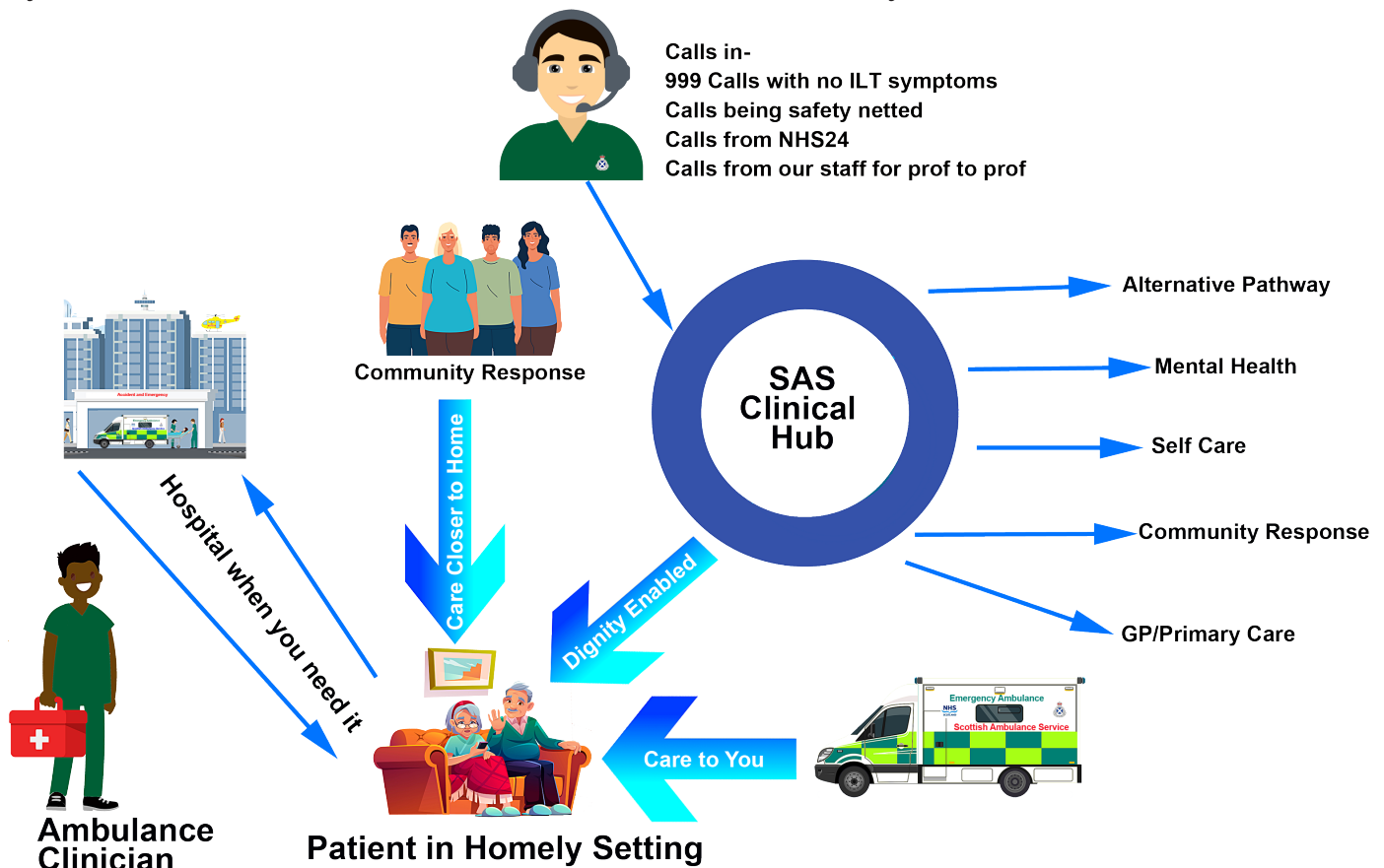


HCP requests	transport requests from other Health Care Professionals
Purple	people at the highest risk of life e.g. people experiencing cardiac arrest
Red	people whose condition is likely to be life threatening e.g. some road traffic collisions
Amber	people with conditions that require immediate specialist treatment in hospital, e.g. strokes
Yellow	people whose condition may or may not require treatment in hospital e.g. falls
SORT	our Specialist Operations Response Teams who attend hazardous and major incidents
ScotSTAR	our consultant-led Specialist Transport and Retrieval teams, e.g. paediatric critical care

We will provide the people of Scotland with compassionate, safe and effective care where and when they need it

In response to recognising the mismatch of emergency and urgent demand, and staff resourcing, we have been implementing our demand and capacity programme, recruiting more staff to increase our capacity, and adopting new ways of working across our health and social care services.


The care we provide to people in Scotland will be underpinned by the principles of Realistic Medicine, keeping what matters most to the patient at the centre of all we do. We will further strengthen our interconnectedness with the wider health and care system to ensure effective and efficient service delivery.





Improving survival from **Out of Hospital Cardiac Arrests** (OHCA) remains a priority for our Service, and we are a key partner in the latest iteration of Scotland's OHCA Strategy (2021-26), with the principal aim of increasing survival rates from 10% to 15% by:

- Increasing bystander Cardiopulmonary Resuscitation (CPR) rates from around 65% to 85% through training a further 500,000 people in CPR;
- Increasing Publicly Available Defibrillator (PAD) deployment to 20% by using our data to help inform communities where best to place PADS and encouraging PAD guardians to register their locations with us;
- Working with partner organisations such as Police Scotland and the Scottish Fire and Rescue Service on how best to assist in responding to patients experiencing cardiac arrest;
- Undertaking research projects to improve our understanding of the early stages of the chain of survival and adapt our education and service delivery based on the outcomes.



