

A Scottish ANP Journey: Transforming Care Through Leadership, Innovation and Transformation



Lizanne Hamilton-Smith

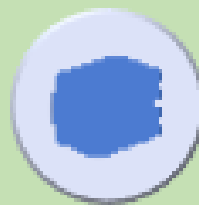
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Transforming Roles



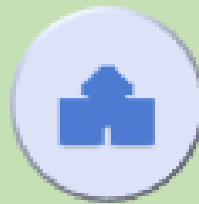
Glasgow Nurse (1890)



History



Policies & Protocols



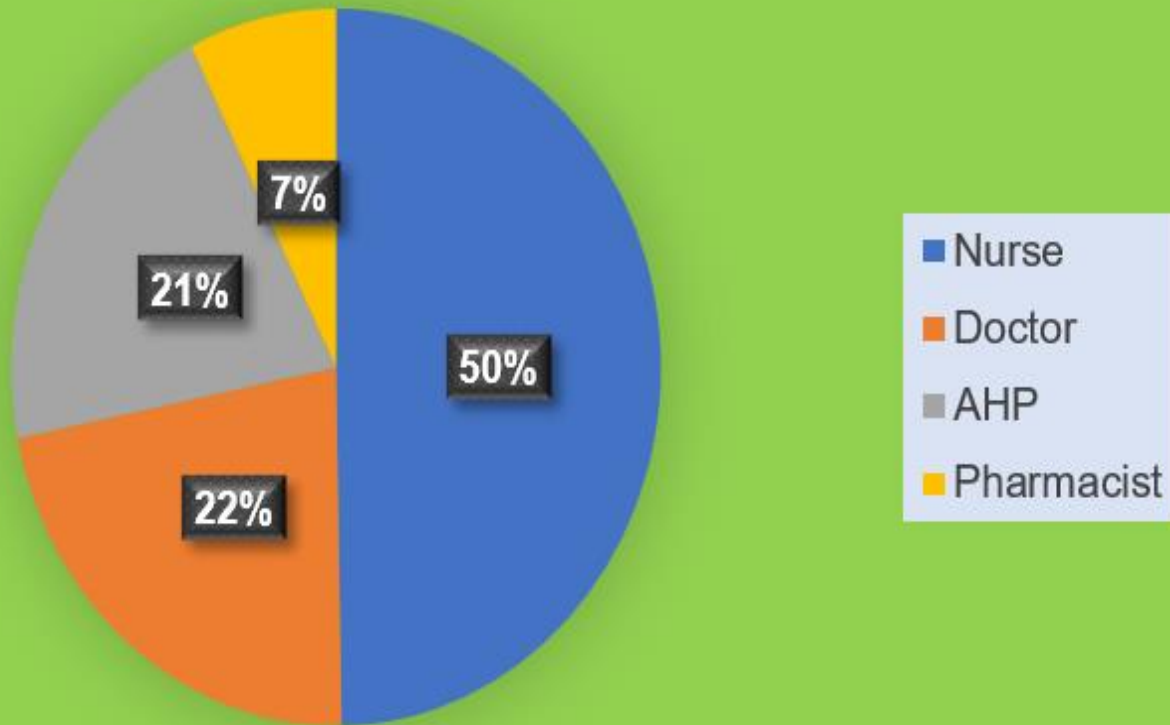
Training & Education



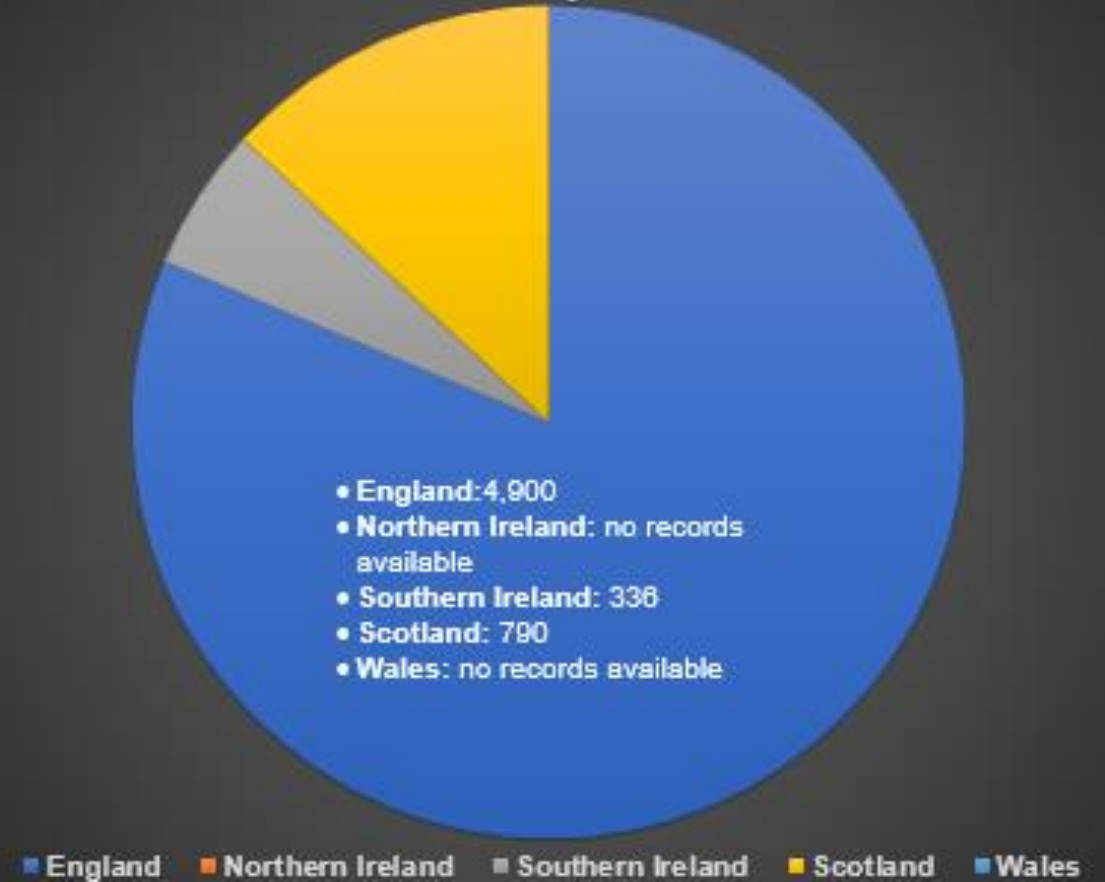
Competence

NHS Healthcare Professionals

NHS Healthcare professionals



Recorded advanced practitioners



(Palmer, Julian, and Vaughan, 2023)

