

Hackathon 25

Transforming Together

Whole System Clinical Hackathon



17.06.25



Agenda — Part 1

Whole System Clinical Hackathon

Part 1: Introduction, set-up and context

8:45	Introduction, welcome and context setting <ul style="list-style-type: none"> • Vision and key themes from Hackathon #1 • Clinical context • Co-design principles • Clinical & Operational Governance Framework for Interface Care • FNC+Plus update
9:15	SME overview: Virtual Hospital vision & draft Phase 1 clinical pathways <ul style="list-style-type: none"> • OPAT - Andrew Seaton & Neil Ritchie • Respiratory & COPD - Chris Carlin • Frailty - Lucy McCracken • Heart Failure & Cardiology - Ross Campbell & David Murdoch • Overview of RAaC Model – Claire Harrow
09:45	15 min Break & time to move into breakout sessions, With opportunity to meet Doccla specialists

Agenda — Part 2

Whole System Clinical Hackathon

Part 2: Clinical co-Design within breakout rooms

10:00	Clinical Breakout Groups: <ol style="list-style-type: none"> 1. Frailty 2. Respiratory 3. Cardiology 4. OPAT 5. Surgical Specialties 6. Mental Health 7. Paediatrics and Neonatology 8. Emergency Medicine & RAaC
12:00	20 min Break & time to move back into the Lecture Theatre

Part 3: Feedback, close & next steps

12:20	<ul style="list-style-type: none"> • Feedback from Phase 1 pathway groups – SME Leads • Combined feedback of new ideas for Phase 2 pathways
12:50	Close & outline of next steps <div>Close at 12:50 for 13:00 departure</div>

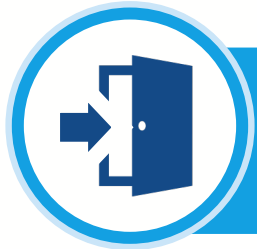


Introduction, welcome and context setting

Jann Gardner

CEO





1

Improve Access

Deliver and sustain the changes required to reduce immediate pressures across our system and improve access to treatment.



2

Harness Digital & Innovation

Implement digital and technological innovation to support prevention and improve access to and delivery of care



3

Shift the Balance of Care

Taking a whole system approach, we will shift the balance of care between acute services & our communities



4

Improve Population Health

Working with people to prevent illness and more proactively meet people's needs we will support proactive prevention.

First Minister Speech

Imaging Centre for Excellence, QEUH

- A fresh national renewal agenda to rebuild Scotland post-COVID by embedding prevention in everything from health to education.
- Focusing on prevention, shifting the system toward earlier intervention to reduce demand on public services and improve outcomes.
- Transforming public services, including NHS renewal and primary care reform, with more joined-up, community-led delivery.
- Investment in the workforce, especially health and social care staff, along with supporting infrastructure and technology improvements such as show in the Imaging Centre of Excellence.
- Whole-system approach, breaking down silos to ensure integrated planning and better prevention outcomes.
- Commitment to measurable change, with clear targets, accountability frameworks, and regular progress reporting.



Quotes from First Minister, 16th June 2025

Work is underway to deliver more targeted public health. That means linking technology, including AI, to local contexts, enabling more effective prediction of risk as well as earlier diagnosis. Technology, including cutting-edge use of genetics, to target interventions more effectively.



Health services that are modern, accessible, flexible, responsive and seamless. Services capable of responding to life's crises as well as to life's everyday. Services that are robust and creative in response to all the challenge.

The Scotland I seek is modern and dynamic; it is an enterprising, compassionate, forward-looking nation that is well-placed to ride the waves of change rather than being buffeted by them, rather than being buffeted by them. A Scotland where tomorrow is better than today because, together, we have made it so.



Quotes from First Minister, 16th June 2025



Technology deployed in a way that empowers individuals and communities, that enables our public sector to integrate better, makes it more efficient, and most important of all, facilitates the essential shift to a front-foot focus on prevention as the best means of saving the public purse in the long term.

Strategies are necessary but never on their own enough. Getting delivery right on the ground is way more important than getting the words right on a page.



People often tell me that they feel as though they do not have permission to deliver the change in their organisation that they know is needed. Well today, let's give each other that permission.

Hackathon #1 Vision & key themes



H1 Slides shared with
your pre-read pack

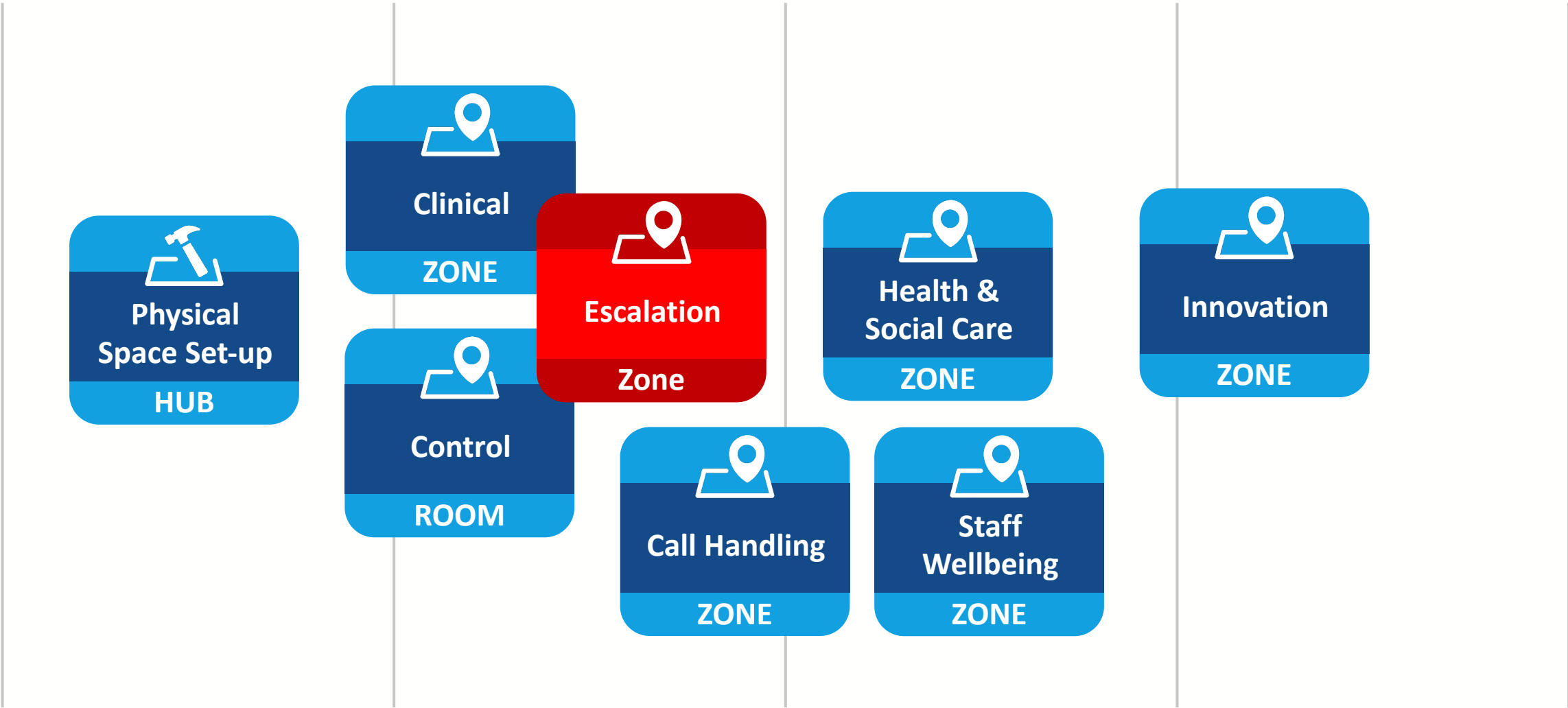
H1 was the springboard to:

- Understand why reform is needed
- Prepare NHSGGC for whole system, clinically-led change
- Anticipate delivery of more effective, joined-up care
- Reimagine an enhanced Flow Navigation Centre Plus as the hub for managing whole system patient flow
- Introduce solutions in readiness for this winter and bring forward the future of Health & Social Care
- Develop step-down pathways that reduce Length of Stay and bring occupancy down
- **Put you in the driving seat of reform**

