

# **Improving Health and Social Care Service**

## **Resilience over Public Holidays**

### **The Public Holiday Review Report**

**December 2017**



**Scottish Government**  
Riaghaltas na h-Alba  
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## Chairman's Foreword

This Public Holiday Review Report has been prepared in response to the request to review the resilience of health and social care services over public holidays and in particular, the Christmas and Easter Festive periods. We took account of a number of recent Scottish Government policy documents and reviews including: the Primary Care Out of Hours Review,<sup>1</sup> the Health and Social Care Delivery Plan<sup>2</sup> and National Workforce Planning developments.<sup>3</sup> We offer Key Messages in Section 1 and describe our remit and review process in Section 2. As part of our open review process, we have already shared our emerging findings with the service. These findings have been incorporated into winter planning arrangements for 2017-18.<sup>4</sup>

There is ample evidence to confirm that there are significant additional pressures on health and social care services over public holiday periods, which is illustrated in Section 3. This includes both in-hours and out of hours (OOH) services, Accident & Emergency (A&E) services, acute and community hospitals, primary and social care services, NHS 24 and the Scottish Ambulance Service (SAS). These pressures are particularly pressing during prolonged public holiday periods – during the Christmas and Easter festivals. They include: reduced or lack of availability of some services, resulting in additional challenges and pressures, ultimately impacting on overall patient and staff experience.

The introduction of health and social care integration provides the obligation and opportunity to transform health and social care services, taking justifiable local variation into account.

Resilience planning must be transformed across the whole spectrum of health and social care service provision in Scotland, both in and out of hours. This is a pressing matter that needs to be dealt with sustainably and coordinated effectively. To optimise 'joined up' care services, we looked at current care models and processes, in order to promulgate best practice, to improve pathways of care and to promote care innovation.

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<sup>1</sup> [Pulling Together: Transforming Urgent Care for the People of Scotland](#)

<sup>2</sup> [Health and Social Care Delivery Plan](#)

<sup>3</sup> [National Health and Social Care Workforce Plan: Part 1 - A framework for improving workforce planning across NHS Scotland](#)

<sup>4</sup> [Preparing for Winter 2017/18](#)

Services must be mapped onto the specific needs of individual communities and localities. Going forward, the leadership role of Integration Authorities is of pivotal importance, in concert with Health Boards and other partners, including professional organisations, the Third Sector and Scottish Government.

**Acknowledgments:** The Public Holiday Review process has brought together a large group of health and social care professionals, representatives of the third and independent sectors and the public. Members of the Review are listed in Appendix 1, including organisations represented. Colleagues contributed with commitment and enthusiasm throughout and have consulted widely with their peer groups, developing a range of shared and specific recommendations, listed in Section 7 and Appendix 2. I am indebted to all who participated in the Public Holiday Review, and I am particularly grateful to the programme support team for their sterling work throughout.

In conclusion, the Review Group believes that the recommendations offered - implemented well and monitored effectively - will enhance resilience over public holiday periods, but also will contribute to 24/7, 365 days a year service sustainability.

During public holidays, those who provide health and social care services, forego the company of family and friends in order to help others. Getting urgent and emergency care right is of paramount importance for the people of Scotland and for those who provide care for them. Significant progress is already underway – however, further rapid and cohesive whole system action is essential. We will need to do this with resolve, to do this well, and to do this together.

A handwritten signature in black ink, appearing to read 'Lewis D Ritchie', with a horizontal line underneath it.

Lewis D Ritchie

Chairman, Public Holiday Review

# Contents

## **1 Executive Summary and Key Messages**

1.1 Context

1.2 Key Messages

## **2 Remit and Process of Review**

2.1 Remit of Review Groups

2.2 Review Process

## **3 Service Intelligence**

3.1 Overview

3.2 Main findings

## **4 Health & Social Care Services**

4.1 Primary / Community Care

4.2 Acute / Hospital

4.3 Mental Health

4.4 Social Care

## **5 Promoting Best Use of Health and Social Care Services**

5.1 Background

5.2 Available Resources

## **6 Workforce Planning and Development**

6.1 Context and Progress

## **7 Summary of Recommendations**

**Appendix 1:** Review Group Membership/Organisations Represented

**Appendix 2:** Recommendations with Detailed Rationale

**Appendix 3:** Project Initiation Document

**Appendix 4:** References

# 1 Executive Summary and Key Messages

## 1.1 Context

In January 2017, the Royal College of Emergency Medicine Scotland (RCEM) called for a review of the resilience of all urgent care services over public holidays, primarily prolonged Christmas and Easter festival periods, recognising increased pressures on these services. These concerns were also shared by other professionals and organisations.

