

Spotlight Session 1

Chaired by John Harden, Deputy National
Clinical Director, Scottish Government

Event Supporter



Event Supporter



Using an evidence-based approach to improve unscheduled care

NHS Greater Glasgow and Clyde

Dr Scott Davidson, Deputy Medical Director (Acute Services)

Arwel Williams, Director, South Sector

Sandra Bustillo, Director of Communications and Public Engagement

Event Supporter



Event Supporter



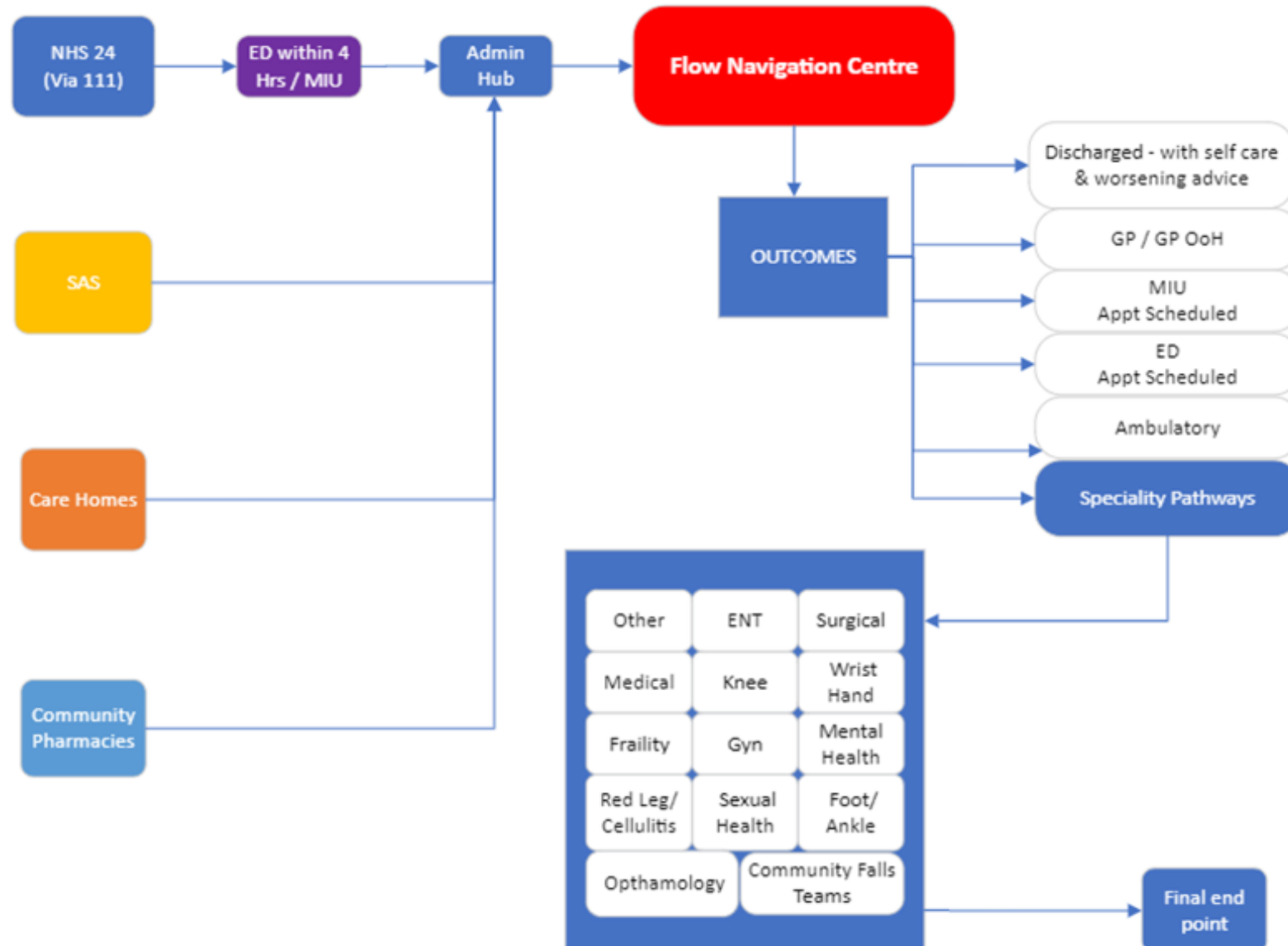
Flow Navigation Centre

Dr Scott Davidson

Deputy Medical Director, Acute



FNC Model

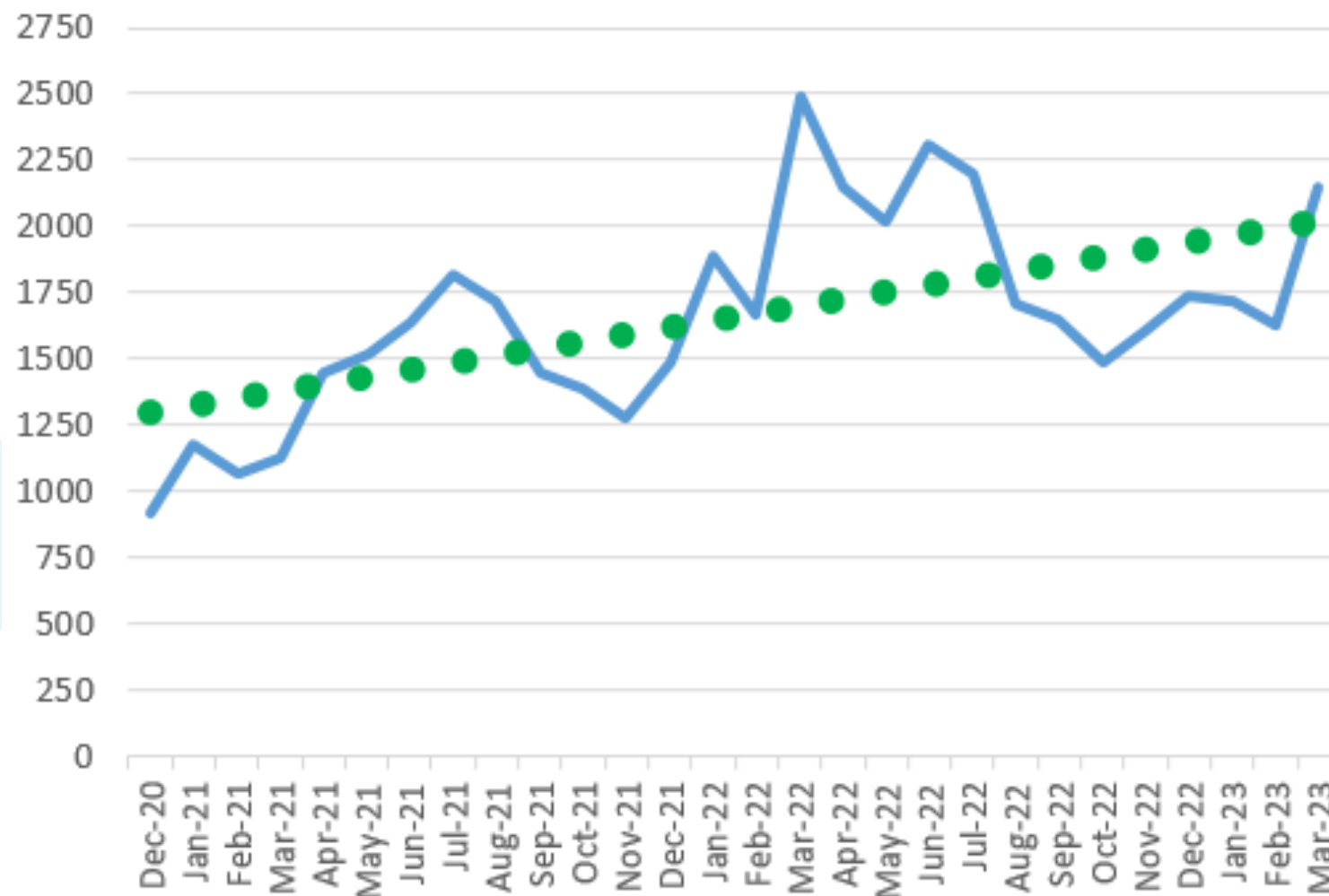


New Pathway Development

Low Risk Chest Pain |
Abnormal Bloods
Headache | Pulmonary
Embolism

Flow Navigation Centre Activity

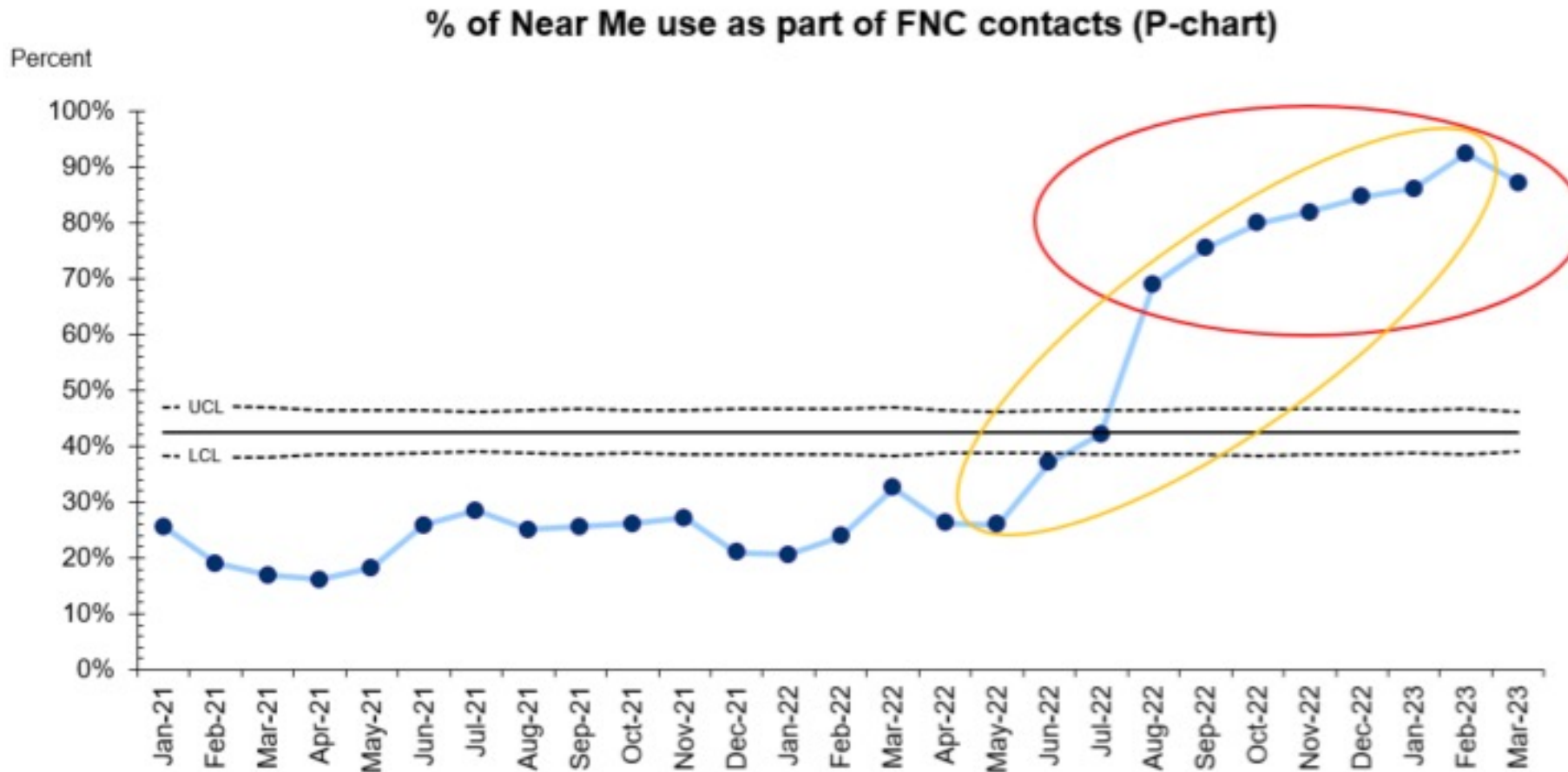
Total FNC Activity



Rapid Activity Growth

- Year 1 – 17k patients
- Year 2 – 26k patients

FNC – Use of ‘near me’ video consultation



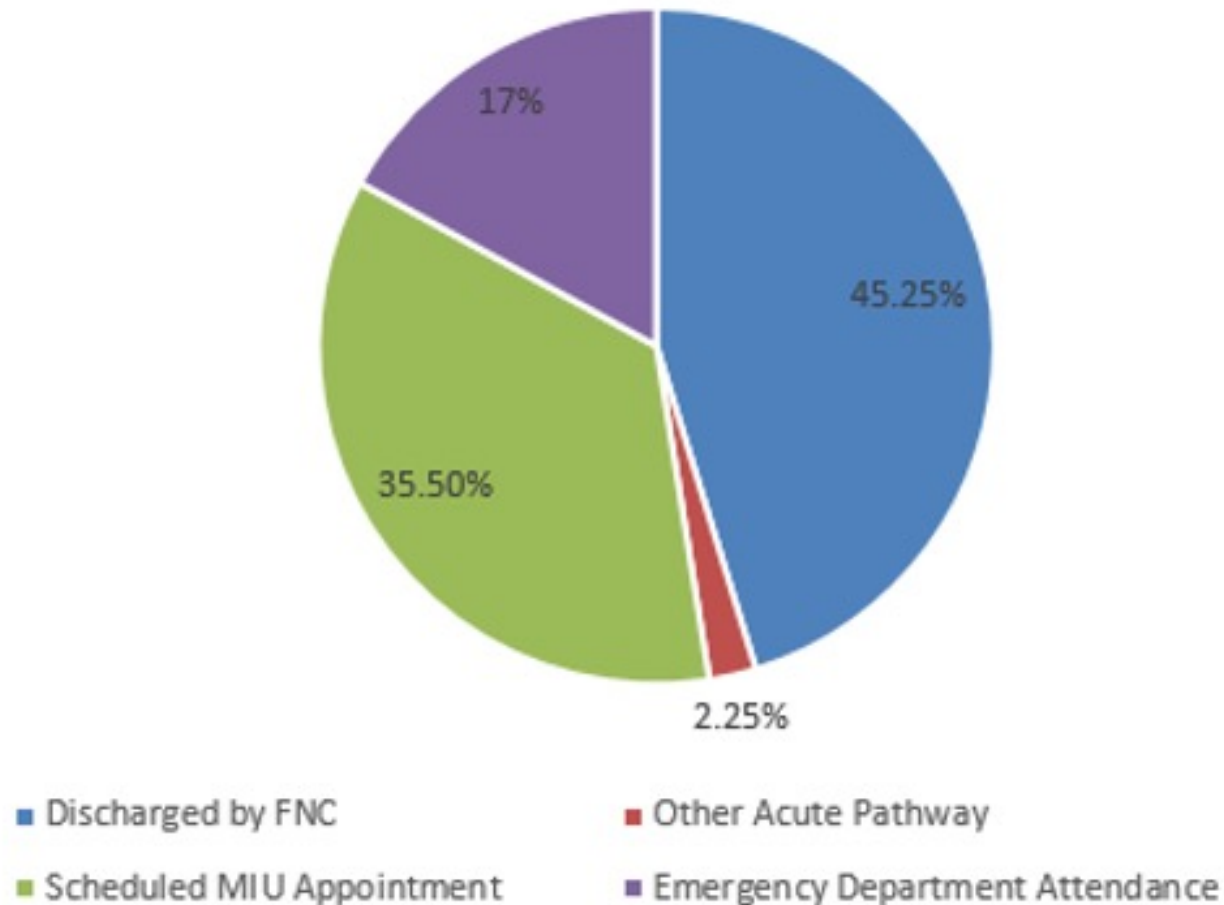
‘near me’ utilisation

- >90% of FNC patients seen via video consult
- Highest users in NHS Scotland

FNC – Outcomes in a typical week

FNC Outcomes - March 2023

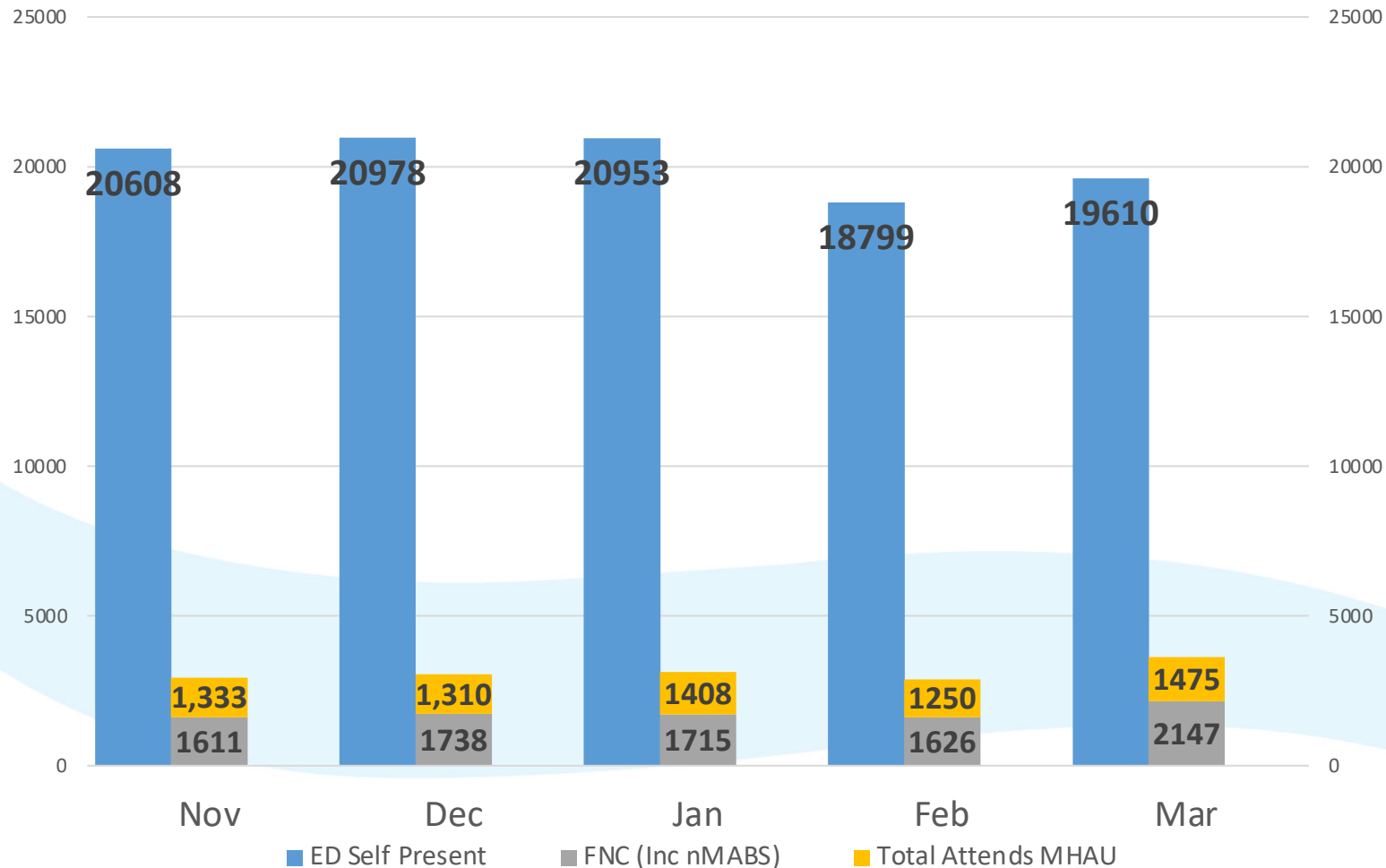
total consultations 1600 plus 375 covid pathway patients (wc 6th March - 27th March)



FNC outcomes

- Initial national discharge target of 20%
- In GGC - 45% of patients discharged following FNC consult

ED Self Presents Vs MHAU Activity & FNC Activity



Impact - activity moved away from EDs

Over last 5 months:

- Mental Health Assessment Units (MHAUs) have seen an average of 1,355 patients per month
- Flow Navigation Centre (FNC) 1,767 patients per month
- **Overall Shift of up to ~15% of ED self presenting patients away from EDs**

FNC Patient Feedback

Flow Navigation Centre Feedback Survey

1007 Responses 16:56 Average time to complete Active Status

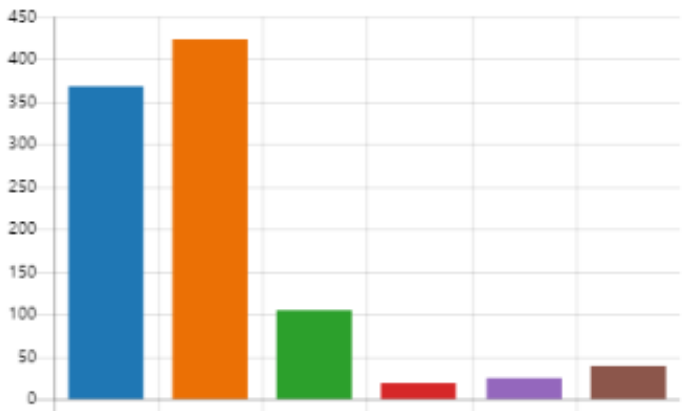
1. What was your main reason for consulting with the Flow Navigation Centre today?

Injury	947
Illness	16
Other	23



2. What type of advice, care or support did you receive?