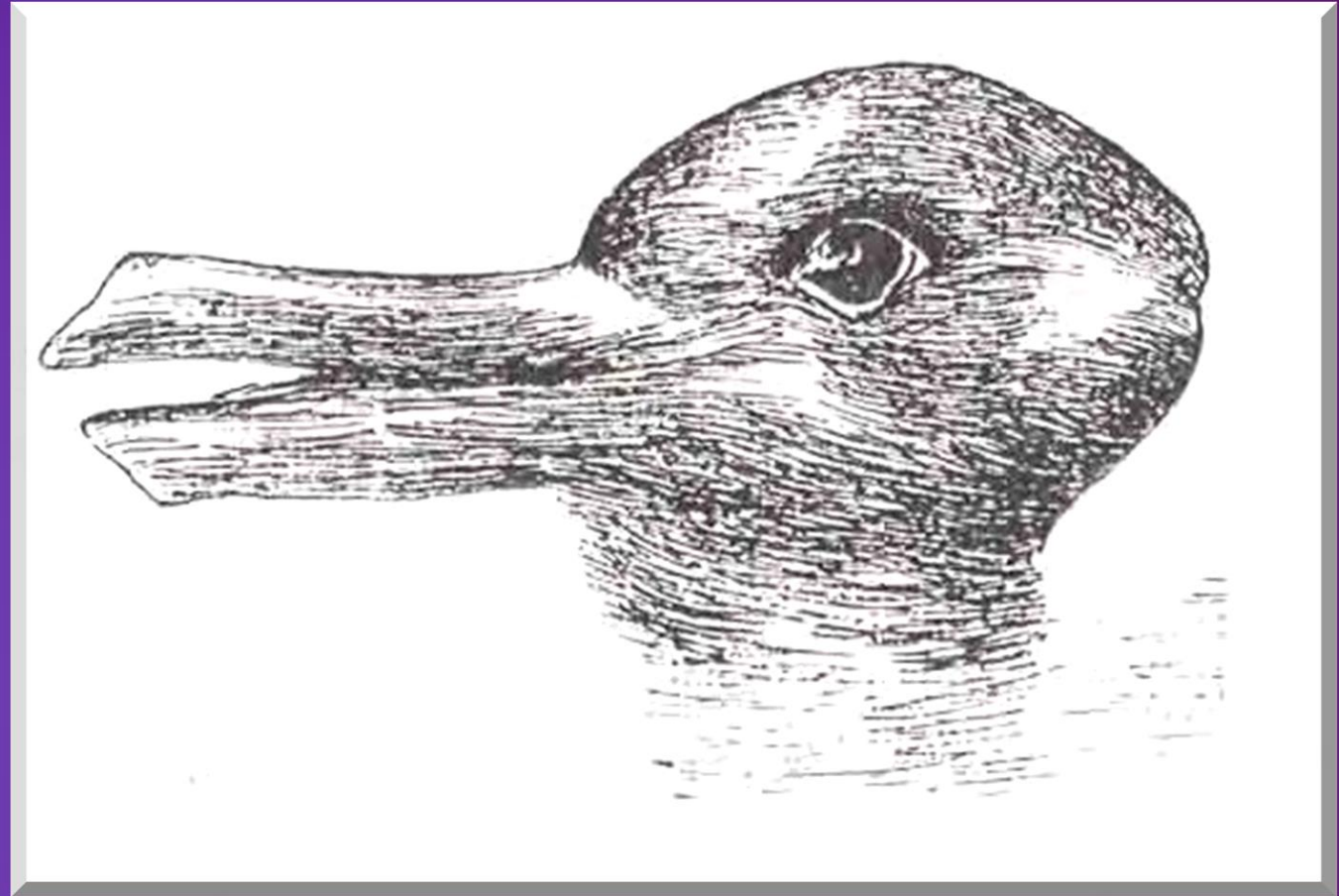
Pillars of Advanced Practice



Temptation



(Stein, 1990)



Khun (1996)

Perceptions

DR NURSE WILL SEE YOU NOW

Nurses are increasingly taking on doctors' roles but, as **Rebecca Coombes** reports, lack of regulation is making their acceptance more difficult

BMA Scotland statement: Role of PAs and AAs in Scotland's ...

8 Sept 2023 — Would we also seek to abolish Advanced Nurse Practitioners or prescribing Pharmacists or a wide range of other professions allied to medicine?

New clinical roles in the NHS

A broad guide to some of the newer clinical roles that have been introduced to the NHS as part of new models of service delivery to ease workload pressures.

BMA junior doctors committee and GP registrar ...

30 Oct 2023 — The BMA's position is that no postgraduate doctor should automatically prescribe medications or request ionising radiation on behalf of a MAP.

The BMA has called for an immediate halt to the recruitment of Medical Associate Professionals (MAPs) in the UK including Physician Associates (PAs) and Anaesthetic Associates (AAs).

Doctors from across the UK who make up the BMA's UK Council have passed a Motion which calls for the moratorium on the grounds of patient safety. They want the pause to last until the government and NHS put guarantees in place to make sure that MAPs are properly regulated and supervised. The move follows a number of recent cases in which patients have not always known they were being treated by a physician associate and tragically have come to

Independent report on the regulation of advanced practice in nursing and midwifery

In the recent threads a fair few comments were made about "doctors doing a good job etc.". Can people please clarify what level you'd say they are at? Just saying "they do a good job", I can't tell what level. Could mean they fill in well for an S1 consultant.

