NHS 24 2009/10 – 2011/12
STRATEGIC FRAMEWORK

“DELIVERING AND MOVING FORWARD”

NHS 24
Caledonia House
Cardonald Park
Cardonald
Glasgow G51 4ED
Tel: 0141 337 4501
Fax: 0141 882 0188

www.nhs24.com

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Chief Executive’s Foreword

Welcome to “Delivering and Moving Forward” which sets out our Strategic Framework for 2009/10-2011/12 as we continue to strengthen and develop our role in delivering healthcare services to meet the needs of the people across Scotland. We have developed this Framework through discussions with our staff, with our partners such as Health Boards, the Scottish Ambulance Service, local Out of Hours services, the voluntary sector, and the public across the country. As a result we will be delivering and moving forward three areas of work, which are discussed in detail within the document:

- Improving Health;
- Unscheduled Care; and
- Improving Access to NHS Services

This Strategic Framework outlines what promises to be a challenging and exciting time over the next three years for NHS 24, in delivering and developing a range of services in partnership with many colleagues across NHS Scotland which help to meet the needs of the Scottish people. NHS 24 is in a position of being able to provide and develop innovative, technology-based, good value health services to patients and this will be especially important given the challenges which the Health Service in Scotland must face in the coming years.

NHS 24 will remain focussed on ensuring the provision of safe and effective unscheduled care services whilst continuing to work with our partners, patients, public and staff to design services to meet our goals through a balanced and deliverable implementation plan, which will help the people of Scotland improve their health and wellbeing.

The engagement process has proved to be a valuable way of creating opportunities for dialogue and feedback on NHS 24’s strategic direction, and I would like to take this opportunity to thank everyone who has contributed to date. We will be creating more such opportunities in the future and I look forward to working with all of our stakeholders as we continue to deliver and move forward over the next three years.

If in the meantime you would wish for further information or to make comment, please do not hesitate to be in contact with us.

John Turner
CHIEF EXECUTIVE
Scotland’s Health and the Health Service Today

In 2005, *Building a Health Service Fit for the Future*\(^1\) identified the challenges to health and wellbeing from an ageing population, persistent health inequalities and a growth in long term conditions. These factors continue to increase demand for health and care services and change the pattern of that demand, with a rise in emergency admissions and an increase in age related conditions such as dementia. In December 2008, the Chief Medical Officer produced his annual report, detailing the most recent changes in the population’s health\(^2\):

- the number of people dying from coronary heart disease (CHD) has decreased steadily over the past ten years; however the rate in decline in death rates for both men and women aged 35-54 years shows significant levelling off. Recent evidence suggests that the risk of developing heart disease is increasing in younger men between the ages of 35 and 55. It is probable that factors such as obesity and associated diabetes are beginning to impact on death rates from heart disease

- in contrast, the number of people dying from stroke in the under 75s has fallen substantially over the past ten years, however as the proportion of older people in Scotland continues to rise, the number of people of all ages suffering a stroke will continue to increase unless we can reduce the incidence of stroke in the over 75s

- behind these trends there is also an increasing gap in health between the more affluent and the more deprived people of Scotland

- mortality rates from cancer, which were historically high compared to many other countries, have decreased, providing some grounds for optimism

- Scotland has one of the fastest growing Chronic Liver Disease (CLD) mortality rates in the world, at a time when rates in most of Western Europe are falling. Deaths from CLD now account for 1 in 50 of all Scottish deaths. Whilst there are a variety of risk factors and diseases that cause chronic liver disease, the recent rises are predominately due to alcohol misuse and obesity. Scotland also has relatively high levels of obesity.

The Scottish Government set out its vision for the NHS in Scotland in “Better Health, Better Care” (Scottish Government, 2007) which responds to the trends in health care set out in “Delivering for Health”\(^3\) with greater emphasis on care of long term conditions; prevention and health improvement; the patient as partner with greater responsibility for self care, and the further exploitation of technology to support health care delivery.

