

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on	3rd April 2024	
Agenda Item:	7	
Title:	Primary Urgent Care Update	
Summary:		
<p>This report aims to provide an update to the Integration Joint Board (IJB) on the provision of primary urgent care services delivered through the Ayrshire Urgent Care Service (AUCS). This report also updates on innovative pathways developed and tested throughout 2023.</p>		
Author:	Vicki Campbell, Head of Primary and Urgent Care Services	
Recommendations:		
<p>It is recommended that the Integration Joint Board:</p> <ul style="list-style-type: none"> i. Note the progress of the Urgent Care agenda across Ayrshire and Arran ii. Note the increased activity within AUCS as a result of the new pathways introduced to ensure patient care is delivered as close to home as possible. 		
Route to meeting:		
<p>This has been / will also be presented to:</p> <ul style="list-style-type: none"> • East Ayrshire IJB – 20 March 2024 • NHS Ayrshire & Arran Board – 26 March 2024 • North Ayrshire IJB – 9 May 2024 		
Directions:		Implications:
1. No Directions Required	<input checked="" type="checkbox"/>	Financial <input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran	<input type="checkbox"/>	HR <input type="checkbox"/>
3. Directions to South Ayrshire Council	<input type="checkbox"/>	Legal <input type="checkbox"/>
4. Directions to both SAC & NHS	<input type="checkbox"/>	Equalities <input type="checkbox"/>
		Sustainability <input type="checkbox"/>
		Policy <input type="checkbox"/>
		ICT <input type="checkbox"/>

PRIMARY URGENT CARE UPDATE

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an update to the Integration Joint Board on the provision of primary urgent care services delivered through AUCS. The report also updates on innovative pathways developed and tested throughout 2023.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- i. Note the progress of the Urgent Care agenda across Ayrshire and Arran**
- ii. Note the increased activity within AUCS as a result of the new pathways introduced to ensure patient care is delivered as close to home as possible.**

3. BACKGROUND INFORMATION

- 3.1 The Public Bodies (Joint Working) Scotland Act 2014 provides a legislative framework for the delivery of Primary Care Services in Scotland with powers and duties delegated variously to both the NHS Board and the IJBs. Through these arrangements the three Ayrshire IJBs commission, through Directions, NHS Ayrshire & Arran (NHSAA) to provide Primary Care Services. This includes provision of Out of Hours (OOH) Primary Care Services through AUCS. This is delivered through the Director of East Ayrshire Health and Social Care Partnership (HSCP) in a lead partnership arrangement. In addition, NHSAA directly commission East Ayrshire HSCP to conduct Primary Care Contracting on behalf of the Board, this being a function that cannot be delegated to IJBs at this time.

- 3.2 AUCS fulfils the vision of developing a multi-disciplinary integrated approach to OOH services in Ayrshire. AUCS continues to build on the unique 24/7 model which incorporates OOH and FNC through continuous review of all pathways to evaluate efficiency and effectiveness to create and sustain fully person centred pathways for all patients, getting the right care in the right place at the right time.

4. REPORT

SUMMARY

- 4.1 AUCS operates 7 days per week 24 hours per day as a GP led Flow Navigation Centre (FNC). Further information on this unique joint approach and the development and growth of pathways are outlined in this report.
- 4.2 This paper provides an overview of the activity of the service, including new innovative pathways in operation to support an improved patient journey, with continued focus on community based services.

- 4.3 The data presented demonstrates the effectiveness of the service avoiding hospital attendances or avoidable admission to hospital which has better outcomes for patients.
- 4.4 The success of the new pathways and ways of working is a result of good working relationships across Ayrshire and Arran and wider system partners including NHS 24, Scottish Ambulance Service (SAS), Police Scotland, as well as strengthened connections with GP practices and Community Pharmacy. All new service developments are created in partnership across clinical and managerial leadership teams from relevant stakeholders.
- 4.5 Ayrshire and Arran were invited to attend the Winter Summit in August 2023 which was focussed on working together to develop winter resilience plans with health and social care partnership colleagues, COSLA and Scottish Government. This was an opportunity to share our approach in developing primary and community led pathways within urgent care which support patients to be receive their care as close to home as possible.
- 4.6 The Cabinet Secretary for NHS Recovery, Health and Social Care visited AUCS in October 2023 to meet the teams and get an overview of Ayrshire and Arran's 24/7 community urgent and out of hours care system.
- 4.7 The presentation outlined the successes of managing urgent care demand through to community pathways and provided an opportunity to share the drivers for change, successes and challenges to achieve the right outcomes for patients the first time.