We will continue to contribute to improved clinical outcomes for people who experience **Major Trauma** – life-threatening and potentially life-changing injuries – through the provision of all pre-hospital elements of major trauma care.


We will:

- Transition our Trauma Desk within our Ambulance Control Centre to an advanced practice-led Critical Care Desk;
- Support the identification of and the coordination of our response to all critically ill patients who may benefit from advanced care while providing clinical support for our crews;
- Develop the clinical skills and experience of our Advanced Practitioners in Critical Care;
- Introduce adult and paediatric Major Trauma Triage Tools to support our clinicians in identifying major trauma, providing guidance, and identifying the most appropriate hospital to ensure the best outcome for patients.

Stroke is a leading cause of death in Scotland and the most common cause of severe disability amongst Scottish adults, and we respond to around 14,000 stroke patients every year.

We will improve our care for Stroke patients by:

- Designing a whole system improvement in the management of stroke patients using Artificial Intelligence and digital developments;
- Improving the time between the 999 call to the patient receiving the appropriate stroke treatment, through designing and implementing enhanced training for ambulance control staff and frontline staff;
- Playing an integral role in developing and designing the optimum service for opening the three regional Thrombectomy Centres.



People experiencing **Respiratory** difficulties account for around 10% of our demand every year, and evidence shows that a significant proportion of Chronic Obstructive Pulmonary Disease (COPD) patients could be better managed in the community.

We will:

- Establish and maintain referral pathways at all times of day to best meet the needs of patients with respiratory difficulties.

The most recent evidence shows that around two-thirds of people with terminal **Cancer** would prefer to die at home with the right support, however less than a third are able to do so. Often people with cancer, or their families, call an ambulance in an emergency, especially when the problem is out of hours or towards the end of life.

We continually strive to improve how we respond to palliative and end of life care patients, and we have developed a partnership programme of work with MacMillan Cancer Support to support our clinicians and other emergency medical personnel to better support people with cancer, and anyone needing this care.

This innovative programme, starting in 2022, will:

- Provide specialist training and support to equip emergency responders from all services across Scotland to respond to the needs of individuals in the place that is right for them, reducing unnecessary hospital admissions and ensuring their end of life wishes are fulfilled;
- Develop professional-to-professional pathways to support staff decision making and appropriate safeguarding when not conveying patients to hospital;
- Improve access to existing patient information to support palliative and end of life care needs;
- Understand and recognise the holistic needs of patients and families at end of life.



People who have suffered a **Fall** represent around 12% of our emergency calls, with many of these occurring within the patient's own home. We have an important role in ensuring they receive the most appropriate response and follow-up.

We will:

- Increase patients' access to falls pathways within all communities to avoid unnecessary hospital admissions;
- Develop our response to best manage their specific needs, including connection with other services;
- Work with partners to identify people at risk at an early stage and provide a community based preventative role.

To ensure we support patients experiencing problems associated with, or directly due to **Dementia** in a compassionate and caring manner, we will develop a Dementia strategy, which will consider and address their clinical needs. We remain committed to the tri-service Dementia Pledge alongside Police Scotland and the Scottish Fire and Rescue Service, ensuring our staff have the knowledge and skills to recognise and support people living with dementia, and treat them and their families with compassion.



To improve our dementia care to patients, we will:

- Develop and deliver a dementia strategy;
- Develop and implement dementia-friendly ambulances;
- Support all staff to become Dementia Friends in collaboration with Alzheimer's Scotland;
- Introduce Dementia Champions across Scotland in supporting local delivery of dementia care.

We launched our **Mental Health** Strategy in May 2022 to ensure we help and support people experiencing episodes of Mental Ill-Health. We continue to provide a person-centred approach to considering all their needs and wishes. We have helped establish the Mental Health Hub in collaboration with NHS 24 and Police Scotland. We have improved training for our staff, and will support the delivery of a new mental health session as part of the BSc in Paramedicine. We have recruited additional mental health paramedics to continue delivering our mental health response vehicles across the country and developed a pathways database in collaboration with the Flow Navigation Hub.

To further improve Mental Health, we will:

- Implement our Mental Health Strategy;
- Work to reduce stigma around Mental Health;
- Continue to strengthen our approach to consider physical and mental health together, ensuring the holistic needs of our patients are met;
- Invest in the development of our staff to enhance Mental Health care and support;
- Develop and rollout across Scotland our mental health response service;
- Maximise our role as a system connector to ensure patient care needs are identified and supported within the health and care system



To ensure we support patients experiencing problems associated with, or directly due to their **Learning Disabilities** in a compassionate and caring manner, we will develop a Learning Disability strategy, which will consider and address their clinical needs:

We will:

- Work with communities to understand the challenges facing people with learning disabilities requiring our service;
- Maximise the use of technology to enhance the experience for people with a learning disability requiring our service;
- Work collaboratively with partners to align support for people with learning disabilities in relation to health care and treatment.

We will continue to **collaborate internationally to learn and influence future practice** to improve patient outcomes and experience and ensure staff are well educated and enabled to deliver the best quality care for our patients.

