



**Scottish
Ambulance
Service**

Taking Care to the Patient



Chair Tom Steele
Chief Executive Pauline Howie OBE

Alfie Thomson
request-879854-c8d694cc@whatdotheyknow.com

Our ref FOI/1597/22
17 August 2022

Dear Mr Thomson,

FREEDOM OF INFORMATION REQUEST

Thank you for your email requesting information under the Freedom of Information (Scotland) Act 2002, which has now been processed.

Detail

You asked for the following information:

Please could you inform me/could I have

1. An example rota for EMRS Retrieval practitioners/EMRS Registrar/EMRS Consultant.
2. What procedures/drugs can the service provide that land ambulances can't?
3. What medical equipment/drugs/blood is carried on the helicopter/car/in medical bags
4. What times of day does the helicopter fly?
5. Do all responses have a consultant or could a registrar/Practitioner be the only response?

Response

1. There are 2 Emergency Medical Retrieval Service (EMRS) teams, a West team based in Glasgow, and a North team in Aberdeen. Both teams operate a 24h rota. In the West this provides two teams available 24h a day, and in the North, one team. The Consultants work part-time for the EMRS, each having additional responsibilities to their hospital specialty (for example: Emergency Medicine, Critical Care or Anaesthetics). The Retrieval Practitioners and Registrars are mainly full-time.

In the West the rota is worked so that there is a team based at the ScotSTAR base at Glasgow airport to aid immediate deployment between 0700 and 2300 (to achieve this we have three shifts, but only two teams are in theory available at any single point in the 24h period).

In the North the team is on base between 0800 and 1800.

Teams are 'on-call' outside of these hours with an approximate 30 minute stand-up time.



2. EMRS teams can provide a range of skills in addition to those held by Scottish Ambulance Service (SAS) Technicians and Paramedics who operate on land ambulances. It should however be noted that Paramedics also operate on all SAS aircraft and can attend patients without the EMRS teams.

The EMRS teams additional skills include: Emergency general anaesthesia allowing mechanical ventilation of the lungs and other procedures; advanced sedation and analgesia including regional analgesia; surgical procedures such as thoracostomy, resuscitative thoracotomy, and resuscitative hysterotomy; blood transfusion; invasive cardiovascular monitoring (i.e. intra-arterial blood pressure monitoring); central venous access; skills with advanced haemodynamic support including vaso-active infusions; portable ultrasound to augment diagnosis at scene including identification of pneumothoraces, bleeding, and cardiac problems, and to aid ultrasound-guided procedures. The EMRS teams carry additional drugs and equipment to facilitate all these. Some of these skills allow us to safely transport patients for considerable distance by air e.g. from the site of an accident, or from a remote and rural healthcare facility.

The ethos is to take the critical care as can be provided in an urban hospital *to the patient*, when and where they need it, rather than trying to get the patient to hospital first. This principle applies whether they are attending a patient at the roadside after a road traffic accident, or a severely unwell patient being looked after by a GP in a community hospital on an island, as examples.

In addition, because the EMRS teams attend seriously ill and injured patients more frequently than most ambulance crews, at incident sites we also offer professional support, leadership, and education. Often the EMRS teams insight into the illness or injury, and the patient's coming needs in hospital allow them to help direct a patient to the right specialist hospital, which may not always be the nearest. They are also trained in the management of major incidents and mass casualty events where their training, and familiarity with prioritisation and decision making, allow them to bring medical leadership to a scene, as well as provide multiple teams with the advanced skills above, should the involved casualties require it.

It is also worth noting that the Scottish Ambulance Service has, in some areas, Advanced Practitioners in Critical Care (APCCs) who are paramedics with advanced practice training and qualification who can also offer advanced sedation and analgesia, some surgical procedures, ultrasound, and similar team leadership and support, beyond that of their paramedic colleagues. These APCCs are separate from the EMRS team but often end up working with them. The APCCs only deploy by road vehicle and are also allocated to jobs by dedicated staff in Ambulance Control.

3. As noted above we carry sufficient equipment and drugs to facilitate the above advanced procedures- these include airway equipment (including direct and video laryngoscopes), circulatory access devices (including intra-osseous devices and central venous catheters), portable mechanical ventilators, monitors allowing polymodal physiological monitoring, infusion pumps, surgical equipment, and a wide range of drugs including anaesthetic, vasopressors/inotropes and other emergency drugs.
4. SAS operates directly contracts two EC145 helicopters (Helimed 2 and 5), and works alongside the two Scottish Charity Air Ambulance (SCAA) helicopters (Helimed 76 and 79). Both of Helimed 2 and 5 operate 24hrs a day, 365 days a year. The charity helicopters operate in daylight hours only. SAS also operates two fixed-wing aircraft on a 24/7 basis. All flying must operate within the constraints of aviation safety parameters such as weather, pilot hours, and access to safe landing sites. Where, for example, weather/visibility is outside the limits for SAS and SCAA aircraft, and a patient's condition warrants it, then assistance is sought from Her Majesty's Coastguard (HMCG) who operate search and rescue aircraft which have increased capabilities in this respect.

As noted above, most helicopter and fixed-wing missions do not require the EMRS team. Ambulance Control and the Specialist Services Desk help identify missions where the EMRS team will add something to the care already available to the patient and deploy them either by air (alongside the air paramedics) or road, as appropriate.

5. Ordinarily a single EMRS team comprises a Consultant and either a Retrieval Practitioner or Registrar. We always deploy as this two-person team, sometimes augmented by our close paramedic colleagues in Air Ambulance when deploying by air. Very occasionally, and latterly under the extreme pressures on staffing brought by the pandemic, we have modified this configuration for selected calls/incidents/patients in order to try to maintain the best service we can within the limits of staff and patient safety. This would perhaps be, for example, deploying a Registrar (i.e. a senior but not fully specialised doctor) with a Retrieval Practitioner, with remote consultant supervision.

I hope that this meets your needs, please contact us if you require any further information or clarification.

Yours sincerely,

Kirsty lemon
Business Intelligence

Review Procedure

If you are not satisfied with our response to your request for information, you may apply for a review of our decision in writing within 40 working days of the date of this notice and include:

- An address for further correspondence;
- A description of the original request; and
- The reason(s) why you are dissatisfied with our decision.

You should address your request for a review of decision to:

Katy Barclay
Head of Business Intelligence
Scottish Ambulance Service
National Headquarters,
Gyle Square,
1 South Gyle Crescent,
Edinburgh, EH12 9EB
0131 314 0000
E-mail: Katy.Barclay2@nhs.scot

The requests for a review would be passed to another manager who was not involved in the original decision to assess the application.

Following the review, you would receive notice of the result as soon as possible but in any case within 20 working days of us receiving it. Our response would explain the decision of the reviewer as well as details of how to appeal to the Office of the Scottish Information Commissioner if you remain dissatisfied with the review decision reached by us.

If you wish to appeal to the Scottish Information Commissioner, you may do so at the details below:

Office of the Scottish Information Commissioner
Kinburn Castle
Doubledykes Road
St Andrews
KY16 9DS

Telephone: 01334 464610

e-mail: enquiries@itspublicknowledge.info

You can also make your appeal online via the Commissioner's website at www.itspublicknowledge.info/Appeal. This link gives you help in real time explaining exactly what is needed so the Commissioner can investigate your case quickly.