Self-care advice	369
Appointment at a Minor Injury...	423
Advice to attend an A&E	104
Appointment with a Specialist	19
Referred to my GP	25
Other	38

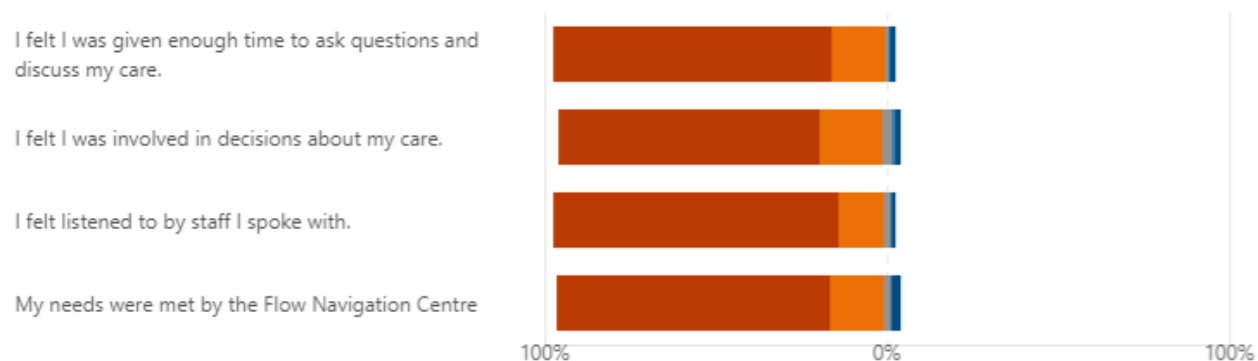


Flow Navigation Centre

- 95% felt their needs were met by the Flow Navigation Centre
- 97% felt they had enough time to ask questions and discuss their care
- 94% felt they were involved in decisions about their care
- 96% felt they were listened to by the staff they spoke with

3. How much do you agree or disagree with the following statements.

Strongly Agree Agree Neutral Disagree Strongly disagree



4. Were you aware of the NHSGGC Flow Navigation Centre before your call today?

Yes 204
No 793



5. Would you make use of the service again in the future if you needed advice, care or support with your health?

Yes 980
No 18



Communication & Public Messaging

- Since launching in Dec 2020, there have been ongoing targeted communications utilising a multi-platform approach and exploiting the news agenda
- Dedicated FNC webpage
- FNC patient facing information videos
- Glasgow Subway / City Centre and social media advertising, including TikTok
- Proactive collaborative work with universities and college to promote FNC.

Impact:

- **50+** pieces of media coverage including radio, broadcast, print and online
- **1.5million** TikTok impressions
- **40,000** combined organic video views on Twitter
- **6,900** click-throughs to the FNC webpage
- **1 in 4** members of the public now aware of the FNC according to latest stats.

Sprain patients urged to use virtual A&E

Herald Reporter
@heraldreporter

People who suffer sprains and strains should not attend a physical A&E and should instead first speak to their GP or call NHS24 on 111 to speak to the NHS's virtual emergency team.

The call comes as NHS Greater Glasgow and Clyde (NHSGGC) recorded 158 physical A&E sprain and strain patients over the course of a week – all of who could have been seen faster through its virtual service.