Career progression



1990-2016

2016-2021

2022-2024

2025-2026

RN Level 1
Advanced Nurse Practitioner
Locum Clinician

Lecturer
External Examiner De Montfort University
Locum Clinician
HEA Senior Fellow
PhD candidate

Senior Nurse for Advanced Practice NHS 24
Senior Lecturer UHI
External Examiner Bolton and Robert Gordon University
Peer Review
Locum Clinician
PhD candidate

Lead Nurse for Advanced Practice NHS 24
Senior Lecturer UHI
External Examiner
Peer Review
Locum Clinician
PhD completion

Hamilton-Smith, L. (2015) **Measuring the Effectiveness and the Impact of a Nurse-led Renal Day Area Within a Secondary Healthcare Setting in NHS Scotland**

Allen, M., Hamilton-Smith, L., Hannah, L., Scott-Brown, E., (2018) **An exciting and innovative educational programme which will produce advanced practitioners which meets the needs of the Scottish healthcare system at a Scottish University**
Anderson, K. & Hamilton-Smith, L. (2020) **Observation of variance in regarding of staff education and training in a hospital setting**
Delves-Yates, C., Everett, F. and Wright, W. (2019) **'Clinical Skills for Nursing Adults: Step by Step'. Chapter 11 (Intravenous Fluids), Chapter 14 (ECG) and Chapter 24 (Sepsis)** Thousand Oaks. California: SAGE.
Hamilton-Smith, L., Wright, W., Andrade, S., Rae, S., Cund, A. & Tonner, A. (2022) **UWS Digital Strategies**
Hamilton-Smith, L. & Andrade, S. (2019) **Case Study: A practical guide to e-marking of Objective Structured Clinical Examination (OSCE)**
Hamilton-Smith, L. (2020) **UWS Vice Chancellor Fund Virtual Hospital**
Hamilton-Smith, L. (2020) **Vascular Access Challenges and Triumphs in 2020**
Hamilton-Smith, L. (2021) **UWS Vice Chancellor Fund Patient Flow and Decision-Making Project**
McGoldrick, S & Hamilton-Smith, L. (2020) **Working in vascular access pre and during COVID-19**
University West of the Scotland (UWS) (2016, 2017, 2018) **More Children Share the "Class in a Bag" Experience**

Copeland, L. & Hamilton-Smith, L. (2024) **Right Care, Right Place a review of referral processes**
Copeland, L. & Hamilton-Smith, L. (2024) **Re-introducing Remote Prescribing**
Hamilton-Smith, L. (2022) **Can Virtual OSCEs be a compassionate assessment: improving patient journey and clinical decision-making**
Hamilton-Smith, L. (2022) **Advanced Practice Clinicians Three Deities or One Deity?**
Hamilton-Smith, L. (2022) **Refreshing the Vascular Access Strategy**
Hamilton-Smith, L. and Henderson, C. (2023) **Outwitting Spine Chilling Examinations**
Hamilton-Smith, L. (2024) **National Approach to Advanced Practice CPD**
Hamilton-Smith, L. (2024) **Developing an innovative multidisciplinary Remote and Rural Advanced Practice (RAP) post-graduate educational master's programme**
Hamilton-Smith, L. (2024) **Advanced Practice-Cradle to the Grave**
Hamilton-Smith, L., McGuinness, M., Braid, N. and Anderson, K. (2024) **Proposed learning disabilities for advanced practice-our journey so far**
Henderson, C., Jones, A & Hamilton-Smith, L. & et al. (2024) **The reliability and validity of the Observed Structured Clinical Examination as an assessment of capability within Advanced Practitioner curricula**
McGuinness, M. & Hamilton-Smith, L. (2024) **Advanced Practice an innovative prominence in a national healthcare setting**
Preston, R. & Hamilton-Smith, L. (2024) **Rural Advanced Practice Competency Portfolio**
Near Me (2024) **Video OSCE guidance**
NHS 24 (2024) **AI in healthcare**
Reid, K., Hamilton-Smith, L. & Bohlender, C. (2024) **Advanced Practice Doctoral Studies**
Reid, K., Morris, G., & Hamilton-Smith, L. (2024) **Supporting Advanced Practice Students through global connections**
Scottish Advanced Practice Educators Network (SAPEN) (2022, 2023, 2024) **Newsletters**

IN PROGRESS

Hamilton-Smith, L., McGuinness, M., Braid, N. and Anderson, K. (2024) **Proposed learning disabilities for advance practice**
Hamilton-Smith, L. (2024) **Multi-professional Approach to Advanced Practice CPD**
Henderson, C., Jones, A & Hamilton-Smith, L. & et al. (2025) **International OSCE survey**
Ross, J., Preston, P., Hamilton-Smith, L. & Doolan-Noble, F. (2026) **Rural Advanced Practice Nursing** (Springer)
McPhillips, H., Hamilton-Smith, L. & Reid, K. (2025) **Clinical Skills Textbook for Undergraduate Nurses** (Elsevier)



Digital Reach

Clinical

- Registered General Nurses
- Mental Health Nurses
- Advanced Nurse Practitioner
- Senior Charge Nurse
- Clinical Services Managers
- Pharmacists
- Dental Nurses
- Physiotherapists

Non-Clinical

- Call Handlers
- Team Managers
- Psychological Wellbeing Practitioners
- Health Information Advisors



111 Service

- **Approx 35,000 calls offered/week**
- **Free for patient to call**
- **Automated options – Unwell, Mental Health or Dental**
- **Non clinicians answer call**
- **1:5 ratio of clinician to non-clinician**
- **Clinician involved in every call**
- **Screen – Assess – Signpost/Self care advice**
- **Care delivered at first point of contact**