\(^1\) Professor David Kerr, 2005
\(^2\) “Health in Scotland 2007” – annual report of the Chief Medical Officer
\(^3\) Scottish Government, 2005
“Better Health, Better Care” contained an action plan to improve health and health care in Scotland, through three main themes:

- Public ownership and mutuality – representing a further move away from a market based approach; and greater emphasis on rights and responsibilities of ‘patients’ and on the role of staff as partners;

- Improving health and tackling health inequalities – focussing on children and families, substance misuse, obesity, and sexual health;

- Ensuring better, local and faster access to health care – focussing on providing services that are patient-centred, safe, effective, efficient, equally available to all, and delivered in appropriate timescales.

Other factors have an effect on the requirements of the health service. We know for example that the public today increasingly wish to access healthcare at a time, location and manner convenient to them. It is also likely that the current economic environment will have an effect on people’s health and wellbeing and we need to be prepared for this.

“Delivering and Moving Forward” is our draft strategic framework outlining our ideas of the services we wish to deliver and develop, and the way in which we will work with Heath Boards and all other partners so that their services can be delivered to advance the above themes and to dispel the myth that: “Scotland has always been an unhealthy place and always will be – you can’t change the way we are”.
NHS 24 Today

Did you know that…

1. we are an integral part of NHS Scotland and deliver telephone based and online services providing people across Scotland with care 24 hours a day, 365 days a year;

2. we provide essential services in partnership with local health services when GP practices are closed to patients who need urgent clinical advice, and whose symptoms cannot wait until their GP practice reopens;

3. we provide people with a range of self care advice but can also refer patients if necessary to their local NHS services or the Scottish Ambulance Service;

4. we provide details of all pharmacies, GP surgeries and dental practices in Scotland as well as a wide range of information about illnesses and conditions, treatments, NHS services and other support services;

5. our website, www.nhs24.com is proving to be a popular site with an extensive range of health information and advice available to the public;

6. we provide advice and information about how people can look after their own and their family’s health and we have details about health campaigns and current health issues;

7. our team includes nurses, pharmacists, dental nurses, mental health specialists, call handlers and health information advisers;

8. we provide helpline services to support Health Boards in the provision of information to the public in the event of a public health concern (for example an outbreak of a disease);

9. we often take calls for GP practices during the day so that they can develop their staff;

10. we deliver the Breathing Space service – a free, confidential telephone line for people suffering low mood or depression;

11. we play a key role in the provision of the Scottish Emergency Dental Service - we are the first point of contact for patients requiring emergency dental services in the out of hours period providing assessment of symptoms, and arranging face to face clinical treatment if needed;
12. we have the ability to take calls that do not require an ambulance response from the Scottish Ambulance Service (“Category C calls”) which provides the patient with the most appropriate advice and reduces the number of inappropriate ambulance transfers to Accident and Emergency departments;

13. we are piloting a telephone based Cognitive Behavioural Therapy service for people referred by their GP for help with mild to moderate depression;

14. we are currently supporting NHS Lothian in the delivery of their Keepwell Programme;

15. we serve people across all of Scotland and work closely with local Health Boards to help meet the healthcare needs of their communities;

16. we currently receive over 1.5 million calls per year to our unscheduled care service and over 750,000 hits to our website, www.nhs24.com;

17. our frontline staff are offered a high quality programme of training and development focussing on key skills for telephone triage and clinical consultation.

18. we currently deal with 75% of patients during their first call to NHS 24, and we respond to all patients within appropriate clinical timescales
We have made good progress on improving patient care…

1. investment in our frontline systems provides us with easier access to up to date patient information, including details of patient-specific medication and allergies (using the Emergency Care Summary), and enhanced access to local knowledge information, ensuring that patients are provided with the most appropriate advice as quickly as possible;

2. callers suffering from low mood or depression who contact NHS 24 can now be directly transferred to the specialist helpline advisers in the Breathing Space service who also provide advice, guidance and further information on other statutory or voluntary agencies available in the callers local area;

