NHS 24 **5 NOVEMBER 2020**
EXTRAORDINARY CLINICAL GOVERNANCE COMMITTEE **ITEM No. 3.2**
APPROVED

Minutes of the Extraordinary Meeting held on Monday 19 October 2020 in the Committee Room 1, Caledonia House, Cardonald / MS Teams to discuss Redesign of Urgent Care

1. ATTENDANCE AND APOLOGIES

Members:

Ms Madeline Smith	Non-Executive and Committee Chair
Ms Anne Gibson	Non-Executive
Mr John Glennie	Non-Executive
Mr Albert Tait	Non-Executive
Dr John McAnaw	Representative of Clinical Advisory Group/Head of Pharmacy

In Attendance:

Dr Martin Cheyne	Chair, NHS 24
Dr Laura Ryan	Medical Director
Mr Mark Kelly	Associate Director of Nursing
Mrs Angiolina Foster	Chief Executive, NHS 24
Mrs Lynne Huckerby	Director of Service Development
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Ms Liz Mallinson	Non-Executive
Mr Mike McCormick	Non-Executive
Mr Kenneth Woods	Employee Director
Mrs Anna Lamont	Associate Medical Director
Ms Stephanie Phillips	Director of Service Delivery
Mr Martin Togneri	Non-Executive
Mrs Paula Speirs	Associate Director, Planning and Performance
Mrs Maria Docherty	Director of Nursing & Care
Mr John Gebbie	Finance Director
Ms Avril Ramsay	Medical EPA (Minutes)

Apologies

Mrs Janice Houston	Associate Director of Operations & Nursing

Ms Smith opened the meeting and welcomed those present. Apologies were noted as above. Ms Smith confirmed that the purpose of the meeting was to offer the Clinical Governance Committee the opportunity of scrutiny and assurance of NHS 24's role in the launch of the Scottish Government's 'Redesigning Urgent Care' programme. In particular the committee was asked to focus on assurance around the following questions:

- Are NHS 24 ready?
- Is the system ready?
- Are the Pubic ready?

Ms Smith advised the Committee that to ensure time for a productive discussion, the presentation would be made in full and questions invited thereafter.

2. DECLARATIONS OF INTEREST

Ms Smith declared an interest in her capacity as a Board Member of the Scottish Ambulance Service, Head of Strategy within the Innovation School of The Glasgow School of Art and a Board Member of Digital Health & Care Institute.

Mr Glennie declared an interest in his capacity as a member of Healthcare Improvement Scotland Board and advised the Committee that HIS has a number of interests in this work and in particular the Evidence Directorate is keen to be involved.

Ms Smith handed over Ms Phillips who advised that NHS 24 is one part of the whole NHS Scotland System National Redesign Programme (RUC) and therefore assurance for the overall programme will not sit solely with NHS 24.

The purpose of this presentation is to examine the programme through the NHS 24 clinical safety lens and highlight and discuss the following:

- Purpose
- Overview
- Drivers for Change
- NHS 24 Governance Structure
- Progress to Date
- Risk
- Readiness Criteria
- Key Opportunities and Focus Area

The Committee were advised that it had been decided that a Test of Change (ToC) would go forward with Ayrshire & Arran (A&A), prior to a national roll out and this has been approved by the Cabinet Secretary.

The role of NHS 24 will be to provide a national single point of access 24/7 through 111 for triaging urgent care needs. This will be supported by Board Flow Centres that will directly receive referrals and provide rapid access to a senior clinical decision maker to support the onward patient journey.

The Committee were advised that NHS 24 could not implement the RUC system on a board to board basis – if ToC was successful, the next step would be a national roll out; Should it not be successful, a decision would require to be taken as to how to proceed.

Sir Lewis Ritchie is chairing an evaluation framework which will be a critical piece of work, however the detail of this is not yet finalised and will be shared with the Committee in due course.

The safety, effectiveness and quality of the patient journey and experience is dependent on a cohesive whole system multi-agency response. Boards need to develop and identify the appropriate services with the required skill sets and resources to support the overall programme.