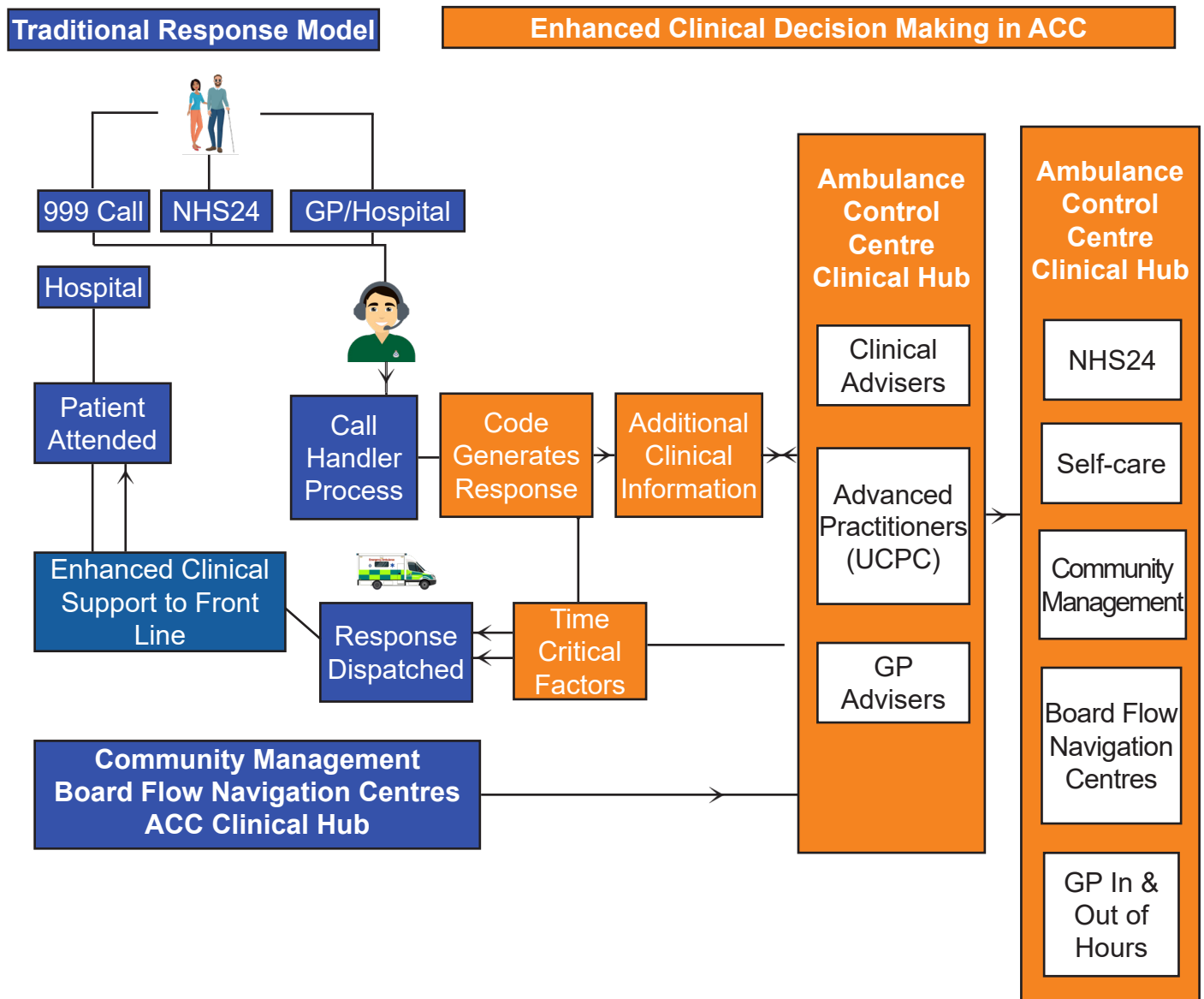
We will work with the **Urgent and Unscheduled Care** system to reform and redesign services putting people at the heart of our developments. Building strong and sustainable partnerships with health board partners helping them manage their demand and, at the same time, meet the needs of patients.



We will:

- Adopt the use of Flow Navigation Centres into our core response;
- Develop a multi-disciplinary Clinical Hub that will respond to people who present with urgent care needs by providing senior clinical support in our Ambulance Control Centres, seeking patient-centred solutions, avoiding unnecessary hospital admissions and provide support to our crews on scene, enhanced through innovative technology;
- Further enhance our Pathway Navigator Hub to support our crews in accessing the available pathways, and further develop pathways with local partners to meet patient needs;
- Develop a national service directory to illustrate the breadth of available services and help us to understand their capacity and limitations;
- Increase our support to primary care, providing vital in hours and out of hours support to GP surgeries.

This diagram shows how an enhanced clinical decision-making model can augment our traditional response model.



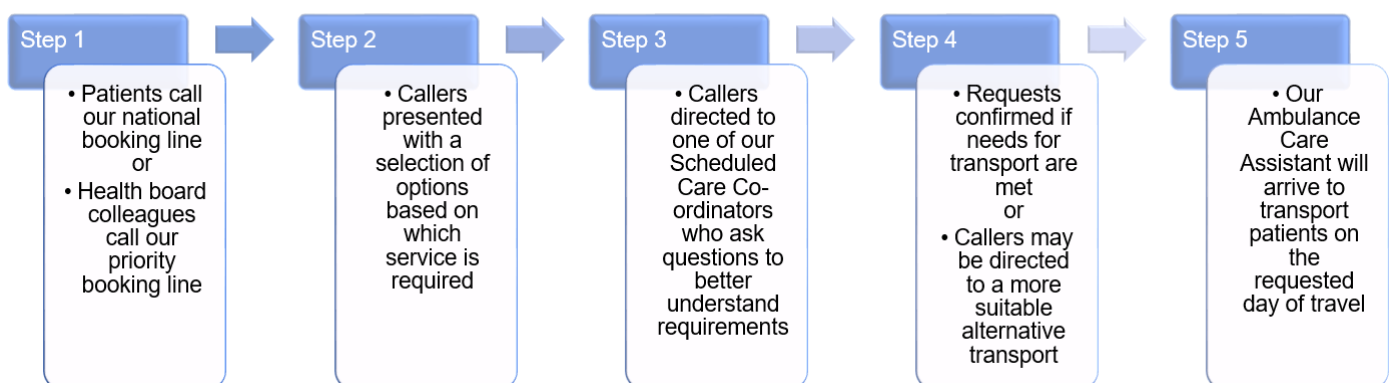
Our **Scheduled Care Service** patients do not typically require the skills of a paramedic, but require assistance to travel to hospital appointments and support in being discharged from hospital. To create more capacity to help tackle the backlog in these appointments, National Treatment Centres will be established alongside existing hospital and community based services.