Hackathon #2

**Our collective
clinical opportunity
to co-create whole
system patient
flow; fit for the
next decade.**

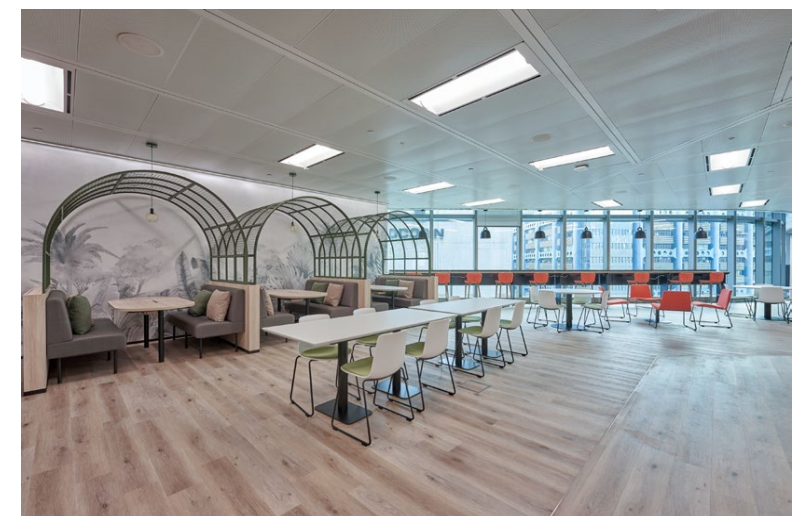
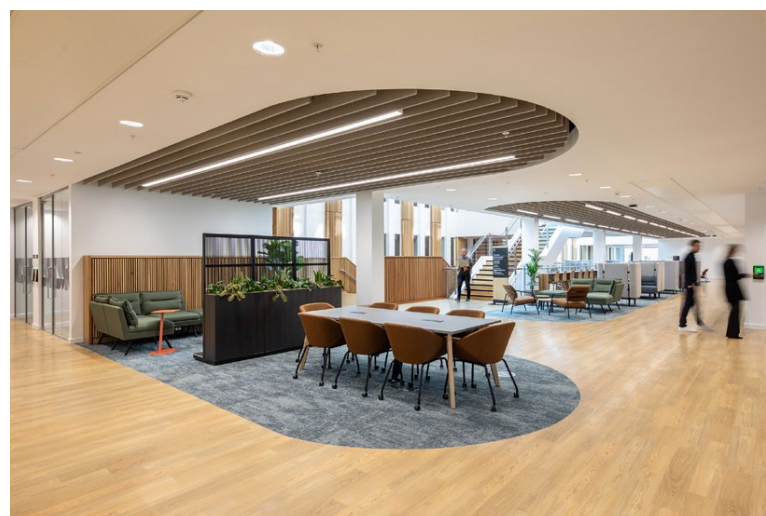
Key Milestones



FNC+Plus Update

Second floor, QEUH CMB

Initial project scoping and service engagement due to commence



Thank you

- For your ambition
- For your commitment
- For your energy

Whole System Clinical Context

What we know...

How we hear it feels for our patients

- Anxiety and uncertainty
- Potential worsening of condition
- Loss of trust, care more transactional
- Outdated approach (don't understand why more options are not digital)

How we hear it feels for our staff

- Not providing the care we would like to
- Workforce under strain
- Low morale
- Feel system working in silos and recognise need to work better together

International perspective

- Up to 20% of all healthcare doesn't hold value for the people receiving it
- E.g. Up to one-fifth of our healthcare resource could be considered to be wasteful
- See: [Delivering value based health and care: a vision for Scotland](#)

Our vision

1

NORTH

North Sector



Inpatient beds =



946

Daily average ED
attendance* =

243

Inpatient beds =



1723

Daily average ED
attendance* =

300

South Sector



2

SOUTH

3

CLYDE

Clyde Sector



Inpatient beds =



880

Daily average ED
attendance* =

244

Virtual beds =



1000+

Potential Daily
'Attendances'

500+

Virtual Hospital



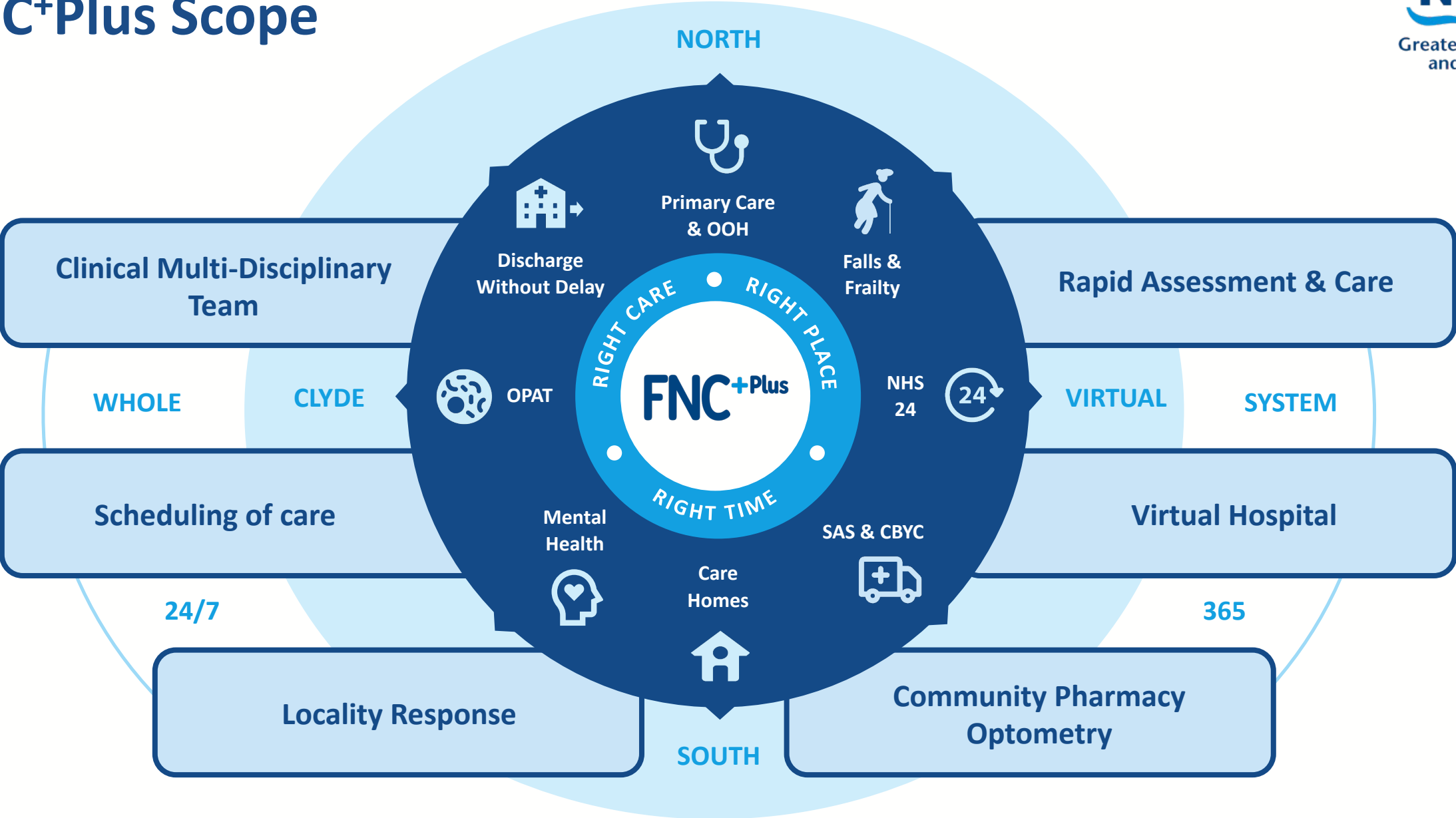
4

VIRTUAL

FNC+Plus

*Daily average ED attendance: Based on principle sites within each sector, including Minor Injury Units, not including Children's (RHC).

FNC+Plus Scope



Components of our Virtual Hospital



Print-outs on the wall in
each Break-out Room

Governance

Clinical & Operational Governance
Framework for Interface Care



Interface Care Division

Delivering transformational change
programme



FNC⁺

FNC+Plus

Enhanced Flow Navigation Centre to better manage
whole system patient flow and **escalation**



Digital Triage

Improving access and flow
through Emergency
Departments using digital
systems



Virtual Wards

Care and remote monitoring
for patients in their home



Call Before You Convey

Allowing community healthcare
professionals to speak with
hospital consultants prior to
admission



HealthTech partners

Doccla and others

Co-design Principles



Print-outs on the wall in
each Break-out Room

1

Understand and improve interconnections and interdependencies in our whole system, for the widest possible benefit of all

- Design new pathways that remove and reduce barriers between services
- View all clinical specialisms as part of a whole system that will benefit from improved patient flow

2

Understand problems with empathy before building solutions, by gaining input from stakeholders with real-world experience

- Promote transparency and openness to explore what isn't working
- Represent and reflect the views of our communities and citizens (patients, careers, staff etc.) with inclusivity

3

Look for new approaches based on previously undetected needs or patterns and exemplar solutions

- Work with partners to understand our needs and options and build on what works well elsewhere

4

Advocate live feedback-loops to build on theory and ensure ideas work in practice

- Use data (qualitative and quantitative) to evidence our decision making, listen, act and continuously improve

