



Tele-triage: a comparison of programs in Scotland and Ontario

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Delivery of Health Services in Remote and Rural Areas

...evaluating innovation including changes in local or national policy, contractual arrangements, and clinical practice...

...understanding what constitutes effective service delivery in different contexts...





Cross-cutting rural issues

Accessibility of services
Quality and appropriateness of care
Variation and standardisation
Workforce
Substitution and integration
Technology



Scotland

- Population 5m (1/10th England) ; relative poor health, deprivation, rurality, and ageing population the distinctive characteristics
- NHS service: tax funded free at point of access. Service is under pressure and undergoing re-design
- GPs with personal lists gatekeeper to secondary care except for accident and emergency or phone 999 for an ambulance



NHS 24

- Nurse led telephone advice service similar in concept to NHS Direct, but with important differences in structure. Cost £50m per year
- Introduced several years after NHS Direct in England
- First point of contact for OOH care across almost all Scotland
- Study concentrates on first site in Grampian, now extended to all Scotland



The Evaluation

Evaluation of the introduction of NHS 24 in Scotland

Funded by SEHD 2001-2005

Team from Centre for Rural Health (University of Aberdeen), and Universities of Glasgow, Sheffield, Glamorgan.



Evaluating Change

1. How were services delivered previously?
2. How did that change?
3. What do patients think?
4. What do health professionals think?
5. How effective is the service?
6. What have we learnt?
7. What next?



How were services delivered previously?

- OOH service: Variation in organisational structure, patient experience, cost
- Professionally led innovation
- Difference between urban and rural Scotland



How did that change?

- NHS 24: accessible, high quality, consistent, sensitive service for all Scotland. Strong policy push from Scottish Executive.
- Learning from NHS Direct: special health board; integration
- Technology driven solution



What did patients think?

- Overall, patient satisfaction high pre NHS 24; but there was a marginal improvement
- Significant improvement in interaction with the patient.
- Patients said NHS 24 was better than the previous service




Patient satisfaction timings and numbers

	North Pre NHS 24	North Post NHS 24	West Pre NHS 24	West Post NHS 24
Survey conducted	April 2002	Sept 2002	Sept 2002	April 2003
Valid responses	414	325	269	304
Response Rate	64	57	48	50





% very satisfied	North Pre NHS 24	North Post NHS 24	West Pre NHS 24	West Post NHS 24
Overall	60%	60%	58%	65%




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% very satisfied	North Pre NHS 24	North Post NHS 24	West Pre NHS 24	West Post NHS 24
The way the doctor or nurse spoke to you	58%	72%	59%	72%

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NHS24 is...	North	West
Better	38	53
Same	41	25
Worse	12	8
Not sure	9	14





