**NHS24 Strategy Consultation**

**What do you feel NHS24 currently do well?**

* Successful telephone triage models
* Good recognition of pharmacist role to be referred to, and ability to utilise pharmacists’ skills for certain call types e.g. overdose, toxicity etc.
* Very responsive to public health events i.e. setting up help-lines for public health situations e.g. coronavirus, delay of kids hospital opening in Edinburgh
* Provide free, easily accessible triage and referral for clinical management if required for patients with health concerns

**What could NHS24 improve or do better?**

* Better transfer of information when referring patients to a pharmacy to share information and allow pharmacies to expect the patient and why they are presenting. This would help reduce variances in the services patients receive.
* Easier access of community pharmacies to refer into NHS 24/Unscheduled care
* Waiting times can be an issue which may result in patients abandoning calls
* Communication of information requires patients to repeat information about themselves and their symptoms multiple times e.g. call handler, nurse, doctor, sometimes more than once to each person – would better data capture be feasible?
* Better use of pharmacist independent prescribers within the service, pilots have been undertaken but nothing rolled out

**What could an excellent NHS24 look like?**

* More seamless communication between different healthcare providers
* Use of video chat so triage can be more thorough/effective for symptoms requiring visuals
* Adequate staff with correct skill mix, and adequate utilisation of staff and skills, to provide timely call answering and optimal triage process including communication of information
* Extensive use of pharmacist independent prescribers to improve patient journey and outcomes and manage waiting times
* Availability of 111 type triage service in-hours Mon-Fri to direct patients to most appropriate service (similar to COVID line)

**Any other comments?**

None.