FNC+ Plus Update

Key Milestones



Aug 2025

Interface Division

- Senior Leadership Team in post (Director, CN, CoM)
- Clinical Governance Framework Established
- FNC+ Plus established & relocated to larger space within CMB Building
- Phase 1 virtual hospital pathways start to be deployed
- Doccla Phase 1 implementation complete - Platform Technically Ready (June 2025)
- FNC+ Staffing and service model agreed
- RAaC model agreed



Nov 2025

- Wider Interface Divisional team in post
- Expansion of FNC+ Plus Team - operating hours & clinical pathways
- Phase 2 virtual hospital pathways deployed
- RAaC model implementation commences



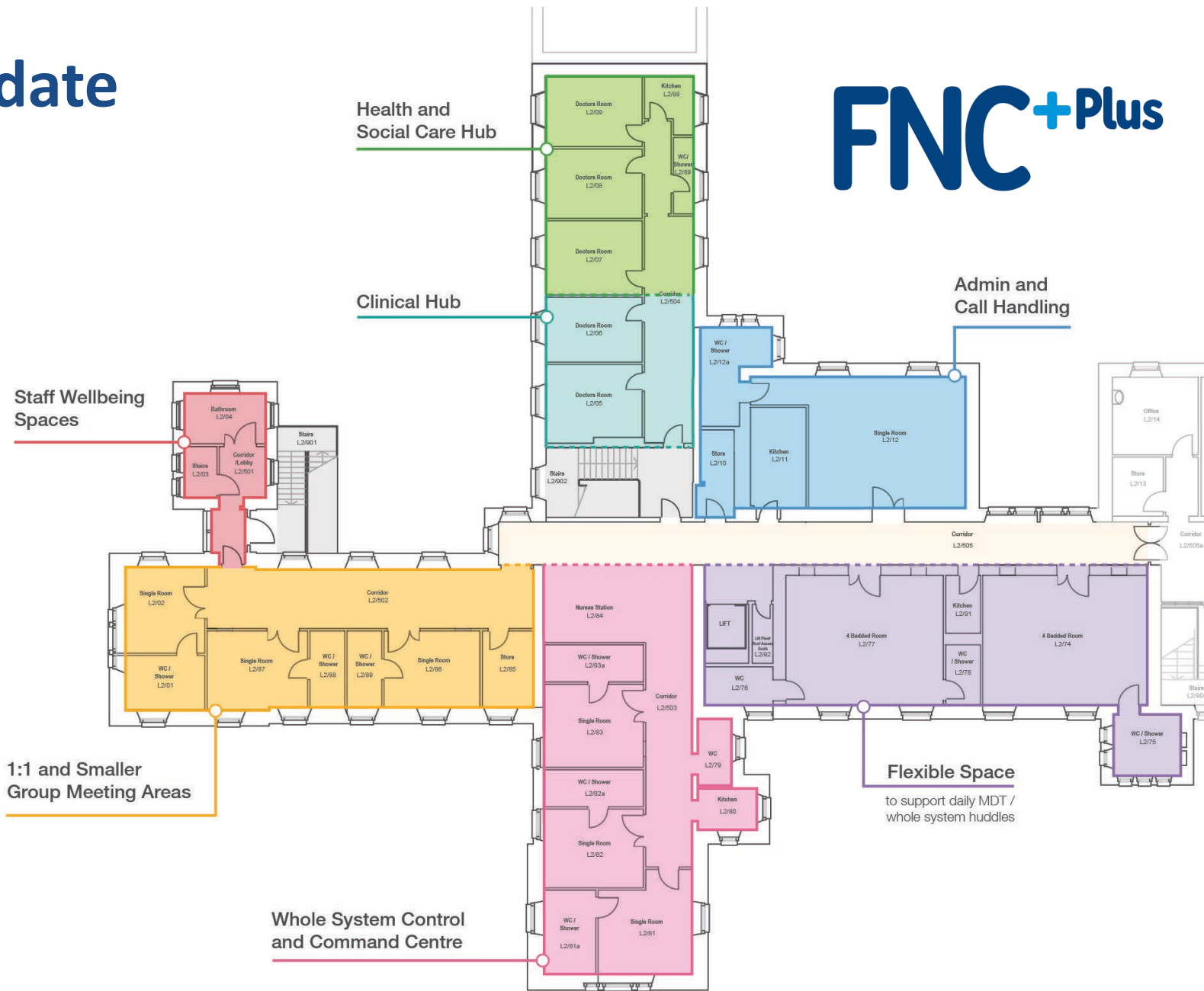
Feb 2026

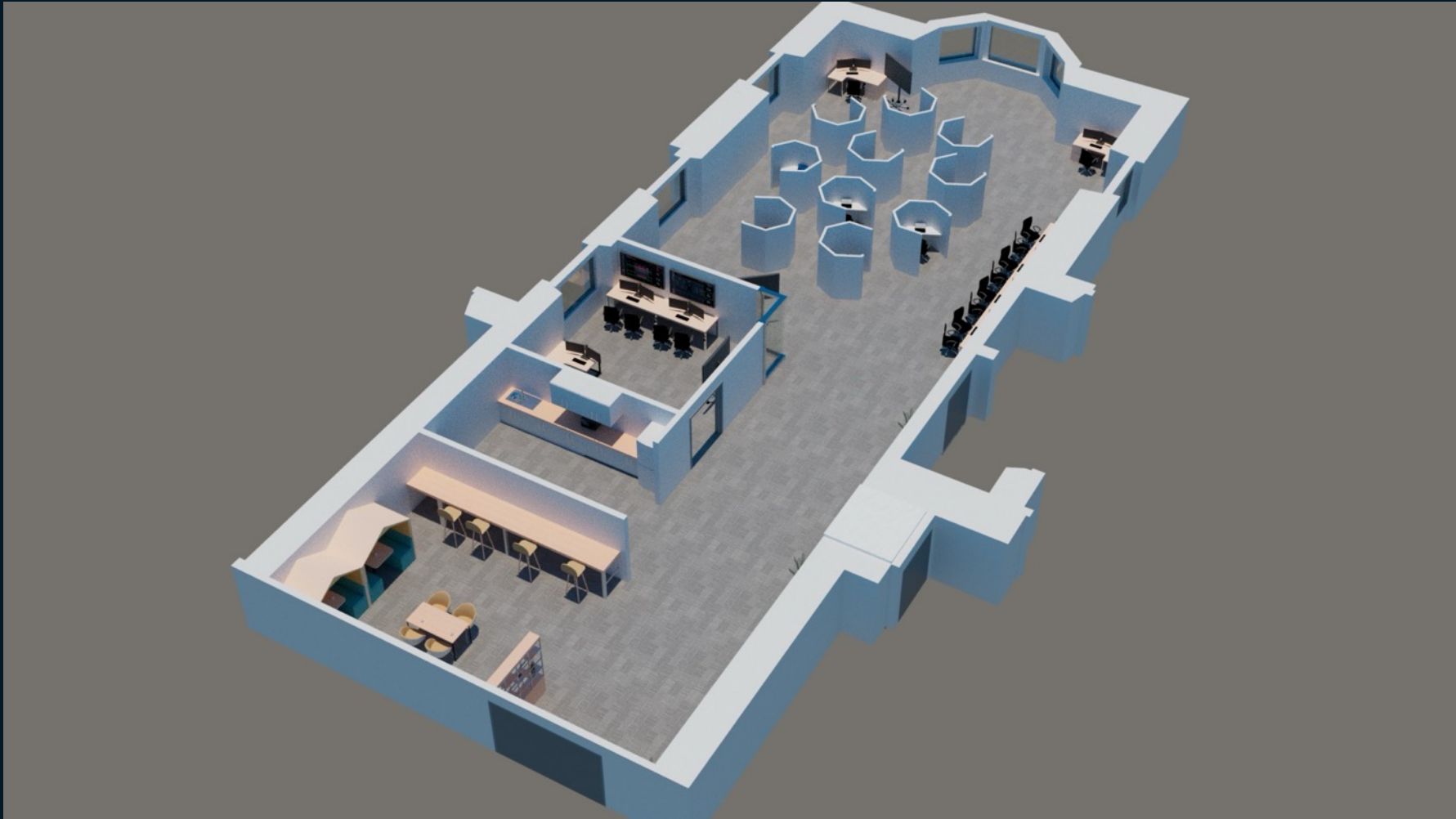
- Further expansion of FNC+ Plus 24/7 operating
- FNC+ move to level 2 CMB Building
- Phase 2 virtual hospital pathways deployed

