

working for a healthier  
Scotland: NHS 24's strategy,  
2006-2009

July 2006



Making all consumers matter

## About the Scottish Consumer Council

The Scottish Consumer Council (SCC) was set up by government in 1975. Our purpose is to promote the interests of consumers in Scotland, with particular regard to those people who experience disadvantage in society. While producers of goods and services are usually well-organised and articulate when protecting their own interests, individual consumers very often are not. The people whose interests we represent are consumers of all kinds: they may be patients, tenants, parents, solicitors' clients, public transport users, or simply shoppers in a supermarket.

Consumers benefit from efficient and effective services in the public and private sectors. Service-providers benefit from discriminating consumers. A balanced partnership between the two is essential and the SCC seeks to develop this partnership by:

- carrying out research into consumer issues and concerns;
- informing key policy and decision-makers about consumer concerns and issues;
- influencing key policy and decision-making processes;
- informing and raising awareness among consumers.

The SCC is part of the National Consumer Council (NCC) and is sponsored by the Department of Trade and Industry. The SCC's Chairman and Council members are appointed by the Secretary of State for Trade and Industry, in consultation with the First Minister. Martyn Evans, the SCC's Director, leads the staff team.

Please check our web site at [www.scotconsumer.org.uk](http://www.scotconsumer.org.uk) for news about our publications.

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The SCC assesses the consumer perspective in any situation by analysing the position of consumers against a set of consumer principles.

These are:

### ACCESS

Can consumers actually get the goods or services they need or want?

### CHOICE

Can consumers affect the way the goods and services are provided through their own choice?

### INFORMATION

Do consumers have the information they need, presented in the way they want, to make informed choices?

### REDRESS

If something goes wrong, can it be put right?

### SAFETY

Are standards as high as they can reasonably be?

### FAIRNESS

Are consumers subject to arbitrary discrimination for reasons unconnected with their characteristics as consumers?

### REPRESENTATION

If consumers cannot affect what is provided through their own choices, are there other effective means for their views to be represented?

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## SCOTTISH CONSUMER COUNCIL

### WORKING FOR A HEALTHIER SCOTLAND: NHS 24'S STRATEGY, 2006-2009

The Scottish Consumer Council (SCC) welcomes the chance to respond to this consultation on NHS 24's strategy, 2006-2009. One of the SCC's aims is to put users at the heart of public services, and it is important that NHS 24's development responds effectively to the needs of people who use its services. We also have a particular interest in access to public services, including NHS services, and in information for people who use services. NHS 24 is playing an increasingly central role in how people access health services outside normal working hours, and is also likely to develop its role as an information provider over the next few years.

There are nine optional questions contained in the consultation document.

#### **1 What, in your view, does NHS 24 currently contribute to health care delivery in Scotland?**

The SCC supports the idea of a phone-based service to provide triaging, signposting, and provision of advice to patients and members of the public. In our research into access to primary care services carried out in 2001, we argued for the concept of graduated access to services, so that advice or treatment was received at the "lowest" level necessary for effective care<sup>1</sup>. This means moving away from the traditional model in which the GP is the gateway to health services. To make such graduated access a reality requires a system for assessing how particular cases are most effectively dealt with. Nurse-led triage appeared to be a particularly useful way of organising access to primary medical care, removing a significant workload from GPs, and we argued in our report that

*NHS 24 may have a role as a source of information and advice, and as a means of referring people to appropriate services.*

Since that time, changes to the GP contract have completely changed the pattern of out-of-hours care, with NHS 24 playing a central role in providing advice to patients, or referring them to the most appropriate source of help, whether that is the out-of-hours centre, the local A&E department, the community pharmacy or by calling an ambulance. At the same time, NHS 24 has developed its role as a provider of information for patients, their carers and families, most recently through extending the range of information which can be directly accessed through its website.

In our view, NHS 24 currently contributes the following to health care delivery in Scotland:

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<sup>1</sup> Scottish Consumer Council, Access to primary care services in Scotland, SCC and Scottish Executive Health Department, Glasgow, 2001

- A single point of access to health information and advice on a 24 hour basis, with a phone number which will become increasingly recognised and remembered by people.
- A single point of access to out-of-hours medical care, with a triaging system designed to ensure that the patient is given the most appropriate advice and/or referral.
- A developing web-based information system which has the potential to create a quality-assured gateway to health information for members of the public in Scotland.
- A central location for a range of public phone helplines dealing with particular issues, for example, the Healthy Living helpline, Breathing Space, and the NHS Helpline. This offers the potential to share best practice, ensure good quality of service, and possibly some economies of scale.

## **2 How could this be improved?**

The promotion of NHS 24 as a source of information and advice has been relatively low key. As NHS 24 has an increasingly important role in out-of-hours situations, there appears to be a need for more effective information for members of the public about its role. Information currently being produced for the Scottish Executive Health Department on accessing medical help out-of-hours will help. This is being produced in association with the Health Rights Information Scotland project based at the SCC.

As NHS 24 develops its role in relation to information for patients and the public about health issues, it will need to advertise this service effectively to the public.

The service should continue to aim to provide access for patients to the right service for them at that time. NHS 24 must be aware of the possibility that some patients find the service harder to access than others, and work to ensure equitable access for all patients in Scotland.

It should aim to develop its role in relation to providing information to patients and members of the public, providing wider access to a wider range of quality assured information.

NHS 24 must ensure that it is an integral part of NHS care, and that the key driver is patient benefit. From the patient's point of view the NHS is a single entity, and NHS 24 should operate effectively within that overall structure.

