

Transforming Together

2025 and Beyond

Hackathon #1 – Post Event Participant Pack



Captured at Hackathon held: **26th March 2025**

Contents

This participant pack includes:

1. Overview of Hackathon #1
2. Recap: Scope of Engagement – Focus on x4 Clinical Themes
3. Top 8 Hackathon Themes
4. Engagement Word Clouds
5. [Appendix](#): Recap: Break Out Group Questions



Thank You for Your Participation in Hackathon #1 – Transforming Together

#1

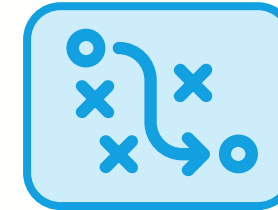


25



Overview - Transforming Together Hackathon #1

- Conducted 26th March 2025; the Hackathon event brought together over 100 clinical and operational leaders from across NHS Greater Glasgow and Clyde to share the vision for the transformation of urgent care across our whole system and explore the future design and implementation of the Flow Navigation Centre Plus (FNC+) and our new Virtual Hospital.
- Participants collaborated in whole-system thinking to support a shift towards more integrated, patient-centred care.



What is a “Hackathon”?

A highly collaborative, engaging and output focussed workshop







Recap: Scope of Engagement

Focus on four clinical themes

- Following a first break-out session, where all four groups discussed the overall strategic concept, delegates then participated in focused discussions structured around four key clinical themes; **frailty, infectious diseases, respiratory, and cardiovascular care.**
- Each were chosen for their potential to benefit significantly from early intervention, virtual models of care, and multidisciplinary working. Through these thematic breakouts, participants identified opportunities, challenges, and next steps for embedding FNC+ within existing pathways and transforming how urgent and unscheduled care is delivered across the board.



CLINICAL THEMES	
	1. Frailty
	2. Infectious Diseases
	3. Respiratory
	4. Cardiovascular



Top '8' Hackathon Themes

Top '8' Hackathon Themes

Captured throughout the day, across all groups and clinical themes

A

System-wide Integration and
Whole-system Thinking

B

Communication, Public Engagement,
and Cultural Transformation

C

Workforce Planning, Skill Mix, and
Multidisciplinary Collaboration

D

Prevention, Early Intervention, and
Admission Avoidance

E

Clinical Protocols, Pathways, and
Escalation Mechanisms

F

Governance, Strategic Alignment,
and Risk Management

G

Technology, Digital Innovation, and
Inclusive Access

H

Evaluation, Key Performance
Indicators, and Measurement





Top 8 Themes

Descriptions

Themes 1/4



System-wide Integration and Whole-system Thinking

Across all four clinical themes, there was a strong consensus on the necessity for system-wide integration. The Flow Navigation Centre Plus (FNC+) must function as a genuinely integrated component of NHS Greater Glasgow and Clyde (NHSGGC), working as the interface between acute, primary, community, and social care services. Siloed working was repeatedly identified as a barrier to delivering seamless care. Participants emphasised the importance of a consistent, board-wide approach that avoids geographical variations and ensures equity of access regardless of geographic location. There was also widespread support for developing single points of contact (SPOCs) to streamline navigation for both patients and professionals. FNC+ Plus should be the coordinating hub that provides clarity, consistency, and simplicity in how patients enter and move through the healthcare system.



Communication, Public Engagement, and Cultural Transformation

Effective communication emerged as a foundational requirement for the success of FNC+. Both internal and external communication strategies will require to be strengthened to support the cultural shift required. For the public, this involves promoting understanding and acceptance of new models of care, such as virtual wards and hospital-at-home services. It was noted that many patients still perceive the Emergency Department (ED) as the only viable option when unwell. Therefore, targeted public education campaigns are necessary to reset expectations and build confidence in alternative routes of care. Equally important is staff communication. Clinicians, administrators, and support teams need consistent, transparent messaging about the vision and function of FNC+. Anxiety about change and altered workflows must be addressed through early engagement, regular updates, and tailored support. Several groups suggested involving patient ambassadors and sharing real-life case studies to enhance credibility and understanding of the model.

