



ADVANCING NURSING INNOVATION

NHS 24's Nurse Consultant in Telehealth and Telecare is developing nursing practice for the digital age, and nurses with extended skills are part of her vision



Royal College
of Nursing
Scotland



When NHS 24 started out, it was a brave step into uncharted territory. A radical departure from the GP out-of-hours arrangements that had gone before, its purpose was to become the first point of contact for Scots seeking urgent healthcare advice when their local doctors' surgeries were closed.

As with any major change, in the early days NHS 24 was the subject of controversy and much media scrutiny, and for the staff charged with delivering the service it must have felt like being under siege. "It was disheartening when the press focused on the negative, but we knew we were doing something significant to improve care," says Dawn Orr, NHS 24's Nurse Consultant in Telehealth and Telecare. "It was a very different way of working, and it was always going to take time to settle in."

Now NHS 24 takes 1.5 million calls a year, and since a simplified free telephone number was introduced last April calls have risen by 15%. "We are a core part of the Scottish health system," says Dawn. "The potential to develop our service further is absolutely immense."

Nurses have always been in the vanguard of the NHS 24 service, but so far advanced nurse practitioners (ANPs) have not been part of the skill mix.

"I can foresee ANPs with dual roles, working jointly with NHS 24 on the telephones and in A&E where their skills would enhance both settings," says Dawn. "And when it comes to providing specialist cancer care and mental health care, ANPs would bring another

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NHS 24 operates from four main centres around the country – Clydebank and Cardonald in Glasgow, South Queensferry near Edinburgh, and Aberdeen, where call handlers, nurse practitioners, pharmacists, dental nurses, mental health nurses and physiotherapists provide advice around the clock.

There are other nurse-led NHS 24 centres serving Dumfries & Galloway, Lanarkshire, Tayside, Ayrshire & Arran, Inverness and the Borders, and a remote and rural service covering Shetland, Orkney and the Western Isles. "Being located close to communities makes a big difference," says Dawn. "Local nurses know their area, and their patients, and that matters."

Dawn joined the service in September 2002, soon after it began. Having worked in endocrinology, haematology and stroke rehabilitation at Glasgow's Southern General Hospital for a decade, she had reached an E-grade position and was ready for a new challenge. Becoming one of NHS 24's nurse advisors certainly gave her that. "It was so scary," she recalls. "At the time, we were taking over out-of-hours cover for Greater Glasgow, and that was one heck of a task."

NHS 24 was operating a new call-taking and triage system that meant nurses having to learn to work in a very different way. Non-clinical call handlers took initial inquiries, dealt with non-complex calls, and directed more difficult cases to nurse practitioners.

"With the patients at the other end of the phone you had to use them as your eyes, and learn how to ask the right questions to work out what advice to give," says Dawn. "For the first time, we had computer-based clinical algorithms to inform and support our decision-making. It was a huge learning curve."



As confidence in the system grew, more health boards came on board and when the 2004 national GP contract changes impacted, responsibility for the management of non-emergency out-of-hours triage was fully transferred.

Dawn found the work fascinating, and after 18 months on the phones at NHS 24's Clydebank call centre she became a peer coach, sharing her clinical knowledge and reviewing other nurses' calls while still maintaining her practice. She graduated to Team Leader, on the same level as a charge nurse, with responsibility for managing a team of 15 nurses, prioritising queues and supporting calls.

By 2009, when NHS 24 opened new headquarters in Cardonald, Dawn became part of a team tasked with raising the profile of nurse practitioners within the organisation, and helping to ensure that the service was safe and effective. That year, a post was created for Nurse Consultant in Clinical Decision Making, and Dawn set her sights on it.

Having trained at the Southern General's College of Nursing, qualifying in 1993, Dawn went on to achieve a Bachelor of Science in



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Health Studies from the University of Paisley. Then she gained a Masters in Primary Care from Glasgow Caledonian University. "Academic study lifts your thinking," says Dawn. "I enjoy evidence and research and taking the strategic view. It really enhances nursing practice."

Now Dawn is one of two nurse consultants at NHS 24 (the other specialises in safeguarding children and young people), and she is still pursuing education, currently working on a 100,000 word professional doctorate exploring the question 'is clinical decision-making in telephone triage analytical or intuitive?'

"In a nutshell, it's a bit of both," she says. "Within a ward, nurses think laterally: they get a sense for something, and might move a patient they have concerns about closer to the nurses' station. Nursing intuition is a mix of instinct and skill. It's about pattern recognition and knowledge."

The same principles are built into nursing practice at NHS 24, where instinct and experience are supported by clinical algorithms and written protocols that support fully informed decisions. "When you are working on the telephone you need tools to supplement your knowledge," says Dawn. "Pattern recognition, your ability to remember and identify, is different when you're doing it without face-to-face contact."