Also known as the Flow Navigation Centre, the virtual A&E service sees and treats more than 1,500 patients every month through emergency video and telephone consultations. The service is highly experienced in managing sprains and strains and if further treatment is required, patients are given scheduled arrival time at a Minor Injuries Unit, helping them avoid a potentially long wait for treatment.

For the 158 sprain and strain patients who opted to go straight to a physical A&E, the average waiting time around two hours in a busy waiting room, with one patient waiting upwards of five hours as higher priority cases took precedence.

In contrast, the average waiting time for sprains and strains patients referred to the Flow Navigation Centre is less than one hour and patients received treatment from the comfort of home at an agreed appointment time.

Modelling from the Health Board suggests upwards of 100,000 patients per year could be seen through the virtual A&E and patients who think they need to visit A&E are encouraged to use it as the first port of call.

Pauline Kerray, an Emergency Nurse Practitioner from NHSGGC's Flow Navigation Centre, said: "The Flow Navigation Centre is an ideal set-up for sprains and strains patients. When you speak to us, we'll evaluate your injury, provide advice and we can book you in for onward treatment if necessary. If we think you need an X-ray, you'll get a time to attend the nearest MIU, meaning you avoid A&E altogether. The key point to remember is to call us first before you make a trip to the hospital."

The Flow Navigation Centre, which launched in December 2020, has now seen more than 30,000 patients. It operates every day and is staffed by a team of highly experienced nurses and doctors. Patients can find out more about the service by visiting [flow.nhs.uk](#)

Consultations via video ease pressure on NHS

BY WILLIAM BROWN

FOUR in five patients using a virtual service offered by health chiefs to assess their condition are opting for a consultation via video, rather than over the phone, latest figures show.