Recognising these shared concerns, the Cabinet Secretary for Health and Sport announced on 17 January 2017, the Scottish Government's intention to review the way health and social care services are provided over public holiday periods, in order to improve resilience and sustainability.

Evidence provided shows that there is a range of issues that are common during public holiday periods, including reduced staff availability, making it particularly difficult for health and social care systems to deliver optimal services. Service resilience must be achieved and assured on a continuous basis. Over the Christmas and Easter Festival periods, the availability of mutually dependent and effective collaboration of health and social care services, is both challenging and essential.

Information Services Division, NHS National Services Scotland (ISD, NSS) has prepared an analysis to support the Public Holiday Review ('the Review'). Key findings are summarised in Section 3 and detailed in a Supplementary Report on Data Analysis of Service Usage, co-published alongside this Review Report. This provides intelligence on what happens in terms of demand and delivery for health and social care services over the Christmas and Easter holiday periods. It also sets out the available evidence, drawn from national information sources, illustrating what is distinctive about these holiday periods. For example, there is increased prescribing of the most common antibiotics; there are reduced discharges from hospitals; and discharges to care homes are significantly diminished. It can take longer for OOH services to see patients at local Urgent Care Centres (formerly

referred to as Primary Care Emergency Centres – PCECs) or for home visits during these public holiday periods.

The Review has examined existing availability of services across health and social care sectors over public holiday weekends. It has sought to address how hospital, community and social care services could be better coordinated and aligned more effectively to optimise patient and carer experience. The proposed recommendations aspire to support individuals, their carers and loved ones, to receive care from the right person, in the right place and at the right time. This includes best use of acute hospital services over public holiday periods and optimising timely discharges with commensurate community support services, where appropriate.

## 1.2 Key Messages

23 recommendations are offered – a summary list is provided in Section 7 and a full list of these recommendations with detailed rationale, is attached at Appendix 2.

Available and accessible urgent care services over public holidays are under pressure, particularly over the Christmas and Easter festive periods. This is not sustainable and will worsen unless robust measures are taken to promote enhanced, collaborative working practices within and across the health and social care sectors.

Future service design and delivery should be based on best meeting the needs of the public and those who deliver services. This should enable tailored advice, support and self-care where appropriate, and when required, direction to the right service, at the right time.

The recommendations take account of the Independent Review of Primary Care Out-of-Hours Services<sup>5</sup> and the Six Essential Actions to Improve Unscheduled Care.<sup>6</sup> A number of complementary recommendations are made, to enhance service resilience.

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<sup>5</sup> [Pulling Together: Transforming Urgent Care for the People of Scotland](#)

<sup>6</sup> [Six Essential Actions to Improving Unscheduled Care](#)

The Review primarily focuses on what can be done to ensure that good working practices and processes are rapidly put in place to ensure that appropriate levels of service are available throughout public holiday periods. The recommendations take account of other relevant Scottish Government policies already in train, for example the Mental Health Strategy.<sup>7</sup> These policies are listed throughout the report. In order to secure necessary transformation of urgent and emergency care services, both in and out of hours, they need to be linked together and progressed without delay.

As part of the review process emerging recommendations were shared with services represented on the Review Group (Appendix 1). Review findings have already been incorporated in 2017/2018 Winter Planning Guidance.<sup>8</sup> Going forward, these recommendations should be built into local resilience planning. They should be implemented in collaboration with all health and social care partners, including the third and independent sectors, taking account of the national Health and Social Care Delivery Plan.<sup>9</sup> We recognise that effective implementation of these generic recommendations will require adjustment for the particular needs and circumstances of individual areas and localities throughout Scotland.

We considered not only service requirements but also the need to value and support all those who provide health and social care services over public holiday periods, as part of comprehensive workforce planning.

