Interface Ask Me Anything Sessions

Questions and Answers, January 2026

The Interface team hosted sessions with colleagues to answer questions on our new division, pathways, and services. Across 3 sessions, Director of Interface Lorraine Cowie and Chief Nurse for Interface Leanne Connell answered the questions that matter to you. Everyone was offered the opportunity to ask a question with their name or anonymously which allowed a safe space approach.

Here, you can catch up on the latest from the Interface team, including questions on the Virtual Hospital, FNC+Plus, new pathways, patient experience, staffing, and technologies.

Virtual Hospital

What is Doccla and how will it work with the Virtual Hospital?

Doccla is an external partner, originally from Scandinavia, experienced in virtual wards. They provide logistics for equipment delivery, quality assurance, and remote clinical monitoring (including cardiologists and other clinicians). Doccla supports the workforce by integrating with FNC platforms for real-time monitoring and escalating patient issues. You can find out more about Doccla on the NHSGGC website.

What equipment does Doccla provide, and how quickly is it delivered?

Equipment varies depending on clinical need and may include wearables for monitoring vital signs. Devices are delivered directly to patients, with options for both self-monitoring and clinician-monitored pathways. Automated data feeds notify FNC if escalation is needed.

How will staff monitoring patients in the virtual hospital communicate with patients/carers and how often?

Communication will be through Doccla and FNC staff, with frequency depending on the pathway and patient needs. Clinical governance will

define touchpoints, and patients will be informed of communication schedules.

Why are Virtual Hospital pathways done as inpatient stays instead of outpatient clinics on trakcare?

The virtual hospital admission process aligns as much as possible with the physical hospital admission process. This allows tracking of admissions and discharges, supporting the right care at the right time. Patients are admitted to a hospital albeit this is virtual and allows us to ensure clinical and care governance.

If a patient is admitted to a virtual hospital but then ends up in ED for an unrelated reason, how is seamless re-admission to the virtual hospital ensured?

Patients are not discharged from the virtual hospital if they attend ED. There is TrakCare functionality and processes developed to support continuity of care.

There is a TrakCare alert added to the patient when the patient is admitted to the virtual hospital. This purpose of the alert is to notify any person who comes in to contact with the patient, that the patient is under the care of a virtual pathway.

What is the long-term ambition for Virtual Hospital capacity?

The target is **1,000 virtual beds**, with expectations of surpassing this as pathways mature and technology advances.

Do the 1,000 virtual beds include mental health beds?

Yes, mental health pathways like Clozapine initiation are included, and the number is not a limit but a target to be expanded as needed.

How many virtual beds are currently occupied?

At our peak, almost 190 were occupied, with a target of 1000 by August as new pathways are added.

How is the Virtual Hospital funded?

Initial funding came directly from the Scottish Government as part of the operational improvement plan. The team is working to ensure long-term sustainability within the wider system.

Is there potential for maternity pathways within Virtual Hospital?

Yes, discussions are already underway with senior midwifery leadership. Remote monitoring for certain maternity pathways is being explored, building on lessons from remote and rural settings where anticipatory admissions could be reduced.

FNC+Plus

Is the GP call line used appropriately, and is it perceived as "blocking" referrals?

No — the intention is not to block referrals, but to support safer, more planned decision making. Pathways such as anaemia, hyperkalaemia, and abnormal bloods are being developed so patients don't experience unnecessary waits in assessment units. GPs are supported in their 10 minute decision window, ensuring alternatives to admission are considered where clinically safe.

How does this link with Consultant Connect?

Consultant Connect is used as part of some existing pathways. Work is ongoing with senior medical leaders to explore expanding its use, including for specialties such as gynaecology and highvolume areas like abdominal pain.

Is Hospital at Home (including OPAT) part of FNC+Plus?

Yes. Hospital at Home and OPAT for adults and paediatrics sit within the Virtual Hospital structure. Three sites already have OPAT services, with further expansion to opening hours planned.

What happens in the FNC+Plus huddles every morning? For example, do HSCP colleagues escalate a patient who perhaps would usually call SAS or the GP to see if interface can provide support at home?