FNC+Plus Update



FNC+Plus





Wing (1/4) 3D Plan



Clinical Zone



Control Room



Innovation Zone

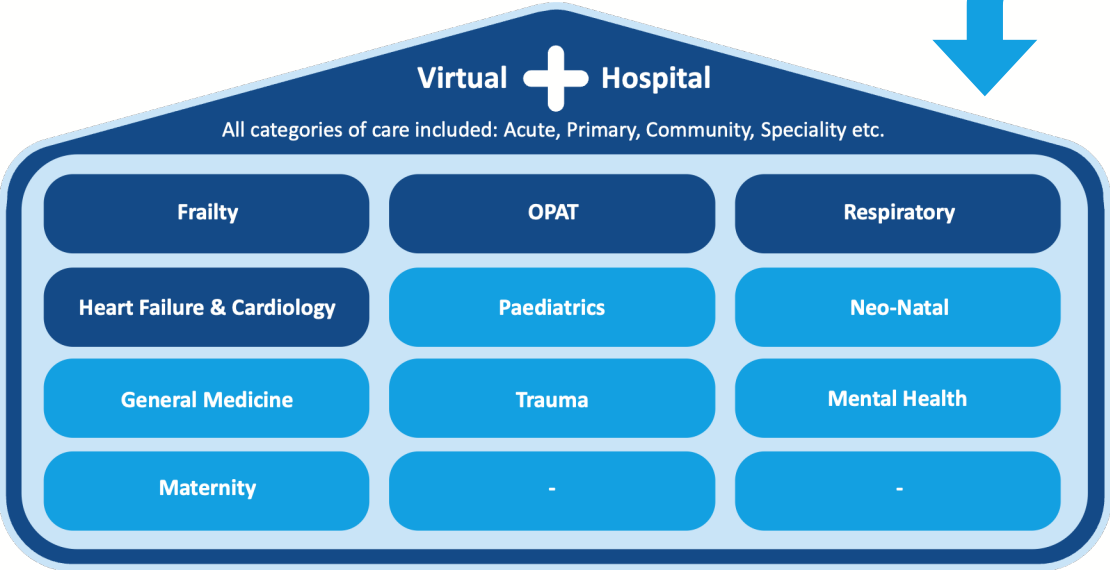
Virtual Hospital Access Points



1 FNC+ will be the first point of contact. Initial referral will be Professional to Professional advice / discussion via a Consultant Connect Service.

3 If admitted to the Virtual Hospital, the patient may or may not require remote management or remote monitoring.

doccla

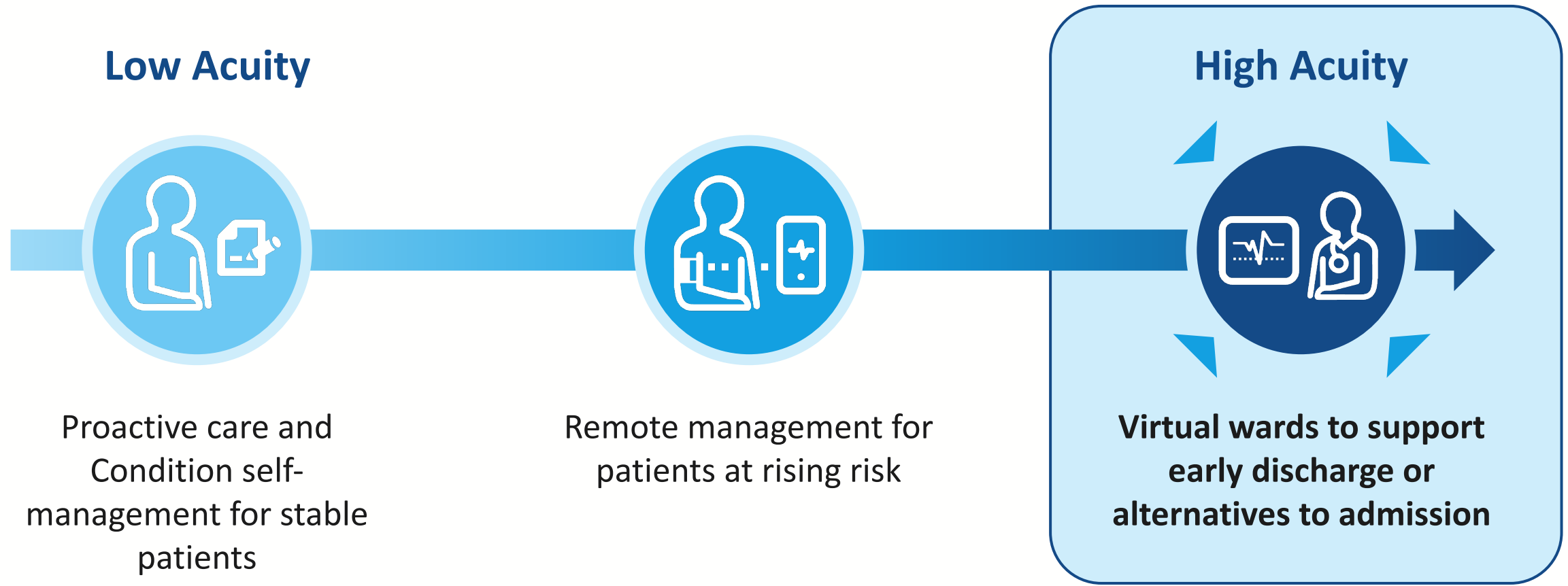


FNC+Plus

2 FNC+ may admit the patient to the Virtual Hospital.

Remote Management and Monitoring

Doccla support continuity of care across the acuity spectrum



Clinically-led, Co-developed Pathways

Pathways built in partnership with clinical colleagues to:

Improving patient and staff experience

- Caring for our patients closer to home or at home
- Getting our patients to the right place quickly

To Improve demand management, flow and access

- Reducing demand or improve flow at each of the 5 Access Points
- Reducing LoS and acute bed occupancy

