



National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

**SCOTTISH AMBULANCE SERVICE: CONTRACTING
ARRANGEMENTS**

Summary

1. In keeping with the aim of devolving funds held at the centre by the Management Executive, it has been agreed with the Minister that from 1 April 1994 all revenue funds currently made available to the Common Services Agency for the Scottish Ambulance Service will be passed over to Health Boards and included with their total allocations. The amount for Accident & Emergency services will be ring fenced for 1994/95 only. This arrangement will be reviewed in the light of experience. This will require Health Boards to enter into Service Level Agreements (SLAs) with the Scottish Ambulance Service (SAS) for the purchase and provision of Accident and Emergency services on the same scale and basis as at present.

2. Provider Units should already have SLAs with the SAS for the purchase of non-emergency transport services and will therefore require to recover their costs of this service as part of their contracts with purchasers. Non-emergency patient transport funds will be ring-fenced in Health Board allocations for 1994-95 only.

3. Annexes A, B and C provide some further detail of the arrangements. Work is underway by the SAS on calculating the costs of both services which will be reflected in the funds to be transferred to individual Health Boards.

Action

4. Health Boards should nominate a member of their purchasing team to liaise with the SAS on preparing the Service Level Agreement for accident and emergency services in their areas. Provider Units should ensure that the Service Level Agreements for non-emergency transport services identify the full volume of activity and the costs so that their contracts with purchasers reflect these costs.

1 December 1993

Addresses

For action
General Managers,
Health Boards

Chief Executives,
NHS Trusts

General Manager,
Common Services Agency

For information
Chief Executives
Designate
NHS Trusts

General Manager,
State Hospital

To be copied to Unit
General Managers for
action

Enquiries to:

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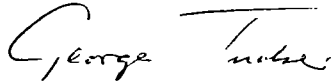
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5. All Service Level Agreements for 1994-95 should be signed by 31 March 1994.

6. This letter should be copied to Unit General Managers for action.

Yours sincerely



G TUCKER
Director of Strategic Management

ANNEX A

ACCIDENT AND EMERGENCY (A & E) SERVICE

1. The Scottish Ambulance Service (SAS) has been directed to reach Service Level Agreements (SLAs) with Health Boards by 31 March 1994 for the provision of Accident and Emergency Services, including Air Ambulance provision. Accordingly, revenue funds currently being identified will be transferred to Boards on 1 April 1994. For 1994-95 these funds will be "ring fenced" and bills will be raised by the SAS on the basis of 12 equal payments. This arrangement will be reviewed in the light of experience.

2. In reaching SLAs with the SAS, Boards are reminded of the current National response targets for the A & E Service (referred to as ORCON targets) which are based on population density as follows:

Population Density (people per acre) (a)	50% of Responses (b)	95% of Responses (c)
High (more than 3)	7 minutes	14 minutes
Medium (between 1/2 and 3)	8 minutes	18 minutes
Sparse (less than 1/2)	8 minutes	21 minutes

In reaching SLAs for A & E Services, Boards are to ensure that there is no diminution of these standards.

3. The SLAs for the A & E Service will also identify those additional services which can continue to be provided on a repayment basis.

ANNEX B

NON-EMERGENCY PATIENT TRANSPORT SERVICES (PTS)

1. The Scottish Ambulance Service (SAS) is in the process of reaching Service Level Agreements (SLAs) with Health Boards, NHS Trusts and Units for the provision of Non-Emergency Patient Transport Services. All Agreements for the financial year 1994/95 are to be signed by 31 March 1994 and revenue funds, presently being identified by the SAS, will be transferred to Health Boards accordingly on 1 April 1994. As the SAS will be presenting bills to Units and Trusts on the basis of 12 equal invoices, Boards should make arrangements for the necessary funds to be available to Units and Trusts as appropriate.

2. To allow for no turbulence in 1994-95 funds for PTS will initially be "ring fenced". This will enable the purchaser/provider relationship to develop fully and for the GP fundholder information to be identified. As far as possible, subject to known and already planned changes, Trusts will receive from purchasers current costs eg their existing service subject to additions for pay awards and price increases and allowances and increased efficiency. From 1 April 1995, subject to giving the SAS the agreed period of notice for change, Provider Units may invite competitive tenders for Non Emergency PTS. Should they decide to do this, they are advised that the minimum standards defined in Annex C should be retained.

ANNEX C

**NON-EMERGENCY PATIENT TRANSPORT SERVICE
ADVISORY MINIMUM STANDARDS**

Purpose

1. The purpose of this Code of Practice is to provide a common set of standards in respect of the delivery of a Non-Emergency Patient Transport Service, for both NHS and independent operators, designed to safeguard and protect both the patient and General Public as well as those agencies responsible for purchasing health care.

Standards

2. Staff Selection. All staff employed must meet the medical standards of fitness laid down for the staff of PSV Operators. The conditions of the Rehabilitation of Offenders Act and the UK Driving Hours Regulations must also be applied.

3. Staff Training. The minimum training requirement is the possession of a Certificate of Competence confirming that a course of basic training (including driving), equivalent to the NHSTD basic Ambulance Aid package, has been successfully completed.

4. Vehicles. All vehicles used in the provision of the Service must meet the current NHS specification for ambulance vehicles with facilities tailored to the medical needs of the patients (or any overriding EC Directive) and be maintained in accordance with the Manufacturer's recommended standards (records being kept of the maintenance undertaken).

5. Equipment. All equipment must meet current NHS specification and be maintained in a safe and serviceable condition and records kept of all maintenance undertaken.

6. Medical Advice. Operators must have access to a Medical Adviser, who is a registered Medical Practitioner, with relevant experience in the range of services being provided.

7. Insurance. Operators must maintain satisfactory insurance indemnity in respect of public, product and treatment liability. In addition, employees and vehicle insurance liabilities must be in accordance with those required by law.

8. Code of Conduct. Operators must have a Code of Conduct for staff defining standards of conduct, particularly in the areas of confidentiality, security, trust, integrity, personal hygiene, uniform and wearing of identification.

9. Telecommunications. To provide for access to a National network of telecommunications in the event of a breakdown or other unusual event, each vehicle, as a minimum, must be equipped with a cellular telephone linked to one of the National companies.

10. Major Incidents. The operators must have systems in operation to allow the availability of vehicles and staff at all times to transport lightly injured casualties in the event of a major incident.

11. Standards. Any contract must include a set of specific quality standards relating to the service which are reported regularly to purchasing agencies. Operators must allow Local Health Councils information in relation to the achievement of such standards.