AUCS – Service Overview and Activity

- 4.8 There are various services and pathways included within AUCS, some of which are available 24/7 and others during the OOH period (Monday to Friday 6 pm – 8 am and Saturday/Sunday). The OOH District Nursing and OOH Social Work teams are managed through East Ayrshire HSCP and the OOH Mental Health Crisis Team who are managed through North Ayrshire HSCP. All other pathways and services are supported within the current AUCS management structure. This includes pathways such as SAS Call before Convey, Emergency Services Mental Health Pathway and the Palliative End of Life Support line, all of which operate on a 24/7 basis.
- 4.9 **Call Handling Service** - The call handling service has the highest volume of activity within the OOH service, when acting as the single point of contact for various services across East, North and South Ayrshire HSCPs. It includes calls from families and patients trying to reach, Care at home, Social work and District Nursing Services. During January – December 2023 the service saw an increase in calls 5743 (4967 in 2022) reflecting an additional 776 calls per month.
- 4.10 **GP Out of Hours Service** - The OOH service is accessed via calls to NHS24 111 which are then passed to AUCS with a priority based on clinical need of one, two or four hours. Throughout 2023 the monthly average of contacts was

9448; an increase of 948 monthly from the 8500 contacts reported for 2022. Proportionately 55% of workload comes through the NHS 24 pathway; the remaining 45% from the other pathways supported through AUCS.

- 4.11 All patients that are referred to AUCS OOH from NHS 24 go through a full clinical assessment within the triage time set by NHS 24 with an outcome of either:
- Self-Care
 - A prescription issued for collection at local pharmacy
 - An appointment at a local Primary Care Urgent Care Centre
 - A home visit undertaken by GPs / Advanced Nurse Practitioners in dedicated cars with driver support colleagues
- 4.12 In 2022 the service reported an average 89% of patients being clinically assessed within the set timeframe from NHS 24. This has increased to 92% for 2023 and reflects improvements to pathways and clinical resources with a consistent number of clinicians actively undertaking sessional shifts with the service. Factors impacting this performance includes periods of high demand where clinicians will prioritise the most vulnerable patients, including calls received with one and two hour response times, and patients who are non-contactable for several hours following receipt of the case from NHS24.
- 4.13 A non-urgent patient transport service is available to take patients to OOH urgent care centres, in Ayr, Kilmarnock or Irvine if they have no other means of transport. All clinicians are aware of the criteria outlined below of this resource which is fully funded by the service:
- Those who are deemed to need further clinical assessment at hospital on a non-urgent basis and are not suffering from conditions that are life threatening or deemed as an emergency
 - Patients who have been assessed face to face, virtually or via telephone by a clinical member of GP practice or AUCS clinical staff
 - Patients who have no alternative means of transport to the requested destination
- 4.14 Ayrshire and Arran covers an expansive caseload due to patients living in rural areas with infrequent / limited access to public transport, who particularly benefit from this element of patient transport. In 2023 there were a total of 1640 journeys recorded. It should be noted that this service also supports GP Practices and both hospital front doors where an ambulance is not required, and the patient has no means of transport.
- 4.15 The use of patient transport has also reduced the number of home visits required to be undertaken by a mobile clinician. This has allowed the service to adjust and flex the workforce to other areas of demand.
- 4.16 The “clinical triage first model” for all out of hours calls from NHS 24 remains in place. This results on average 56% of calls closed off remotely through 2023; an increase of 10% from the previous year. The majority of remote

consultations will relate to pharmaceutical enquiries, a change in symptoms or clinical advice.