We will:

- Work with patients, staff, the public and partners, to review our scheduled care plans, taking into account the impacts and the learning from the COVID-19 pandemic;
- Design and implement a new updated Scheduled Care Strategy with detailed actions, impacts and outcomes.

Scheduled Care Booking Process





So in delivering this ambition, what will our care package look like in 2030?

Kathleen lives alone in Ballancrosh, a small village in a remote part of South Ayrshire, and has no means of private transport. She has been feeling unwell all day and has a pre-booked video call with her GP surgery at 3pm. The call is handled by NHS 24 who use their triage system to determine that Kathleen requires a further face-to-face assessment, which would be suitable for a home visit from one of the Scottish Ambulance Service Advanced Practitioners. She is added to our practitioner's caseload.

30 minutes later Anna, one of our Advanced Practitioners, arrives at her home in our electric response car. She talks to Kathleen, makes her assessment and informs Kathleen that she would benefit from further specialist tests to make sure everything is ok.

Anna has learned that Kathleen's grandchildren are visiting her in the morning, so she discusses Kathleen's options with her. Due to the time of day and by the time they travel to the hospital 45 miles away, the services she needs are likely to be closed for the evening. This means Kathleen may require to stay in overnight but she does not want to risk missing her grandchildren.

Anna informs Kathleen that the tests she requires can be carried out by the area's Non-Emergency Mobile Clinic vehicle which can come to her house. Kathleen would prefer this, and Anna advises our Ambulance Control Centre to schedule a visit from the vehicle within the hour. Anna and Kathleen are content that she is not at immediate risk of becoming more unwell, so Anna says goodbye and leaves to attend her next patient.

The Mobile Clinic vehicle arrives 40 minutes later and its crew are able to contact the hospital directly by video from Kathleen's house. They assist her in taking blood tests and attaching monitoring equipment. The findings are transmitted electronically, and the doctor is confident that Kathleen can stay at home without further treatment, where she can rest up before her grandchildren arrive in the morning. From first call to finishing the remote consultation, Kathleen's care has taken under 2 hours.

At the end of the week, Anna and the Mobile Clinic crew can see the outcomes of their actions by accessing their clinical quality portfolio through an app on their phones, which offers feedback on the care they provided.




We will be a great place to work, focusing on staff experience, health and wellbeing

In 2021 we launched our Health and Wellbeing Strategy, which focused on the two themes of creating a great place to work, and being well, and we have recruited dedicated organisational development, and staff wellbeing teams to support staff welfare. In shaping this 2030 Strategy, our staff have told us that their top priorities are feeling valued, working in a supportive environment, being treated with dignity and respect, and being enabled through supportive working practices.

We will:

- Implement our Health and Wellbeing Strategy;
- Focus our dedicated staff wellbeing teams to support staff welfare, delivery of training, supporting staff mental health and supporting people during sickness absence and returning to work;
- Complete our Demand and Capacity Programme, ensuring we have the right resources in the right place at the right time, reducing shift over-runs, improving time for rest breaks, and reducing 'on-call' arrangements in our remote and rural station locations - annually updating our requirements in partnership with our staff;

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- Develop our People Strategy to align with the Scottish Government's National Workforce Strategy, which provides a new framework to shape Scotland's health and social care workforce over the next decade, with training, wellbeing, job satisfaction, and Fair Work principles at its core;
 - Link our workforce planning to the National Workforce Strategy, specifically its vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for their work;
 - Work with the Scottish Government on workforce projections and planned further investment over the next three years, building further on the steps to increase the sustainability of routes into paramedicine;
 - Continue to evolve our Education and Professional Development framework, which has had to adapt during the pandemic, by providing more flexible and virtual learning opportunities;
 - Continue to work with educational institutions and other agencies to develop communities' skills and create opportunities for employment in Fair Work;
 - Support our new graduate programme and developing existing staff skills to ensure we have the right skills and workforce to deliver our strategy;
 - Undertake a review of our leadership framework and further develop our leadership and management capabilities, underpinned by our Organisational Development Plan;
 - During the lifetime of our Strategy, we will continue to build an open and supportive culture for our staff through improved communication and engagement and ongoing involvement in how our strategy is delivered;
 - Promote an environment where anyone working for our Service feels comfortable raising concerns regarding patient safety and malpractice, with support from our Whistleblowing Champions;
 - Work closely with our people to implement our 'Place and Wellbeing' activities, monitoring staff surveys and 'temperature checks' to understand where our staff wellbeing is improving.



So what will this look like for our staff in 2030?

Robin is a part-time ambulance technician working in Inchside in the Highlands. He is on dayshift when he is part of a crew sent to reports of a child experiencing a cardiac arrest. They can only detect a slow pulse, and a decision is made to transport the child to hospital as soon as possible.

Robin is interested in the outcome of the care he provided, and he is able to use an app on his phone to access his personal Clinical Quality Portfolio to view feedback, where he learns that the child did not survive after further care in hospital. After learning this news, Robin becomes very low and begins to struggle at work.

His line manager, Eilidh, recognises a change in him, and has a private conversation with Robin about how he is feeling. He shares his concerns, and they discuss the support he required. Eilidh puts Robin in touch with his local Clinical Quality Lead, Fraser, who is on hand to offer additional support and advice to Robin and his colleagues to develop their skills and maintain their confidence.

Fraser advises Robin to access our Wellbeing and Education Portal, where there is an online programme to aid frontline health professionals' mental wellbeing. This has case studies from colleagues who describe similar situations to Robin's and offer advice on how they recovered after difficult incidents.

