

<b>Meeting of South Ayrshire Health and Social Care Partnership</b>	<b>Integration Joint Board</b>	
<b>Held on:</b>	<b>8<sup>th</sup> October 2025</b>	
<b>Agenda Item:</b>	<b>11</b>	
<b>Title:</b>	<b>Primary Urgent Care Update</b>	
<b>Summary:</b>		
<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 2024.</p>		
<b>Author:</b>	<b>Debbie McGill Head of Primary and Urgent Care Services</b>	
<b>Recommendations:</b>		
<p><b>It is recommended that the Integration Joint Board:</b></p> <ol style="list-style-type: none"> <li><b>i. Note the progress of the Urgent Care agenda across Ayrshire and Arran</b></li> <li><b>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</b></li> </ol>		
<b>Route to meeting:</b>		
<p>This has been / will also be presented to:</p> <ul style="list-style-type: none"> <li>• East Ayrshire IJB – 27 August 2025</li> <li>• North Ayrshire IJB – 25 September 2025</li> <li>• NHS Ayrshire &amp; Arran Board – 8 December 2025</li> </ul>		
<b>Directions:</b>		<b>Implications:</b>
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 (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 2024.

### 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.
- 3.2 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.
- 3.3 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 Flow Navigation Centre (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 and incorporates a pan Ayrshire GP led FNC. During the OOH period this includes the provision of general medical care incorporating remote assessment and treatment. Further

information on this unique joint approach and the development and growth of pathways is 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. The data presented demonstrates the impact of the service avoiding hospital attendances or avoidable admission to hospital which has better outcomes for patients.
- 4.3 The success of the new pathways 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.

### **AUCS – Service Overview and Activity**

- 4.4 There are various services and pathways included within AUCS 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.
- 4.5 The 24/7 pathways and call handling services are:
- SAS Call before Convey
  - Emergency Services Mental Health Pathway (ESMHP)
  - Palliative End of Life (PEOL) Support line
  - 111 Emergency Department (ED) /Minor Injuries Unit
  - National Hub - Sexual Assault Response Coordination Service (SARCS) self-referral service
- 4.6 **AUCS and FNC Activity** - In the first six months of 2025 there have been 54,325 contacts to the AUCS FNC with just 12% requiring onward transfer to hospital. In the same time frame in 2024, there were 58,520 contacts with 11% requiring onward transfer to hospital.
- 4.7 **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 (SPOC) for various services across East, North and South Ayrshire HSCPs. It includes direct calls from families and patients to Care at Home, Out of Hours Social Services and District Nursing Services. Throughout January to June 2024, call handling for these pathways reflected an average of 4864 contacts. However, with the additional PEOL Support Line and Palliative Services, we see this average rise to 6426 contacts per month for the first six months of 2025.

- 4.8 **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 January to June 2025 the monthly average of contacts were 7458.
- 4.9 Proportionately 42% of workload comes through the NHS 24 pathway: the remaining 58% from the other pathways supported through AUCS. In the first six months of 2024 the average monthly figure was 7910, a slight decrease in the number of contacts.
- 4.10 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 a local pharmacy;
  - An appointment at a local Primary Care Treatment Centre (PCTC). There are three PCTCs covering Ayrshire; based at University Hospital Ayr, University Hospital Crosshouse and Ayrshire Central Hospital;
  - A home visit undertaken by GPs / Advanced Nurse Practitioners (ANPs) in dedicated cars with driver support colleagues.
- 4.11 The first six months of 2025 reported an average 94% of patients being clinically assessed within the set timeframe from NHS 24. This figure has improved slightly compared to the same period of 2024 when it was 90%. This reflects sustained 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.
- 4.12 A non-urgent patient transport service is available to take patients to OOH PCTCs, 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
- 4.13 Ayrshire and Arran cover 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. Throughout January to June 2025, there were 822 journeys recorded: a marginal increase from 812 for the same timeframe in 2024. 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.

- 4.14 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.
- 4.15 The 'clinical triage first model', for all OOH calls from NHS 24, remains in place. This results on an average of 58% of calls closed off remotely throughout the first six months of 2025; a slight decrease from same reporting period in 2024 when the figure was 59%. The majority of remote consultations will relate to pharmaceutical enquiries, a change in symptoms or clinical advice.
- 4.16 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.
- 4.17 Through the use of extended data analysis, the AUCS management team altered the service delivery model in 2023 to meet projected clinical demand through the implementation of two seasonal model types, Spring/Summer (1 April to 31 October) and Autumn/Winter (1 November to 31 March). This was closely monitored throughout the year with the assurance of adequate flex and preparedness within the workforce to be able to swiftly respond to any emerging challenges, e.g., alerts from Public Health.
- 4.18 The current model relies heavily on GP engagement for service delivery. Throughout 2024, a total of 68 clinicians were approved to undertake sessions from within Ayrshire and Arran, as well as other NHS Board areas, with a further 18 clinicians approved between January to June 2025.
- 4.19 **111 Emergency Department/Minor Injuries** – patients who think they require to attend the Emergency Department (ED) 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 PCTC (during out of hours)
  - Onward refer to a community service and
  - Appointment at the Minor Injury Unit (MIU)
- 4.20 **OOH District Nursing Team** - to provide planned and urgent community-based care to patients including palliative care where necessary. Patient referrals in