Harnessing Innovation

Improving cohesion and whole system working

Robust clinical governance and **escalation**



SME Overviews



OPAT

Andrew Seaton & Neil Ritchie

OPAT Clinical SMEs



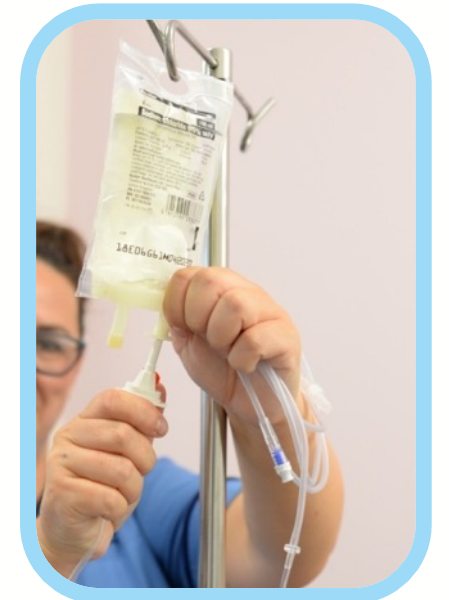
5 Mins

Managing whole system patient flow

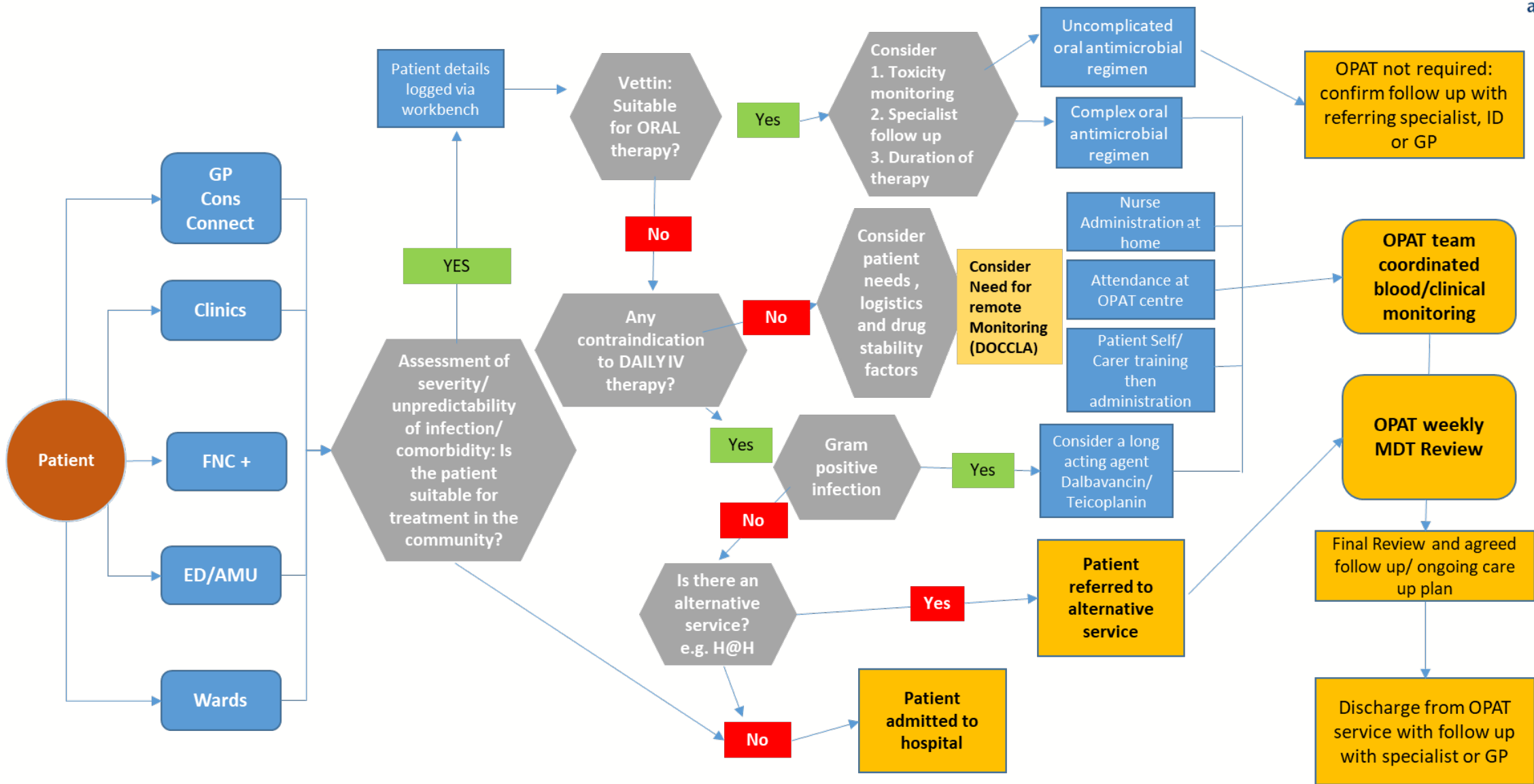
2024 over 2,200 referral board wide

Models of care:

- **Clinic**
- **Self-administration**
- Nurse admin at home / H@H
- Ambulatory care/ SDEC



Effective joined-up care - OPAT



Readiness for winter

Develop step-down pathways, reduce Length of Stay

- One third of inpatients are receiving antibiotic therapy
- OPAT = IV Antimicrobial Rx administered without an overnight stay
 - *Admission avoidance* (c34%)
 - *Supported discharge*
- Potential >4,000 referrals (217/100k pop), 60% admission avoidance

Opportunities	Possible Barriers
<ul style="list-style-type: none"> • Improve time to referral/ discharge • Enhance/ find new admission avoidance pathways • Improve geographical reach / access • Improve equity • True seven day service • Shared care across Interface – H@H and Partnerships • DOCCLA (select conditions) 	<p>Professional/ Behavioural</p> <ul style="list-style-type: none"> • Education/ Awareness • Perception of risk • Challenging status quo <p>Logistical</p> <ul style="list-style-type: none"> • Community monitoring (blood, obs) • Transport • Geography • Clinical space

Respiratory & COPD

Chris Carlin

Respiratory & COPD Clinical SME



5 Mins

Readiness for winter

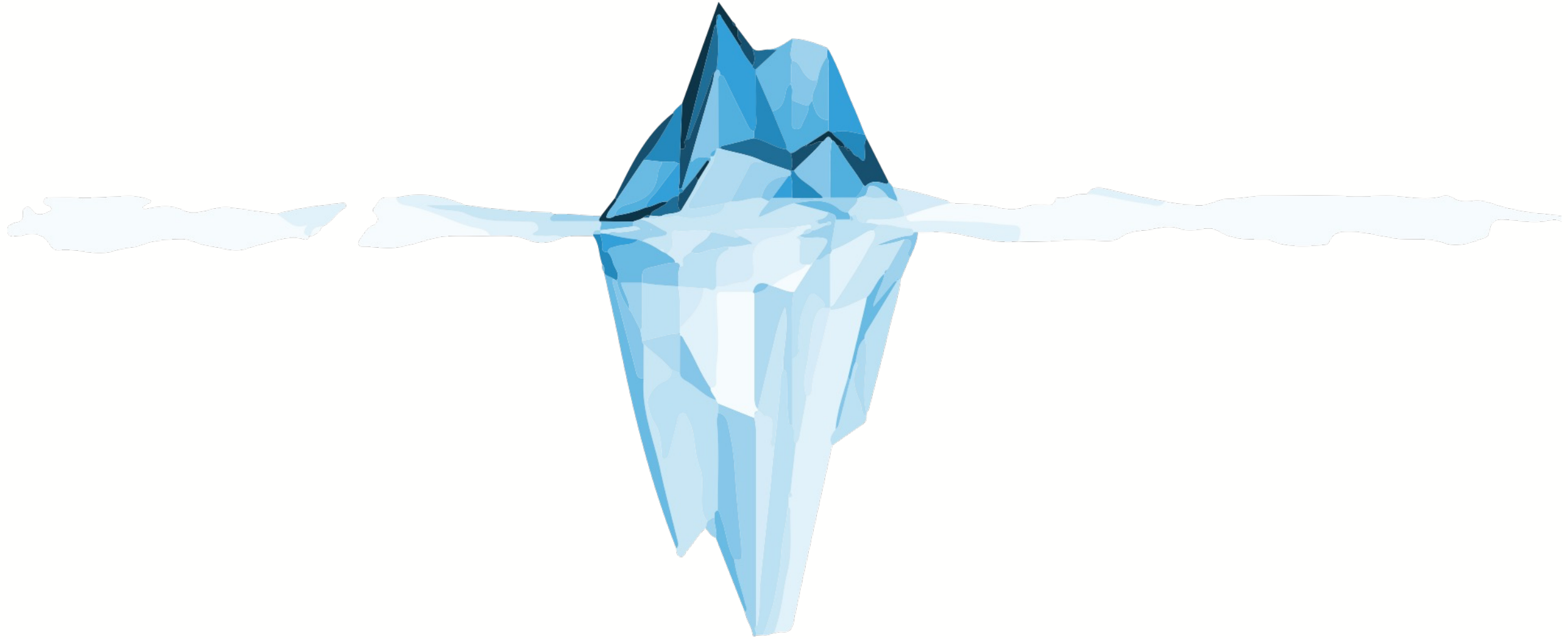
Develop step-down pathways, reduce Length of Stay



COPD Video

[COPD Video](#)

