Dear Colleague

STRATEGIC OPTIONS FRAMEWORK FOR EMERGENCY AND URGENT RESPONSE IN REMOTE AND RURAL COMMUNITIES

This letter and accompanying report set out the framework through which the Scottish Ambulance Service and NHS territorial Boards can ensure that there are robust and responsive systems in place within remote and rural communities to respond in emergency or urgent situations.

Background

1. Delivering for Remote and Rural Healthcare, published by Government in 2008, recognised that the capacity of the NHS to respond in emergency or urgent situations presented significant challenges to both the Scottish Ambulance Service and to territorial NHS Boards. Delivering for Remote and Rural Healthcare therefore recommended that ‘robust and responsive local community emergency response systems should be developed’ and tasked the Remote and Rural Implementation Group (RRIG), working in partnership with the Scottish Ambulance Service (SAS) and other stakeholders, to develop a Strategic Options Framework (SOF) for Emergency and Urgent Response that is applicable to the various geographical and clinical service provisions across Scotland.

2. In October 2009, Roger Gibbins, Chair, RRIG and Pauline Howie wrote to NHS Boards seeking early engagement and the development of implementation plans, however, progress towards implementation of this key requirement for sustainability of services in remote and rural communities has been mixed.

The Strategic Options Framework

3. The SOF, attached as an annex to this letter, represents a significant shift in the way that the NHS will respond to the emergency and urgent care requirements of people living in Scotland’s remote and rural communities. For the first time, the responsibilities of various organisations to provide a response in emergency and urgent situations is described in one place and is supported by standards that service responses will be expected to achieve. The SOF is a tool designed to be used by the SAS, working in partnership with NHS Boards, their Community Health Partnerships (CHPs) and local communities, to develop, agree and implement the preferred option(s) for emergency and urgent response that suits local circumstances. The SOF includes:

   - A Memorandum of Understanding which clarifies the statutory responsibilities and the role of both the SAS and Territorial Boards in relation to this, with particular emphasis on the strategic responsibility of the SAS in relation to emergency and urgent response.
A set of specific standards for emergency and urgent response, for use in remote and rural communities and in addition to, the national SAS response targets.

A range of types of response to emergency and urgent response, ranging from community response, including first responders to the full A&E response, which may be used to achieve the standards. Some of the proposed models currently exist and others may need to be developed.

4. The SOF is supported by a Technical Annex, which includes details on the process of how the SOF was developed and the evidence in support of the Framework. These documents have been uploaded on to the Scottish Health on the Web (SHOW) website, North of Scotland Planning Group page and are accessible at www.nospg.nhsscotland.com.

5. Implementation of the SOF has been identified as one of the early activities in support of the Healthcare Quality Strategy for NHSScotland (10 May 2010). The new Quality Alliance will be expected to seek assurance that progress is being made.

Implementation

6. In order to ensure progress towards sustaining appropriate emergency and urgent responses, which will include a minimum requirement for all communities to have access to a Community First Responder trained to intermediate level within the nationally recognised First Person on Scene (FPOS) scheme and within 30 minutes drive time, the following next steps are proposed:

6.1 Scottish Ambulance Service has the lead role to implement the Framework, but that this must be done in collaboration with the NHS Board, or the CHP, working with the local community.

6.2 As a first step, partners should map the current emergency and urgent service provision across the relevant communities, to identify gaps both within and out of hours. This should be submitted to RRIG by 30 June 2010.

6.3 Scottish Ambulance Service, in collaboration with NHS Boards, engage with local communities to develop a series of options and priorities that are locality specific by August 2010.

6.4 Detailed implementation plans, including timescales for delivery will be agreed between SAS and each NHS Board by October 2010. Annex 2 confirms the information that is required in the plan.

6.5 Progress on achievement of the Standards and implementation of the types of response across remote and rural Scotland will be overseen via existing performance management arrangements. Arrangements should be made between SAS and territorial NHS Boards to ensure progress monitoring and reporting is undertaken.

6.6 Implementation of new models will be supported by evaluation to be completed six months after implementation.

6.7 Scottish Ambulance Service, together with key stakeholders from RRIG, will host an event in autumn 2010, for SAS Leads and NHS Boards to share good practice.

Yours sincerely

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