- 4.17 The remote first model reduces the number of urgent care home visits and centre appointments across the three sites, prioritising face to face assessment time for those most in clinical need. It should be noted that a full clinical remote assessment can still take 15 minutes therefore robust clinical capacity is still required.
- 4.18 Further extended data analysis has been carried out during 2023 which has provided the AUCS management team greater insight into the service delivery model required to meet projected seasonal demand. This has enabled the implementation of two model types - Spring/Summer (1 April – 31 October) and Autumn/Winter (1 November – 31 March) which ensures safe delivery of all services. This has allowed a flex in workforce to the busier months and weekends utilising the resource from the reduced spring/summer model.
- 4.19 The current model relies heavily on GP engagement for service delivery. In 2023 an additional 41 GPs joined the services from within Ayrshire and Arran, but also other NHS Board areas.
- 4.20 **111 Emergency Department/Minor Injuries** - patients who think they require to attend the Emergency Department are directed to contact NHS 24 (111) for their urgent care needs as a first point of contact. NHS 24 assess the patient's needs and then route patients who require further assessment to the FNC operational within AUCS over the 24/7 period. The Senior Clinician, usually a GP, will clinically assess the patient remotely and determine the best outcome through the most appropriate care pathway which could include:
- Closed as assessment and care provided by a clinician over the phone with self-care advice
 - Directed to their GP practice (during in-hours)
 - Scheduled for a home visit by an AUCS clinician (during out of hours)
 - Appointed to a Primary Care Treatment Centre (during out of hours)
 - Onward refer to a community service and
 - Appointment at the Minor Injury Unit
- 4.21 **OOH District Nursing Team** - continues to operate within the main AUCS hub at University Crosshouse Hospital to provide planned and urgent community based care to patients including palliative care where necessary. In October 2023 the professional management arrangements for the service were transitioned to East Ayrshire HSCP.
- 4.22 Throughout 2023 there has been an increase in patient referrals into the service with an average of 1900 per month compared to 1500 during the previous year.
- 4.23 **Pan Ayrshire OOH Social Work Team** - a range of Senior Practitioners and sessional social work staff ensure the delivery of a professional out of hours response to the immediate needs of individuals and families across all social

work services, including those considered as vulnerable or at risk. Established links with Police Scotland, Health and Education services remain a constant with the team.

- 4.24 Throughout 2022 the service has seen an increase in referrals to 715 referrals per month. In 2022 this was 561 referrals. OOH Social Work colleagues have highlighted that the number of referrals received in 2023 matches that of 2019 however the complexity and needs of referrals has significantly increased.
- 4.25 **Mental Health Crisis Team** - continues to operate as part of AUCS in the OOH period providing urgent access to relevant community mental health services. The Mental Health Crisis Team support a range of services out with AUCS in the OOH period with a consistent average of 150 calls via NHS 24 / AUCS on a monthly basis throughout 2023, matching the average seen in 2022.
- 4.26 **COVID-19 Therapeutic Service** - the service has been delivered through AUCS since December 2021 within the Community Clinical Treatment Centre. This supports a specific cohort of patients deemed as very high risk of progression to severe disease and/or death if they develop COVID symptoms and test positive for the virus and therefore require intervention in the form of COVID therapeutics.
- 4.27 Whilst the frequency of COVID outbreaks has reduced throughout the past 12 months, the criteria of people identified as potentially eligible has increased with those newly eligible having been notified by letter with information on how to access this treatment locally as part of their care. There remains a facility for patients to self-refer or via their GP if they think they are eligible for treatment.
- 4.28 The table below shows a breakdown of referrals throughout 2023:

Year	Referrals	Receiving Antiviral Treatment	Later Admitted to acute hospital for further Covid-19 related illness
2022	1784	901	10
2023	625	423	6

- 4.29 The COVID Therapeutic Service was funded in 2022/23 and 2023/24 on a non-recurring basis utilising bank and vaccination staff. The model is flexed up and down to meet demand on a week to week basis. Discussions are ongoing regarding how this service will be taken forward and funded in 2024/25.
- 4.30 **National Hub - Sexual Assault Response Coordination Service (SARCS) self-referral service** – AUCS continues to act as the National Hub for all SARCS self-referrals Scotland wide, working in collaboration with NHS 24 and

ensuring that all referrals, regardless of where the person is in Scotland, are managed within agreed timescales.