the first six months of 2025 have remained static at on average 1898 per month which is very slightly reduced by seven contacts from the average number of contacts in the same timeframe in 2024.

- 4.21 **Pan Ayrshire OOH Social Work team** - a range of Senior Practitioners and sessional social work staff ensure the delivery of a professional OOH 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.
- 4.22 The OOH Social Work team received an average of 781 referrals per month in the first half of 2024. This compares with 822 in the same period of 2025. Our OOH Social Work colleagues report that the complexity and needs of referrals continues to increase.
- 4.23 **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 140 calls via NHS 24 / AUCS on a monthly basis throughout the first half of 2025. This has decreased from an average of 152 for the same timeframe in 2024.
- 4.24 **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.
- 4.25 With the decrease of frequency of COVID outbreaks throughout the past 12 months, resulting in fewer people being referred for treatment, the decision was reached to stand down the regular Multi-Disciplinary Meetings designed to consider eligibility for treatment and agree treatment plans. There remains a facility for patients to self-refer or via their GP if they think they are eligible for treatment with adequate service provision to meet the current level of need.
- 4.26 The COVID Therapeutic Service was funded in 2023/2 and 2023/24 on a non-recurring basis utilising bank and vaccination staff. Activity is continuing to be monitored to consider all options of care for these patients.
- 4.27 The following table shows a breakdown of referrals throughout 2022, 2023 and 2024. The first six months of 2025 has seen a total of 19 referrals with nine receiving antiviral treatment and none admitted to hospital.

Year	Referrals	Receiving Antiviral Treatment	Later Admitted to acute hospital for further Covid-19
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			<b>related illness</b>
2022	1784	901	10
2023	625	423	6
2024	237	231	0

- 4.28 **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.
- 4.29 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.
- 4.30 Between January to June 2025, a total of 231 referrals were processed by the National Hub (190 x acute; 36 historic; 5 x 13-15yr old). Of the 231, 18 were duplicate referrals bringing the total number of patients supported through the pathway to 213 - an increase of 13 for the same period in 2024. There is no clearly identifiable trend to enable forecasting the volume of self-referrals being received on particular days / times.
- 4.31 Strong relationships have been maintained 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.
- 4.32 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.
- 4.33 **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 the 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 2525 in the first six months of 2025; an increase of just 70 from the previous year, showing that this pathway is working well and care and nursing homes are using it consistently.
- 4.34 This local model has seen 4% of calls through this pathway attending hospital with only 2% going on to be admitted. This compares to attendance/admittance rates via SAS 999 of 26% and NHS 24 17%. The data for the first six months of 2025 is comparable to the 2024 data.
- 4.35 **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 MIU around their appointment time therefore reducing the crowding in EDs. There were 377 GP Practice referrals to the FNC

through the first six months of 2024, which also includes any referrals from GP Practices to request a revisit or patient follow up from a clinician in the OOH period.

- 4.36 In the first six months of 2025 there have been 276 referrals; this pathway has probably been impacted by the GP to AUCS for Home Visit Test of Change (as described later in this report).
- 4.37 **Emergency Services Mental Health Pathway (ESMHP)** - 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.
- 4.38 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. 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 ED teams as well as the opportunity for ongoing follow up within the community.
- 4.39 There have been 997 contacts for ESMHP in the first six months of 2025 in comparison to 1053 in the same period of 2024. 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 EDs by Police Scotland or SAS which was not always the most appropriate place for the specific care needed by these vulnerable individuals.
- 4.40 Ayrshire's Mental Health Unscheduled Care Assessment Hub was launched on Friday 13 September 2024. Based at Woodland View Hospital in Irvine, the Hub is operated and managed by the Unscheduled Care Mental Health Service and is the first of its kind in Scotland.
- 4.41 The Service provides 24-hour access to a patient-focused, therapeutic space to support the delivery of compassionate care to those individuals with acute mental illness who would be eligible to access an adult acute mental health bed for ongoing intensive assessment. It can accommodate five patients for a period of up to 72-hours and is delivered by experienced Registered Mental Health Nurses.
- 4.42 **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.
- 4.43 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.