3. we have continued to develop our local presence across Scotland in order that we provide more locally sensitive healthcare delivery. We now have in place, or are developing, local services in most Health Board areas. Patients in the Glasgow and Clyde area benefit from the increased knowledge and understanding that has resulted from the innovative project co-locating the West Emergency Medical Dispatch Centre for the Scottish Ambulance Service; NHS Greater Glasgow and Clyde’s Primary Care Out of Hours; and the NHS 24 Glasgow and Clyde service together in one clinical area. We are also planning to co-locate with the Scottish Ambulance Service’s East Emergency Dispatch Centre in Norseman House, alongside our existing services;

4. we have established our e-Health strategy, aligned to the “Better Health Better Care” e-Health Strategy, and have commenced a major programme of work delivering the latest technology to ensure NHS 24 has a robust, resilient, flexible and efficient infrastructure allowing us to continue to deliver high quality healthcare services for the people of Scotland;

5. we have continued to invest in developing and enhancing the skills of our frontline staff who have considerable expertise and experience in assessment of patients needs and their appropriate care over the telephone;

6. we have continued to develop the roles of our staff in order to use their range of skills in order to provide patients with the most appropriate advice, for example:

- people contacting us with certain low clinical risk conditions (such as earache, scalds, bites and stings) are provided with assessment and advice by highly trained call handlers under robust clinical governance and real time clinical supervision;

- patients contacting us with medicine related calls are now directed to a pharmacist for advice;
people contacting us with dental symptoms are now directed to
dental nurses for further advice;

7. we carry out Equality and Diversity Impact Assessments on all our
services (existing and new) to ensure they provide measurable
equality of access to and experience of our services for all of
Scotland’s diverse communities of people;

8. we continue to evolve and embed partnership working with our
patients, service users and people from the major equality
communities, to help us improve our services in response to patient
feedback and views.
Our Vision:

To excel in what we do, and by doing so, make a difference to people’s health across Scotland

Our Mission:

To use the key strengths of our highly skilled staff and up to date technology to help the people of Scotland improve their health and wellbeing.

We do this by…

1. ensuring patient safety and efficient, high quality patient services are at the heart of everything we do; instilling confidence that NHS24 can deliver effective support and advice, when people need it;

2. providing equitable access and quality of care regardless of the patient’s personal background, circumstances, or where they are calling from;

3. continually looking to innovate, adapt and improve the ways in which we deliver our services in order to suit people’s particular needs;

4. working in partnership with the Scottish Government Health Directorates, with Health Boards and the Scottish Ambulance Service to support them in the delivery and development of services;

5. working with our staff to ensure that we offer the best employee experience we can, supporting them to achieve their full personal and professional potential;

6. using our national technology infrastructure to deliver a highly responsive and effective service;

7. planning our services in a sensible and structured way, involving our staff, the public, patients and partners in the design of our services;

8. ensuring that we provide value for money;

9. playing our part in the delivery of NHS Scotland’s priorities, as described in “Better Health, Better Care”. 
Our Vision

_It is important to us that_...

1. we provide the highest quality services that we can;
2. we involve the Scottish Government Health Directorates, Health Boards, and the Scottish Ambulance Service in the design and delivery of services;
3. we use our staff, technology and national role to best effect;
4. we help to safeguard Scotland’s health and provide access to everyone;
5. people want to work with us;
6. we involve patients in what we do;
7. our patients, partners and staff are treated with courtesy, dignity and respect.

_We offer_...

1. support to people to care for themselves;
2. efficient, timely and appropriate access to health and healthcare services across Scotland;
3. the highest quality and safest advice based on evidence of what works;
4. prompt and efficient access via a national telephone number and the internet;
5. innovation in healthcare to help people access up to date information and services.
Our distinct contribution

The delivery of high quality, efficient and effective clinical services to the people of Scotland exclusively by telephone, is unique within NHS Scotland. This national remit and the constructive working relationship with Boards and other agencies and partners, combined with our highly skilled staff, means that NHS 24 is in an ideal position to deliver a range of clinical and health advice services safely, effectively and efficiently to people across Scotland.

