

Corporate Strategy

Feedback Form

We would welcome your views on the Key Priorities and Delivery Principles designed to enable NHS 24 to deliver its strategic objectives of:

- **Supporting people to live longer, healthier lives**
- **Aligning with national health and care strategies**
- **Building a stronger organisation**

The Chief Officers Group for Health and Social Care Scotland welcomes the opportunity to comment on the NHS 24 Draft Strategy 2017-2022. There is a strong focus on person-centred care underpinning the strategy and a clear alignment with the national policy and legislative context including the 2020 vision, health and social care integration and the national clinical strategy. We particularly view the commitment to improve joint working and planning with key partners including Health and Social Care Partnerships (HSCPs) and the Scottish Ambulance Service as a positive step. In particular, it is crucial that NHS 24 establishes better links with HSCPs in relation to the wider multi-agency out of hours redesign, so that people can be directed to the appropriate local alternative.

The future direction for NHS 24 should be shaped by the HSCP commissioning role regarding unscheduled care and the need to reduce emergency admissions. Specifically, this must involve better sharing of data with HSCPs (and clusters/practices) on local activity, call outcomes etc. and being part of local unscheduled care planning.

NHS 24 has a key role to play in reducing inappropriate and avoidable admission to hospital services. We are pleased to see a commitment within the strategy to promoting self-management, building capacity in primary and community care, technology enabled care and digital services.

A multi-disciplinary workforce is crucial to delivering new models of care and we welcome NHS 24 commitment to redesigning services to incorporate pharmacists, advanced nurse practitioners, allied health and mental health professionals which will in turn reduce demand on local services both in-hours and out of hours. However, this remains a health focused approach. There may be scope, through tests of change, to extend this into social care and social work areas of provision.

NHS 24 is well placed to help ease demand across the health and social care system, what are your views?

We agree that NHS 24 is well placed to help ease demand across the health and social care system by continuing to act in its established and trusted role as the first point of entry to Out of Hours Services for the public. With a focus on self-management threaded through the strategy, it has a key role to play in triaging calls and streaming referrals when appropriate and safe to do so to self-care.

The service must adapt to changing circumstances. The demand for urgent care is growing due to demographic changes, increasing numbers of people with long-term conditions and increasing numbers of frail older people. We know that for older people, for example, admission to acute hospital is often a fall back option when in fact their needs could have been satisfactorily met by

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enhanced support in their own home or community. NHS 24 has a key role in assessing people, as the first point of contact for unscheduled care, and identifying the most appropriate response. We would welcome therefore strengthening connections with NHS 24 and wider community support including social work and district nursing. In addition, many frail people are admitted to hospital through out of hours when GP would manage differently and locally in hours. Could there be an extension to Emergency Care Summary for known at risk people e.g. top 2% consumers of health and care according to IRF data.

In terms of improving the patient experience, improved communication with key partners will help ensure the journey of care is as seamless as possible and that patient knowledge is transferred so the patient only has to tell their story once.

One of the major challenges for NHS 24 will be around having the workforce capacity to deliver this agenda and considering possible alternatives should recruitment/retention be an issue.

NHS 24 has an ambition to deliver services 24/7, where do you best think we should focus our attention?

It is important that the strategy takes into account the different needs of urban, remote and rural communities. There may also be merit in taking a targeted approach to people with specific needs to ensure they receive the most appropriate care and support e.g. children, frail and older people and palliative care. Currently the under 1 and over 75 age group are the highest users of Out of Hours services. NHS 24 currently offers condition specific care pathways e.g. the cancer treatment helpline and this could be extended to other conditions.

It is also important that clear consistency of response is ensured across day services so out of hours is not seen as a quicker alternative to usual GP care. It would be good to understand better the impact of out of hours on day time activity and vice versa.

A key area of focus in the draft strategy should be about the linkages in each local system between OOH services, unscheduled care and mental health services. There are examples of good practice in Glasgow which can be learned from. This about ensuring we get the right response when someone with a mental health issue connects into the system in the OOH period with the overall aim to move from a more unscheduled level of demand and care to more planned and scheduled.

The need for flexibility is also important and cognisance that the range of services available to respond 24/7 will be quite different from Partnership to Partnership and potentially from locality to locality therein.

NHS 24 is developing a strategic and coordinated approach to engagement to make sure services meet the needs of people. What are your views on how best this can be achieved?

NHS 24 as an organisation is data rich. Service re-design should be intelligence led, making the most of what the organisation already knows about the people that use the service and their needs. Sharing information should be a key objective for NHS 24.

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NHS 24 also has a role in managing expectations and being clear to people when it is and is not appropriate to be seen urgently, as well as reinforcing existing policy e.g. not to just turn up at out of hours centres. This should be done as part of a refreshed attempt to change user behaviours across our entire NHS system with a clear focus on people going to the right service when they need it and not defaulting to a GP (in or out of hours) and/or A&E.

NHS 24 has a range of digital products and services, how best do you think these could be deployed locally?

There is variation in use of digital products across the country. In order to best determine local deployment based on local need, NHS 24 should engage with individual Health and Social Care Partnerships. IT is a crucial enabler for new models of co-ordinated person-centred care in the community and we wholly welcome this approach.

Services in local areas will be significantly affected by the transition from analogue to digital and the ability of local areas to respond to this may significantly affect the shape of services in different areas.

Some early discussions are currently on going about collaborations between HSCPs in use of Technology Enabled Care. How would we explore the merits of this being considered nationally/regionally?

The Strategy acknowledges the necessity to conduct a full review of the efficiencies and effectiveness of all of its services, including a review of the entire range of referral routes and processes which NHS 24 and our key partners currently use. What are your views on this?

The National Review of Out of Hours (OOH) Services identified that 3 out of 4 contacts with OOH services come via NHS 24. It would be useful to get better information on the entire range of referral routes and processes which NHS 24 use.

It will be vitally important that NHS 24 engage with all key partners whilst conducting a review of its services. The service provided by NHS 24 varies across the country and is at times dependant on a variety of local circumstances and service availability. It will be important to maintain communication with respective partners and consider that there will probably not be a 'one size fits all' solution. Service user pathways might need to be different in different areas due to the local infrastructure and workforce issues.

Other Comments:

The strategy should also include some detail around access to knowledge/ better knowledge management for staff/ clinicians in unscheduled care/OOH services. This would assist staff in being enabled to effectively signpost people away and onto other services. For example, service



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directories are key here, use of smart technology linked to patient/user behaviour change is relevant here too.

The document refers to Integrated Joint Boards – the correct term is Integration Joint Boards.

Please return by email to: NHS24Strategy@nhs24.scot.nhs.uk no later than **Friday 24th February 2017**.

Many thanks for your support and feedback.