- 4.31 The Hub operates 24/7 and ensures that all referrals from NHS 24 are triaged and directed to the appropriate Board pathway. The Hub delivers a back office function without the need to speak to the person self-referring into the service.
- 4.32 Between the period of 1 April 2023 and 26 February 2024, a total of 334 referrals were processed by the National Hub (297 x acute; 32 x historic; 5 x 13-15yr old). A similar number to the previous year of 387 referrals (328 x acute; 33 x historic; 6 x 13-15yr old).
- 4.33 Whilst there is no clearly identifiable trend to enable forecasting the volume of self-referrals being received on particular days / times, peaks in October / November 2022 and 2023 were noted.
- 4.34 Strong relationships have developed with NHS 24 and national SARCS Policy Unit colleagues within Scottish Government through regular engagement to share learning, identify emerging issues with solution focussed discussions.
- 4.35 It was recognised as part of the bid to host this national service that Ayrshire and Arran had a robust infrastructure in place 24/7. The only additionality required were two Agenda for Change Band 2 call handlers to bolster that cohort of staff. Non-recurring national funding has been agreed to fund this.
- 4.36 **Care and Nursing Home Pathway** – as reported previously, this pathway provides direct access to the FNC within AUCS during the OOH period as an alternative to the NHS 24 process, reducing delays by using NHS 24 route and replicating in hours service by a care home's own GP practice. Direct calls to the FNC for clinical advice / assessment reached 3963 in 2023; an increase of 1331 from the previous year.
- 4.37 This local model has seen 8% of calls through this pathway attending hospital with only 3% going on to be admitted. This compares to admittance rates via SAS 999 of 22% and NHS 24 16%. The pathway through AUCS allows access to all community pathways under the 24/7 FNC and has contributed to and maintains around a 30% reduction in SAS attended calls for care home residents since the 2019 baseline.
- 4.38 **Referral process in place for GP Practices** - to schedule Minor Injury Appointments via the FNC where patient transport can also be arranged. This has reduced the number of ambulances being requested and the majority of patients are seen within the minor injury unit around their appointment time therefore reducing the crowding in Emergency Departments. There were 703 GP Practice referrals to the FNC through 2023, which also includes any referrals from GP Practices to request a revisit or patient follow up from a clinician in the OOH period. This reflects a reduction of 202 referrals from the previous year.