All GP calls for North and South currently come through FNC, with acute physicians assessing and reporting alternatives when available. The QUEST huddles review system pressures and collaborative solutions, but not at the individual patient level. The goal is to become more proactive.

What are the current operating hours for GP calls and Virtual ED?

GP medical calls: 08:00–19:00, Virtual ED: 10:00–22:00. These hours will grow as workforce capacity increases with the aim of being 24/7.

What are the timescales for rolling out FNC+Plus within HSCPs to GPs, and have opening hours been extended to care homes?

The aim is to move to 24/7 service, dependent on staffing. Care home pathways are being accelerated, and GPs are already involved in FNC, with plans to collaborate more closely with GP out-of-hours.

Are children and young people included in FNC+Plus plans?

Yes, paediatric colleagues will join FNC in March to establish paediatric pathways. Hospital at home pathways for paediatrics and neonates are already in place and showing positive results.

Is FNC a 24/7 service, and what are the ambitions?

Not yet. The ambition is full 24/7 coverage. Workforce capacity is the current limiting factor, and recruitment is ongoing. The service has expanded rapidly in the last five months and will continue to grow.

Pathways and Referrals

What might the pathway in care look like for a mental health patient?

There are pathways for Clozapine initiation and ADHD, allowing patients to be treated at home or supported in the community, reducing inpatient admissions where applicable. The team is open to ideas for further mental health pathways.

Is there a referral pathway for community NHS staff to refer to FNC Plus?

Referral routes depend on the clinical pathway. For adults, FNC takes GP medical calls and determines pathway suitability. Other pathways, like respiratory, will have specific routes for HSCP staff to refer eligible patients. There will be ongoing collaborative development with community staff.

How does social care link into these plans?

Social care integration is essential. While systems are not yet fully connected, the team is working on safe information sharing and streamlined communication. A new patient portal allows each HSCP to see who from their population is currently in an acute hospital so we can develop safe, community pull. Admission avoidance and early discharge both rely on close collaboration with HSCP teams and primary care.

How does digital triage work, and what happens if a patient calls NHS 24?

Digital triage will be installed at sites, allowing patients to check in and be directed to appropriate services. We will work with the multidisciplinary team and emergency consultants to triage and escalate cases, aiming to turn unplanned care into planned care. We will also collaborate closely with NHS24.

How will community respiratory teams link into FNC?

A self-management respiratory pathway is about to be in place, and further integration is being developed. The aim is to enhance existing good practice, support consistency, and ensure equity of care across all HSCPs.

Will there be early supported discharge pathways?

Yes. Several are already in place, including processes for patients needing imaging such as CT/MRI ("discharge to scan"). Clinicians are now confident in these pathways because follow up, communication, and loop closure systems have been built in.

Technology and Systems

Are you hoping that all of the community health systems will be able to talk to each other?

Yes, the aim is to improve data sharing and consistency across systems, starting with a core dataset. Integrations are currently being explored via the National Digital Platform. This will be an ongoing journey exploring integrations with acute and community application. In the interim, agreed processes have been developed.

How will multiple clinical systems connect?

The aim is to streamline, not duplicate. Existing systems such as the Clinical Portal will be used wherever possible. Work underway nationally (e.g., Digital Front Door) supports the long-term vision of a single integrated patient record.

Is there any discussion or plans to roll out Doccla to patients in the community earlier in their care, preventing escalation and increasing acuity?

Yes, starting with respiratory conditions for supported self-management, with plans to expand. The aim is to empower patients and intervene earlier.

How will council and NHS systems link for patient information sharing?

Currently, the clinical portal allows some shared information, especially for future care plans. Patients on a Virtual Hospital pathway will have an information pack, but there is not yet direct communication between NHS and council social work systems.

How will duplication of triage (e.g., NHS 24 and FNC Plus) be avoided?

The team is working to reduce duplication by improving collaboration and information sharing between NHS 24, SAS, and FNC. The goal is to streamline patient experience and avoid repeated questioning.

Hackathons

Will there be a hackathon specifically for primary care colleagues?

Previous hackathons included primary care colleagues and GPs. The team is open to more input from primary care and encourages suggestions for pathway improvements or new ideas.

Patient Experience and Inclusion

How will you mitigate potential unintended consequences of not being a physical ward, such as isolation or coming to terms with ill health?