Driving Seat of Reform





Frailty

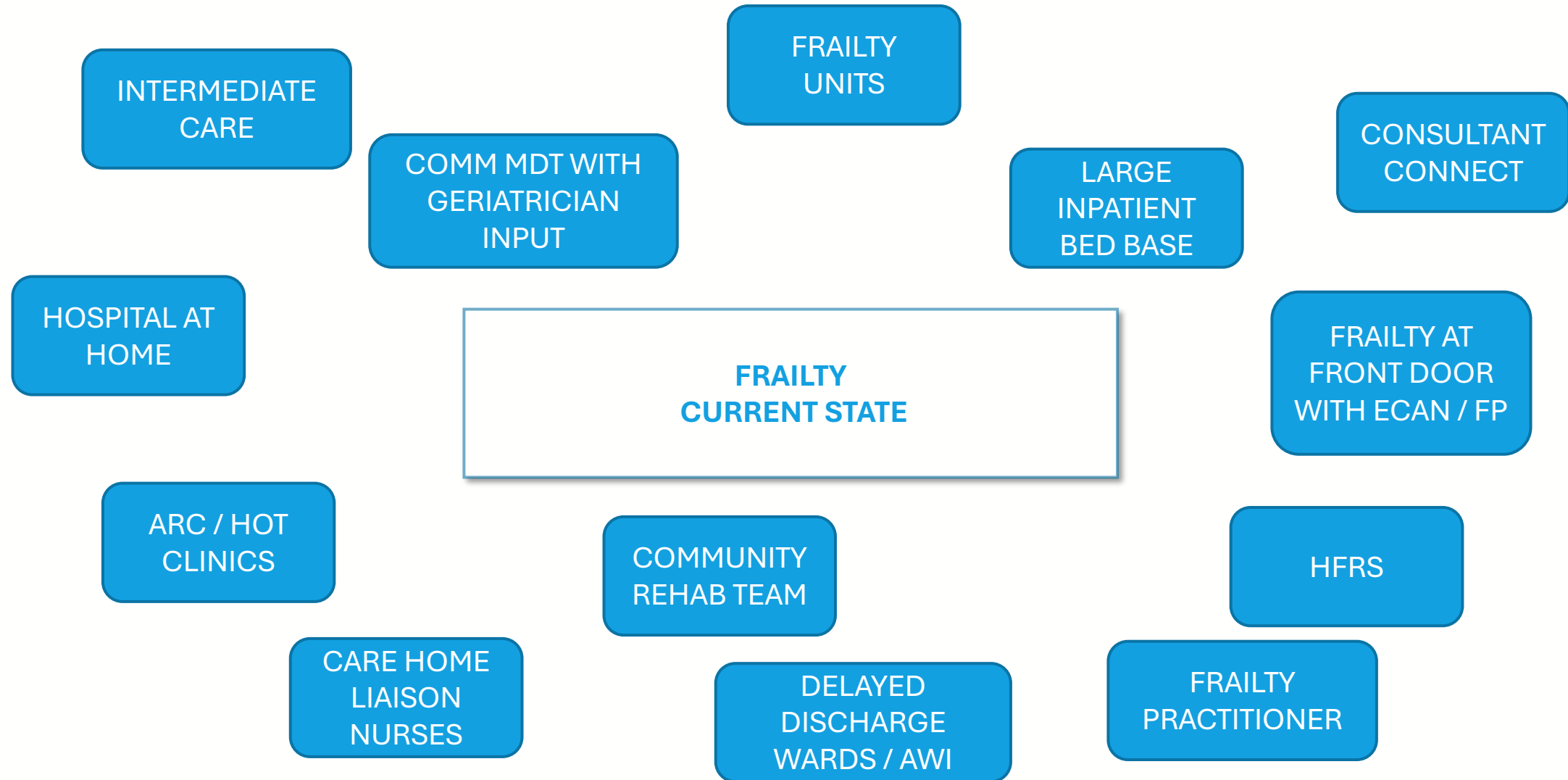
Lucy McCracken

Frailty Clinical SME

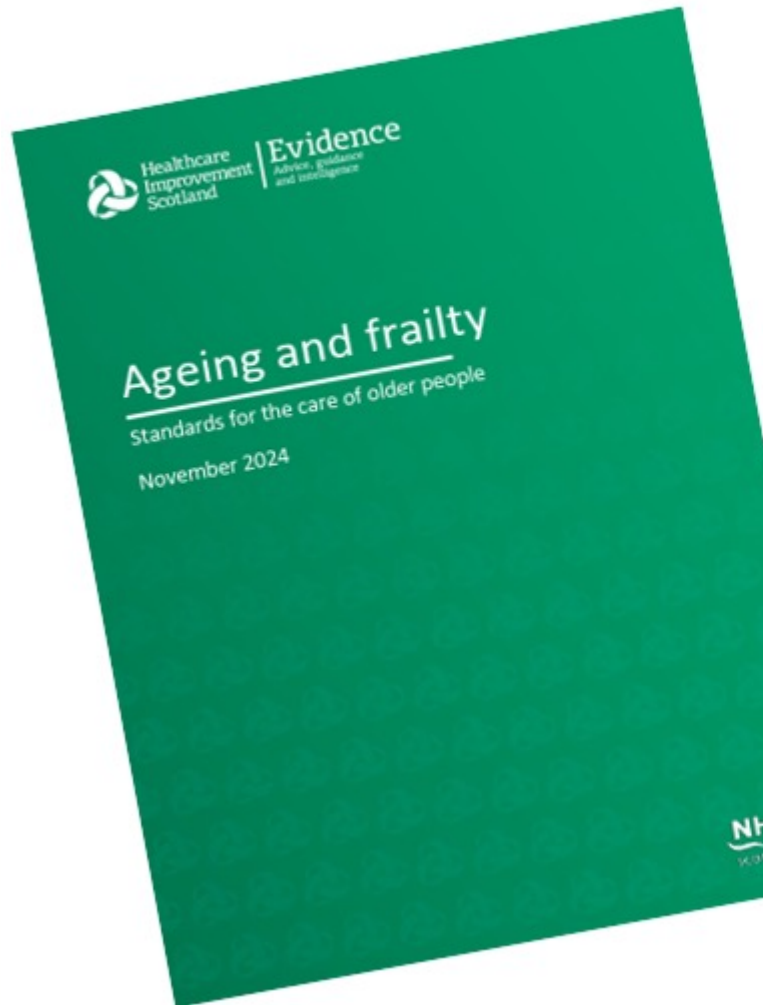


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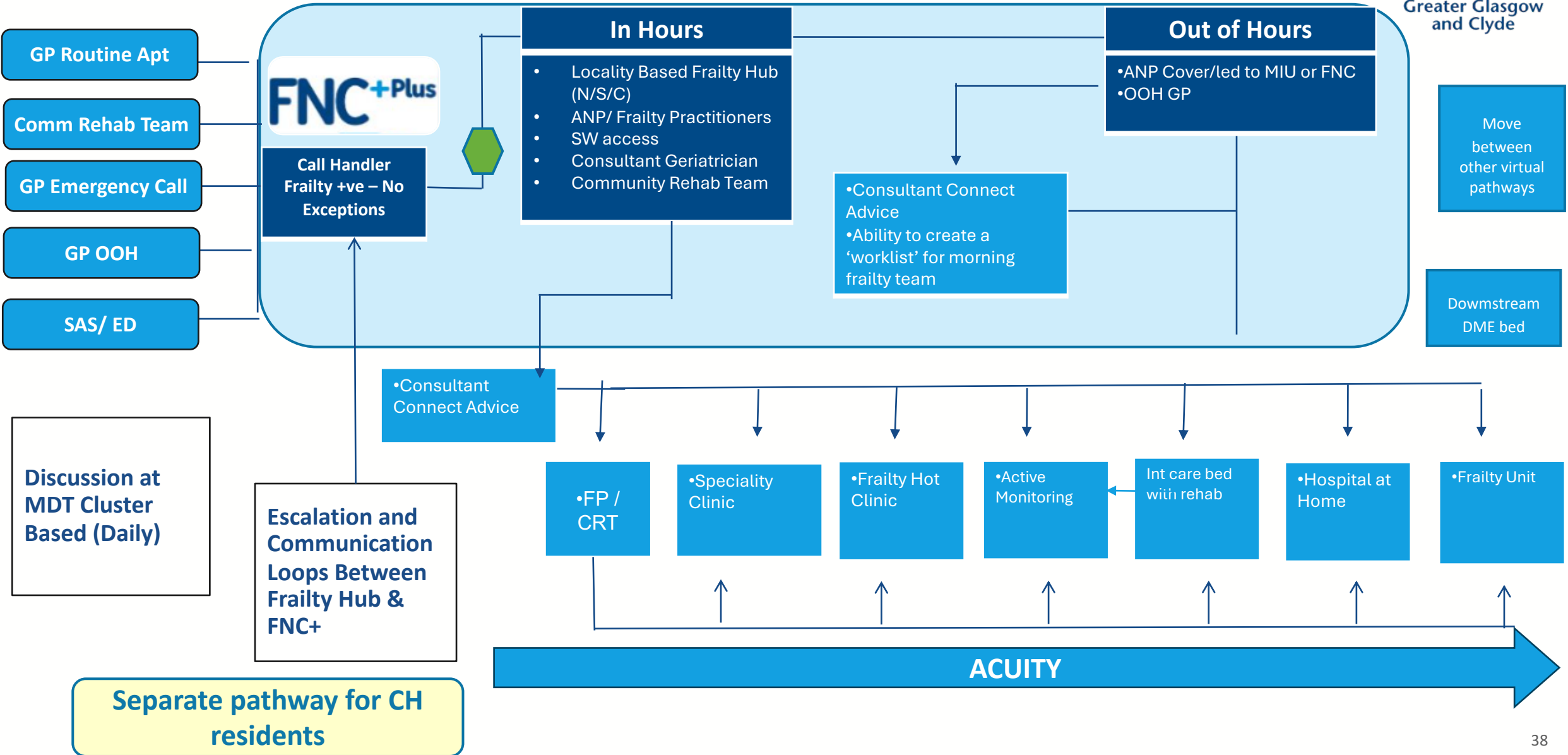
Effective joined-up care - Frailty