Referral Pathways

- **999**
- **Emergency Department**
- **Flow Navigation Centre**
- **Primary Care – in hours GP or OOH services**
- **Pharmacy**
- **Dentist or OOH dental services**
- **Maternity services**
 - **IT system linked to 14 territorial Health Boards**
 - **Knowledge Management**
 - **Referrals and patient information sent electronically**



(NES, 2025)

- **Safely downgrade acuity**
- **Use telephony/video consultations**
- **Refer directly to FNCs/SDEC**
- **Reduce ED congestion**
- **Improve continuity of care and outcomes**

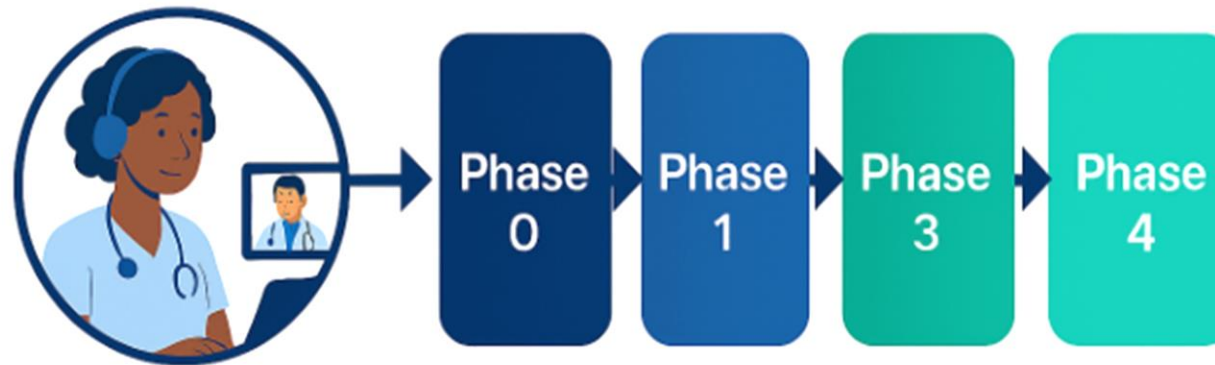
NHS 24 ANP Projects



Video Consultations

With the introduction of NHS 24 (2025) Digital Transformation Programme

Phases 0-2 will continue to build on our next phase four (introduction to video consultations for NHS 24 clinical supervisors) and currently scoping the various requirements of this phase.



Learning Disabilities



Remote Prescribing



Education Workshops

Aspirations Overview



- Improve patient access to service whilst reducing call handler call time
- Enhance the patients journey by reducing referral to OOH
- Provide robust selfcare and signposting
- Reduce call handler time
- Improve moral within call handlers

NHS 24 Strategic Aims

Does the initiative have clear alignment to strategic aims?		Provide details of how the proposed initiative meets the aim
Deliver sustainable, high-quality services.	Y	<ul style="list-style-type: none"> • Whilst the patient journey will be altered, it will allow for a reduction in travel, time and contact as NHS 24 ANP can triage and endpoint, providing treatment without any further requirement for onward referral.
A workplace in which our people can thrive.	Y	<ul style="list-style-type: none"> • Personal development of staff will be encouraged, with the NHS 24 ANP role to mentoring all clinical staff to transform roles • Staff who are already clinical assessment, clinical decision-making will be able to expand and develop new skills in which will increase job satisfaction and improve retention.
A collaborative forward thinking partner.	Y	<ul style="list-style-type: none"> • This is a shared project, that will have a positive impact for all stakeholders.

NHS 24 ANP VC & RRx prescribing journey



Phase	Phase 0	Phase 1	Phase 2 a)	Phase 2b)
Period	Sept 2024	19th January to 9th March 2025	11th May to 9th June 2025	5 th August to 30 th September 2025
Project	Baseline	VC	VC & RRx	VC & RRx
Age range	0-100 years	2-12 years	2-12 years	2-16 years
Keywords	Breathing, Abdominal, Chest pain, MIU, KW3, Speak to Clinician	Rash, breathing, cough, fever, and head	Cough, Sore throat, Head injury, Temp/Fever, Skin, Wounds/ Lacerations, and Breathing.	Any condition
Location	All centres	Lumina	Cardonald	All centres
Times	N/A	Sunday 10:00-16:00	Sunday 08:00-16:00	Tuesday & Thursday 17:30-20:30
Focus	Call Review	Video triage		Video triage + Rx
Total Paediatric Calls	n/a	4328		
Calls Managed by ANPs	606	486		
Telephone	606	369		
Video Consultations	31% suitability	117 (24%)		
Prescriptions	217 (potential)	N/A		
Self-Care Outcomes	54% (potential)	67	65	
Return Caller Rate	N/A	Not specified	3.9%	
CS telephone ACHT	32:00 mins	39.00 mins	25:00 mins	
ANP telephone ACHT	n/a	13.06 mins	4.33 mins	
ANP telephone & VC ACHT	n/a	22:06 mins	15.09 mins	
Additional Support needs	n/a	21	25	
Cost Savings	£122,958.00	£35,263.48	£13,708.47	