Our clinical competencies

1. patients are dealt with on a one-to-one basis via the telephone, with the unique relationship between the caller and the member of staff contributing to the quality of the outcome reached in each individual case;

2. we provide nursing interventions, with access to interactive decision support software and quality assured knowledge, so that patients receive clinically appropriate and timely decisions and advice;

3. our team of well over 1000 experienced clinical and support staff located in our services centres, (including nurses, pharmacists, dental nurses, mental health nurses, health information advisers, call handlers, contact centre specialists, resource analysts and service delivery analysts) work together to ensure that we have the right staff in the right place at the right time to deal with patients’ healthcare needs;

4. we ensure that we deliver a safe service to our patients and that risks are managed by prioritising calls based on clinical need, with robust and consistent governance;

5. we ensure that telephone consultations are of a high quality and safe for patients by continually refining our staff education and training, pathways of care for managing common scenarios, and secure electronic voice and health records;

6. we hold records for all patients in Scotland who have previously contacted NHS 24, regardless of where in the country they are currently located so that we can provide them with the most relevant healthcare advice for their symptoms;

7. when patients call us, we access the Community Health Index database (CHI), which forms the basis of each unique patient electronic record, and facilitates the retrieval of the correct record when required;

8. when patients call us, we can, with permission, access up to date patient information, including details of any specific medication and allergies, by using the Emergency Care Summary;
Our distinct contribution

9. we can access information on previous calls to the service, providing important information from a child protection and vulnerable adults perspective;

10. we provide Health Protection Scotland with information on trends in the types of calls we receive, thus helping the NHS as a whole to respond to meet patients’ needs;

11. we determine clinical appropriateness through our Nurse Advisor Consultation Review Standard and telephone consultations are reviewed by senior clinicians;

12. we make an important contribution to informing the people of Scotland about their health to help them improve their health and wellbeing through our website www.nhs24.com and in information campaigns such as the public ‘Prepare for Winter’ campaigns.

Our robust national telephony and IT infrastructure…

1. provides us with a secure single electronic record for each patient, integrated with every Health Board area in Scotland, allowing us to pass patient information to the relevant healthcare professional, ensuring that the patient journey is as seamless as possible;

2. allows us to adjust the deployment of our staff in real time to meet patient needs, by using our national view of all telephone calls and how they are being presented; this ensures that patients are responded to within appropriate timescales;

3. supports the wider NHS in terms of the services we can and do provide, such as telephone help-lines and the development of national services in partnership with Scottish Government Health Directorates and Health Boards;

4. allows us to provide a significant proportion of patients with advice in their own home thus removing the need for them to travel to where health professionals are located; this is of particular importance to sections of the population who live in remote and rural areas, who have a disability or impairment which makes them less mobile, and also helps NHS Scotland meet its targets to reduce carbon emissions.

our staff…..

1. have developed strong partnerships with services across the rest of NHS Scotland, to ensure that patients are provided with the most appropriate level of care;

2. are provided with a high quality programme of training and development including an accredited induction programme, contributing to masters level qualifications, focussing on key skills for telephone triage and clinical consultation;
Our distinct contribution

3. have the ability to think forward and have innovative solutions in place to support the future development of our services;

4. have made substantial progress in meeting the equality and diversity agenda, ensuring that we will treat all patients according to their need and that we will increasingly be able to evidence that we are doing so.
Our Priorities for 2009-2012

In order to turn our vision into reality, we wish to make progress against the recognised six dimensions of quality for health services\(^4\). These are our key strategic aims.