Consistency of quality of service, both over time and geographically, should also remain important indicators of quality. If the quality of service is not consistent across Scotland this is likely to have an impact on the level of public confidence in the service, which should be a key indicator of performance.

## **3 Are our three strategic goals expressed clearly and will they give us the direction and focus required to ensure that NHS 24 delivers its contribution to Delivering for Health?**

Yes, apart from the third aim, which is “developing new high value services that support local NHS boards”. We are unclear what is meant by “high value” services. “High value” could mean either expensive, or worthwhile. We prefer the wording used at the foot of page 12 “new services that are of real value to the public and to our partners”.

**4 What are your views on Aim no 1, improving our out-of-hours service provision? For example, developing our operational structure, developing our service with patients and the public and/or new pharmacy services.**

We support the intention to involve a wider range of professional groups in the provision of advice and referral out-of-hours. We understand that the presence of pharmacists over the Christmas and New Year period in 2005 helped to reduce the number of referrals to out-of-hours centres. Similarly, the presence of staff with the training to provide appropriate triage to dental services or to mental health services will extend the ability of NHS 24 to meet patients’ needs, whether or not that is out-of-hours.

However, it will be important that this does not create an additional step in the patient’s journey, and so the importance of the initial call-handler being well trained is particularly important for appropriate call referral to an adviser.

The SCC supports what is said about involving patients and the public in the way services are designed and delivered. We do not recall ever seeing NHS 24’s Patient Focus Public Involvement strategy, and would be interested to see this, to find out more about how this is being done in practice.

**5 What are your views on Aim no 2, increasing our contribution to the national health improvement agenda? For example, developing services available through our website, more targeted advice and information, and advocating health improvement initiatives.**

What is said about Aim no 2 is mostly about information for patients and the public, which is described in terms of its role in relation to health improvement and self-care. We are unsure whether presenting NHS 24’s important role as a provider of information as if it is essentially part of the health improvement agenda is particularly helpful. Getting information about health and self-care does not necessarily lead to health improvement: it might be information about coping with a particular condition; finding out about treatment options; or finding out how to make a comment or complaint about health services.

Information can be important even if it does not lead to health improvement. It could equally be argued that Aim no 1 contributes to health improvement, for example by ensuring appropriate referral in an out of hours situation.

For these reasons, the SCC would prefer NHS 24 to describe Aim no 2 in terms of increasing its contribution to providing health information to members of the public.

There is only passing mention of NHS Health Scotland in this section of the paper, which is slightly surprising given NHS Health Scotland's lead role in relation to health improvement. Given that NHS Health Scotland also has a role in producing information for health improvement, the relationship between these two national bodies should be set out more clearly than it is in the present document.

NHS 24 should also encourage local NHS boards to review the use they make of NHS 24 in relation to patient information. For example, are switchboard operators in local boards referring members of the public to NHS 24 when this may be the most efficient way of getting certain kinds of information, removing the need to refer someone several times within a local board area.

NHS 24 must also ensure that it is involved in the wider world of patient information, making connections with work at local NHS board level which may provide opportunities for NHS 24 to have some input, encouraging national consistency in the information available to patients throughout their care in the NHS.

**6 What are your views on Aim no 3, developing new high value services that support local NHS Boards? For example, helping to meet local targets and supporting long-term managed care.**

The SCC agrees that NHS 24 can have an important role in providing a rapid response to emergency situations or major health incidents, particularly when a national approach is needed.

We are less sure about the extent to which NHS 24 should carry out functions which ought properly to be the responsibility of local NHS boards. In the example given, where NHS 24 could provide a phone reminder service for people with scheduled appointments, it could be argued that this will provide a disincentive to local boards to ensure that their appointments systems are well designed and implemented. However, if NHS 24 develops closer links with NHS boards, through co-location in local board settings, this may be less of an issue, and developments could be driven by local boards as much as by NHS 24.

We are unsure how far the development of initiatives under Aim no 3 would detract from achieving Aims 1 and 2. We would be in favour of ensuring that Aims 1 and 2 are met before investing time and resource into Aim 3.

**7 How do you think NHS 24 could benefit you (your organisation) in the future?**

This question is not applicable to the SCC.

**8 How can the organisation better engage with you (or your organisation)?**

We have good working relations with NHS 24, and believe that the current level of engagement is appropriate.

**9 NHS 24's board will agree key performance targets to monitor progress. How do you think NHS 24 should measure performance?**

NHS 24 must monitor public satisfaction with the service they are providing. There are different ways of doing this, and there should be a clearly set out approach which enables NHS 24 to measure change over time. The level of public confidence in the service should be an indicator, as should the consistency of service achieved across Scotland.

The patient focus and public involvement strategy should also contain performance targets, so that progress in this area can be measured.

**Health and social care**

The consultation document does not mention social care, and the focus is very much on the NHS. From the point of view of patients, it is often very important that their situation and their needs are addressed in a holistic way. The SCC would be in favour of NHS 24 being developed in such a way as to provide more appropriate advice and support which includes social as well as health care.

We would support some pilot work focusing on how NHS 24's service to people with complex care packages could be improved.

In the out-of-hours setting, the variation in the way emergency out-of-hours social care services are provided is in contrast to the integrated approach being followed in relation to health<sup>2</sup>.

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<sup>2</sup> Scottish Consumer Council, *In the shadows: emergency out of hours social work services in Scotland*, SCC, Glasgow, 2005