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“It’s about active listening: picking up what people aren’t saying, what else is going on, how they are breathing, asking what the noise is in the background, thinking out of the box. Working this way makes you a better clinician. Your ears have to become your eyes, and that requires confidence. Sometimes it is very subtle things that influence the clinical decision-making process.”

Dawn’s remit covers the organisation as a whole. “It’s all about interrogation of knowledge and presenting it in ways that all our staff will find useful,” she says. “Fundamentally, my overarching remit is patient safety.”

NHS 24 is continually developing and now employs 1,600 people with a variety of skill sets. ANPs are a missing link. “Their skills are different from nurse practitioners,” says Dawn. “I know from the lectures that I give to ANPs in training that they would enhance the service.”

Dawn was involved in writing the telehealth and telecare component of the Advanced Practice Masters at the University of Edinburgh, and gives regular talks to students on undergraduate courses across Scotland. “We need young clinicians to think about practising this way,” she says. “There is no doubt that telehealth and telecare is here to stay.”

Within NHS 24, there are opportunities for nursing students to work as call handlers, gaining valuable experience to prepare them for the future. Historically, nurse practitioners



at NHS 24 were required to have at least 10 years clinical experience, but there are now also Band 5 nurses with a minimum of 18 months experience, and Band 6 nurses with 3-5 years experience. Everyone undertakes an intensive training programme building on their existing nurse skills and their ability to triage without seeing the patients.

In November 2013, when Dawn became Nurse Consultant in Telehealth and Telecare for NHS 24, she took on work related to patient feedback. “Only 0.007% of our callers have complaints about the service,” says Dawn. “The vast majority of people do not have a problem with what we do. They appreciate that someone is listening to them and getting them an appropriate outcome. Sometimes, this means giving advice on self-care or it could lead to an emergency ambulance being requested.”

NHS 24 undertakes regular patient surveys, and satisfaction levels are over 90%. “The main comments involve expectations of the service: some don’t understand that we are there for people who need to be seen urgently, that we are not an extension of their GP surgery,” says Dawn.

During a call that can last between 8 to 10 minutes, an experienced NHS 24 nurse decision-maker hears a patient’s story and establishes all the critical information that allows them to make an accurate assessment of need. They

have access to the Community Health Index (CHI) database, online information about patients' previous contacts with NHS24, and key information summaries from GPs, which might include anticipatory care and palliative care plans.

Dawn still occasionally comes across a degree of resistance to the NHS24 nurse-led concept. "We are never going to please everyone," she says. "Those who understand what we do see the value of it. We need to keep on educating both colleagues and the public about what we do and the difference that it makes."

Dawn says it's a mistake to assume that a nurse-led service is cheaper than a medical model. "It's just different," she says. "While doctors are there to diagnose conditions, nurses take a much more holistic approach: they will ask patients if they are able to get to an out-of-hours centre, whether there is anyone that can accompany them, or whether there are other health conditions or anything else that ought to be taken into account. That makes a difference to the patient experience."

NHS 24 has expanded its remit over recent years, and now operates telephone helplines: when crises such as ebola strike or there is an outbreak of swine flu, the organisation responds quickly, drawing up protocols and providing advisors to take calls from concerned members of the public. The service also manages Smokeline, the national smoking cessation helpline, and the NHS Living Life helpline for people seeking mental health advice.

Dawn believes the use of technology to provide health and care support can only grow. "We're living in tech-savvy times," she says.

"Most people have a smartphone, use tablet technology, or a cable TV. We'd be missing a trick if we didn't make the most of that."

Thanks to its amalgamation with Scotland's national Centre for Telehealth and Telecare, NHS 24 is perfectly poised to capitalise on digital developments. It is sending text messages to remind people about hospital appointments which is proving extremely effective at reducing non-attendance, extending online access to appointment booking and repeat prescription ordering, and trialling the use of television and mobile technology to support the management of long term conditions.

NHS 24 is continually evolving. In-hours, the service runs a cancer treatment helpline that is reducing bed occupancy and improving the patient experience by ensuring that people at higher risk of developing sepsis, for instance, are monitored and treated early. It is also piloting a project to support people post-surgery, helping them to manage common side-effects and avoiding unnecessary readmission to hospital. In addition, the Scottish Government's national falls taskforce is exploring how NHS 24 can help meet the needs of older people who might end up in hospital because they fall over at home and there is no-one to call for help except the emergency services.

"We could be doing so much more to support the health and improve the care of people across Scotland," says Dawn. "We know that we have sustainable systems, and nurses who are ready and willing to step up to the task. How we make the most of that is limited only by our imagination."



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