- 4.39 **Emergency Services Mental Health (ESMH) Pathway** - was fully launched on 30 May 2022 following a successful pilot in early 2022. SAS and Police Scotland refer mental health related calls which do not require emergency medical intervention to the FNC. This 24/7 service is a whole life pathway with no upper or lower age limits.
- 4.40 This process involves the FNC facilitating the call to the Emergency Mental Health Team for initial assessment which includes conversations with the referrer and the patient, after which a joint decision is made about whether an in-person mental health assessment is needed, either at the patient's own home or a specific location within the community.
- 4.41 This is a more individualised and person-centred approach, providing the right care in the right place at the right time, and reduces pressure and capacity on Police Scotland, SAS and the Emergency Department teams as well as the opportunity for ongoing follow up within the community.
- 4.42 In 2023 a total of 1882 calls were received: an increase of 150% from the 748 calls in 2022. Calls are routed via the FNC to the Emergency Mental Health Team from Police Scotland or SAS. These patients would otherwise have formerly been conveyed to the Emergency Departments by Police Scotland or SAS which was not always the most appropriate place for the specific care needed by these vulnerable individuals.
- 4.43 Plans are underway to establish an Urgent Mental Health assessment unit within the Woodland View hospital site. The unit will provide short stay beds for patients requiring further assessment for a period of up to 72 hours.
- 4.44 **Scottish Ambulance Service (SAS) Call before Convey Pathway** – the pathway for SAS crews attending calls or reviewing calls on their dispatch screens to consider what input and support the FNC could provide has been fully embedded with positive feedback from crews. AUCS clinicians have continued to attend to confirm life extinct for non-suspicious deaths for SAS and Police Scotland which helps our emergency services to prioritise patients with life threatening conditions.
- 4.45 In 2023 there were 3291 referrals to AUCS from SAS, of which only 9% went on to be referred to hospital as final outcome. Approximately 91% of referrals didn't require a SAS crew to convey to the hospital front door (2022 data – 1730 calls and 10% went on to be transferred to hospital). It is noted that 30% of the Call before Convey contacts with AUCS are between 8am and 6pm at weekends.
- 4.46 AUCS clinicians are able to access hospital clinical systems, emergency care summary, and previous encounters with AUCS. This provides greater insight to the landscape of a patient's needs and allows more robust assessment of individual risk. SAS contact with patients is not reported back to general practice whereas all referrals logged via the FNC are recorded via the FNC clinical system (Aadastra) and reported back to general practice. This allows visibility for the GP Practice to follow up where appropriate.

- 4.47 **Rapid Respiratory Response Service (RRR)** - Ayrshire and Arran has the second highest Chronic Obstructive Pulmonary Disease (COPD) rate in Scotland with emergency COPD admissions 34% longer than other emergency admissions. The vision for this service which used a targeted and data driven approach to service delivery is to enable patients to remain at home whenever possible.
- 4.48 The aim of this service is to:
- Provide specialist respiratory support during exacerbations
 - Improve patient's ability and confidence to self-manage symptoms
 - Support earlier discharge from hospital
- 4.49 An initial cohort of 17 GP practices able to refer to the pathway have identified a reduction of COPD related attendances to hospital reduce by 50%. Recent recurring funding will support the service to expand to a pan-Ayrshire model collaborating with all 53 GP practices making it available to all 11,835 patients currently diagnosed with COPD.
- 4.50 **Community Pharmacy** - a dedicated professional to professional pathway into AUCS in the OOH period should a patient present at community pharmacy and the Pharmacist is unable to fully treat them or needs support from a senior clinical decision maker from FNC. If a senior clinical decision maker is not available, a call back to the patient will be arranged within an agreed timeframe with the Pharmacist. Prior to this pathway, patients would normally be directed to NHS 24 if community pharmacy were unable to help therefore reducing the amount of services the patient has to navigate through.
- 4.51 This pathway is still in development with learning gathered routinely – a total of 719 patient referrals have been received into FNC from Community Pharmacy in 2023 which is an increase from 614 in 2022.
- 4.52 **Protected Learning Time (PLT)** – throughout 2023 AUCS provided clinical and operational support for 12 x five hour sessions of PLT. Each block of three sessions enabled an average of 50 Ayrshire and Arran GP Practices to deliver protected learning time for primary care staff, safe in the knowledge that urgent contacts were managed by AUCS. This has proved to be a valuable service to primary care colleagues and arrangements have been agreed to continue throughout 2024.

ADDITIONAL IMPROVEMENT PROJECTS

- 4.53 **Palliative End of Life Support Line** - this new call handling service went live on 7 October 2023 and was created to facilitate a single point of contact for palliative patients in their last 30 days of life through the FNC using existing call handling services. The service is designed to enable timely management of unscheduled care episodes for palliative patients in the community and to address care needs effectively in their usual place of residence and prevent hospital admissions which may not be of benefit to them. A total of 39 patients have been referred to the service between 7 October 2023 and 31 December 2023. Work continues to scope what a 24 hour telephone support service

could like for the benefit of patients, their families and carers aligned to wider community services.

