
Webinar summary

Rethinking Unscheduled Care: Planning for unscheduled care using a whole system approach

In July 2023, the Strategic Planning for Redesign Portfolio published [Rethinking Unscheduled Care: Strategic Planning Considerations](#). This was followed by a webinar in August to explore the actionable learning insights further.

This document provides links to key resources, summarises the presentations and discussions from the session and the next steps for this work.

Presentations from speakers

Speakers from Healthcare Improvement Scotland shared:

- the evidence base driving the need for this new report, including the recent [design investigation](#) conducted by Healthcare Improvement Scotland, Scottish Government, NHS 24, Police Scotland, and the Scottish Ambulance Service
- what Strategic Planning for Redesign is and what good practice in strategic planning is
- actionable learning insights from a strategic planning perspective from the findings of the design investigation.

Resources

- [Insights summary](#)
- [Full Report](#)
- [Design Investigation](#)
- [Webinar slides](#)



Breakout sessions

Following the presentations, attendees joined breakout rooms to share reflections and experiences from their area of work. Discussions focused on answering the following three questions.

1. Thinking about your area, what do you feel you do not know enough about to action the findings from Rethinking Unscheduled Care: Strategic Planning Considerations?
2. Thinking about your area, what are the main barriers you are going to need overcome?
3. Thinking about your area, what assets and enablers do you already have and how could you leverage them?

Below is a thematic analysis of the discussions against each of these three questions. The conversations covered a wide range of areas, this analysis focuses on the areas that came up regularly across the breakout groups.

Thinking about your area, what do you feel you do not know enough about to action the findings from Rethinking Unscheduled Care: Strategic Planning Considerations?

Participants discussed where they felt they needed to know more to implement the ideas within the resource. Below are three of the key areas discussed across the breakout groups.

Challenges associated with understanding patient need

- Understanding why people access unscheduled care remains a challenge. Currently services collect data on reason for presentation or diagnosis. Participants shared concerns that this data alone is not sufficient to understand why people present to unscheduled care. This is due to variations in the way this data is collected, and when there are multiple and complex reasons for presenting to unscheduled care this may not be understood or recorded on initial presentation.
- Research tells us that the unmet or under-met need in the community is coming through in the form of presentations to unscheduled care. Participants highlighted that there is not comprehensive data to understand the full picture of this unmet need.
- We know anecdotally and from research that social support and support within the community can reduce the demand for unscheduled care. Participants identified that we do not currently have this impact quantified to understand the possible demand reduction at a local level.
- Participants discussed the challenge of identifying the upstream need someone has before presenting to unscheduled care when there is a lack of knowledge on what primary and community services someone engages with before and after contact with unscheduled care.

Better shared understanding on the role of unscheduled care and the role of other services required

- Unscheduled care services currently offer 24/7 access to diagnostics, treatment and support without the eligibility criteria, referral routes, or waitlists of planned care services. It often acts as the catch all for those that can't or don't want to receive support from elsewhere. There was discussion amongst participants that this leads to a set of unscheduled care services that aren't always clear in their purpose and role within the wider system.
- Participants agreed that other health and social care services out with unscheduled care (assets) could be leveraged as a way to better meet people's needs and reduce demand for unscheduled care. There was uncertainty about how this could be done and what changes to the system would be needed to effectively do this.

Insights to inform good quality planning decisions

- Participants discussed that whilst we have access to rich data on parts of the system, what is sometimes missing is analysis and articulation that enables good decision making. Decision makers need more than KPIs, dashboards and trend analysis. To maximise the value of available evidence we need to analyse data and insights across multiple sources. We also need to ensure the analysis lays out the key decision points and planning implications.
- Discussions also highlighted that more information, data and knowledge on our unscheduled care system, won't necessarily enable more improvement. Without mechanisms in place to take action based on this information, improvement is likely to be limited. For example, data could highlight challenges in unscheduled care that may require levers of change in another part of the system. This cannot happen without mechanisms for system wide change.