The virtual A&E platform provided by NHS Greater Glasgow and Clyde (NHSGGC) enables people to seek help with issues such as a minor head injury or back pain without going to hospital.

It offers a direct video or telephone consultation with an emergency care practitioner, allowing medical assessment, advice and ongoing treatment when necessary.

A new report issued by NHSGGC shows that, over the past four months, more than 80% of patients using the



NEW NHS SERVICE BIDS TO TRANSFORM PATIENT CARE

BY CATRIONA STEWART

A NEW NHS service aims to transform unplanned patient care – and could eventually see a drastic reduction in A&E waiting times.

Health bosses have launched the Flow Navigation Hub, a central team of nurses and doctors who direct patients to the most appropriate care.

Medics can give specific time slots for minor injury units to cut down on queues, and give advice virtually to keep patients at home.

Since launching in December, the hub has seen around a third of patients referred to the service have been kept at home with advice.

Scott Davidson, deputy medical director for acute services, said: "That's got to be a positive, having people able to be treated in their front room, and not an insignificant impact from what is such a new development."

care and GP backgrounds.

A patient may then be referred to a minor injuries unit (MIU) and receive a call from staff there to give them advice or a time slot to attend in person.

If MIU isn't suitable then a hub staff member will call the patient, identify their needs and refer them on to the most appropriate care.

Samantha said: "We have a nice blend of primary and secondary care colleagues who work together and it's a very collaborative thing."

"Another benefit is the local knowledge that each hub can offer each district. We know of services in NHSGGC that NHS24 might not be aware of because it's a national system."

"Currently within NHSGGC we have pathways with the Sandford and ophthalmology and we are looking to extend that to our medics and surgeons."

"We do try and keep patients at home too and just give them advice and em-



Scott Davidson, deputy medical director for acute services and Samantha Robertson who is a trainee advanced nurse practitioner. Picture: Colin Mearns

The virtual doctor will see you now: Online service popular with patients

BY WILLIAM BROWN

HEALTH chiefs have hailed the success of a virtual A&E service which helps patients avoid unnecessary trips to hospital.

People across Renfrewshire and East Renfrewshire are able to get urgent telephone and video consultations through the service, operated by NHS Greater Glasgow and Clyde (NHSGGC).

This gives them direct access to clinicians at the health board's Flow Navigation Centre (FNC), without having to physically attend A&E.

More than 25,000 patients across the NHSGGC area have now benefited from the virtual service, which can be reached by calling 111 and is available from 10am until 10pm every day.

provide a more appropriate service, which might include a pharmacy or GP.

Pauline Kerray, lead advanced nurse practitioner at the FNC, said: "It's no secret our A&Es are extremely busy right now. "Our FNC is here to provide patients with another way to access urgent treatment without first making a physical trip to a busy hospital. They'll get to speak to a clinician faster and, if required, we can refer them onto specialist pathways so they get the right type of care for their requirements."

"We urge anyone who thinks they need to attend A&E to look at using the virtual A&E as a first port of call, unless it's very urgent or life-threatening."

"You'll most likely be seen faster and get the right type of care for your needs."

Scott Davidson, NHSGGC



Pauline Kerray, of the Flow Navigation Centre

NHS asks Inverclyde patients to use virtual A&E over Easter

7th April

HEALTH



Ed Pool leads the virtual A&E team at the Queen Elizabeth University Hospital in Glasgow (Image: NHSGGC)

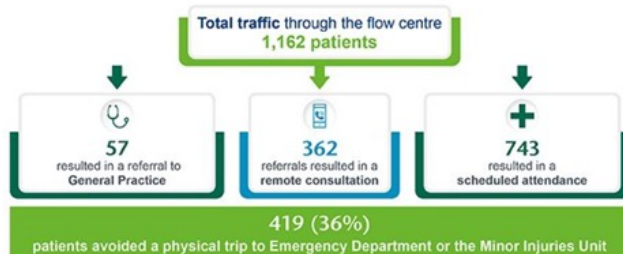
Did you know we operate a virtual A&E service which provides you with urgent video and telephone access to a team of emergency care specialists? If you think you need to visit A&E, but it's not life-threatening, consider using this service. You could be seen and treated faster.



9:00 AM · Mar 28, 2023 · 34.2K Views

73 Retweets 13 Quotes 142 Likes 3 Bookmarks

Flow Navigation Centre: February in statistics



A significant piece of engagement work to gauge patient feedback and experience of the Flow Navigation Centre (FNC) has returned overwhelmingly positive results.

Sprain or strain? Where would you rather wait for advice?

HOME WITH FRIENDS

IN HOSPITAL ALONE



Virtual A&E could save you a trip to hospital.
Call **NHS 24** on **111**
Or visit:
www.nhsggc.scot/virtual-ae

Student Health Checklist

Be prepared this term!

	Yes	No
Have you registered with a GP?		
Do you know how to use our virtual A&E service?		
Do you know where your nearest pharmacy is and how they can help you?		
Do you know where to go for mental health support?		
Do you know how to access sexual health services?		

We've launched a dedicated student health hub to help you settle in. For more information visit:
www.nhsggc.scot/information-for-students

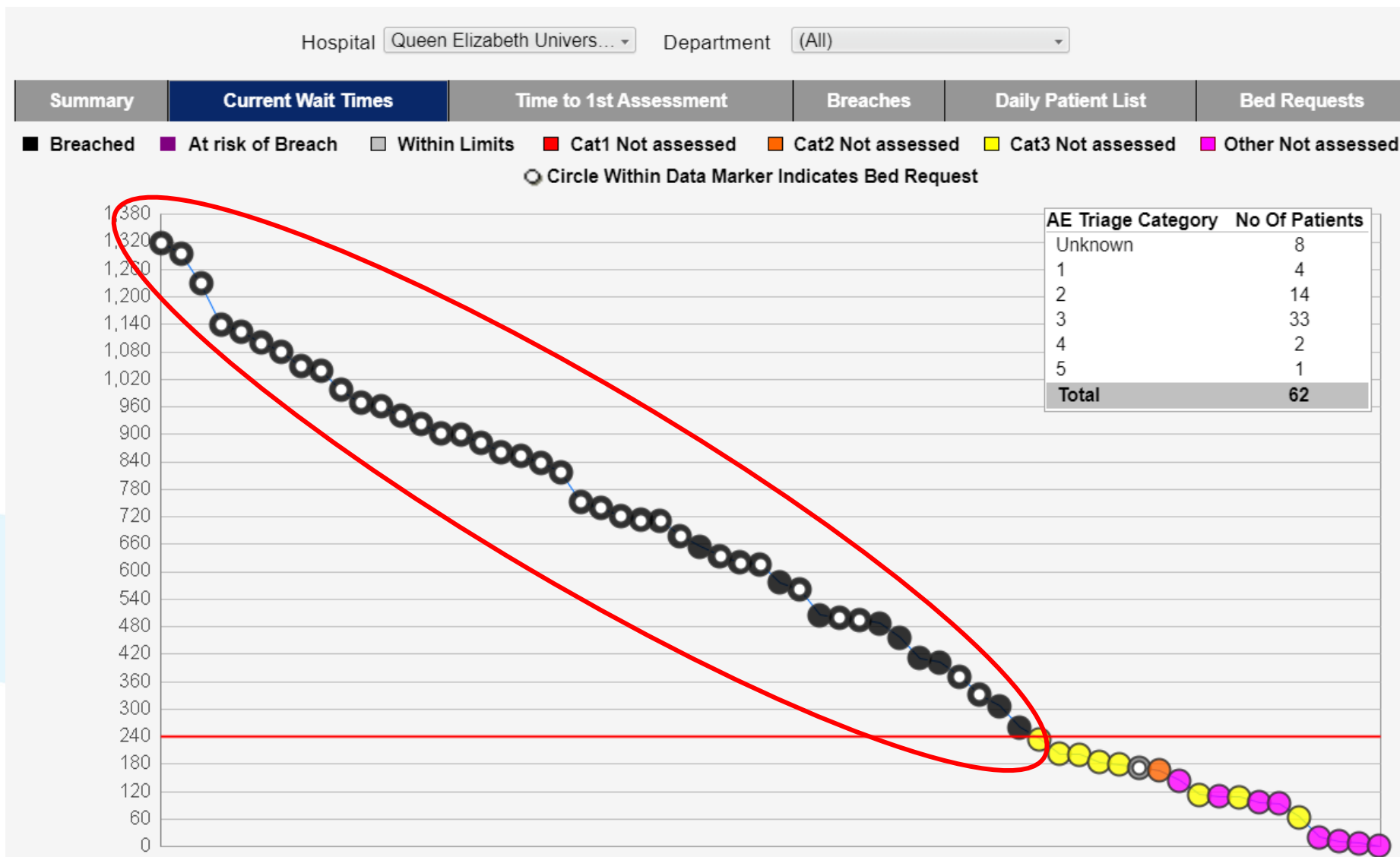


Glasgow Continuous Flow Model (GlasFLOW)