Aside from the specific message regarding integrated local crisis services for people with mental health difficulties, these Key Messages are equally applicable for individuals with urgent mental or physical health problems.

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<sup>7</sup> [Mental Health Strategy: 2017-2027](#)

<sup>8</sup> [Preparing for Winter 2017/18](#)

<sup>9</sup> [Health and Social Care Delivery Plan](#)

## Key Messages for Public Holiday Periods

Transforming urgent and emergency care is of paramount importance for the people of Scotland and for those who provide care for them. In order for people to transfer seamlessly through the care system, rapid and cohesive whole system action is essential.

Key messages:

- **Promote community pharmacies as a key resource for supporting self-care and to allow better urgent access to medicines**
- **NHS 24 should provide enhanced support for:**
  - **self-management, where appropriate**
  - **direction to attend and receive the right care service, where needed**
- **Develop quality assured integrated local crisis services for people with mental health difficulties, if not already in place**
- **Ensure that sufficient levels and numbers of senior decision makers from all sectors are duty rostered at all times**
- **Implement timely and continuous access to local infrastructure services within hospitals - including staff duty rotas, pharmacy, information technology, equipment stores and transport**
- **Instigate proactive discharge planning before public holidays**
- **Enable clear and timely social care support arrangements for hospitals, care homes and other community based services**
- **Improve arrangements for enhancing staff uptake of seasonal influenza (flu) vaccine - as well as promoting better uptake in population target groups <sup>10</sup>**
- **Develop and evaluate timely, integrated health and social care urgent care resilience plans on a 24/7, 365 day basis - including winter planning arrangements**
- **Ensure that partnership and professional organisations are fully engaged in the design and delivery of all planned changes to the workforce**
- **Ensure that developing national social and primary care workforce plans fully consider the recommendations in this review - including sustainable resourcing**

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<sup>10</sup> [Seasonal Influenza \(Flu\) Vaccination Programme 2017-18](#)



## 2 Remit and Process of the Review

### 2.1 Remit of the Public Holiday Review

The Review was established to: [1] examine the way by which health and social care services across Scotland are currently provided over public holiday periods; [2] make recommendations/identify actions for establishing greater resilience of health and social care service over these periods; [3] take into account the needs and expectations of those who receive and those who deliver services.

### 2.2 Review Group Structure and Process

A programme management structure was put in place at the outset of the Review to underpin an open, inclusive and interactive process. A range of stakeholders were identified and kindly participated in the Review. They are listed in Appendix 1. A Project Initiation Document was developed and agreed (Appendix 3).

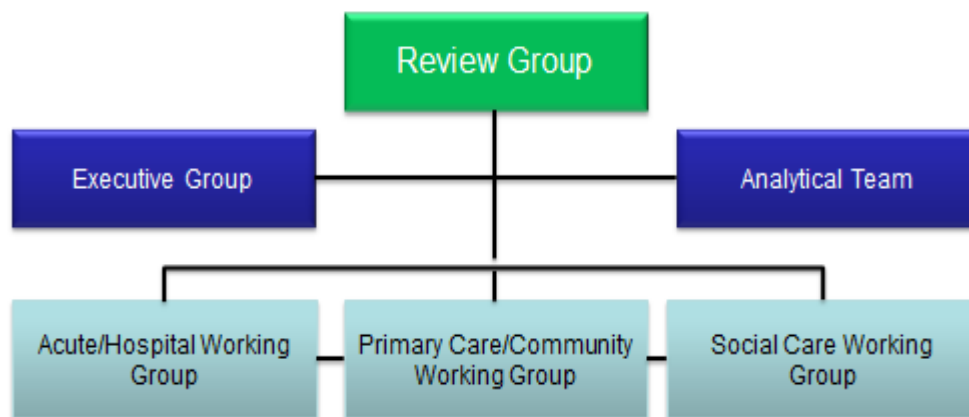


Figure 1: Review Group structure and relationships

The Review structure and relationships are shown in Figure 1. The parent Review Group included a wide range of service providers and public representation, including Chief Officer input from Integration Authorities.

Three working groups were established to provide good practice recommendations for: Acute/Hospital; Primary/Community and Social Care.

