

NHS 24 BOARD MEETING		10 DECEMBER 2020 ITEM NO 9.2 FOR ASSURANCE	
REDESIGN OF URGENT CARE			
Executive Sponsor:		Director of Service Delivery	
Lead Officer/Author:		Director of Service Delivery	
Action Required		The Board is asked to note this progress update and the successful implementation of the national pathway 1 st December.	
Key Points		Key points to note are : <ol style="list-style-type: none"> 1) Successful pathfinder with NHS Ayrshire and Arran throughout November ahead of full national implementation completed 1st December. 2) Significant cross-organisational effort to bring this programme in against a challenging national timescale. 3) Pathfinder demonstrated tangible benefits to patients of this pathway and NHS 24 will work with all Boards and the national programme team to monitor and evaluate the extent of these benefits across the whole system 	
Financial Implications		The projected costs for 2020/21 are expected to not exceed £10 million. A financial case has been submitted to Scottish Government and endorsed as part of the national programme of redesign of urgent care.	
Timing		Pathfinder implementation 3 rd November 2020 National implementation 1 st December 2020	
Contribution to NHS 24 strategy		Delivery of high quality sustainable services and improving access to services are key strategic priorities for NHS 24	
Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)		The redesign of urgent care is a whole system programme and NHS 24 is contributing to that. The aim of this redesign work is to ensure patients and public can access urgent care effectively and ensure patient and staff safety is maintained during the ongoing pandemic.	
Equality and Diversity		A full EDIA has been completed by NHS 24 and the national programme.	

1. BACKGROUND

The Board is aware of the focus of phase one of the redesign of urgent care programme and the role that NHS 24 has been asked to develop. Specifically, this is to offer a single national access to urgent care, 24/7 initially focussed on supporting the flow of patients into emergency departments (ED) and minor injury units (MIU) this winter. A key focus for NHS 24 has been to develop a national access route and pathway into local Board 'virtual' flow navigation centres able to both deliver secondary consultation and, where required, schedule into ED and MIU.

2. UPDATE

Ayrshire & Arran Pathfinder

- 2.1 NHS 24 worked with NHS Ayrshire and Arran as a pathfinder Board for the RUC national programme. This pathfinder ran for four weeks throughout November 2020 ahead of the full national implementation from 1st December 2020. The pathfinder approach allowed for rapid learning and improvement and also informed the wider evaluation of the pathway being taken forward by Sir Lewis Ritchie
- 2.2 In the lead up to the pathfinder and daily throughout, NHS 24, NHS Ayrshire & Arran, and the Scottish Government RUC team met to review both the operational implementation and learning, but also through a clinical 'safe space' involving local clinicians and NHS 24, the patient outcomes and the triage and assessment process at each stage of the pathway. This was valuable learning and also informed other Boards in their preparatory work ahead of national implementation. It should be recognised that the partnership working with NHS Ayrshire and Arran was highly effective and allowed for a collective evaluation of the whole system benefits of this new pathway, not least in terms of the positive experience of patients.
- 2.3 A key area of focus in the pathfinder was the risk of unintended consequences, notably in respect of any potential displacement of demand to in and out of hours primary care services. Whilst there was no baseline available from in hours primary care, there was a high level of consistency in our triage outcomes where callers were advised to contact their own GP practice, which was between 9-10% across the full four weeks of the pathfinder. Similarly, there was concern that there could be an increase in calls to the out of hours service and this was not reflected during the pathfinder, where referrals accounted for 39-40% week on week. This reflects the shift that we have seen this year from out of hours to in hours as a result of the 24/7 national pathway for COVID-19 and, indeed, the pattern across the self-presenter data where c40% is in hours, nevertheless, it did provide assurance as part of the evaluation.
- 2.4 To facilitate the pathfinder, we ring-fenced Ayrshire and Arran calls through a dedicated cohort of staff. As we implement the pathway nationally, this will not be the case and normal access through 111 nationally will be in place. Whilst this

ring-fenced approach does result in inefficiencies in terms of staff utilisation, it did allow us to test out with staff their experience of the pathway and ensure sufficient focus in terms of supervision of outcomes from a clinical perspective, which was hugely beneficial.