Robin uses the Portal to identify an upcoming course that he can attend using the dedicated time built into his annual shift allowance for self-directed professional development. Fraser and Eilidh also work with him to make sure that his working arrangements can be flexible enough to support him.

As part of this, Robin requests to work part of his time in a different environment to help him get his confidence back, so he spends time over the next couple of months working as part of a team of clinicians in a local GP practice that has a regular rotation of ambulance staff, where he work under the clinical supervision of a team of doctors, and is also able to develop new skills as a result.

Fraser and Eilidh remain in regular contact with Robin over this period to make sure his confidence and wellbeing at work safely improves, helping him to integrate over time back into rotation on an ambulance vehicle.



We will innovate to continually improve our care and enhance the resilience and sustainability of our services

As a category 1 emergency responder, we have a statutory obligation under the Civil Contingencies Act, and we deliver the immediate patient care in the event of an operationally challenging event or major incident in order to save lives.

We will:

- Protect our staff and public, and provide safe and effective patient-centred care;
- Minimise consequential disruption to services, and support an early return to business as usual;
- Maintain capability to respond to other emergencies; Increase the number of trained, appropriately equipped, and protected responders who can deploy to a contamination incident from their regular routine duties.

During the pandemic, services have had to be delivered through a different approach. Barriers between organisations were removed, and the whole system worked together to address cross-cutting health challenges and focus on those issues that mattered the most. We are a key partner in national and local resilience partnerships, and we work closely with the other emergency services and across local authorities and local communities. We will build upon these collaborations and as we redesign and reform.



We will:

- Adopt the Scottish approach to service design across all of our reform programmes;
- Have a renewed focus on prevention, greater partnership working, workforce development and a more transparent focus on performance.

Our 2030 Strategy is underpinned by a commitment to maximise the use of digital data, research and innovations.

Our Vision: To improve the care and wellbeing of people in Scotland, improve our staff experience and to continue to collaborate with partners by making best use of digital technologies and data in the design and delivery of services.

Our Population
To enhance care anticipation and response as well as preventing the requirement for emergency care through the development of digital and data solutions and unified service access methods

Our People
To provide our staff with the right digital tools and data to perform effectively and efficiently within their role.

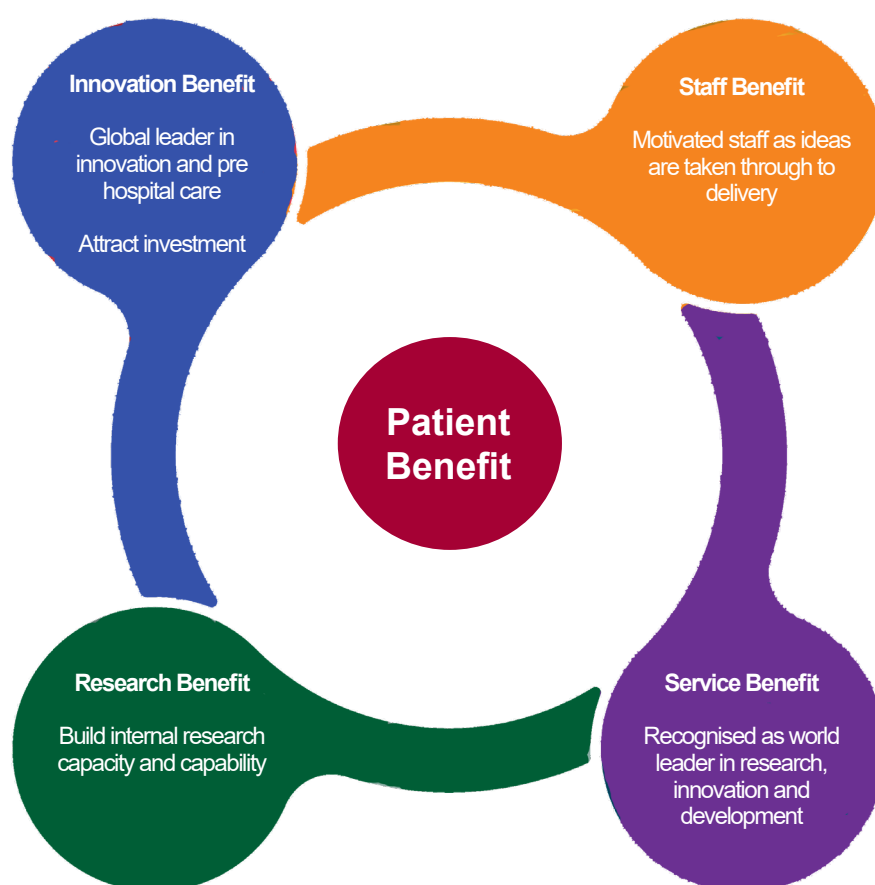
Our Partners
To collaborate with our partners to deliver digital and data solutions supporting best value and integrated delivery of care to our patients.

Our Protection
To protect our systems, people, patients and partners from cyber threats, information security breaches and unplanned service interruptions

Delivered through five pillars



Our Research, Development and Innovation Strategy sets out how we will increase our work with academic and industry to maximise the research and development opportunities within our Service.



We will:

- Launch our 2030 digital and data strategy in late 2022, supported by a clear action and investment plan;
- Refresh our Research, Development and Innovation Strategy in 2022.



By delivering innovations, including digital and data enhancements, what could our Service in 2030 look like?

Greta is a 61-year-old who has recently suffered a stroke, and been deemed by her consultant to be at high risk to have a repeat episode. She has a wearable device that constantly monitors her health, and helps those responsible for her care to prevent a deterioration in her condition.

Greta wears this device on her wrist, which continually transmits key health indicators to a number of services. Scottish Ambulance Service receives an alert that she has been experiencing atrial fibrillation – an irregular heart rhythm that can be an early indicator for stroke – for an unusually persistent amount of time, and an ambulance response is automatically dispatched from our system.

