

NHS 24 DRAFT STRATEGY 2023 - 2028 **RCGP Scotland response**

1. What do you think about our overall ambition and how we intend to improve and transform our services over the next 5 years? From your own perspective, please provide any feedback.

RCGP Scotland welcomes the opportunity to respond to this consultation. As the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

Since its launch, NHS 24 has played a significant role in addressing the healthcare needs of Scotland's population. We applaud the ambition of the new NHS 24 strategy and welcome its core tenets and the proposed transformation of services. Prioritisation of funding and support must be made on a needs-basis at the population level. The digitisation of services must not disadvantage those who are less comfortable or experienced using technology. Improving health literacy would bring significant benefits across the population in Scotland, and improving digital literacy will also be an important way of supporting this, and changing how all of the health and care services are accessed.

2. We want to provide more accessible, easier to use services for the people of Scotland. Do you think this is clearly reflected in the strategy? If not, please explain why.

In our view, while the strategy is generally inclusive some blind spots persist which require further attention. These especially relate to the digitally excluded, often the elderly or people with other complex needs, and those on lower income, lower levels of education, and poor housing. Online services for patients are important and have the potential to provide greater access, however it is essential that phone lines remain a reliable means of engaging with NHS 24 for those unable to confidently use digital services.

With enhanced access, there is a difficult to prevent potential for this to be 'swallowed up' by the 'worried-well', frustrating the ability of the service to assist those with more pressing needs. A consistent focus on clinical need is therefore essential.

Consideration is also needed for those people using the service for the first time in an emergency situation; the service must be clear and simple in design for first time users as well as those more experienced with the process.

3. What matters most to you when thinking about NHS 24 services of the future? (considering the next 5 years and beyond)

Our members hear from patients that the capacity limitations of NHS 24 can have major impacts on patients' ability - and willingness - to engage with the service. In general practice, the biggest complaint we hear from our patients regarding 111 is the often-lengthy time waiting to speak to someone. An enhanced workforce to meet the current and future volume of patients is crucial to ensure that the service is able to meet the ebb and flow of patient volume and fulfil the intent of NHS 24.

To relieve some of these pressures, the service must be based not on want, but on clinical need. There needs to be a sustained focus on clinical need to ensure the system operates effectively for those patients who require treatment. A national conversation is needed to

manage public expectations of what general practice, and the health service as a whole, can realistically deliver with current resources, and to improve understanding of the multi-disciplinary team and pathways to care

Where possible, ensuring that the details of conversations are passed from call handler to nurse to other adviser to local OOH provider and so on would improve what is presently an often frustrating and repetitive process for patients and clinicians alike.

4. Do you have any other comments, questions or suggestions on the content of our strategy?

We would note that the strategy strongly focuses on protecting A & E, without the necessary discussion regarding the partnership with in-hours general practice. GPs and the broader primary care system must be seen as essential partners to NHS 24. There is a marked need to initiate an open dialogue with general practice to ensure patients are able to navigate the entire NHS 24 system in a way that aligns and works alongside their engagement with their GP. Currently, the navigation flows only away from NHS 24, and not into the service from practices

Since the pandemic, many practices have overhauled their call-handling systems. This has not been a universal experience, however, and as many practices can't develop local call handling services, NHS 24 must be a partner in this process.

While we have welcomed the recent announcement of the Scottish Government's plans to support Protected Learning Time (PLT) once more, our preference remains that arrangements for patients and service users to seek advice when PLT is scheduled should be easily understood, with support at a national level. While we understand that NHS24 is not currently a national option for providing cover when practices reduce scheduled activities to allow PLT to take place, our view is that NHS24 involvement should be considered in the future, as NHS24 as the national call-handling and triage service, with most patients and families having experience of accessing the service.

The climate ambition of the NHS strategy requires further consideration, and a more holistic integration of climate action would be welcome.