Arwel Williams
Director, South Sector



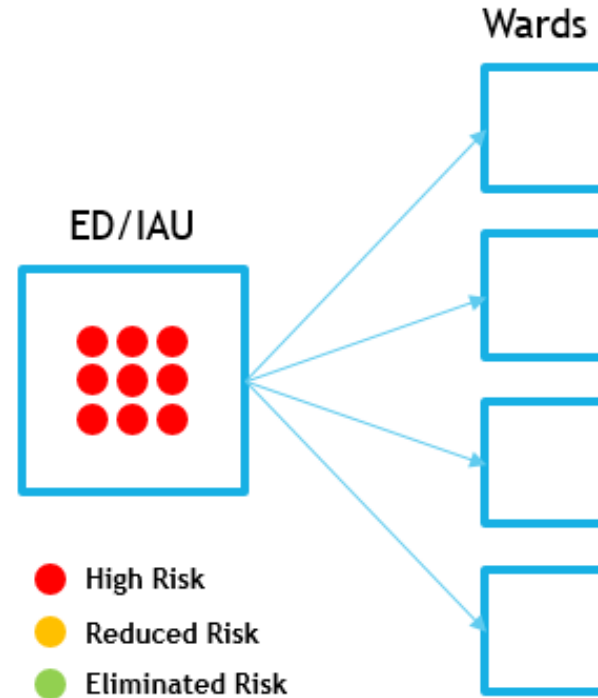
Why did we need to act?



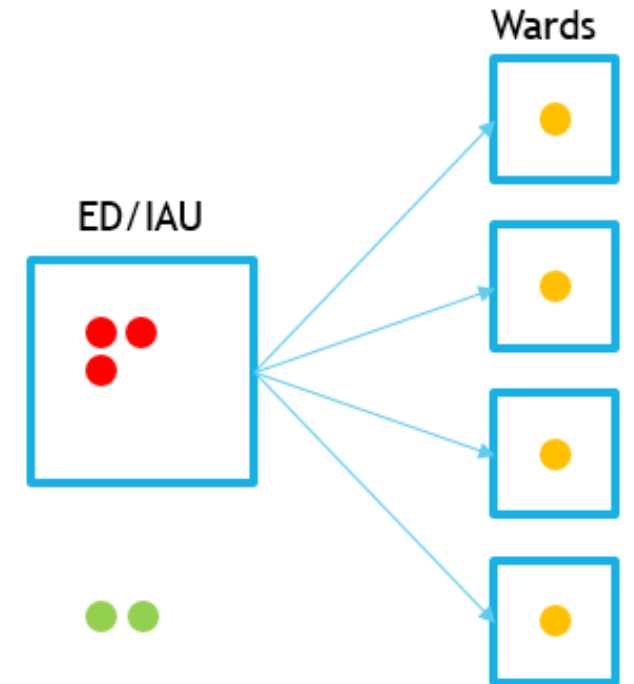
What were we aiming to achieve?

- Site Safety
- Patient Experience
- Staff Experience
- Performance
- Risk Share
- Risk Reduction
- System Benefits

Current State



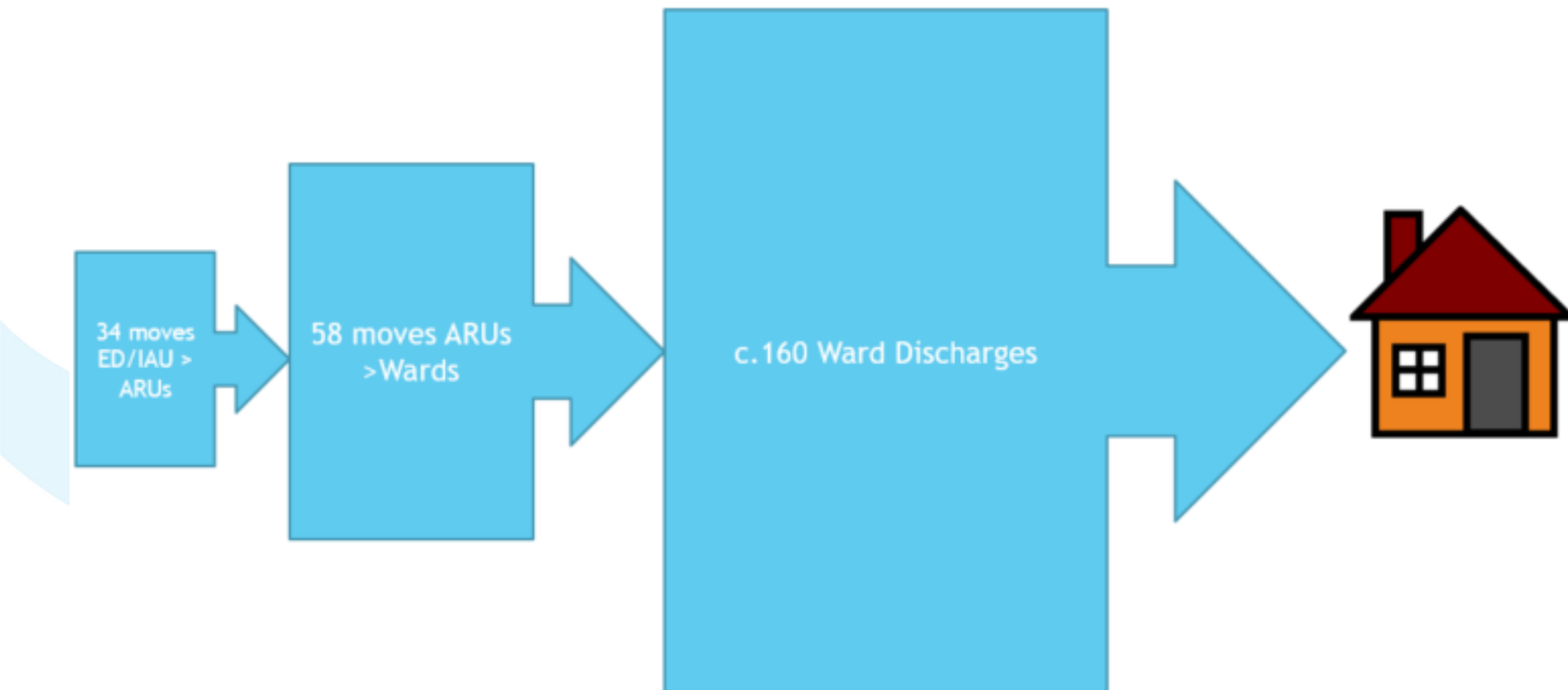
Future State



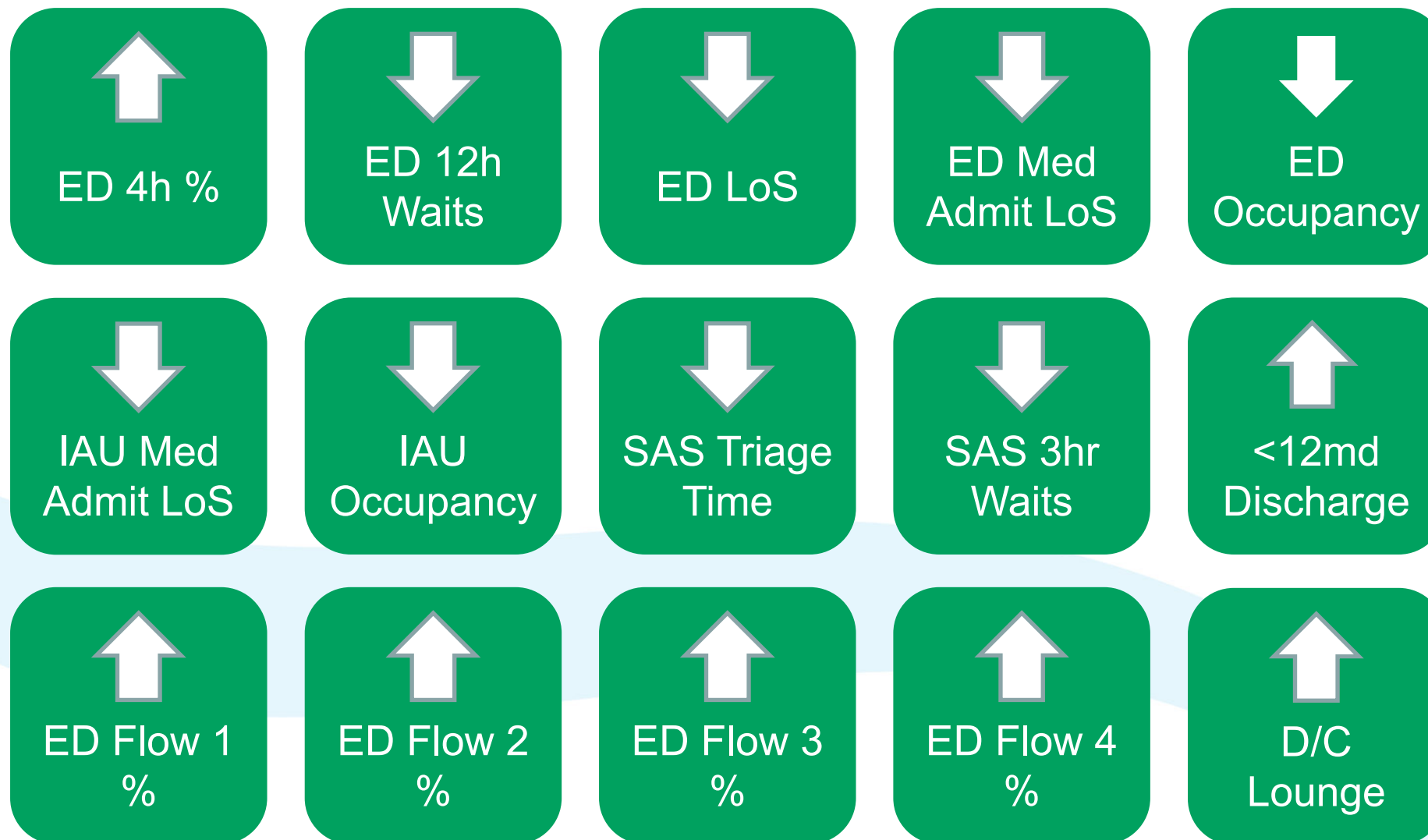
What did we do?