Themes 2/4



Workforce Planning, Skill Mix, and Multidisciplinary Collaboration

Workforce sustainability was a recurring concern. Each theme stressed the need for a properly resourced, trained, and supported workforce to implement FNC+ effectively. This includes building robust multidisciplinary teams (MDTs) that bring together medical, nursing, pharmacy, allied health professionals (AHPs), social care staff, and third-sector partners. The importance of rotating staff between virtual and face-to-face care environments was highlighted, with some suggesting that a 50/50 model might improve staff retention, engagement, and service continuity. There was also a push to explore new staffing models and repurpose existing roles, such as using district nurses with specialist frailty experience, or enabling AHPs to support virtual diagnostics and remote assessments. Workforce planning must be proactive and responsive to local needs, ensuring both in-hours and out-of-hours coverage across all clinical specialties.



Prevention, Early Intervention, and Admission Avoidance

Avoiding unnecessary hospital admissions and reducing length of stay were shared priorities. The use of virtual wards, ambulatory care models, rapid diagnostic services, and enhanced community responses was seen as essential to achieving these goals. Several themes cited evidence of significant bed day savings through early discharge and remote monitoring, particularly for conditions such as heart failure, chronic obstructive pulmonary disease (COPD), and infections managed via outpatient antibiotic therapy. The overarching view was that FNC+ should not merely redirect patients away from hospital but proactively offer viable alternatives that are safe, timely, and acceptable. To support this shift, there must be strong links with community-based services and social care to co-ordinated discharge planning.

Themes 3/4



Clinical Protocols, Pathways, and Escalation Mechanisms

All groups recognised the need for clear, consistent, and evidence-based clinical pathways to support the operational delivery of FNC+. Escalation criteria, inclusion thresholds, and clinical responsibilities must be well-defined and understood across our system. The establishment of robust triage and escalation protocols, including “call before you convey” models and consultant advice lines, was widely supported. A focus on symptom-based rather than condition-specific protocols was also recommended, particularly within frailty and respiratory care. Embedding clinical pathways that are understood and applied uniformly across the board will help reduce variation, manage risk, and improve patient outcomes.



Governance, Strategic Alignment, and Risk Management

Effective governance frameworks must underpin the delivery of FNC+, ensuring clinical safety, appropriate accountability, and system-level alignment. There were frequent references to the need for joint working across Integration Joint Boards (IJBs), Health and Social Care Partnerships (HSCPs), NHS24, SAS, and third-sector organisations. Strategic alignment with financial planning and risk appetite was emphasised. Delegates called for a "brave" approach to decision-making that accepts a level of risk in order to move away from defensive medicine and over-admission. The concept of Realistic Medicine was cited as a guiding philosophy, particularly in the management of chronic conditions and end-of-life care.

Themes 4/4

Technology, Digital Innovation, and Inclusive Access

Technology was widely regarded as a critical enabler of FNC+. This includes not only clinical systems and dashboards for professionals, but also digital tools for patients, such as apps to support triage, self-management, and virtual consultations. Themes of digital exclusion, digital poverty or lack the literacy skills was flagged as a key consideration. Any technological solution must therefore be accessible, inclusive, and designed with user diversity in mind. The plan to expand virtual wards and enhance the use of remote monitoring (such as via Doccla) was welcomed across the themes. However, participants stressed the need for better IT integration between primary, secondary, and community services. Current fragmentation of systems was seen as a high-risk factor, particularly in relation to continuity of care and access to future care plans.

Evaluation, Key Performance Indicators, and Measurement

Measuring the success of FNC+ must go beyond traditional activity data. Safety, patient experience, staff engagement, and system responsiveness were all identified as key domains for evaluation. There was a call for the development of a coherent and realistic performance framework, aligned with the principles of Realistic Medicine. Effective use of data was considered vital for capacity planning and forecasting, particularly in light of increasing demand. The need for consistent metrics across sectors and services was underlined, alongside a desire for improved health economic evaluation to assess cost-effectiveness and inform investment decisions.