**TOTAL SAVINGS:
£171,191.35**

Data analysis in progress

Challenges for remote and rural healthcare provision

- Population
- Economy
- Diverse Employment
- Access to Services
- Physical Environment
- Infrastructure
- Cost of living



smo Scottish Index of Multiple Deprivation

Interdisciplinary Approach



National Centre for
Remote and Rural Health and Care



National Advanced Practice CPD

Session 1 NHS 24 Advanced Practice CPD Session (ECG interpretation)
Session 2 NHS 24 Advanced Practice CPD (Triage and Clinical Consultations)
Session 3 NHS 24 Advanced Practice CPD (Respiratory Assessments)
Session 4 NHS 24 Advanced Practice CPD (Cardiac Assessments)
Session 5 NHS 24 Advanced Practice CPD (GIGU Assessments)
Session 6 NHS 24 Advanced Practice CPD (ENT Assessments)
Session 7 NHS 24 Advanced Practice CPD (Neuro Assessments)
Session 8 NHS 24 Advanced Practice CPD (MSK Assessments)
Session 9 NHS 24 Advanced Practice CPD Children Overview
Session 10 NES Mobile Skills Unit
Session 11 NHS 24 Advanced Practice CPD (Video Consultations)
Session 12 NHS 24 Advanced Practice Radiological Interpretation Video
Session 13 NHS 24 Advanced Practice Publications and Presentations
Session 14 Improving Patient Flow and Clinical Decision-Making
Section 15 Advanced Practice CPD Radiology interpretation workshop
Session 16 NHS 24 Advanced Practice CPD (Renal)
Session 17 NHS 24 Advanced Practice CPD (Learning Disabilities and Autism)
Session 18 NHS 24 Advanced Practice Case Based Discussions
Session 19 NHS 24 Advanced Practice CPD (Clinical Diagnostics)
Session 20 NHS 24 Advanced Practice CPD (Airway Management)
Session 21 NHS 24 Advanced Practice CPD (Cancer Workshop)
Session 22 NHS 24 Advanced Practice CPD (Advanced Practice Care Homes and Restore Workshop)
Session 23 NHS 24 Advanced Practice CPD Academic Writing
Session 24 NHS 24 Advanced Practice CPD (Vascular Access)
Session 25 NHS 24 Advanced Practice CPD (NHS 24 Telephone Triage)
Session 26 NHS 24 Advanced Practice CPD (Sonography)
Session 27 NHS 24 Advanced Practice CPD (Dermatology)
Session 28 NHS 24 Advanced Practice CPD (Menopause)
Session 29 NHS 24 Advanced Practice CPD (Respiratory Conditions))
Session 30 NHS 24 Advanced Practice CPD (Pre Hospital Presentations)
Session 31 NHS 24 Advanced Practice CPD (Men's Health)
Session 32 NHS 24 Flow Navigation Centre (FNC) and Acute Medicine in NHS Grampian
Session 33 NHS 24 Advanced Practice CPD (Facilitation of Learning)
Session 34 NHS 24 Advanced Practice CPD (Public Protection)
Session 35 NHS 24 Advanced Practice CPD (Transforming Roles)
Session 36 NHS Advanced Practice CPD (Situational Awareness and Risk)
Session 37 Clinical Decision-Making and Support Systems
Session 38 Innovations during CoVID-19
Session 39 Cardiac Presentations
Session 40 Mental Health Emergency Serotonin Syndrome
Session 41 Evidence-Based Research
Session 42 Down's Syndrome
Session 43 Adrenal Crisis
Session 44 Addictions
Session 45 Advanced Practice Events
Session 46 National Learning Disability Liaison

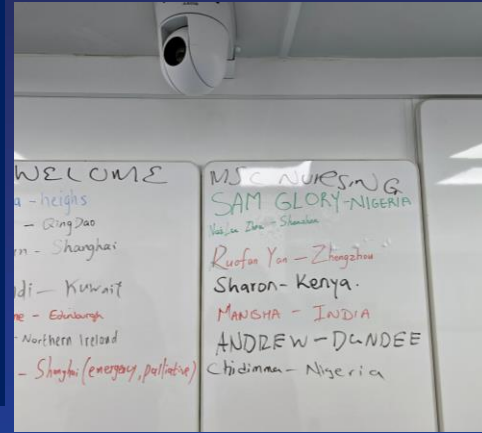
NA

N24 - National Advanced Practice CPD Channels Members Pending requests

- + Add member
- > Owners (8)
- > Members and guests (812)