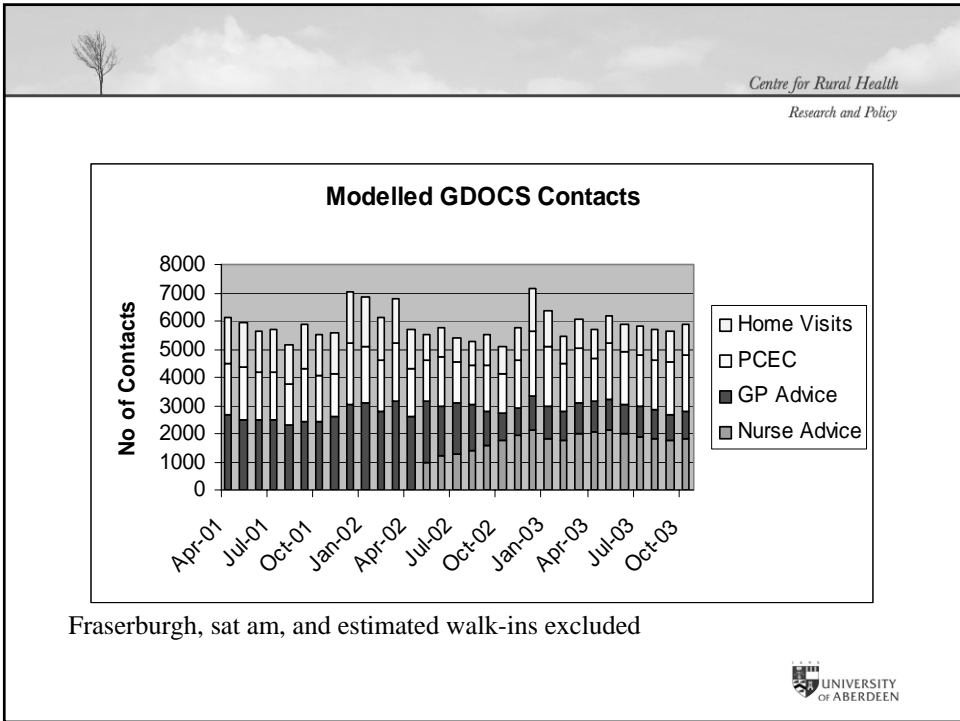
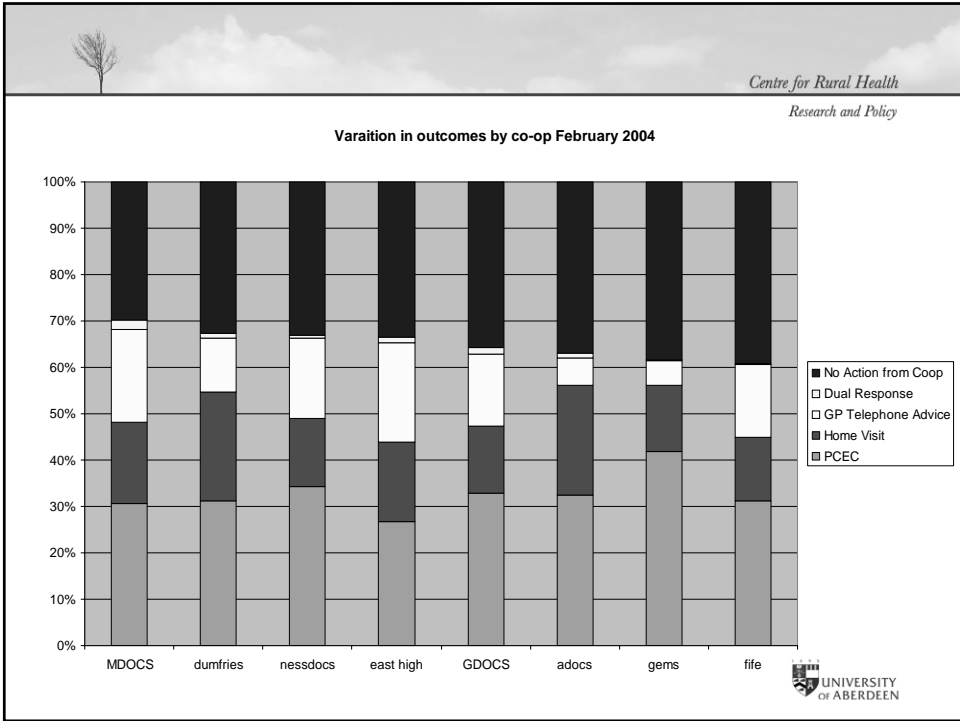
What did professionals think?

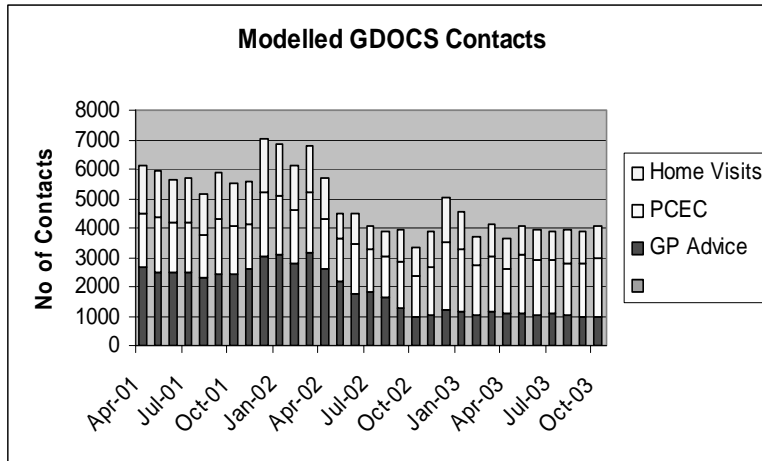
- Early dissatisfaction in Grampian: inappropriate triage and prioritisation, increased GP workload, IT.
- In response, the Quality Improvement Plan
- Other partners had different views; different enablers and obstacles to integration
- Next stage of evaluation to investigate this.



How effective is the service?

- NHS 24 deal with a third of calls without need for action by other services
- No impact on A&E or ambulance service to date
- Underlying demand unchanged in Grampian area
- Impacting on total numbers seen in OOH co-op





What have we learnt?

- A new and challenging approach
- Integration with primary care has been more difficult than predicted
- Size and complexity of the task: premature to judge



What next?

- New GMS contract a new opportunity and a new challenge



Remote and rural working....