- 4.54 **Test of Change: Appointing to Community Pharmacy** –an appointment system with a community pharmacy in the Maybole / Carrick catchment area was successfully tested for ten weeks from 9 December 2023 to 10 February 2024. A total of 18 appointment slots were made available each Saturday for common conditions such as sore throats, ears, and suspected chest infections for persons over five years of age.
- 4.55 This additional resource provided a person centred, local appointment to patients and allowed AUCS clinicians time to focus on more complex patients within centres.
- 4.56 The pathway also encourages members of the public to utilise Pharmacy First, with the support of AUCS if clinical treatment is out with the scope of the Community Pharmacist. A robust review of the impact and benefits of this test of change is ongoing.
- 4.57 **Test of Change: Support to GP Practice Home Visits 1600-2200 weekday evenings** – it was highlighted that GP practices required additional support for patients who contacted them after 3pm and had been clinically assessed as requiring a home visit and were safe to wait a maximum of four hours to speak to a clinician. AUCS facilitated a test of change for eligible patients initially with only four GP practices. The scope gradually expanded and now includes a total of 25 GP practices.
- 4.58 Over the 11 week period from 11 December 2023 to 23 February 2024, demand increased steadily, from five home visits in the first week to 27 in the final week. Work continues to identify the full benefits and impact of this service, as well as further data analysis in respect of widening the scope to further general practice clusters.
- 4.59 **SAS Advanced Prescribing Paramedics (APPs)** - AUCS is hosting six APPs over a 14 week period which commenced on 4 December 2023. This is aimed at supporting development of a learning framework for OOH services which further bolsters the relationship between AUCS and SAS.

QUALITY

- 4.60 The further development of reporting mechanisms to provide assurance on the delivery of safe, effective, person centred care in line with the dimensions of the quality strategy has supported processes to fully investigate complaints and adverse incidents. This ensures lessons learned are identified and necessary changes and improvements implemented to mitigate any recurring issues across the service.
- 4.61 The FNC supports a number of pathways to wrap the professional services around the patient with an average 1644 calls per month over and above OOH activity. It is noted that only 25% (411) of the calls received via FNC attend hospital within 48 hours. The remaining 1,233 are assessed and treated via

services within AUCS or navigated back to community services. This has also been linked to the sustained reduced level of Emergency Department attendances post pandemic.

- 4.62 The FNC operates with one clinician and call operator 8am to midnight 7 days per week. The model fully integrates with the wider OOH team during the OOH period. Moving to a 24/7 service with multiple pathways there was also a requirement to increase the number of shift team managers to ensure sufficient management oversight as well as increased clinical support to ensure the pathways operate efficiently and safely. Discussions are ongoing to finalise the funding for 2024/25.

NEXT STEPS

- 4.63 The teams will continue to build on the core OOH service and create innovative solutions to challenges through engagement with the workforce and stakeholders. Commitment to adopting continued learning, improvement and development to ensure the most efficient and effective service delivery model and services in light of the data informed knowledge that demand, overall activity and patient need for urgent care continues to evolve.
- 4.64 Continuous review of current and new pathways must be undertaken to evaluate impact and effectiveness to ensure improved patient journeys.
- 4.65 Creative and innovative response to emerging challenges within our region should continue to play a part in the service ethos.
- 4.66 Collaborative work with a wide range of individuals and agencies, including acute and community professionals, stakeholders including patients, their families and carers, will continue in order to achieve the vision of providing the right care in the right place at the right time.

5. STRATEGIC CONTEXT

- 5.1 The main aim for AUCS is to provide a prompt and seamless experience for citizens across Ayrshire and Arran as well as an opportunity to schedule an appointment or home visit when necessary. Clinicians and administration staff within the service feedback on a daily basis that patients are happy with their outcome either when they receive a scheduled appointment or are directed to the right service first time, and often at home.
- 5.2 The learning to date offers important opportunities seen in the context of the aim of the Caring for Ayrshire programme which is to design a fully integrated system wide approach to ensure people are able to access the right care at the right time in the right place.
- 5.3 The wellbeing of people and communities continues to be core to the aims and successes of Community Planning. Ensuring we deliver the right care in the right place at the right time, is an integral part of the Wellbeing Delivery

Plan, Integration Authorities Strategic Commissioning Plan of both the NHS and Council, will contribute to support this wellbeing agenda.