Global Community of Learning



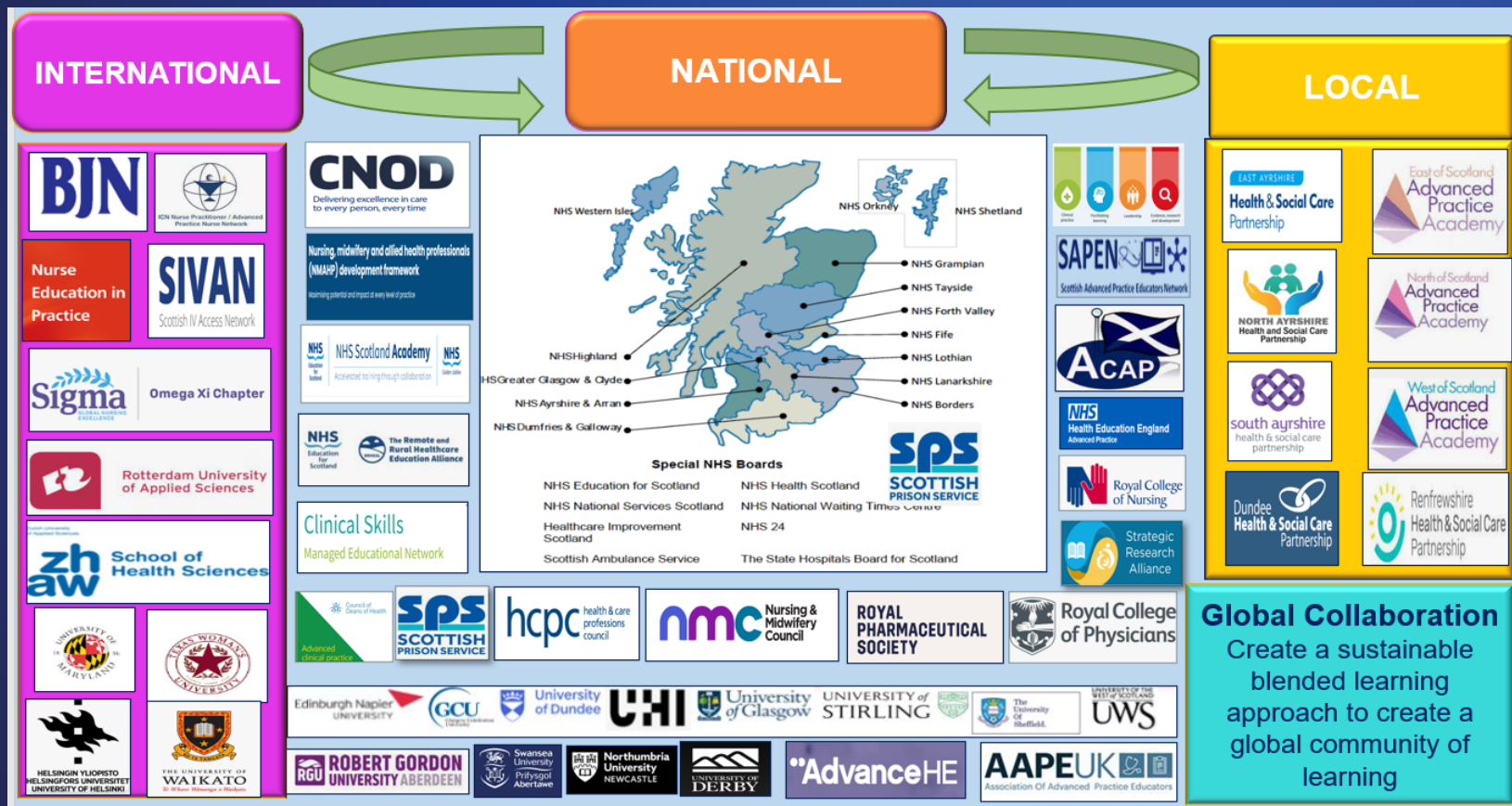
Positive Influencers

Overall Impact Statement

- ✓ 40% increase in participants
- ✓ 60 % in locations to improve access to free education
- ✓ Significantly improved practitioner knowledge, skills, and confidence
- ✓ Enhanced patient safety behaviours and clinical decision-making
- ✓ Expanded access to simulation-based education for rural and community staff
- ✓ Strengthened multidisciplinary collaboration
- ✓ Was overwhelmingly valued by participants (97.8% stating it was beneficial)

Key Recommendations

1. Strengthen MSU Delivery and User Experience
2. Expand Access and Reach for Rural and Hard-to-Reach Staff
3. Strengthen Interprofessional & Cross-Sector Collaboration
4. Enhance Capability Building in Priority Clinical Areas
5. Standardise Evaluation, Data Sharing and Continuous Quality Improvement
6. Support Sustainability and Workforce Benefit
7. Improve Pre-Learning and Post-Learning Resources
8. Scale Up High-Value Themes Identified by Participants



Publications

Remote prescribing: Phase One report

Lead Author: Laura Copeland, Advanced Nurse Practitioner & Licensee Hamilton-Smith, Lead Nurse for Advanced Practice, NHS 24
Email: NHS24.ANP@nhs.uk, l.copeland@nhs.uk

Background
Following the restriction from COVID-19, the ability to provide remote prescriptions to patients saved. As the role of Advanced Nurse Practitioners (ANPs) within the NHS Scotland becomes more embedded, the aspirations and guidance from the Scottish Government through Transforming Roles becomes more pertinent (1).

Advanced Nurse Practitioners are required to be competent at comprehensive history taking, clinical assessment, differential diagnosis, investigations and treatment which includes prescribing. To be competent this aspect of the role needs to be fulfilled, currently ANPs must undertake clinical placements.

For over a year we have worked closely with key stakeholders within NHS 24 to determine where and how ANPs can be best aligned to maximise our input whilst enhancing the patient's journey, ensuring they receive the right care, right place (2). Policies and procedures were updated and approved within the organisation for the test of change to be undertaken.

Aims/Objectives

- Identify the impact of remote prescribing re-introduction into NHS 24 for the organisation and healthcare partners.
- Undertake a quality improvement project in collaboration with the video consultation.
- Provide prescriptions for patients aged 2 – 12 years old who present with any condition and are assessed by the ANP.
- Confirm that remote prescribing can improve the patient's journey.

Methodology

- PSA (Plan-Do-Study-Act) underpinned our quality improvement methods over an 8-week period over the course of May and June 2023 to include:
 - Aged 2-12 years of age
 - Presenting with any symptoms via telephone triage
 - Invited to participate in video consultation if deemed as appropriate with no contraindications to the next steps of care
 - Remote prescription provision if appropriate and no distraction from Pharmacy First
 - Real time management

Results

- Remote prescribing calls (see Figures 1, 2 & 3)
- 309 calls in total
- 7% of patients received a remote prescription
- 48% of the remote prescriptions were for 'throat' presentations
- 95% of patients who received a remote prescription would have required OOH care provision if NHS 24 ANP service was not available



Category	Count	Percentage
Throat	10	45%
Other	12	55%

Category	Count	Percentage
Home based	18	82%
Other	4	18%

Plan of Action

Category	Details
Quality assurance	Review new policies and procedures. Maintain peer call reviews.
Teaching and Learning	Maintain peer mentoring and case based discussions to provide ongoing support and education. Develop education resources.
Clinical Supervision	Continue buddy system with peers, medical and pharmacy colleagues.
Evaluation	Undertake TOC incorporating alternative timeframe to identify need to provide time for maximum internal and external benefit. Gather external user feedback.

Conclusions
Emergency presentations in palliative care often stem from fragmented care coordination and insufficient ACP. Strengthening documentation practices and educating both professionals and families on palliative symptoms management are essential to align care with patient wishes and reduce unnecessary ED visits.

Recommendations

- Mandatory ACP training every two years for frontline staff.
- Improved access and usability of Palliative Care Summaries.
- Public education campaigns to normalize ACP discussions.
- Enhanced support for care homes and community services.
- Promote Realistic Medicine by enabling home-based care where clinically appropriate.