Information Services Division, NHS National Services Scotland (ISD, NSS) was commissioned to support the Review (see Section 3).

Each of the working groups met on a regular basis throughout the Review. The parent Review Group met on five occasions.

All groups adopted the guiding principles used for the Primary Care Out of Hours Review:<sup>11</sup>

- **Person-centred** - for those who receive and those who deliver services
- **Intelligence-led** - making the most of what we know about our people and their needs
- **Assets-optimised** – making the most of all available assets and resources
- **Outcomes-focused** - making the best decisions for safe and high quality patient care and wellbeing<sup>12</sup>

In addition services should be:

- **Desirable** - high quality, safe and effective
- **Sustainable** - resilient on a continuous basis
- **Equitable** - fair and accessible to all, according to individual need
- **Affordable** - making best use of public funds

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<sup>11</sup> [Pulling Together: Transforming Urgent Care for the People of Scotland](#)

<sup>12</sup> [Target and Indicators in Health and Social Care Scotland](#)

### 3 Service Intelligence

In order to underpin the deliberations and findings of the Public Holiday Review, the Information Services Division (ISD) of NHS National Services Scotland was commissioned to provide relevant data analysis and intelligence. The detailed report prepared by ISD is a supplementary report co-published alongside the Public Holiday Review Report. It shows some of the available evidence in graphical format, drawn from national information sources, which illustrate aspects of health and social care that are distinctive during extended public holiday periods. Specifically, it quantifies demand for health and social care at occasions when a weekend is prolonged into extended public holidays such as Christmas, New Year or Easter.

The following main findings are further elucidated in the ISD supplementary report:

- There are differences in the pattern of service activity for many care services over the course of four-day public holidays compared with a typical weekend.
- The changes in use of the different service types are most evident during the Christmas and New Year holiday periods. Although service pattern at Easter are similar to those occurring at Christmas and New Year holidays, they do not lead to the same pressures as the latter period, with two extended public holidays in close proximity.
- Due to the increase in demand, the time it takes to see patients during these holidays takes up one hour longer at Primary Care Out of Hours services (PC OOH) and up to 30 minutes in Accident and Emergency services during these holidays.
- The demand for the Scottish Ambulance Service (SAS) in the early hours of New Years day is particularly high.
- NHS 24 and PC OOH see up to a 60% increase in demand for their services on days three and four of the Christmas and New Year public holidays
- There is variation in the average length of stay according to the day of the week that people are admitted to hospital in the period around the Christmas

and New Year holiday. This variation occurs throughout the rest of the year. Compared with the period either side of the festive holidays, a patient admitted as an emergency on Christmas Eve, Christmas Day and New Year's Eve can expect to be in hospital around 1 day longer on average.

- Information from a sample of local authorities suggests a big reduction in new home care packages starting during an extended period of several weeks from Christmas Eve onwards

## 4 Health and Social Care Services

### 4.1 Primary and Community Care

The aim of the Primary and Community Care Working Group was to develop a set of recommendations to improve community based services, over public holiday periods.

Enhancing the interface between Primary Care OOH services and in-hours general practice is essential to support continuity of care. This has been recognised in the draft Memorandum of Understanding (MoU),<sup>13</sup> underpinning the delivery of the 2018 General Medical Services (GMS) Contract, which promotes the development of expanded primary care teams and general medical practitioners (GPs) as expert medical generalists. This MoU, supported by Chief Officers of Integration Authorities and Chief Executives of NHS Boards, sets out the development of local Primary Care Improvement Plans, promoting effective health and social care collaboration. Going forward, these Primary Care Improvement Plans embrace the role of GP Clusters in quality improvement, facilitating information exchange both in-hours and out-of-hours periods.

The volume of work in the community increases markedly over public holidays, over and above normal weekend demand.