Bringing Forward the Future of Health & Social Care



Managing whole system flow- Frailty



Heart Failure & Cardiology

Ross Campbell & David Murdoch

Heart Failure & Cardiology Clinical SME



5 Mins

Ambulatory Care Sensitive Conditions

5 Long Term Ambulatory Care Sensitive Conditions are responsible for 75% of Hospital Admissions

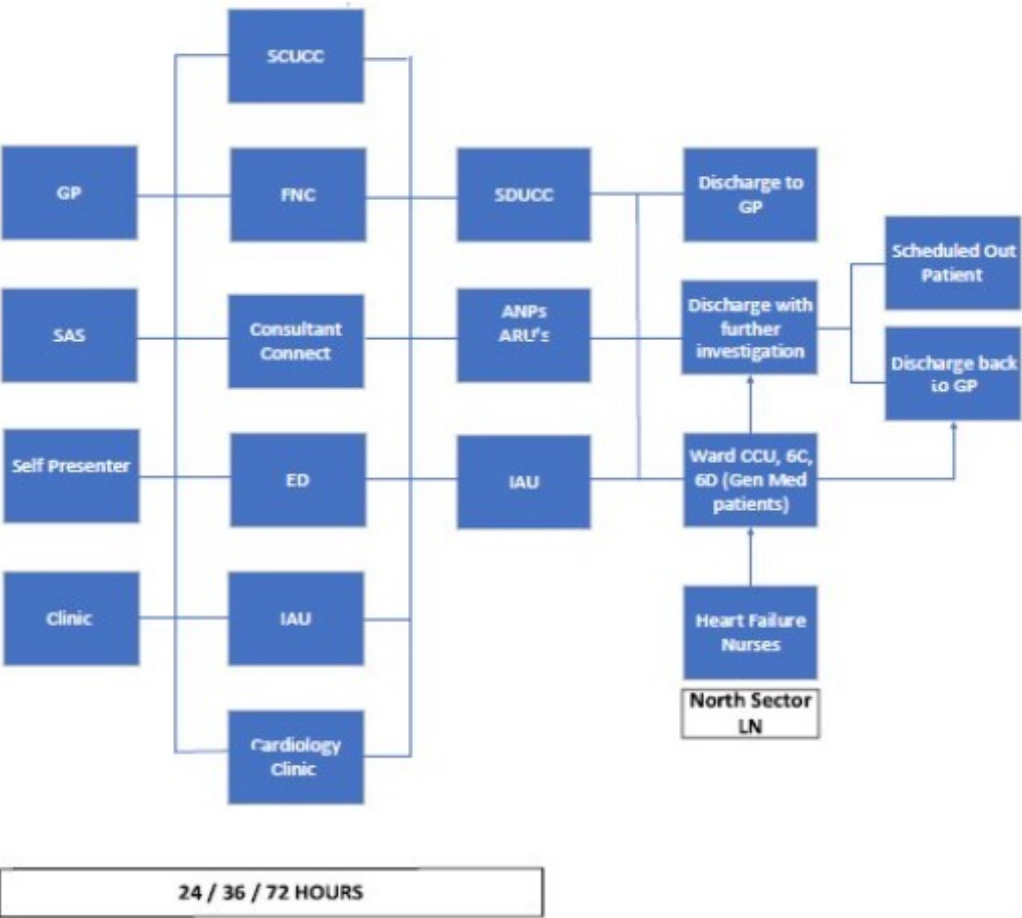
1 in 6 hospital admissions may be avoidable

Avoidable cardiology admissions may contribute up to 30% of overall totals

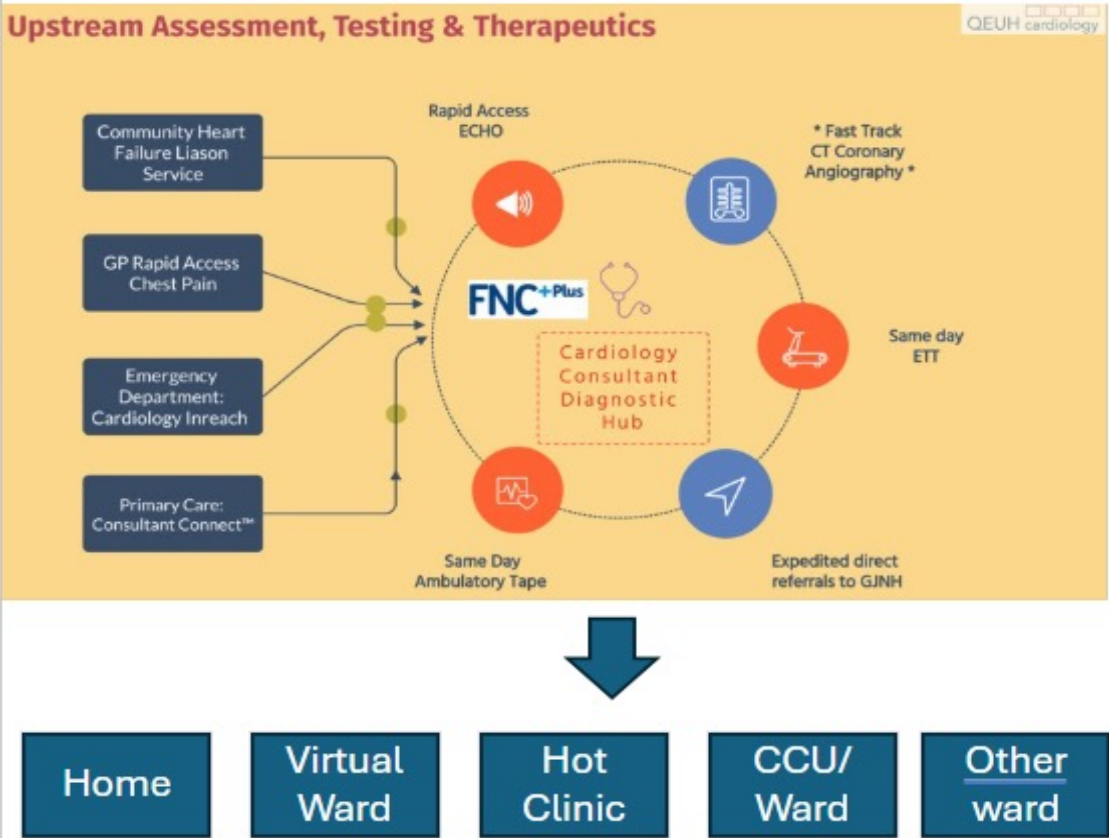
Condition	% emergency admissions in 2012/13
Other chronic obstructive pulmonary disease, site not specified	24%
Atrial fibrillation and flutter	12%
Asthma	12%
Heart failure	12%
Angina pectoris	12%

Managing whole system flow

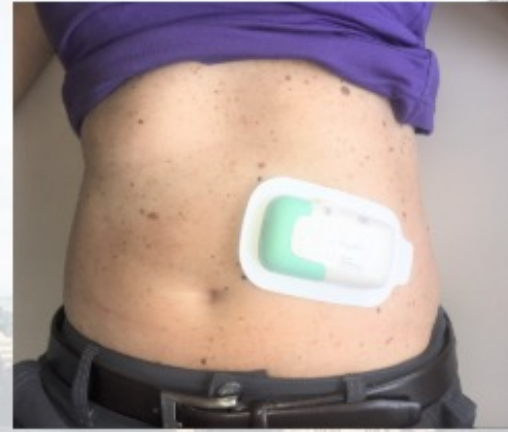
Current pathways



Possible pathways



Early Supported Discharge – Heart Failure



Co-Chief Investigators:

Dr Ross Campbell

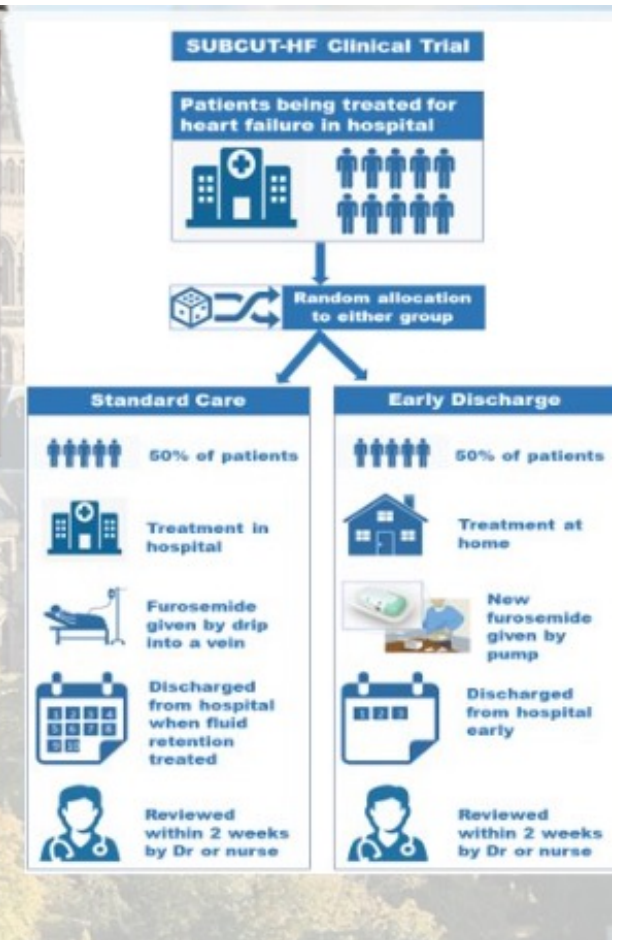
Senior Clinical Lecturer/ Cardiologist University of Glasgow

Professor Mark Petrie

Professor of Cardiology / Cardiologist University of Glasgow

Use of a Novel SUBCUTaneous Preparation of Furosemide to Facilitate Early Supported Discharge of Patients With Heart Failure (SUBCUT-HF II)