**Six Aims**

![Diagram of six dimensions of quality]

*Aim One – Ensuring our Services are Patient Centred*

To continually improve our services in response to patient feedback in order to enable and support people to care for themselves, or provide smooth referral process when required

*Aim Two – Ensuring our Services are Safe*

To continue to deliver high quality, safe services providing appropriate clinical outcomes to our patients

*Aim Three – Ensuring our Services are Effective*

To support Health Boards shift the balance of care towards services which enable ongoing continuous care at home or within the local community

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\(^4\) The Six Dimensions of Quality – Institute of Medicine
Aim Four – Ensuring our Services are Efficient

To ensure that our services are used to deliver best value for taxpayers’ money

Aim Five – Ensuring our Services are Equitable

To respond equally effectively to the needs of different groups and communities of people in order to provide flexible, convenient, and person-centred access to our services

Aim Six – Ensuring our Services are Timely

To ensure that patients receive timely access to health and healthcare services across Scotland

How will we deliver these aims?

We will deliver these aims through three areas of work:

1. Improving Health
2. Unscheduled Care
3. Improving Access to NHS Services
Improving Health

The main focus of the national health improvement agenda in Scotland is tackling disease that can be prevented and improving people’s awareness, knowledge and understanding of how their lifestyle affects their health.

We want to see…

1. a continued expansion in the range of information available for the public, patients and carers about health, wellbeing, conditions and procedures;

2. supported self management schemes for patients with Long Term Conditions in order to ensure that they should not routinely need to go into hospital;

3. a co-ordinated approach to the design and delivery of health improvement campaigns and we aim to work in partnership with NHS Health Scotland, NHS Boards and other organisations to achieve this;

4. a continued focus on the reduction in cardiovascular disease, especially in more deprived communities;

5. a significant reduction in the number of people affected by Chronic Liver Disease as a result of alcohol misuse;

6. patients accessing an integrated mental health service, in order to help them deal more effectively with their condition.

we will do this by…

1. exploring all opportunities to improve the range and depth of our online health information at nhs24.com and the services provided by the Health Information Advice telephone service;

2. using our technology to expand the ways in which we provide information and services to people by considering different means of delivery, for example via the internet, chat rooms or text;

3. work with the Scottish Government and our partner organisations to ensure that NHS 24’s contact centre expertise is utilised to support the procurement and delivery public sector helplines;

4. launching and managing the Care Information Scotland service, providing community care information for older people;

5. launching and managing the National Health Information Support Service;

6. providing a brief intervention service in order to provide advice and referral to services for callers with harmful or hazardous alcohol use – initially by referral from GPs;
7. continuing to support local Health Boards in their provision programmes such as Keep Well, supporting improved anticipatory care for those at higher risk of coronary heart disease and diabetes;

8. considering the establishment of a Long Term Conditions team who will support local Health Boards in the provision of services to patients with conditions such as chronic obstructive pulmonary disease (COPD); diabetes; and obesity, and explore further opportunities to support patients with Long Term Conditions;

9. continue to develop our relationships with local authorities, social care and the voluntary sector in order to ensure we can move towards delivering single outcomes;

10. participating in the national social marketing pilot which will be taking place in NHS Grampian in 2009 and exploring further ways to develop this way of working;

11. continuing to manage the Cognitive Behavioural Therapy pilot, with a view to rolling this service out nationally at the end of the evaluation period;

12. expanding the Cognitive Behavioural Therapy service to provide online information for patients referred from GPs;

13. further expanding the remit of our mental health specialists.
Unscheduled Care

Patients needing care when their GP surgeries are closed will continue to require quick assessment of their symptoms; to be offered advice or treatment; and where necessary, to be referred on to local services.

We want to see…

1. patients receiving a single, consistent high level of assessment and triage, no matter which service they contact for unscheduled care;

2. our unscheduled care service continue to develop the quality and effectiveness of care delivered to patients in partnership with other services;

3. continued use of our technology in order to ensure that patients receive the advice or treatment most appropriate to their condition;

4. a reduction in the time patients require to wait in Accident and Emergency departments, by ensuring that patients are directed to the most appropriate service for their condition (e.g. minor injuries units; pharmacists; out of hours GP services).