Some of the significant issues impacting on primary and community care services over public holiday periods include:

#### Staffing

- Workforce planning and management of staffing over public holidays
- Availability of sufficient staff – and in particular general practitioners (GPs), community nursing and Advanced nurse practitioners, staff working for NHS 24 and the Scottish Ambulance Service (SAS)

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<sup>13</sup> [The 2018 Scottish General Medical Services Contract Offer](#)

## Services

- Lack of availability of routine services during public holiday periods exerts significant pressures on all OOH services. This includes Primary Care OOH services, community pharmacies, NHS 24, SAS, social care community services and nursing homes

## Communication

- Fragmentary/unreliable communication across and between services
- Access to and consistency of, anticipatory care plans (ACPs)
- Awareness and availability of Urgent Care Patient Group Directives (PGDs) and the Pharmacy First initiative for access to medicines

Recommendations 1-11 cover primary care and community services (see Section 7 and Appendix 2).

During public holiday periods, a large number of contacts with NHS 24 and Primary Care OOH services are about accessing previously prescribed medicines. We believe that there should be a stronger focus on enhancing the role of community pharmacies to support self-care, provide better access to medicines and also to promote better use of the Minor Ailment Service (MAS).<sup>14</sup>

Across Scotland, more ready access to community pharmacy services is already underway in OOH periods. This includes novel models of care being developed by NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside.

Increasing the numbers of trained independent (non-medical) prescribers in the community should also contribute to the timely supply and administration of medicines over public holiday periods. This requires further evaluation.

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<sup>14</sup> [The NHS Minor Ailment Service \(MAS\) at your local pharmacy](#)

NHS 24 provides specific palliative care support and advice via their NHS Inform website service.<sup>15</sup> Developing, updating and sharing of individual anticipatory care plans (ACPs) is imperative - particularly in advance of extended holiday periods. Timely and secure record access is essential for sharing of electronic care information (Emergency Care Summary ECS/Key Information Summary KIS). This is particularly pressing for individuals who have service accessibility issues, including: cancer care, frailty, mental health, palliative care and end of life care needs.

Workforce planning and development of extended professional roles within primary care was recommended by the Primary Care OOH Review and is presently underway. More Advanced Nurse Practitioners (ANPs), District Nurses, Community Pharmacists and Allied Health Professionals (AHPs) including paramedics, will be required to meet the evolving needs of individual communities and localities. This is in keeping with the National Clinical Strategy<sup>16</sup> and national workforce planning.<sup>17</sup>

in addition to its traditional 999 and transport roles, the Scottish Ambulance Service (SAS), is also now focused on taking care to people, helping them to remain in their own homes and to avoid unnecessary attendance and admission to hospital.<sup>18</sup>

Some Health Boards, in collaboration with Integration Authorities, presently deliver a locality based single point of contact service, from where combined health and social care input can be coordinated. This function was originally recommended in the Primary Care OOH Review, described as an Urgent Care Resource Hub.<sup>19</sup> Where this is not available or not yet developed, we recommend that NHS 24 should support Board areas to provide safe and timely access to optimal clinical decision support, including anticipatory care plans. This is particularly important for the optimal care and support of care for palliative/end of life care needs.

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<sup>15</sup> [NHS Inform: Health Information You Can Trust](#)

<sup>16</sup> [A National Clinical Strategy for Scotland](#)

<sup>17</sup> [National Health and Social Care Workforce Plan: Part 1 - A framework for improving workforce planning across NHS Scotland](#)

<sup>18</sup> [Towards 2020: Taking Care to the Patient](#)

<sup>19</sup> [Pulling Together: Transforming Urgent Care for the People of Scotland](#)

## 4.2 Acute/Hospital Care

The aim of the Acute/Hospital Care working group was to develop a set of recommendations to optimise service accessibility and to improve hospital 'patient flow' over public holiday periods.

A number of issues consistently impact on acute services over public holiday periods, including: an imbalance of demand and capacity, reduction in discharge rates and increased length of stay in hospital. Individuals admitted for acute hospital care over the Christmas and New Year festive period are likely to have a prolonged length of stay of one day extra, or more.

Available evidence shows that while bed occupancy rate reduces in the immediate run up to Christmas, it then rapidly increases by the end of the festive period. Across Scotland there were ~1200 more hospital discharges than admissions in the lead up to Christmas 2016, followed by ~2000 more admissions than discharges over the festive holiday period. This then impacts on the delivery of optimal care for a number of weeks into the new year. It may take up to eight weeks for some acute hospitals to 'recover' from the effects of festive holiday periods.