- 4.44 Between January to June 2024 there were 1876 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.
- 4.45 In the first six months of 2025 there have been 1544 referrals from SAS with 7% requiring onward transfer from the crew 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 (Adastra) 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 in 2022/23 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 Over the past two years, the service has continued to support patients to enable them to remain at home wherever possible and now covers 76% of all COPD registered patients in Ayrshire through collaboration with 31 practices. There were 5676 patient contacts from January to June 2025, and the service now has over 1200 registered patients. This is an increase from the first six months of 2024 when there had been 4107 patient contacts with 770 patients registered with the service. The service has introduced alerts via Trakcare to facilitate early supported discharge for this patient cohort; so far this has benefited nearly 200 patients.
- 4.50 **Palliative End of Life Support Line** - PEOL went live early October 2023 and was created to facilitate a SPOC for palliative patients for end-of-life care 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 normal place of home and prevent hospital admissions which may not be of benefit to them.

- 4.51 Between January to June 2024, a total of 93 patients with 290 contacts were referred to the service. In the first six months of 2025 there have been 185 contacts for 66 patients.
- 4.52 **AUCS Palliative Support Service** - In early 2024, a review was undertaken of the community nursing model and the model of care delivery for palliative and end of life patients. This looked at the future support needs of everyone who may need to receive end of life care, and how this links with our wider whole system approach.
- 4.53 The outcome of the review, to ensure best value and sustain continuing care for this cohort of patients, was to move delivery “in-house” seamlessly migrating it into AUCS at the end of May 2024. From June 2024 to the end of June 2025, a total of 181 patients have benefited from the service with a total of 618 contacts with these patients. 76% of patients requested a seven night per week cover with 72% of patients requiring this cover for one week or less. To date, 97% of patients have also been kept in their preferred place of care.
- 4.54 **GP to AUCS for HV Test of Change (ToC): Support to GP Practice Home Visits 4pm to 10pm 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 ToC for eligible patients initially with only four GP practices. The scope gradually expanded and now includes a total of 51 of the 53 Ayrshire GP practices (all mainland practices). During the first six months of 2024, a total of 243 patients were seen by an AUCS clinician as part of the ToC with only 17% of these referrals requiring onward admission to hospital. In the same timeframe in 2025 there have been a total of 745 referrals with 19% of patients requiring an admission to hospital.
- 4.55 **Protected Learning Time (PLT)** – throughout 2024 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 PLT 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 continued throughout 2025.

### **Additional Improvement Projects**

- 4.56 **Virtual Capacity** - Develop a virtual capacity network by developing a SPOC within the AUCS FNC to encompass the Hospital at Home, Community RRR programme to ensure a seamless pathway to all services for patients. This will require the AUCS management team to develop and embed a referral pathway from AUCS FNC to Hospital at Home Team; develop a referral pathway from AUCS FNC to RRR Service and implement organisational change for RRR and Hospital at Home operational staff to bring them under the SPOC model.
- 4.57 Plans are in progress to scope the potential for Ayrshire Community Blood Service to be encompassed within the SPOC.

## **QUALITY**

- 4.58 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.
- 4.59 The FNC supports a number of pathways to wrap the professional services around the patient with an average 1133 calls per month over and above OOH activity. It is noted that only 21% (242) of the calls received via FNC attend hospital within 48 hours. The remaining 891 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 ED attendances post pandemic.
- 4.60 The FNC operates with one clinician and call operator 8am to midnight, seven 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.

## **NEXT STEPS**

- 4.61 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.
- 4.62 Continuous review of current and new pathways must be undertaken to evaluate impact and effectiveness to ensure improved patient journeys.
- 4.63 Creative and innovative response to emerging challenges within our region should continue to play a part in the service ethos.
- 4.64 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.

- 5.2 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.
- 5.3 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.
- 5.4 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 to work efficiently re-designing where possible using data and trends to match the required workforce to demand.
- 6.1.2 A review of the COVID-19 Therapeutics Service is currently ongoing nationally to understand future resource requirements.

### **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 successfully informed changes which were tested during 2024/25 to ensure best practice and best value. A programme of opportunities to continue staff engagement is ongoing.
- 6.2.2 Throughout the first six months of 2024, AUCS consistently improved on the projected shift cover reported to the Scottish Government on a weekly basis. The average shift cover has not dipped below 95% throughout this period with the average for 2025 seeing an increase to 98% for the same period. This reflects significant and consistent improvement 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 The strengthened senior management workforce along with a wider multi-disciplinary team approach to deliver core urgent care services to patients is now fully embedded within the service.

### **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 the North Ayrshire HSCP 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 NHS Ayrshire & Arran has 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.
- 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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18<sup>th</sup> September 2025