Understanding Emergency Presentations in Palliative Care and the Role of Advance Care Planning

Lead Author: Laura Copeland, Advanced Nurse Practitioner & Licensee Hamilton-Smith, Lead Nurse for Advanced Practice, NHS 24
Email: NHS24.ANP@nhs.uk, l.copeland@nhs.uk

Background
Emergency department (ED) presentations by patients with palliative care needs are increasing across the UK, often reflecting fragmented services, limited community support, and unclear care plans (1). NHS 24 Advanced Nurse Practitioners (ANPs) explored the rationale behind emergency calls for palliative patients to evaluate the role of advance care planning (ACP) in guiding appropriate care pathways (2).

Methods
A retrospective quantitative analysis focus of 101 palliative care calls to NHS 24 focus on call outcomes, documentation status, and care origin, while qualitative themes were derived from rationale descriptions and reviewer comments.

Results
Suitability for Emergency Response: 41% of calls were deemed appropriate for 999 ambulance dispatch.
Home Based Care Potential: 47% of calls could have been managed at home, aligning with patient preferences and principles of Realistic Medicine.
Improve Record Keeping: Only 38% of calls had a documented DNACPR, while 55% lacked the critical Palliative Care Summaries (PCS) (see figure 2).
Care Home Origin: 8% of calls originated from care homes.
Top Rationales (see figure 1) for 999 Calls: The most frequent reasons for calls included breathing, abdominal illness and falls.

Discussion

Despite national strategies, findings suggest inconsistent implementation in ACP documentation and decision-making, reflecting systemic gaps in ACP, documentation and community support, leading to potentially avoidable ED presentations. The data suggests that improved record-keeping, clearer escalation protocols, and enhanced community support could reduce reliance on emergency services.

Conclusion

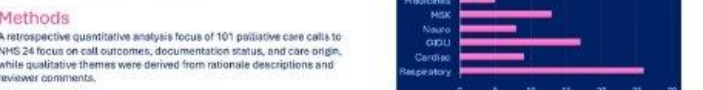
Emergency presentations in palliative care often stem from fragmented care coordination and insufficient ACP. Strengthening documentation practices and educating both professionals and families on palliative symptoms management are essential to align care with patient wishes and reduce unnecessary ED visits.

Future

- Plan to work in collaboration with the Scottish Ambulance Service (SAS) and Highland Hospice to develop an education package to support palliative care clinical judgement.
- Draft a business case for mandatory TURAS CPD integration of the well-established SAS Palliative Care Turas resources within NHS24 (3).
- Promote up-to-date Palliative Care Summary record keeping in primary care in relation to patient safety and wishes.
- Engage with NES (NHS Education for Scotland) to ensure resource accessibility and update cycles.

Recommendations

- Mandatory ACP training every two years for frontline staff.
- Improved access and usability of Palliative Care Summaries.
- Public education campaigns to normalize ACP discussions.
- Enhanced support for care homes and community services.
- Promote Realistic Medicine by enabling home-based care where clinically appropriate.



NHS 24 ANPs Advancing Equitable Education Across Scotland

Lead Author: Lizanne Hamilton-Smith, Lead Nurse for Advanced Practice, NHS 24
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Background
The NHS Education for Scotland (NES) Mobile Skills Unit (MSU) (2021) (2020/2021) a pioneering initiative designed to promote equitable access to clinical education across Scotland. First launched in 2008, the MSU is a self-contained, custom-built mobile training facility capable of delivering hybrid education for both technical and non-technical skills. Supported by Scotland's Simulation Network, it provides access to a wide range of resources, including high-fidelity simulation tools, enabling multi-professional, multi-agency, and public training in diverse locations (See Figure 1).

Over the past three years, NHS 24's Advanced Practice team has facilitated more than forty-five monthly on-site education sessions. In response to various constraints, the team has strategically evolved its one-national continuing professional development (CPD) approach to expand access to face-to-face learning to support transforming roles (NMC, 2023; Scottish Government, 2023) (See Figure 2).

Aim

To achieve equitable access to high-quality clinical education across Scotland by leveraging the NES Mobile Skills Unit and collaborative simulation-based learning, enhancing CPD, workforce capability, and health equity.

Strategic Objectives

- Expand reach of hybrid education across Scotland.
- Foster multi-agency and multi-professional collaboration.
- Deliver tailored simulation sessions aligned with end-user needs.
- Promote safe, realistic, and inclusive learning environments.

Quality Improvement Methodology

Over a one-year period, NHS 24 Advanced Nurse Practitioners applied the Plan-Do-Study-Act (PDSA) cycle to enhance equitable access to clinical education across Scotland.

- Involved interprofessional learning was delivered via the NES Mobile Skills Unit, targeting events and skills communication. Sessions were service-driven and grounded in evidence-based theory, with simulation used to embed learning in realistic environments.
- Continuous feedback informed iterative improvements, ensuring relevance and impact.
- The initiative fostered safe, inclusive learning and identified future partnership opportunities to expand reach and strengthen collaborative healthcare education.

Results

NHS 24 ANP participation in NES MSU faculty training has further strengthened cross-sector collaborations, advancing health equity through innovative hybrid healthcare education. To date, a diverse range of over 3,000 participants across a 500-mile radius, including Inverness, Dundee, Dumfries, Glasgow, and Aberdeen, have engaged in the NHS 24 MSU sessions, with new partnerships planned for 2025 (See Figure 3).

Education topics delivered via the MSU have included Advanced Practice, Fire Safety, the Dementia Partner, Palliative Care, Dementia, and Diabetes, reflecting a commitment to comprehensive and inclusive clinical education.

Advantages: This project successfully combined simulation to support an experiential learning model with the MSU's mobile, safe and inclusive environment.