Clinical Theme Observations



Analysis across all four clinical themes has identified common participant feedback as follows:



- New **Interface Care Division** provides the opportunity to **support further integration of urgent care services** across the system - acute, primary, community, and social care services
- Widespread support for developing **single points of contact (SPOCs) to streamline navigation** for both patients and professionals
- Importance of a **Consistent, Board-Wide Approach** - **avoid geographical variations and ensures equity of access** regardless of geographic location was emphasised
- **Workforce - Planning, Training, Retention & Rotation** – importance of building **robust multidisciplinary teams (MDTs)** that bring together medical, nursing, pharmacy, allied health professionals (AHPs), social care staff, and third-sector partners - proactive and responsive to local needs
- **Communications, Public Engagement, and Cultural Transformation** – public **understanding and acceptance of new models of care**, such as virtual wards and hospital-at-home services. Clinicians, administrators, and support teams need **consistent, transparent messaging about the vision and function of FNC+**. Involving **patient ambassadors** and sharing **real-life case studies** to enhance credibility and understanding of the model
- Emphasis was placed on **integration across the system** between services and technologies, **pathway redesign**, and the further adoption of a **whole system approach**

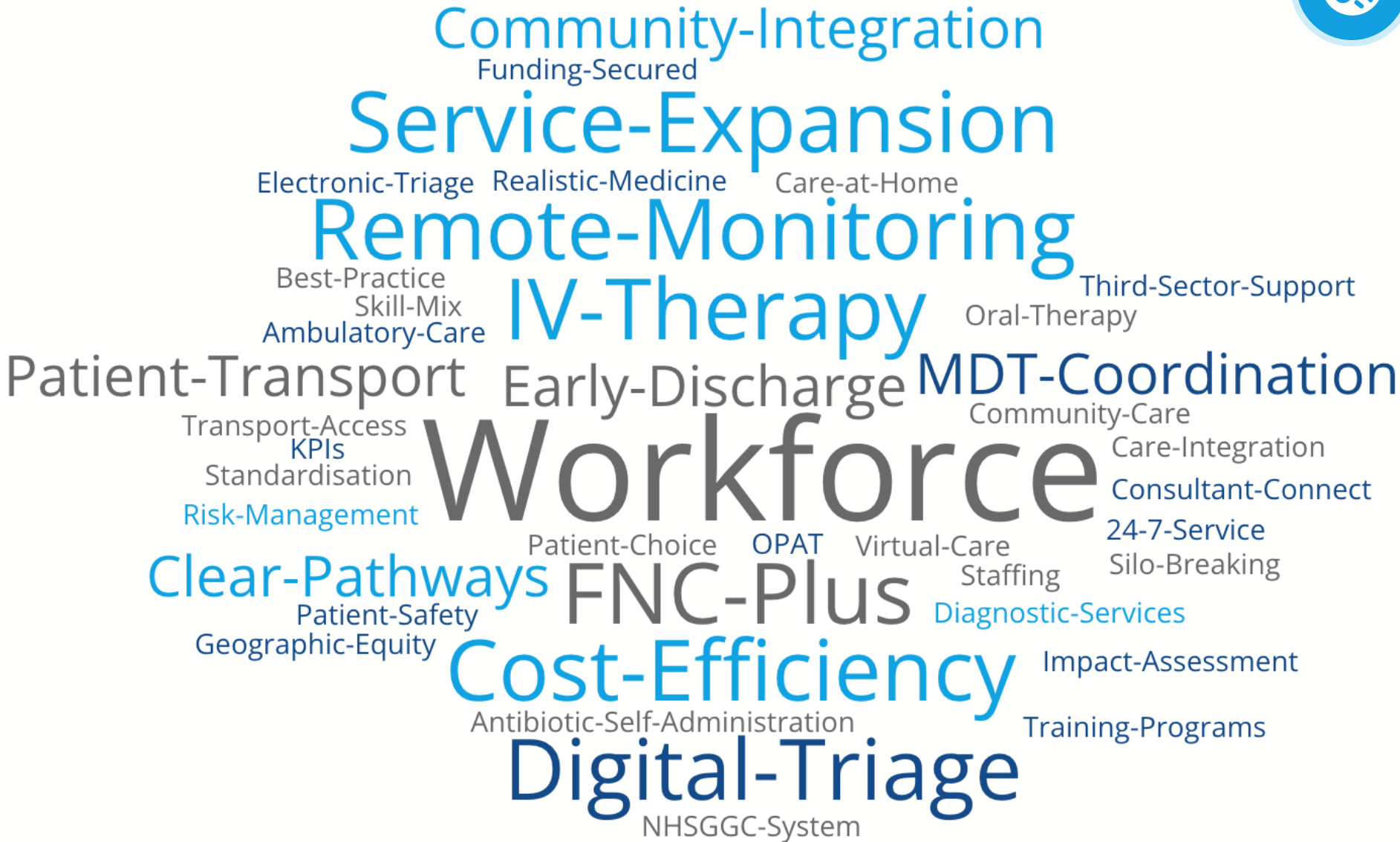


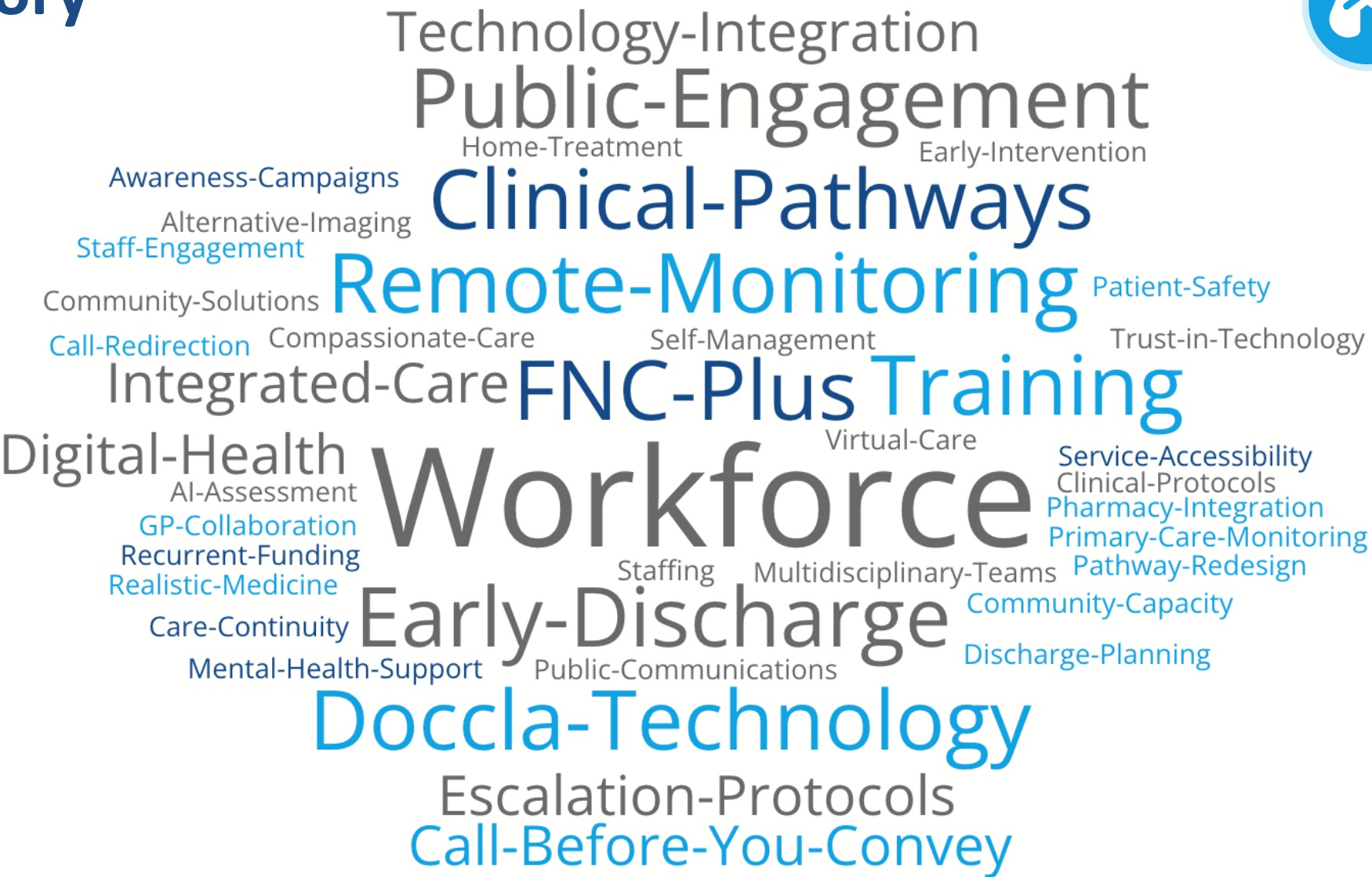
Clinical Themes

Word Clouds

Frailty











Whole System / Full-Event

Word Cloud

Whole System

Shared-Decision-Making
Single-Point-of-Access
Whole-System Technology-Access
Clinical-Confidence
Virtual-Care
Staffing-Model
Unified-Records
Patient-App
Co-Location
Virtual-Wards
Digital-Literacy
Public-Engagement
Cultural-Change
Staff-Engagement
Patient-Safety
Risk-Management
Public-Education
Digital-Inclusion
Self-Service
Access-to-Care
Joined-Up-Care
Community-Integration
Senior-Decision-Makers
Silo-Breaking
Trust-and-Transparency
Communication-Strategy
Consistent-Pathways

Training
Workforce
E-Triage



Appendix

Recap: Break-out Questions

Break-out 1 — Whole System

Focusing on planning assumptions for NHS GGC's Flow Navigation Centre+ Plus

Q1. What are the essential components of the Flow Navigation Centre Plus system at NHSGGC in your view?

What might we be missing, based on what you have heard today?

Q2. What measures & KPIs will help us assess the success of FNC+Plus from your perspective?

Q3. Definitions – what is a virtual ward/bed, eTriage at NHSGGC?

Q4. What do you imagine FNC+Plus at GGC to look like?

What do you think or anticipate we need to do to move from our current state to future state? Please consider:

Q4.1 Clinical protocols and clinical pathways*

Q4.2 eTriage capacity and process

Q4.3 Escalation (e.g. criteria of inclusion, break glass and trigger points to escalation)*

Q4.4 Other critical elements (such as programme resource, governance, funding etc)

Q4.5 Staffing of FNC+Plus (Clinical pods, call handlers, senior clinicians, SAS, NHS24, key partners)*

Q4.6 Virtual Ward capacity

Q4.7 Training and recruitment*

**These questions were covered in more detail at each of the clinical themed breakout sessions.*

Break-out 2 — Clinical Themes

Focusing on patient flow, but now considering a day in the life for the four clinical themes within the GGC system;

Look now through the lens of the clinical theme:

1. Frailty 2. Infectious Diseases 3. Respiratory 4. Cardiovascular

Q1. What opportunities exist within this clinical theme, when considering introduction of FNC⁺Plus?

Q2. What needs to happen within this clinical theme, prior to FNC⁺Plus being introduced? *What actions do you want to see happen next?*

Q3. What do we need to do to shift from current state to future state for this [Clinical theme?] *Please consider:*

Q3.1 Clinical protocols and pathways for this theme

Q3.2 Staffing, training and recruitment of FNC⁺Plus for this clinical theme

Q3.4 Measurement, monitoring and escalation e.g. criteria of inclusion, break glass and trigger points to escalation for this clinical theme