Selina works at our contact centre, and contacts Greta through a communications channel linked to her device to inform her of the alert our system has received and make further enquiries. During the course of their conversation, Selina receives a further alert generated by Artificial Intelligence software used to examine speech patterns, which suggests that Greta is at increased risk of experiencing a Hyper Acute Stroke. The ambulance response is upgraded to the highest level.

Selina can see from her anticipatory care plan that Greta has family nearby, and she is able to alert them immediately of the developing situation through details stored in Greta's device. She is also able to instantaneously alert Greta's GP and adds to her health records.

When they arrive at Greta's home, the crew are able to update her care record by downloading her health information directly onto their tablet. This tablet enables them to see Greta's medical history, current prescriptions and recent health measurements recorded by her device. This up to date information is also passed to the Interventional Neuroradiology team at the nearest Thrombectomy Centre, so that the team who will take over Greta's care have all of the information they need to act instantly on her arrival.

The crew are able to treat and take Greta to the specialist care centre so that a time critical intervention can be carried out there by experts, to prevent further deterioration, and prolong Greta's life.

Being alerted to Greta's deterioration at the earliest possible opportunity and being able to dispatch the right resource to help her contributed to her getting a positive outcome on the treatment she received.

We will work collaboratively with citizens and our partners to create healthier and safer communities

We know communities are shaped by the people who live, learn, work and visit them and the services and assets that serve them. We have over 130 ambulance sites in communities across Scotland. We will continue to develop our role as an Anchor Institution, helping to prevent drivers of health inequalities, including poverty and unemployment.



We are already positively impacting the communities in which our resources are based by replacing one of our busiest stations, which is in one of the most deprived areas in Scotland. In addition to the station replacement we are creating a community hub. This community hub will be the first in the UK, and inform how we develop this model across similar communities in Scotland.

Glasgow South Station today



Glasgow South Station tomorrow



We will:

- Extend the South Station model across Scotland;
- Roll out our 'Young Minds Save Lives' programme with local schools;
- Work with local businesses to collaboratively improve community health and wealth;
- Further work with local and national partners to enable safe, healthy and resilient communities.



Our **Community First Responders** (CFR) play a key role in our service. They are volunteers trained by our Service to attend emergency calls in their community. They aim to reach a potential life-threatening emergency in the first vital minutes, which maybe before the ambulance crew arrives, critical in our remote and rural communities.

We will:

- Develop the role to also support patients who require an urgent response, including falls patients;
- Train CFRs in the use of remote monitoring technology supported by our clinical hub.



What could the services we offer our communities look like in 2030?

Craigshields is a large community with high levels of deprivation in the west of Scotland. There is a higher than average prevalence of issues related to breathing difficulties, alcohol dependency and mental health concerns.

When the local Ambulance station was redeveloped our local leads spent time working with local community members, partner organisations, and public health experts to co-design a new property that is better able to meet the health and wellbeing needs of the Craigshields community. This led to the creation of Craigshields Ambulance and Wellbeing Centre, which provides a space for teams from across a number of agencies to work within the community on a range of issues.

The station has a walk-in facility, staffed in working hours by a joint team of ambulance staff, professionals from across primary and community care, and volunteers for the local community. This facility offers health literacy and advisory services to the people of Craigshields, helping people to better understand their health and how to manage their conditions. This service has a particular focus on helping people understand issues that disproportionately affect their community, such as managing breathing difficulties caused by COPD (Chronic Obstructive Pulmonary Disease).

As well as giving advice, health and charitable organisations run additional services from the centre including mental health awareness and reducing harm from drugs and alcohol; while emergency services colleagues offer advice on fire safety and community safety. Outside of the facility, there is a shared community garden, which people from the local area and staff at the Centre are able to grow vegetables, or relax outdoors when not responding to incidents.

The centre also offers education and employment opportunities to the Craigshields community, helping to develop skills for health and wellbeing. These courses are delivered by the centre's health and care teams, and are linked to further education and local authority employability services to help develop economic opportunities for local people.

This development also provides our staff the opportunity to get to know the local people and the issues that affect them. This helps us to prevent potential health issues before they deteriorate, improving our working relationships, and improving the health and wellbeing of the communities we serve.



We will improve population health and tackle the impact of inequalities

We will ensure there is equity of access to all health and social care services within communities. Our ambulance crews will work in multi-disciplinary teams in primary care and communities, putting the individual's wishes at the centre of our decision making. The introduction of the new National Care Service is the most radical reform to the health and care system in this country since the inception of the NHS in 1948. To improve access to all services across a population and reduce inequity of access, we will:

- Develop a data sharing and digital approach to share citizen wishes and health data and support improved clinical decision making;
- Engage in developing the new National Care Service and develop an associated action plan to support the desired outcomes and improvements;
- Work with partners to develop primary care multi disciplinary teams with a particular focus on tackling health inequalities.

We will identify people who would benefit from early intervention to prevent worsening mental and physical ill-health.



In deprived communities, people are 18 times more likely to suffer a drug-related death.

Over 85% of our staff are now trained in administering Take Home Naloxone kits which rapidly reverse the effects of an opioid overdose.

Over 1300 Take Home Naloxone kits have been handed out to vulnerable people.

We have links with Alcohol and Drug Partnerships and 40% of people responded to by our crews were not actively in drug or alcohol treatment.

Our **Drug Harm Reduction** has saved lives through the distribution of Naloxone but we recognise there is more work required to maintain these improvements.

- Reduce harm to patients suffering from alcohol abuse;
- Extend our role in drug harm reduction including supporting safe consumption facilities;
- Contributing to publicly accessible Naloxone and evaluating the adoption of Intranasal Naloxone;
- Identify those in need of medication-assisted treatment and supporting access to services.