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NHS 24 Advanced Nurse Practitioner video triage in 2-12-year-olds using Near Me technology

Lead Author: Dr Adia Rashid Associate Medical Director & Michelle McGuinness ANP, NHS 24
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Background
Since the pandemic, NHS Scotland has increasingly adopted digital solutions to enhance patient care. Video consultation has emerged as a vital component of this transformation, providing a more approach to care delivery. This is particularly applicable in the paediatric patient population where visual assessment can lead to more accurate triage and improved onward referral decisions.

Around 15-20% of NHS 24 contacts are paediatric in nature, they can be a complex patient population to assess remotely. The current NHS24 operational model is largely triage only. Many of the NHS24 Clinical Supervisors (CS) are adult registered nurses which can potentially limit the effectiveness of clinical assessment resulting in under or over triage decisions.

An NHS 111 test of change (TOC) in England utilised paediatricians in the triage process. This led to more accurate triaging, reduction in unnecessary onward referrals and improved trust and organisational reputation.

NHS Scotland currently utilises video consultation Near Me / Attend Anywhere technology. NHS 24 sought to replicate the NHS 111 TOC using Advanced Nurse Practitioners (ANPs). NHS 24 currently employs 7 ANPs, 4 fully qualified and 3 presently in training. As part of their advanced practice, clinical assessment and management of paediatric patients is included within their training.

Methodology

The ANP team:

- Gained endorsement from key stakeholders across multiple directorates.
- Partnered with Subject Matter Experts from various directorates to ensure the test of change did not negatively impact the service level needs.
- Offered meetings and engagement around the test of change to ensure effective communication across the organisation.
- Provided continuous support leading up to the test of change with all members of the organisation.
- Conducted regular evaluations to gauge the impact and effectiveness of the test of change.
- Delivered dedicated remote paediatric assessment and video triage sessions.

Aims/Objectives
Aligned with Scottish Government and NHS 24 strategic priorities, the initiative aimed to streamline triage processes and ensure efficient patient handling. The aim of the test of change was to establish if provision of remote consultation would enhance the NHS 24 ANP clinical assessment of paediatric patients. It was hoped this intervention may help to reduce the number of onward referrals to partner agencies for face-to-face assessment and reduce the number of patients referred to the wrong location of care to best meet their needs.

Results

There were notable differences in the outcomes generated by Band7 clinicians and ANPs compared to Band 8 clinicians and ANPs.

- 17% more OP assessed within 1 hour
- 17% more AAE with 1-hour outcomes
- 20% more non-medical presentations
- 70% more self-care outcomes

Qualitative data revealed a 40% increase in patient satisfaction due to recognition of their symptoms by the ANP 1-hour outcome and use of less advanced services. Additional ANP consulting methods (2) patients with additional needs meeting from Learning Disability Healthboards.

Staffing resource

- Fixed ANP resource – cannot be BAU as present
- What are our other options?
 - Upskill Band 7 clinicians
 - Upskill clinical background specific Band 8 clinicians
 - Recruitment of Paediatric trained Band 8 clinicians
 - Create a 'Paediatric hub' – similar concept to the Mental Health Hub.

Potential of Phase 3

- Potential for Phase 3 to expand to include adult population.

Phase 2 TOC commenced 11/5/25

New interventions

- Operational Sundays for Band 7
- Additional resources – Head, N&N, wound
- ANP remote non-medical prescribing

Recommendations

- ANP Video triage adds clinical benefit:
 - Improved clinical decision making.
 - No adverse impact on AHT.
 - Improved patient journey aligning to Right Care Right Place.



Staffing resource

- Fixed ANP resource – cannot be BAU as present
- What are our other options?
 - Upskill Band 7 clinicians
 - Upskill clinical background specific Band 8 clinicians
 - Recruitment of Paediatric trained Band 8 clinicians
 - Create a 'Paediatric hub' – similar concept to the Mental Health Hub.

Potential of Phase 3

- Potential for Phase 3 to expand to include adult population.

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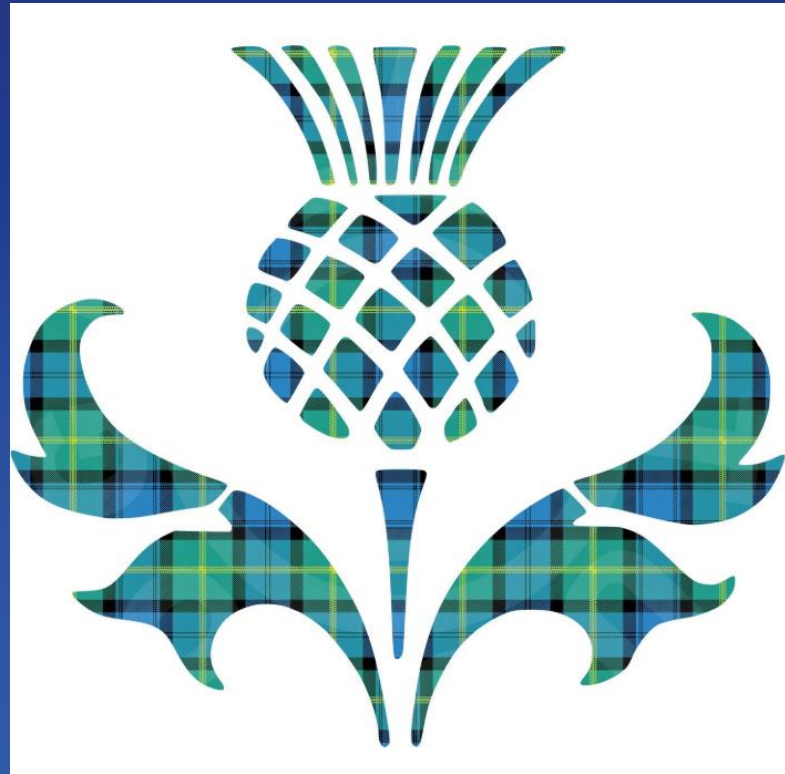
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- Potential for Phase 3 to expand to include adult population.

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Tapadh leibh!

Thank you!



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