- GlasFLOW is a model of limited, planned moves built around wards receiving patients mapped to 30%-50% of their average non-elective discharge pattern, for example...
 - A ward with an average of 3 non-elective discharges would get 1 GlasFLOW patient per day
 - A ward with an average of 6 non-elective discharges would get 3 GlasFLOW patients per day
- Patient moves are spread through the day from 9am to 6pm.
- We do not admit more patients – the same patients are admitted in a different way
- We aim for every move to happen every day
- GlasFLOW builds upon, and is supported by, workstreams such as Discharge Without Delay

What did we do?



What were the results?



What were the results?

Impact is bigger than we realise. Has improved morale. Has made it easier for us to do our job.
Has allowed more room to teach/speak to relatives, etc.

Majority of staff in my department talking positively on the department with a feeling of patients being safer. Has allowed for sharing of responsibility across the hospital.

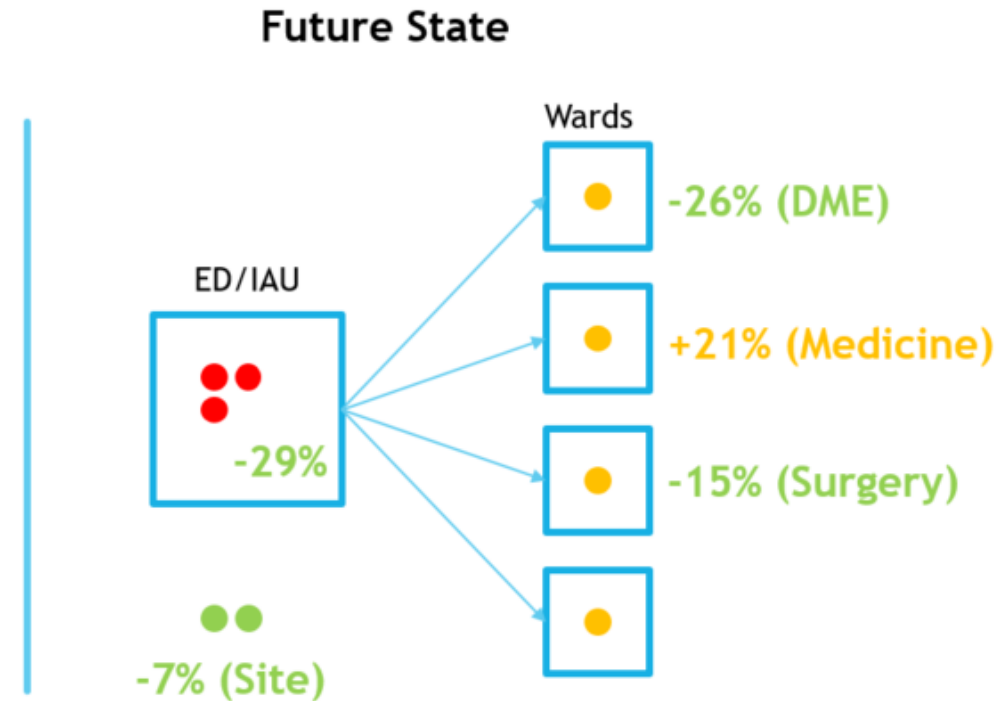
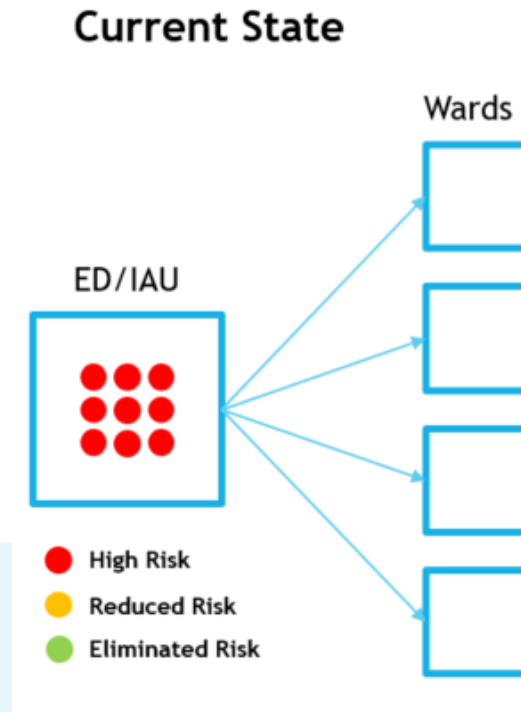
We've seen improvements in turnaround times since the start of GlasFLOW. This has meant less cohorting for patients and staff being able to hand over quicker. This means patients are getting assessed and treatment quicker. The hourly pushes have made the wards more proactive in terms of discharge so wards are actually booking their discharge vehicles quicker. I used to get 20+ calls for discharge vehicles after 4pm, now those calls are fewer and far between. Staff morale has improved a lot with SAS crews.

Made role easier. Mornings and early afternoons used to be frustrating as we couldn't get movement. Now easier as we are forcing the moves. There are now more morning discharges than there used to be.

The difficult aspect is that we are the 'front face' of the process and so get the frustration of those who disagree with the process. I can see the positive impact on safety on the ground floor.

What did we learn?

- It can be done
- It can be replicated (locally/nationally)
- Sustainable results
- Impact greater than improved KPIs
- Key message that high occupancy in ED is a site-wide responsibility
- Not a magic bullet
- Here to stay – couldn't imagine not having it



Evaluation of Emergency Department Usage

Sandra Bustillo

Director of Communications and
Public Engagement



How we Captured People's Views

Text Messaging people who recently* visit an emergency Department using Webropol



Emailing people who have signed up for the NHSGGC Involving People Network



***People who attended A&E between 10th – 19th of October 22**

Responses across all surveys

1,112

**Responses to the
survey**

**448
(40%)**

People contacted via text message after a recent visit to a GGC Emergency Department.