We will do this by…

1. continuing to expand our local presence by developing our services in partnership with Health Boards;

2. continuing to progress alliances and joint working initiatives with our Health Boards, specifically working closely with the Scottish Ambulance Service in order to implement a single assessment system;

3. working with the Scottish Ambulance Service and Health Boards to provide patients with direct access to outpatient and GP next day appointments, or direct admission to inpatient wards during the out of hours period where appropriate;

4. using the Palliative Care Summary data to ensure that patients calling us can be provided with care in their home if appropriate;

5. providing the Scotland wide Fluline service which will complement the UK pandemic flu service by delivering enhancements to the UK service, including additional contact centre capacity, additional IVR and further telephony infrastructure which can be used for the provision of other services in Scotland up until a pandemic outbreak occurs;

6. exploring additional delivery channels such as text, email and video, which may provide patients with a more flexible and convenient way to access our services;
7. supporting people living in remote and rural communities by identifying ways in which we can help provide better access to healthcare information and services;

8. increasing the use of remote consultation and diagnostics through telemedicine and telecare;

9. further developing our automated messaging system in order to provide a better and quicker patient journey, ensuring that patients are directed to the most appropriate health professional for their condition;

10. continuing to enhance our telephony and IT systems and infrastructure to support more efficient and effective patient services;

11. engaging in the Scottish Patient Safety Programme as part of our wider clinical governance activity;

12. develop our reputation as a Research organisation, making use of research by working with the Emergency Access Delivery Team in order to gain a better understanding of why people contact us; and to provide more preventative care (e.g. use of data from the Met Office to predict significant changes in weather condition that may impact on people’s health; use of the Scottish Patients at Risk of Re-admission and Admission tool (SPARRA).

13. develop a public awareness programme to highlight the services provided by NHS 24, and when to contact us, with particular focus on school and university age children and young adults.
Improved Access to NHS Services

Whilst our services are accessible no matter where in Scotland people call us from, we need to ensure that we understand and respond to the needs of the different groups and communities we serve. In addition, we need to ensure that people can access services in a timely manner.

We want to ....

1. be exemplary in our approach to equality and diversity and human rights issues, in order to reach all communities, particularly delivering more effectively to those people who form part of the poor health, poor access groups, ensuring that our services are accessible for people regardless of race, gender, disability, sexual orientation, age or religion;

2. support Health Boards to deliver better services for people living in remote and rural communities;

3. ease the pressure on waiting times by supporting Health Boards in meeting important national targets for patient care.

We will do this by…

1. ensuring our services do not discriminate against anyone because of their race, gender, disability, sexual orientation, age or religion;

2. ensuring our services are improved for people suffering from learning disabilities or who are deaf;

3. providing greater support to recently discharged Armed Services personnel in accessing health services, whether it be primary care, or specialist mental health services;

4. providing greater support for people resident in care homes;

5. helping homeless people to contact us;

6. participating in the UK review of the potential implementation of a three digit number to access non-emergency services, currently being piloted in England;

7. continuing to be part of the Extended Community Care Teams to support people living in remote and rural communities where access via the telephone or the internet is of greatest benefit to patients;

8. exploring how we can support Health Boards to carry out appointment reminders and both pre and post-hospital assessments to ensure that patients scheduled for in-patient care are still able to attend and to provide help to patients who have recently been discharged.
Delivery and Challenges

The clear message arising from the engagement process for the development of our Strategic Framework is that there is broad support for the various potential developments contained within this document, however NHS 24 needs to stay focussed and ensure the delivery of the core unscheduled care service. The priority therefore will be to establish a balanced and deliverable workload over the next three years.

Each year we will develop a Corporate Plan, in partnership with other Boards containing details of the activities we plan to carry out in support of our key priorities in that year, as well as those that will allow us to meet the key Government HEAT\(^5\) targets and provide value for money across NHS Scotland.

We will also hold an annual Strategy Update event to ensure that we continue to seek the views of our patients, partners and the public in the ongoing delivery of our services.