So how might this look in 2030?

Our advanced prevention system alerts Sadiq, a Clinical Intelligence Lead, about Daniel – a patient who has been seen by various health and social services over the last few months, and who has called Scottish Ambulance Service twice in the last week with issues related to his physical health.

Our system suggests Daniel's needs may be connected to an underlying deterioration in his mental health. Sadiq contacts Mel, a mental health specialist nurse who works part of her time with Scottish Ambulance Service. She recognises Daniel as a potentially vulnerable individual.

Mel helps Daniel consider what additional support and care arrangements he might benefit from. They discuss how that he would likely benefit from an alternative intervention through access to more appropriate support than an emergency ambulance.

Mel and Daniel agree that she should arrange a discussion with other health and social care professionals to discuss his health and social needs, and his options. Later, representatives from community-based Mental Health services and wellbeing charities, and a GP who knows Daniel from his local practice, meet to take part in a discussion with Daniel and Mel to discuss Daniel's care needs.

They learn that Daniel has been struggling with drugs and alcohol to cope with deteriorating mental ill health, and they realise that he has complex needs.

They collectively agree on changing the route of care that Daniel receives, and they agree that his mental health should be managed differently. This enables Daniel to remain safely in his home in the short-term, no longer feeling the need to phone 999, and helps him to eventually return to his work.

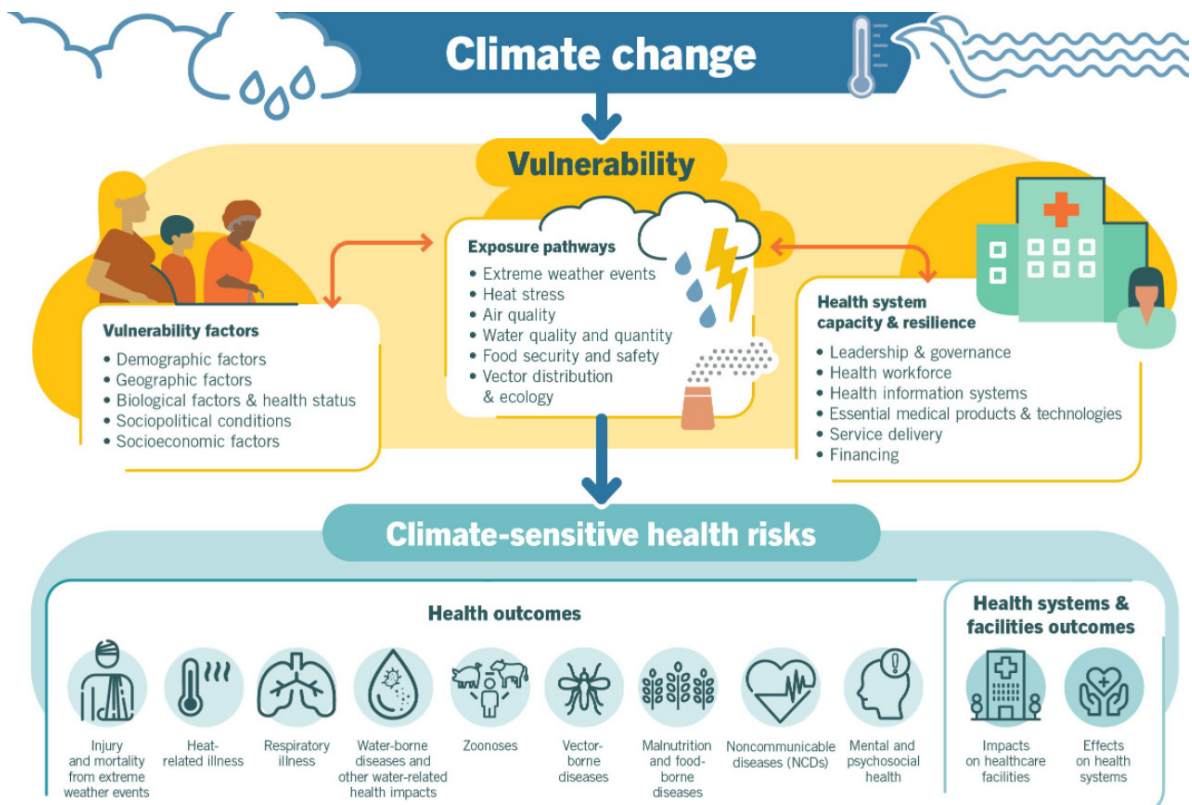
Recognising that Daniel's case may not be an exception, Sadiq looks for similar patterns elsewhere and sees that there is a number of people that call us after having been in contact with various other services first across Scotland, and that many will continue to do so after they have seen a paramedic.

He shares this information with local clinical leads, so that they can work with others in their area to help prevent episodes of mental ill health from developing and deteriorating.



We will deliver our net-zero climate targets

The threat to human health from the climate emergency, both in Scotland and globally, is so serious that climate change has been described as “the biggest global health threat of the 21st century”. The impact of climate change has been more evident in the last few years, with an increase in extreme weather events causing devastating consequences. This leads to disruption across our Services.



We will:

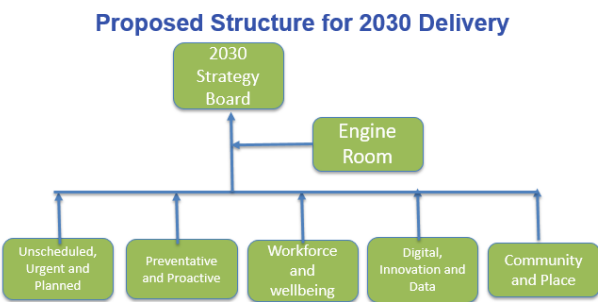
- Implement our 'Journey to Net Zero' Strategy;
- Recognise our ambitions in sustainable care, procurement, and sustainable communities;
- Transition to full electric vehicles.