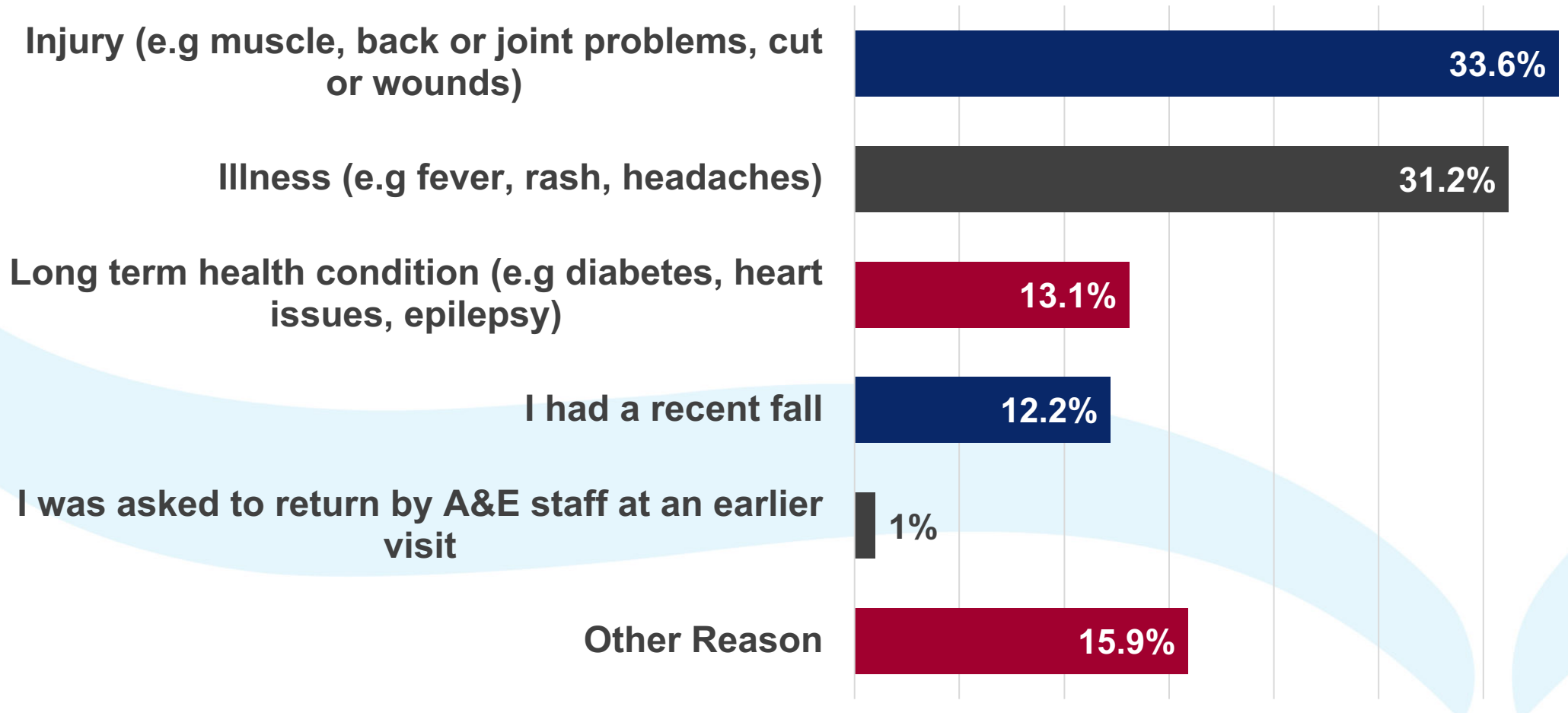
3559 people received texts, with 13% replying

**664
(60%)**

People sharing feedback via the NHSGGC Involving People Network on historic Emergency Department Visits.

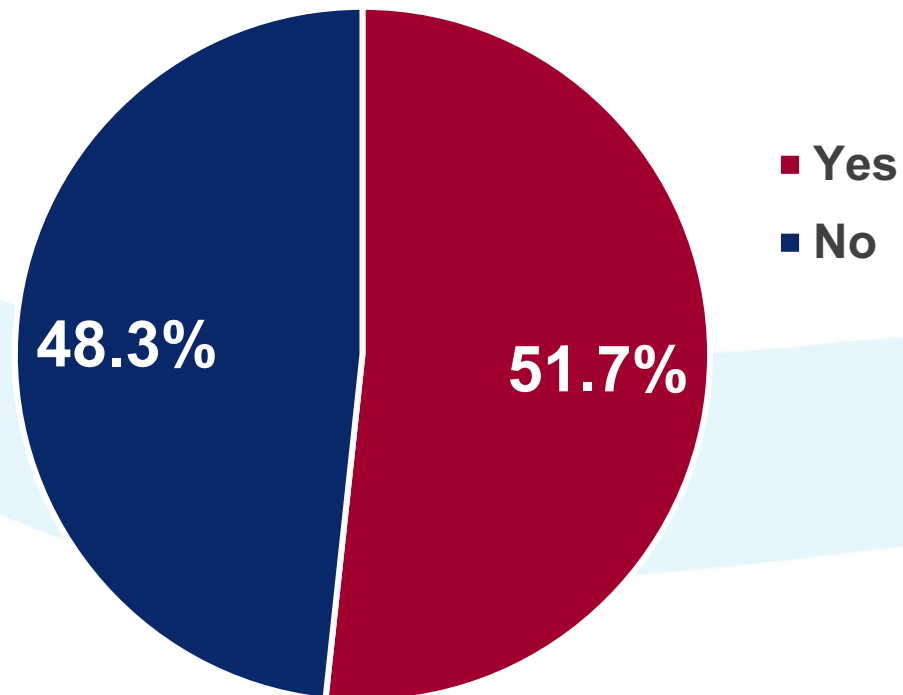
Reasons why people attend

Main reasons people stated for attending:



Where did you look for help and advice?

Was this A&E department the first service you went to, or contacted, for help with your condition?



We asked everyone completing the survey if they looked for advice on their condition from an NHS website before coming to A&E, with NHS Inform given as an example.

- **68%** of people completing this question shared that they did not look for advice online before attending ED services
- **32%** stating they had used an NHS website for help and advice before visiting an Emergency Department.

Where did you look for help and advice?

(cont.)

Following the above, we asked a subset of patients who or where they visited or contacted for help with their condition before attending A&E.

This question was offered to the 48.3% of patients who had indicated they looked for help and advice elsewhere before visiting A&E.

From looking at the additional information shared we can see people most often looked for help and advice from:

- **GP (44.1%)**
- **NHS 24 (44.6%)**

Following these sources of additional help we saw people share that they looked for help through:

- **999 (6.7%)**
- **Minor Injuries Units (5.1%)**
- **Local Pharmacist (3.8%)**

Smaller subsets of patients also referenced seeking help from a consultant or other specialist services

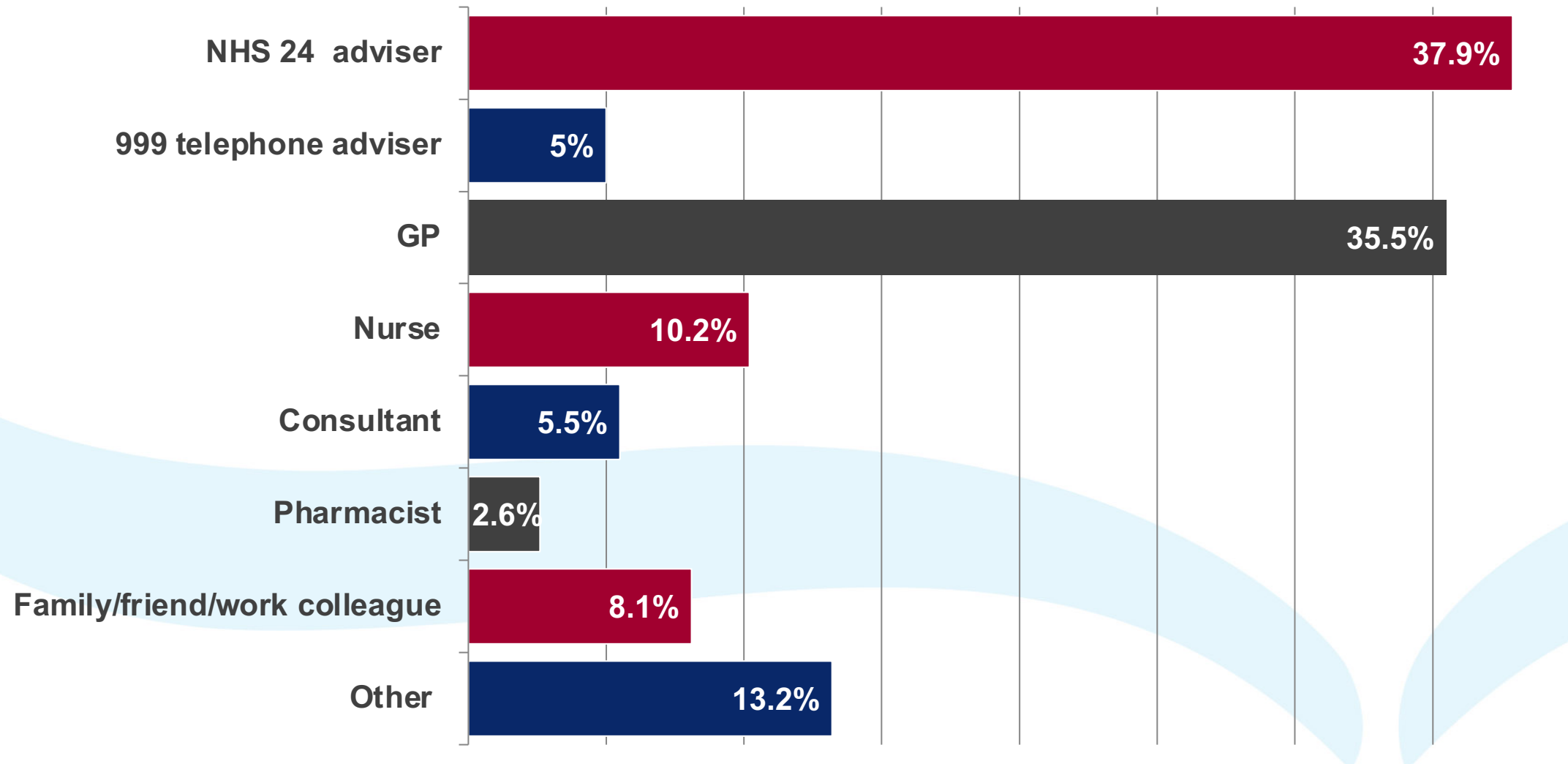
What was the MAIN reason for choosing to go to A&E?