Thinking about your area, what are the main barriers you are going to need to overcome?

Participants explored the main barriers faced in their areas when trying to adopt the ideas and approaches outlined in the strategic planning resource. As with question one, data quality and data analysis were identified as barriers. Below are the other key areas discussed across breakout groups.

Current national targets, approaches, processes and support do not fully enable a system wide approach to tackle the upstream drivers of demand

Participants felt that:

- Planning guidance tends to be focused on the acute system rather than supporting a whole system planning approach.
- National targets established before COVID need reviewed to more fully reflect the post-COVID realities of operating unscheduled care services within a wider system under sustained pressure.
- Funding streams for change, improvement and ongoing operation often focus on specific parts of the system. They can lack the flexibility required to enable a shift in the system.
- National programmes or models rolled out for adoption across Scotland would benefit from greater flexibility for local adaptation.
- When asking questions about what we can change in unscheduled care, we cannot only ask what can be changed when someone presents to unscheduled care. Change to the care that a person receives the months and years before and after interactions with unscheduled care matter for the ongoing frequency of interactions with unscheduled care. When reporting targets concentrate on particular metrics, it pulls the focus away from that broader picture.
- When considering system change as a way to approach improving unscheduled care, clarity is needed on what is expected to be achieved in the short, medium and long term. This includes a clear plan on what is being actioned now that is expected to produce long term change. These actions for long term change are likely be different than actions to see change in the short or even medium term. This was felt to be best supported when national targets, approaches, processes and support are aligned in a way that enables an appropriate prioritisation on long term planning.

Fragmented planning and approaches prevent whole system responses

- Participants felt that planning is often still done in silos of primary, community and planned acute, and unscheduled care. This perpetuates more of the same outcomes and challenges. Participants identified the need for clear system wide working across leadership, strategy, planning and operation. This will increase cohesion and enable change in one part of the system for the beneficial impact to another part of the system.

Time to rethink, redesign and implement change

- With all parts of the health and social care system under considerable and continuous strain, finding the time for the right people to rethink, redesign and implement change within services is a key challenge facing participants.

Thinking about your area, what assets and enablers do you already have and how could you leverage them?

A key message of the strategic planning resource was thinking about the services out with unscheduled care as protective assets. Assets that can be invested in and leveraged to sustainably reduce demand for unscheduled care. During the breakout sessions, participants reflected on assets and enablers available in their area and considered how these could be leveraged effectively. These are highlighted below.

Relationships across the health and social care system

- These relationships were identified as key assets and enablers for local action. Participants provided examples of individuals or teams across different services developing strong relationships that helped overcome operational silos to make effective decisions across services. Discussion also centred on how these relationships can be developed as staff attempt to informally bridge the silos that exist between services and enable better decisions to be made about the care and support someone is able to access. It was clear from the discussions that approaching system change by relying heavily on the informal relationships held across the system is not a sustainable solution as it will be limited to pockets of activity. This creates variation in what is offered to patients and places an additional burden on staff to continually find ways to find 'work arounds'.

Housing services, third sector organisations and leisure services

- These services were identified as local assets that participants would like to work more closely with as a means of better addressing people's need and preventing escalation that results in demand for unscheduled care.

Next steps

The Rethinking Unscheduled Care: Strategic Planning Considerations resource and accompanying webinar are part of our work to build the skills of strategic planners across health and social care organisations. Keep an eye out for our 'At A Glance' series of publications which provide bite sized reflections on the strategic planning implications on a range of topics, as well as future learning events and webinars.

Keep in touch

- Visit our [webpage](#) to find out more about our work.
- Subscribe to our [mailing list](#) to receive news and events from the Strategic Planning for Redesign team.
- Interested in getting involved in our work? Contact the team on: his.strategicplanning@nhs.scot.

Healthcare Improvement Scotland

Published December 2023



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