*New services which we develop will be supported by this framework and…*

1. will make use of, or enhance, our distinctive competencies;
2. will be developed in partnership (internally and externally);
3. must be affordable, and provide value for money for the public purse;

*Delivery of these priorities will be also supported by…*

1. our clinical framework;
2. our workforce plan;
3. our e-health strategy;
4. our financial plan;
5. our Patient Focus Public Involvement strategy;
6. our Equality and Diversity strategy;
7. our Local Delivery Plan

\(^5\) Health, Efficiency, Access and Treatment
Challenges

There will be many challenges which NHS 24 faces in delivering this Strategic Framework. We need to ensure that our unscheduled care service continues to operate robustly and that the potential for delivering other services are fully explored and developed.

Maximising the use of our technology, telephony and the skills of our staff, along with the national remit we have for the people of Scotland, will be a particular challenge, as will be ensuring that we listen to and work constructively with all of our partners.

In particular we have challenges in the following areas:

*Winter, Easter and other busy period*

A major challenge facing NHS 24 and local health boards’ out of hours services, is dealing with demand when GP practices are closed during public holidays such as Christmas, New Year, and Easter. The duration of these periods of closure, which can be three to four days at a time, results in a significant increase in the calls made to NHS 24.

Over the past few years we have developed a robust framework for planning the delivery of our services over these busy periods, working with all health boards to develop the NHS Scotland Winter Plan.
**Workforce**

As with all NHS organisations, NHS 24 faces significant challenges in the recruitment and retention of staff. We will address this by continuing to develop the range of roles required to deliver the service; and continue to develop the high quality training and development programme that our staff have access to.

**Finance**

The initial start up funding that was provided to NHS 24 in its early years has now ceased, and therefore it is vital that the organisation delivers efficiency savings in order to help continue fund future service developments.

The outcome of the spending review for the 3 years from 2008, combined with the current economic climate and the continued requirement to make efficiency savings of 2% each year signals a tighter financial regime. The annual uplift to our funding is not guaranteed and may impact on our ability to deliver services. Any joint developments will have funding requirements associated with them, and NHS 24 will ensure that all developments are in line with the key government priorities, and continue to ensure our services represent value for money.
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We would like to thank the people and organisations listed below who have contributed to developing our strategic framework for 2009/10-2011/12:

- the public;
- patients;
- people who use NHS services;
- NHS 24 employees;
- representatives from NHS boards, voluntary organisations and groups who represent the public and patients; and
- organisations and individuals who came to strategy meetings and events we held throughout Scotland between January and March 2009.

We would particularly like to thank the following people and organisations:

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- Angus Health and Community Care
- Atos Origin
- BMA Scotland
- BT Global Services
- Cap Gemini UK Plc
- Care Commission
- Clinical Solutions
- Community Pharmacy Scotland
- Deaf Connections
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- Dunfermline and East Fife, Community Health Partnership
- East Ayrshire Carers Centre
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- NHS Borders
- NHS Education for Scotland
- NHS Fife
- NHS Fife, Primary Care Emergency Service
- NHS Fife, Community Health Partnership
- NHS Fife, Out of Hours Services
- NHS Forth Valley
- NHS Forth Valley, Public Private Partnership
- NHS Forth Valley, IT eHealth
- NHS Grampian, Community Health Partnership
- NHS Greater Glasgow & Clyde
- NHS Greater Glasgow & Clyde, Planning
- NHS Highland
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- Robert Gordon University Aberdeen
- Royal College of General Practitioners
- Royal College of Nursing Scotland
- Royal College of Physicians of Edinburgh
- Royal College of Psychiatrists
- Royal College of Surgeons Edinburgh
- School of Nursing Midwifery and Social Care, Faculty of Health and Social Sciences
- Scottish Academy of Royal Colleges & Faculties
- Scottish Ambulance Service
- Scottish Ambulance Service, Patient Focus, Public Involvement Group
- Scottish Borders Council
- Scottish Council on Deafness
- SGHD
- SGHD, National Out of Hours Group
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