Concept hydrogen ambulance by Hydrogen Vehicle Systems



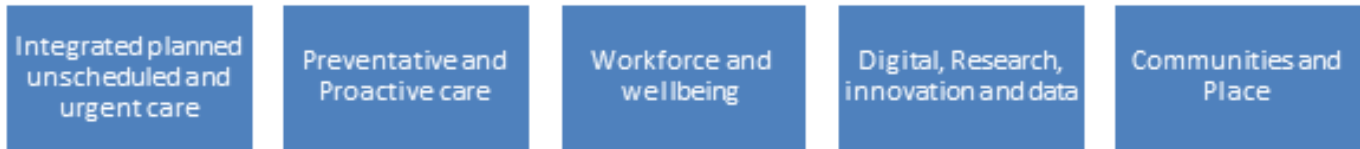
Delivery and Governance

Our plan will be based on evidence and impacts, to ensure we are investing our time and resources where it is of greatest benefit. Successful delivery of this Strategy is underpinned by the NHS Scotland values, embedding a collaborative organisational culture, and taking a human rights-based approach - enabling access for everyone to the right care, in the right place, at the right time.



A one-year operational plan and a 3-year rolling delivery plan will be developed by July 2022 to set out how our aims will be delivered.

There will be five portfolios within our delivery framework each with clear actions and deliverables.





Aims	Delivery Portfolios
We will provide the people of Scotland with compassionate, safe and effective care where and when they need it	Integrated Planned, Unscheduled and Urgent Care
	Preventative and Proactive Care
	Communities and Place
We will be a great place to work focusing on staff experience, health and wellbeing	Workforce and Wellbeing
We will innovate to continually improve our care and enhance the resilience and sustainability of our services	Digital Research Innovation and Data
We will work collaboratively with citizens and our partners to create healthier and safer communities	Communities and Place
We will improve population health and the tackle the impact of inequalities	Integrated Planned, Unscheduled and Urgent Care
	Preventative and Proactive Care
	Communities and Place
We will deliver our net zero climate targets	Communities and Place

Our plan will be based on evidence and impacts, to ensure we are investing our time and resources where it is of greatest benefit. Successful delivery of this Strategy is underpinned by the NHS Scotland values, embedding a collaborative organisational culture, and taking a human rights-based approach - enabling access for everyone to the right care, in the right place, at the right time.

Glossary

Term	Definition
Acute Ill-Health	Conditions which have a severe and sudden in onset e.g. broken bones
Advanced Care	Level of practice, practitioners educated to Masters level in clinical practice
Anchor Institution	A large scale employer having fixed assets (ambulance stations) co-designed locally to help prevent some well-known drivers of health inequalities including poverty and unemployment
Chronic Ill-Health	Long-developing syndromes e.g. osteoporosis
COPD	Chronic obstructive pulmonary disease - group of lung conditions that cause breathing difficulties e.g. emphysema, bronchitis
CPR	Cardiopulmonary resuscitation - potentially lifesaving treatment for someone who is unconscious or not breathing normally
Dementia Champions	An individual or group who work to raise awareness about dementia such as providing dementia friends sessions, awareness talks or volunteer to support dementia awareness events
Elective Care	Planned or booked routine care following a referral by a health care professional e.g. outpatient appointments
Fair Work	Minimum standards to ensure balanced terms and conditions of employment to all workers
Holistic Approach	An approach to health that takes into account the whole individual such as their wellbeing, social, psychological and environmental impacts to support a preventative care approach
Human Rights-Based Approach	To protect the rights of individuals as outlined in the principles of the Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42
ILT	Immediately life threatening incidents - people at the highest risk of life
Intranasal Naloxone	Opioid antagonist administered through the nose
MacMillan Cancer Support	Charity providing support for cancer patients and their families - www.macmillan.org.uk
Major Trauma	Multiple, serious injuries that could result in disability or death
Major Trauma Triage Tool	Trauma assessment tool used for prioritising patients for treatment or transport according to the severity of their injury
National Workforce Strategy	Details the vision for Scotland's health and social care workforce - www.gov.scot/publications/national-workforce-strategy-health-social-care/

Glossary continued

Term	Definition
OHCA	Out of hospital cardiac arrest
On-Call Working Arrangements	Designated groups of staff rostered to be available for work outside the normal working hours, as and when required
PAD	Public access defibrillator also known as AED - automated external defibrillator
Palliative Care	A medical caregiving approach aimed at optimising patients' quality of life, and mitigating suffering among people with serious, complex illnesses
Paramedicine	Out of hospital treatment utilising evidence-based practice across a range of settings including, but not limited to, emergency and primary care
Primary Care	Services that provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS
Prof-Prof / Professional-to-Professional	Healthcare professional passing on as knowledge to another healthcare professional to help make a decision on a patients care
Realistic Medicine	Principles of person-centred care - www.realisticmedicine.scot/
Scheduled Care Service	Non-emergency national transport service for people across Scotland who may require clinical and mobility support while travelling to and from their healthcare appointments
Scottish Trauma Network	Network to improve and optimise the health and wellbeing of the seriously injured - www.scottishtraumanetwork.com
Thrombectomy Centres	A facility that provides surgical procedures to remove blood clots from inside an artery or vein
Trauma / Critical Care Desk	A multidisciplinary team of co-ordinators, clinicians, paramedics, retrieval practitioners, and advanced retrieval practitioners reviewing 999 calls, co-ordinating the primary response to emergencies involving major trauma, and providing logistical and clinical support to responding resources
Unscheduled Care	Unplanned care which is usually described as an emergency and needs immediate medical care
Urgent Care	Medical care provided for illnesses or injuries which require prompt attention but are typically not of such seriousness as to require Emergency Care