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 The AUCS budget was originally set in 2016/17 based on activity at that time. Despite the gradual increase of activity, which has been consistently 20% in 2022 and 2023, the service has continued to manage within budget, working efficiently and re-designing where possible using data and trends to match the required workforce to demand.

6.1.2 Due to unfunded additional public holidays in 2023, increasing GP pay rates, and an increased workforce required during peak demand times, this has been an extremely challenging year to manage within budget and has required tight budget management week to week. The service will end the year within budget due to vacancies in the management team and reallocation of funds from wider service budgets.

6.1.3 Further discussions will take place in collaboration with other system partners and to determine the future of the FNC model beyond 31 March 2024 and funding to support this.

6.1.4 A review of the COVID-19 Therapeutics Service is currently ongoing nationally to understand future resource requirements beyond 31 March 2024.

6.2 Human Resource Implications

6.2.1 A range of staff engagement sessions sharing data and themes in relation to the AUCS service delivery model and resources has successfully informed changes which will be tested during 2024/25 to ensure best practice and best value.

6.2.2 Throughout 2023 AUCS has consistently improved on the projected shift cover reported to the Scottish Government on a weekly basis. The average shift cover projection is 92%, with actual shift cover average improving to 95%. This reflects the improvements in take-up of shifts with commitment from the spectrum of clinicians working within AUCS. In previous years this was as low as 43% at times.

6.2.3 Recent developments have seen the senior management workforce model strengthened along with a wider multi-disciplinary team approach to deliver core urgent care services to patients.

6.3 Legal Implications

6.3.1 The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:

- We will reduce health inequalities
- We will shift the balance from acute hospitals to community settings

- We will manage resources effectively, making best use of your integrated capacity

6.4 Equalities implications

6.4.1 Changes to how urgent care services are accessed may positively impact patients who have reduced mobility or multi co-morbidities where travel can be difficult as there will not be a need to travel, and the infection risk will be reduced. Current and future users of urgent care will continue to access all services through NHS 24 / 111 route. This will ensure patients are seen in the right place with the right team at the right time. Access will remain unchanged for all emergency care needs and access to GPs will remain unchanged.

6.4.2 The suite of current and new pathways in response to emerging challenges and issues allow for more seamless care by healthcare professionals for patients who try to access urgent care rather than patients trying to navigate various systems or having various 'touch points' across the system.

6.5 Sustainability implications

6.5.1 There are no environmental sustainability implications arising from the contents and recommendations of the report.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 There is an ongoing commitment to engage with the public through television, radio and social media as well as in a range of community venues. AUCS will continue to participate in appropriate platforms and events to publicise how to access pathways available within AUCS and ensure that people are supported to access the right care at the right time at the right place.

7.2 AUCS will continue to actively engage with and seek the assistance of the wider services with pathway design and expand the use of the FNC as a central hub. The management team is fully engaged with the National Urgent and Unscheduled Care Collaborative and work continues to respond to emerging barriers and challenges to the citizens of Ayrshire and Arran.

8. RISK ASSESSMENT

8.1. Like most other NHS Boards, the ability to fill sessional GP shifts remains a consistent risk to service delivery. By utilising a multi-disciplinary clinical team providing OOH services along with the recruitment of GPs with Extended Roles who work between primary and urgent care, this core workforce mitigates the risk of solely using sessional GPs.

8.2. There is a risk to the future of the FNC model and impact on the hospital front doors if sustained funding can't be identified beyond 31 March 2024.

8.3. The AUCS OOH component of the service has seen an increase of 20% in activity and there has been no update to core funding since 2016. Demand

and funding associated to match clinical capacity will require close monitoring on an ongoing basis.

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