NHS 24 Response

1.1 Response to Question Set

Page 58/59 of the report provides a good summation of the output on the consultation. It should be noted that a range of national initiatives already in flight can help to drive forward the changes to support the next generation. Some examples of this include Citizens’ Jury outputs and the Health Literacy national work.

1. What changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?

- The community wide approaches to wellbeing as outlined on Page 58 captures this well. Education through schools and colleges is an area of focus for NHS 24 in promoting NHS inform as the national platform for health and wellbeing content. Online health and wellbeing communities, moderated by an NHS organisation is an area which could be developed with appropriate resources through existing services such as NHS inform. A national Service Directory, delivered by NHS 24 already exists to provide information to local communities including traditional NHS services such as GPs, Pharmacies, Opticians as well as those support and health and wellbeing groups available in local communities e.g. walking groups, community hubs etc.

- Patient Centred Services - NHS 24 is contributing in two key areas highlighted on Page 58; Greater engagement with the patient population and Effective triage - NHS 24 has provided leadership and increased understanding of the need for relevant and timely engagement with the patient population through a collaboration with primary care. NHS 24 through this same collaboration is demonstrating effective management of primary care urgent demand through a triage model of care. This is effectively triaging 92% demand for ‘same and next day’ access away from GPs to the multi-disciplinary team thereby enabling the role of ‘expert medical generalist’ to flourish.

- Use of Technology - NHS 24 is leading a programme of work to support online access to primary care through ‘Primary Care Digital Services’ which will in the current workplan provide a nationally assured consistent ‘digital front door’ to (as part of a test of change) a number of practices with the intention of scale-up to a nationally consistent approach.

NHS 24 has made a commitment in its own strategy to develop and improve services according to user need, this includes improving access, through alternative
channels including but not limited to webchat, AI, VC, messaging for those who do and do not use our services.

There is certainly more to be achieved in this area and the use of technology to provide appointment details and reminders, engaging directly with health professionals without the need to access a GP is achievable through robust pathway development, can be delivered with the right level of focus and investment.

The development of the National Digital Services platform, delivered through NHS NES is developing the infrastructure by which systems can be transitioned and/or developed to ensure connectivity across the system.

2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

- Investment
- A clear concise articulated single vision for the future of Primary Care/and the entire system
- Education and promotion of consistent key messages
- Continued silo national board responses and independent delivery in pockets of primary care. Effective joined up collaboration is likely to yield increased benefits and outcomes to the population we serve.

3. How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?

- Role of NHS Health Improvement Scotland in relation to standards and best practice?
- Role of NHS Health Scotland/new Public Health body in relation to health inequalities?
- NHS 24 is developing an approach for its own services to address the needs of people who do and do not currently access our services, as a result of existing barriers of access. This approach involves our user research function engaging with those communities to understand need, the design and development of services will be co-produced ensuring those users have a voice throughout those improvement and developments of existing and new services. Monitoring and evaluation of those developments are core to achieving sustainable, fit for purpose services.

2. General Points for Consideration

2.1 In the first instance it may be useful to give feedback on areas that may benefit from clarity and consideration;

Definition of ‘generation’

Wikipedia cites:
“A generation is "all of the people born and living at about the same time, regarded collectively." It can also be described as, “the average period, generally considered to be about thirty years, during which children are born and grow up, become adults, and begin to have children of their own.

Generation is also often used synonymously with cohort in social science; under this formulation it means "people within a delineated population who experience the same significant events within a given period of time."

Is it the intention of the document to cover approximately the next 30 years and if so would it be useful to state that clearly?

2.2 Approach to research

The approach is clearly stated, however, NHS 24 would promote a User Research approach to engagement with a targeted audience. A closed question set, and a general population target is more likely to answer the question hypothetically. Development of personas, such as heavy and light service users and developing a set of Use Cases would provide a robust validated output.

The content clearly outlines that the online survey was a self-selected mode of response, and is not a statistical exercise, it has to be noted that the majority of the respondents were female, white (94%) between 35 and 75 and educated to university degree level (over 60%). The young peoples’ forum was somewhat more diverse representation. The most recent Ofcom report ‘Research into the media literacy of Adults 2019’ - https://www.ofcom.org.uk/research-and-data/media-literacy-research/adults/adults-media-use-and-attitudes cites that older people and those in less deprived areas are less likely to use technology. The health inequalities aspects of care provision remain un-addressed in this report.

2.3 Out of Hours Services

The report covers Out of Hours services in point 39 under ‘other comments’. The out of hour’s period covers all public holidays and 116 hours of the week. While it is accepted that the bulk of Primary Care will take place between 08.00 and 18.00, it has to be recognised that the services provided when surgeries are closed need to be as safe and robust so the public can rely on sustainability should they become unwell and not be able to wait until next working day.

Moreover, it is the provision of these services that will ensure that the public can access Primary care services OOH in a timely way, as their first choice of access to the NHS. This supports the reduction of non-emergency presentations to Emergency Departments and promotes care as close to home as possible.
Point 15, here there is a sentence that says “Use of out of hours (NHS 24) services”. Out of Hours services consist of many more services than NHS 24 and this should be recognised. NHS 24 is the access point for many of these services.

Point 8 possible typo ‘non expert medical generalist’. Should this read ‘expert medical generalist’?

It is clear that the public have great ideas about change and sustainability. What are the routes for evaluation of change and feedback? How is robust evaluation including academic evaluation provided for going forward? Often the lack of academic assessment slows scalability and this is an important point in supporting pace, scale and sustainability.

It is of interest that Scottish Ambulance Service given its focus and visibility on bringing care to patients was not referenced in this report. Does this suggest that the public have an awareness of the ‘emergency’ nature of that service?

Under section 'Resources, Privatisation, paying for services and means testing – the current model’ – point 105 on page 27 the report had variation in knowledge or the public around third sector, is it worth considering how we can share the role currently and how to spread that widely so citizens know what to ask and when?

2.4 Overall it was heartening to see how the public have engaged in this consultation and that their ideas align with the efforts of the Health and Social Care professionals who care for them on a day to day basis. From the views on robust self-care, self-responsibility of wellbeing and communities as providers of resilience it is inspiring to hear the views of those we serve.