ClinicalTrials.gov ID NCT05419115



ED and RAaC Model

William Edwards and Claire Harrow

ED & RAaC Group Lead



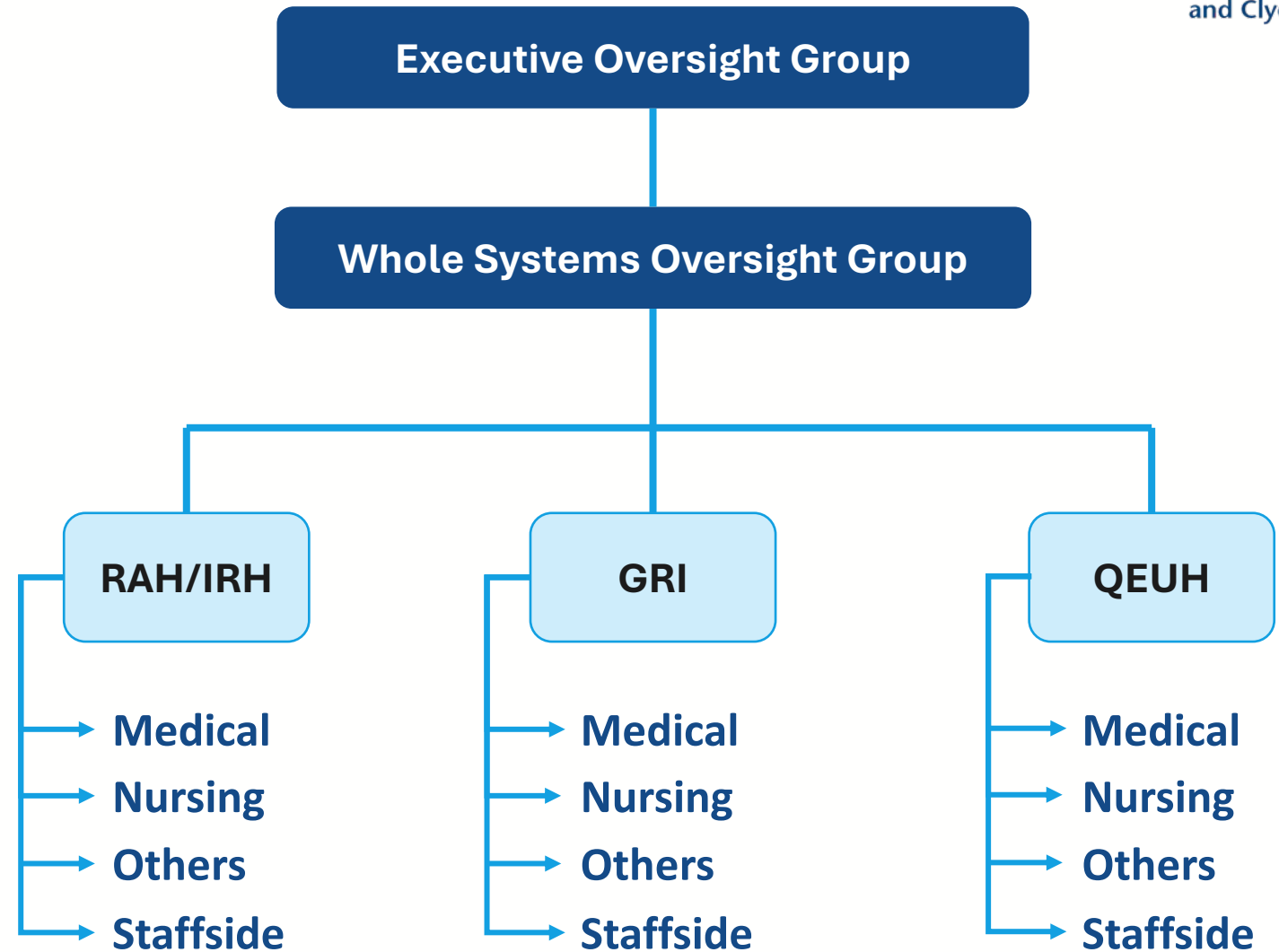
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GGC Way Forward

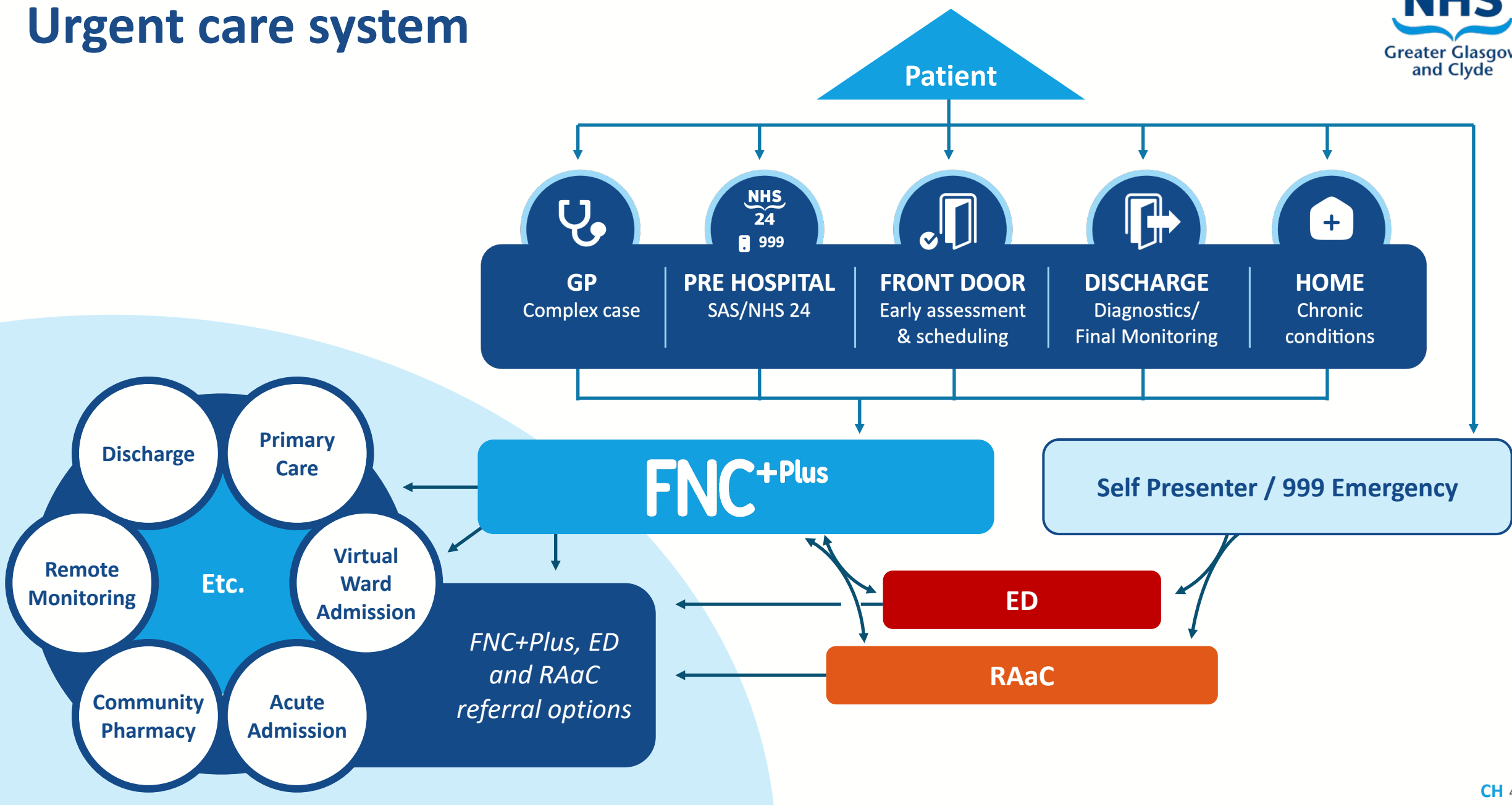
A New Journey Together

Areas of Focus:

- Patients & Staff
- Improving Flow
- Physical infrastructure
- Communications & Teamwork



Urgent care system



RAaC - take home learnings from Northumbria Model

- Staffing is key – Largely non-medical workforce
 - Inhouse training and growing of own NMAHP workforce
- Clinically prioritised patient streaming – front door senior decision maker at triage
 - ED core business agreed
 - Golden ticket for entry to pathways
- Protected diagnostics
 - Demand matches capacity
 - Prioritisation
- Pharmacy - links between acute and community
- eHealth support – robust data to drive services (including stopping)



Northumbria Healthcare
NHS Foundation Trust





Break-out Sessions

**15 min Break & time to move into your
breakout rooms**

With opportunity to meet Doccla specialists

Feedback from Phase 1 Pathway groups



1. OPAT - Andrew Seaton & Neil Ritchie
2. Respiratory & COPD - Chris Carlin
3. Frailty - Lucy McCracken
4. Heart Failure & Cardiology - Ross Campbell & David Murdoch

This is just the beginning... next steps

Interface Team

- Senior Interface Team appointed

Outputs & Communications

- Share Outputs of Hackathon#2 with participants and wider clinical teams
- Significant Staff & Public Communication & Engagement
- Bespoke Future Hackathons

Escalation, Virtual Hospital Pathways, Clinical Workforce Plan & FNC+Plus Hub

- Phase 1 Virtual Hospital Clinical Pathways: Sign off through Governance
- Agree Interface Division Clinical Workforce Plan
- Set-up of FNC+Plus Hub

Thank you

- For your ambition
- For your commitment
- For your energy

Hackathon 25

Transforming Together

Whole System Clinical Hackathon



Thank you