The team will use patient-reported outcome measures (PROMs) to evaluate impact, work with third sector partners, and continuously evaluate and research the effects, as this is a new approach.

Have the specific PROMs and PREMs been chosen yet or is this process still ongoing?

The process has just started. After each FNC interaction, a patient experience measure is collected. A working group is being established for consistency for PROMs.

What are the plans for ongoing patient and carer engagement?

Every FNC call includes patient experience questions. There is a focus on co-design, continuous feedback, and a PREMS group to review and improve services. Patient and carer engagement events are planned, and collaboration with national bodies is ongoing.

How will digital exclusion be addressed for patients who struggle with technology?

Doccla provides support for digital access. Volunteers may assist with digital triage at front doors, and alternatives will be considered for those unable to use digital tools.

How will patients receive virtual consultations, and what technology do they need?

Most virtual consultations only require a smartphone. If a patient cannot use one, a telephone consultation can be offered. Very few patients are unable to participate digitally. For Virtual Hospital monitoring, partner organisation Doccla provides wearables and remote monitoring equipment directly to patients' homes.

How will you encourage the public to use FNC rather than going straight to ED?

A major public engagement programme is planned for March. Work is also underway with primary care, including recent GP presence in ED. The aim is to give the public confidence in alternative pathways.

Behaviour change ideas are being explored — for example, giving patients waiting in ED information showing how virtual or alternative care could have offered quicker support.

What about digital exclusion?

Alternatives are always available for those unable to use digital tools. Doccla can provide support, and telephone options remain in place. Volunteers may assist with digital triage in future.

Staff Experience

Can you say more about the staff well-being zone in FNC Plus?

The virtual setting requires breaks from screens, regular safety huddles, and scheduled breaks to support staff well-being.

How quickly are calls being answered, especially for GPs?

Around **98% of GP calls** are answered within minutes. This is a significant improvement on previous routes via busy assessment units. Early feedback from GPs has been very positive.

Is the GP call line used appropriately, and is it perceived as "blocking" referrals?

No — the intention is not to block referrals, but to support safer, more planned decision making. Pathways such as anaemia, hyperkalaemia, and abnormal bloods are being developed so patients don't experience unnecessary waits in assessment units. GPs are supported in their 10minute decision window, ensuring alternatives to admission are considered where clinically safe.

Has there been any data gathered on how the changes will impact community rehab teams, especially with the end of the Falls Clinic?

There is significant work ongoing in frailty and we are keen to have an integrated approach. Community rehab colleagues will be involved and this require further work.

Staffing

How many staff are currently employed in the Interface Division, and what are the future plans?

Currently, there are about 23 whole time equivalents, with some staff working sessionally or rotating through different roles. Staffing will increase incrementally as new pathways are added, with flexibility to meet the needs of the virtual hospital as it grows.

Do you have any AHPs within the team, mainly interested in physio and OT?

A lead advanced frailty practitioner has been appointed, with plans to recruit more. Some may have physio or OT backgrounds, and the team is working closely with the Director of AHPs.

How is staffing being developed for the Virtual Hospital?

Staffing is a mix of recruited posts and sessional contributions from across acute, community, and external sources. Safe staffing principles are embedded, supported by specialist expertise. As pathways expand, staffing requirements across acute sites will change, with more activity shifting into the community and virtual space.

Training

How will council care at home staff be engaged, trained, and supported for patients with a virtual hospital bed?

The team is developing frailty pathways and will provide information for patients, family carers, and care at home staff. There will be a contact number for escalation, and communication with in-house and commissioned care services is being considered to ensure support without adding extra burden.

How will student nurses or AHPs gain experience?

Work is underway to explore student placements within Virtual Hospital and FNC pathways, offering early experience in emerging models of care.

How will GPs and GP registrars access experience or placements within FNC+Plus?

This is being developed with GP education colleagues. There is a growing emphasis on building a broader workforce through training opportunities for GPs, nursing students, and AHPs as virtual care expands.

Further Support

Where can I find more information or ask further questions?

More information is available on the Interface Division intranet site

Staff can also submit questions or ideas for pathways via the site, the feedback form, or by email (via Leanne.Connell@nhs.scot).