(People were asked to provide multiple answers if relevant)

Most commonly shared reason	Percentage
I was advised to come	50.6%
I had a medical/health emergency	40.2%
I could not get a GP appointment	8.3%
I think the quality of treatment at A&E is better	4.7%
I did not know where else to go	6.8%

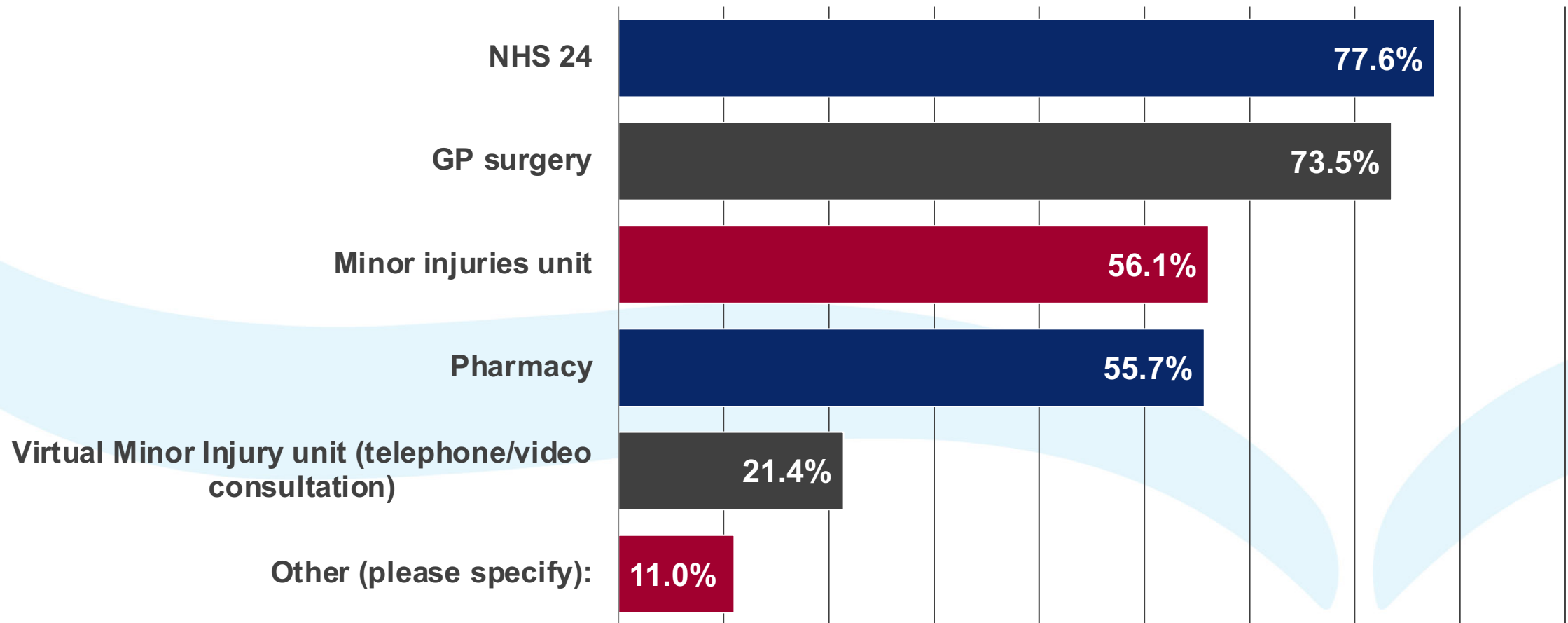
*This question allowed multiple responses, leading to a greater than 100% response rate, the above represent the most common responses shared.

Who advised you to visit A&E?

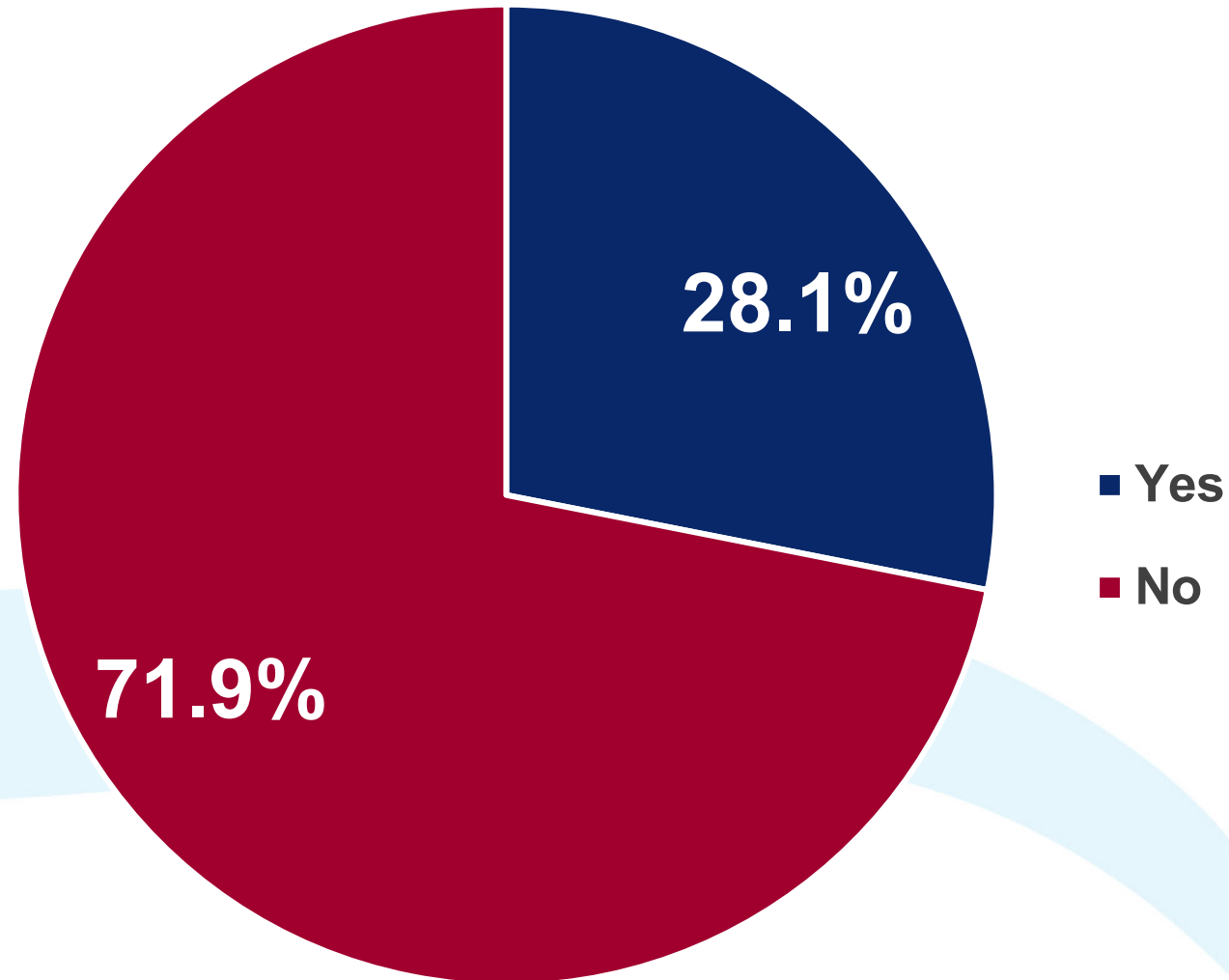


Awareness of alternatives to A&E

(People were asked to provide multiple answers if relevant)



We asked people if they tried to get an appointment with a GP before attending A&E



Next steps

Engagement Actions

- **Develop tailored approach to evaluate Royal Hospital for Children's A&E** and better understand patient, parent and guardian experiences
- **Continuation of this work through both text survey and focus groups** to further increase our understanding of public perception around A&E and its alternatives
- **Work with unscheduled care colleagues to identify and reach patients** requiring communication support when accessing adult A&E services in NHSGGC
- **Carry out focus groups to better understand awareness of A&E alternatives** amongst a range of communities across NHSGGC.



Next steps

External Communications Actions

- **Design and deliver new communications and engagement methods to target specific SIMD groups** to cover key campaign messages and using current figures on A&E usage to measure impact
- **Direct targeting of 16-24 age demographic** in campaigns to ED to help increase satisfaction rates
- **Realign external communications strategies to ensure a key focus on NHS Inform, MIUs, Pharmacy and the Flow Navigation Centre (FNC)** to raise awareness of these specific pathways using demographic data to develop more effective campaigns. One demographic of initial focus will be the male population, working to raise awareness of A&E alternatives and support changes in behaviour in areas where males first look for help and support.

