5 YEAR STRATEGY SUMMARY
SCAS is already much more than a traditional ambulance service. Over the last five years, we have been exploring ways to offer the right care, first time for each individual patient, rather than simply transporting them to the nearest hospital.

Nowadays, SCAS also provides clinical assessment, sign-posting and advice services for people who are ill, injured or concerned about their health.

We are working closely with clinical networks and trauma teams to provide the best possible care for those with life-threatening conditions, both on scene and during their journey to most appropriate unit.

Looking ahead, the key challenges are to improve patient care, and to support local systems in managing the rise in demand, within the context of tightening finances and increased competition. Our strategy, and the associated transformation programme, are designed to enable SCAS to rise to these challenges over the next five years.

We will continue along the same journey as before … striving to improve care and searching for new ways to ensure the right care, first time for each individual patient.
Our Clinical Coordination Centres will provide simplified access for all health and social care, whether someone has telephoned 999 in a crisis situation, contacted NHS111 services with an urgent query, or simply needs to book an appointment.

We will work seamlessly with GPs, with out-of-hours services either run or hosted in our Clinical Coordination Centres. We will also host staff with other specialist skills, for example offering advice to people with mental health issues or enquiries about social care.

SCAS will make proactive welfare calls and monitor the health of people who are frail, at risk of deterioration in their health or who suffer from mental health issues.

Our services will be accessible 24/7, either on the telephone or via online and digital services. These services will be supported by a highly resilient platform and virtual telephony.

We will have rapid, streamlined assessment processes, so that we can identify people in life-threatening situations quickly and dispatch emergency clinicians immediately to scene if needed.

Our services will be underpinned by a comprehensive and up-to-date Directory of Services in each local area, with direct access to relevant care pathways.

We will make use of new technological developments, such as tele-monitoring, digital applications, image transfer and mobile diagnostics.

We will develop an integrated alert system across care agencies, so that relevant carers are alerted to key changes in a patient’s condition or care plan.

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“Our services will be accessible 24/7, either on the telephone or via online and digital services. These services will be supported by a highly resilient platform and virtual telephony.”

“We will develop our EOCs and NHS 111 services as centres of clinical excellence, where patients get the right advice, first time.”
SCAS will continue to save lives, with emergency responders dispatched immediately and specialist clinical teams equipped to convey a patient to the most appropriate unit if needed.

Our mobile teams will also be available 24/7 to support people in their own homes and local communities, offering advice, assessment, diagnostics and treatment on scene. Our clinicians will work very closely with GPs and other community-based services to keep people safe in their own communities.

Some of our clinicians will have advanced practitioner skills, to enhance the clinical assessment and broaden the range of diagnostics and treatment offered on scene.

Our mobile clinicians will have mobile devices so that they can access multi-agency care plans and clinical records electronically whilst on scene.

SCAS clinicians will communicate and keep records electronically, and we will also offer these technical facilities to mobile clinicians working for partner organisations.

There will be systems in place to predict demand, to plan capacity and to schedule staff and vehicles, in line with predicted demand.

Our staff (or at least a sub-set of our staff) will work flexibly in order to accommodate the fluctuating nature of our emergency and urgent business.

Our fleet workshops will work extended hours to support our 24/7 service and ensure that the optimal number of vehicles are available during the peak hours.

Our fleet mix is likely to change, with a greater emphasis on cars and smaller vehicles in the future, and this would aim to give a better patient experience.

We will continue to deliver our core 999 services. We will also develop new services, delivered in our communities, to meet the needs of our patients.
ENHANCED PATIENT TRANSPORT AND LOGISTICS

SCAS will enable people to travel safely between home and health care settings.

We will match the nature of the transport to the needs of the patient, and we will help to resettle people at home following discharge from hospital.

We will have a single technical operating platform across Patient Transport and Logistics services, which will enable virtual working, dynamic scheduling and improved communications with patients.

Our Emergency 999, NHS111, Healthcare Professional and Patient Transport Services will work much more closely, so that they can share resources to accommodate peaks in demand, and so that they can tailor the type of response to meet individual patient needs.

We will grow and enhance our patient transport and commercial business, offering more services to our patients.
SCAS has a ‘helicopter view’ of local systems of care.

We will use this unique position to analyse demand patterns, patient flows, clinical outcomes and service gaps. We will work with our commissioners and partners to improve the range and availability of services offered in each local area.

Our performance scorecards will draw data from all of our systems, with options to drill down into data individual or team level, as well as giving an overview of the organisation as a whole.

Using the NHS number as a common identifier, we will analyse the wealth of data available to us and offer a ‘helicopter view’ of local systems of care.

We will work with commissioners to understand demand patterns, patient flows and clinical outcomes, in order to help identify service gaps and evaluate plans for improvement.

We will seek to compare our data with national and international benchmarks.

“We will develop our own capability to manage and understand the data that we hold. We will use this intelligence to better inform ourselves and our stakeholders of the challenges and changes within our local health economy.”