However, Mrs Foster advised the Committee that since the original proposal was discussed, the larger Boards had expressed concern, believing that the implementation of this system could lead to very challenging workforce issues, and what works for A&A might not work for them. NHS 24 reiterated that this cannot be implemented on a Board by Board basis.

While the GPs remain the primary route for urgent care during the daytime, 111 will become an option for people to call in non-life threatening situations rather than attend ED. Ahead of this winter, the focus will be on helping to reduce the numbers of people attending ED who could be seen elsewhere in the system. The aim is to avoid people infecting each other in busy ED departments, to provide better patient journey and establish a single national access and referral route which delivers simple, clear and effective access to patients. This will require a whole system, multi-agency, multi-disciplinary and person-centred approach that ensures the right care, right place, right time, first time.

The committee discussed the fact that this is not a new delivery for 111 just an expansion of our capability. Mr Kelly advised all current processes of clinical governance and how we measure and monitor safety, remain in place.

NHS 24 have used the experience and expertise developed from the Covid-19 protocol and the experience of delivering the 111 Unscheduled Care Service to develop this proposed new NHS 24 Urgent Care Pathway as part of the national redesign of urgent care. The pathway will be in addition to, and run alongside, the existing out of hours services and the COVID-19 Protocol. Therefore, from the first week in November, NHS 24 will be running three services:

- 111
- Covid-19
- Redesign of Urgent Care

The Committee were advised that NHS 24 were continually considering and monitoring all risks.

There is no intention to change existing primary or emergency care pathways and the redesign is targeted at those who currently self-present for acute and urgent care needs to ED. Communication to the public is vital – correct message must be clear and unambiguous. Dr Ryan advised that NHS 24 currently has a workstream around communication. Public messaging will need to send an expectation that should they turn up at ED, with a non-emergency condition, they will be redirected to the most appropriate place to optimise their journey and experience, minimise the risk of harm and ensure safety. The message must be firm and consistent. It should be noted that in advance of any national rollout A&A are responsible to communications and messaging for the ToC.

Mr McCormick asked:

- Will NHS 24 see the results of the other Boards self-assessment or do we assume they are ready?
- If someone turns up at ED will they be treated or directed to phone 111

Ms Phillips advised that the readiness criteria has been shared within the programme and the last set of readiness have led NHS 24 to carrying our Test of Change with A&A. People will continue to be assessed on arrival, should they present at ED as normal, however, they will be managed according to local processes, i.e., safe redirection.

Dr Cheyne advised the Committee that A&A have been encouraging people to leave ED and go to their GP so there is already some expectation in the population of A&A.

Mr Glennie asked if we have a clear picture of where we want to go and how to get there in relation to staffing impact.

Ms Phillips confirmed that NHS 24 have robust arrangements in place to take this forward – a RUC programme board had been convened which meets fortnightly and the day to day management and delivery handed over to IMT, which had proved an effective mechanism when dealing with Covid-19.

Staffing requirements for ToC: 40 Call Handlers and 8 Nurse Practitioners will be required to deliver this as this will operate as a parallel to the 111 service.

The committee were assured that NHS24 continues to progress recruitment and training for the full roll out - this is an extremely challenging timescale given the extent of workforce development involved

One challenge may be the risk of risk of loss of staff as incidence of COVID increase.

New premises at Lightyear are now fully operational which helps with the increased estates demand.

The committee were assured that the current assessment of readiness for the TOC with NHS A&A is green. The overall assessment of readiness for national roll out is currently amber, but actions are underway to improve that. Daily meetings are being set up with A&A, including clinical review.

SUMMARY

The Chair asked what steps can be taken to keep the Committee updated on progress and it was agreed that a briefing note would be sent out, prior to the CGC meeting scheduled for 5 November. The following points were highlighted for update:

- NHS 24 readiness
- Are we clear what we are measuring
- Communication to public
- Performance impact on other parts of the service
- Financial implications