National Implementation

- 2.5 Following the successful pathfinder with NHS Ayrshire and Arran, the Cabinet Secretary for Health & Sport confirmed the decision for national implementation on 1st December. This was completed successfully and the pathway has been fully operational since 8am on 1st December.
- 2.6 Critically, at this stage, this has been a 'soft launch' with a national press release and local social media only promotion. A communications and media plan has been developed and our expectation is that more widespread media campaign inclusive of radio and television, will run in the new year. This will give 'the system' time to bed in new processes and ensure the rapid learning that was so beneficial in the pathfinder can be replicated through the busy December / early January period.
- 2.7 As with the pathfinder, daily meetings are being held with all Boards able to highlight any issues. These are facilitated by the national RUC programme team and NHS 24 is participating. Although these meetings only commenced on 1st December, weekly meetings had been held over the preceding weeks addressing all the key areas of national implementation including, for instance, NHS 24 high level pathways. These daily meetings are already providing the opportunity for clarification and detailed discussion on a number of areas, including cross-boundary flows and Adastra configuration, for example. Again, these meetings are invaluable in terms of rapid learning and to address any issues nationally.
- 2.8 Internally, our redesign of urgent care programme board has continued to meet weekly supported by daily progress through IMT. Key updates in respect of each workstream are set out below:
 - **Estates** - staff are now in place within Lightyear site. Testing for Lumina takes place w/c 30/11 and building expected to be available for staff from w/c 7th December. There has been a significant amount of work through the Estates programme to bring both sites in within these timescales and work is now underway, aligned to our overall recruitment, to progress planning for use of both sites from a service delivery perspective.
 - **Technical system development** – there has been significant system development throughout this programme and learning from the pathfinder with A&A. Much of the challenges with Adastra have been in terms of local configuration at Board level, however, NHS 24 has required to develop its own system in response to changes made to the pathway. This includes the decision to route all under 12s with an ED outcome directly to ED and not through the flow navigation centres at this stage; this is a short-term change to the pathway and, subject to national agreement, will fall in line with the adult pathway after an initial period of 6-8 weeks. This is,

however, indicative of the responsiveness of NHS 24 in terms of adjusting both the pathway and our own systems and training at a late stage ahead of national implementation.

- **Clinical development – systems and content** – the overall high level pathways were agreed and there has been widespread input to that and engagement with key clinical stakeholders. A national expert clinical observer group will be co-chaired by NHS 24 Medical Director and the national RUC programme director in the new year to provide the opportunity to both review the outputs and learning from the pathfinder and provide a forum for continued clinical learning as all Boards implement the pathway.
- **Digital content and assets** – work has been undertaken to ensure that the content on NHS inform is aligned to the national RUC pathway and information is available to support the public and encourage increased levels of self-care
- **Recruitment** - towards a gross target of 288FTE call operators and 58 FTE clinical supervisors. This has been the most challenging aspect of the programme, notably in respect of clinical supervision, which impacts on the number of call handlers we are able to bring into the service. Recruitment will continue into the new year to increase resilience across the workforce and in anticipation of increased promotion of 111 as the access route to urgent care. Internally, a number of staff have been redeployed to support both COVID and the implementation of the urgent care pathway.
- **Training** – NHS 24 has expanded its training capacity throughout the programme, with additional training space now available in Cardonald, which has been in constant use since it came online. The impact of physical distancing has, perhaps, been most acutely felt in terms of the volume of training we are able to progress and this has, without doubt, been a rate limiting factor in terms of recruitment of new staff. As previously indicated, the practice education team have focussed on bringing in additional call operator staff and then converting existing call operators to call handlers. Similarly, for those clinicians recruited through the NES portal, these have received supervision training for COVID rather than a full induction for 111 and have released existing clinicians for the redesign of urgent care.
- **Reporting** – there has been significant development in the reporting suite available given the high profile nature of this pathway. As we have transitioned from a largely out of hours service to a 24/7 111 services, the complexities of this transition have been considerable. A national data group is also in place and NHS 24 is represented on that group and our data is informing that wider national evaluation of the pathway as that continues into the new year.

2.8 There has been a significant effort across the organisation to ensure NHS 24 was in a position to support both the pathfinder in November and the full national implementation on 1st December and the Board would wish to acknowledge that shared effort.

- 2.9 Early indications are that the pathway is working as intended with comparable outcomes with the pathfinder, however, there have been additional challenges inevitably arising from a national implementation that were not evident in our work with one pathfinder board. Primarily, these relate to the variation within local systems and the degree to which these are integrated, a recognised factor critical to A&A's effective implementation. In addition, the existing pathways, choices and behaviours of patients have manifested themselves in discussions ongoing around management of cross-boundary flows, particularly for direct referrals. Our position throughout has been that the pathway must be applied in all Boards and any agreement to change the pathway must be across all Boards. This was the case with the decision to change the flow for under 12s and we will adhere to the national agreement reached in respect of cross-boundary referrals.
- 2.10 The risk of demand exceeding capacity remains. This will be helped by a 'soft launch' as we go through the Festive period and continue to build up our workforce resilience. This is not a risk solely for NHS 24 but is recognised as a key challenge for all Boards with a range of competing priorities through winter, however, the risk is perhaps greater for NHS 24 as we will be dealing with potentially significant increase in demand. Our expectation is that this will, however, be a gradual increase as familiarity and awareness of the pathway increases and that would reflect our experience during the pathfinder.
- 2.11 The formal evaluation and learning will continue into the new year as the new pathway beds in across the system.

3. RECOMMENDATIONS

- 3.1 The Board is asked to note this progress update and the successful implementation of the national pathway 1st December.