There are a number of initiatives presently underway, as part of the Six Essential Actions for Unscheduled Care Improvement Programme.<sup>20</sup> These initiatives should help to improve systematic hospital discharges on a continuous (365 day) basis.

There is also a drive to increase the timeliness of hospital discharge each day by shifting the daily discharge curve. A collaborative programme to support the roll out of Daily Dynamic Discharge (DDD)<sup>21</sup> is underway across acute and community hospitals in Scotland. This approach should improve quality of the patient journey of care - linked to a timely site-based patient (bed) management system. Planning and synchronising clinical and therapeutic pathways helps to ensure that patients are appropriately discharged as soon as they are fit and ready.

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<sup>20</sup> [Six Essential Actions to Improving Unscheduled Care](#)

<sup>21</sup> [The Daily Dynamic Discharge Approach](#)



Some of the significant issues identified as impacting on acute hospital services that lead to unnecessary admission and/or delays in discharging patients over public holiday periods include:

#### Staffing

- Workforce planning, ensuring the right availability of multidisciplinary staffing and skills mix, including AHPs (physiotherapy and occupational therapy)
- Systematic rostering, accessibility and visibility of senior decision makers aligned with prevailing demand

#### Support Services

- Proactive discharge prescribing and availability of prescribed medicines
- Ready access to aids and equipment
- Availability of diagnostic, laboratory and imaging services
- Timely transport availability
- Accessibility of relevant patient information to assist optimal decision making

#### Communication

- Greater awareness / accessibility of community services and care provision

#### Data/Intelligence

- Better use of local intelligence to understand and anticipate demand over public holidays
- More systematic use of demand prediction tools (System Watch),<sup>22</sup> to support advance planning of demand and capacity

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<sup>22</sup> [System Watch](#)

## Acute/Hospital Care Recommendations

Recommendations 12-16 suggest measures to improve care and to mitigate pressures on hospital services over public holiday periods (see Section 7 and Appendix 2).

Proactive discharge planning should be in place prior to public holiday periods, following the principles of the Six Essential Actions for Unscheduled Care.<sup>23</sup> This includes timely preparation of Immediate Discharge Letters (IDLs) and medicines availability – including near patient dispensing, for example: One-Stop dispensing.<sup>24</sup>

On-going, reliable availability of support services within hospitals is equally crucial for the timely discharge of patients.

Analysis suggests that many patients admitted to hospital during week days - either as an acute medical or surgical emergency - will have recovered sufficiently and could be discharged over the following weekend. These are typically patients admitted on a Wednesday, Thursday or Friday who would normally have a length of stay of two to three days, but who have their length of stay extended over the weekend. If these recovered patients were discharged over weekend periods this would free up many beds for earlier admission of new urgent/emergency cases in the following week and would contribute to shorter lengths of stay. These findings also apply to public holiday periods (see Section 3).

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<sup>23</sup> [6 Essential Actions to Improve Unscheduled Care](#)

<sup>24</sup> [NHS Lothian Pharmacy Strategy - 2013-2016](#)

### 4.3 Mental Health

NHS 24 continues to support increased numbers of contacts from individuals with mental health needs. In turn, this has resulted in a raised number of people referred to partner agencies in the OOH period. This also leads to an increase of in hours referrals, particularly to child or adult protection services.

The recently published Mental Health Strategy<sup>25</sup> aims to improve Adult, Child and Adolescent Mental Health services and to bring together other providers of mental health services for children, young people, adults and families/carers to receive optimal and timely support.

Presently there is no national standard specification of OOH care and support for those individuals accessing services for mental distress/illness. Additionally, evidence suggests that individuals maybe more likely to directly seek help from the Scottish Ambulance Service (SAS) or self-present in crisis or distress at acute/A&E services (Emergency Departments/Minor Injury Units) than to access traditional primary care services. Through the work being undertaken by NHS Health Improvement Scotland as part of the Urgent Care Portfolio, initial data analysis by the Patient Journey Group (mental Health) established that these individuals are three times more likely to directly present to A&E services in acute mental crisis/distress and five times more likely to be admitted in OOH periods.

Relevant recommendations outlined in the Mental Health Strategy have been taken account of in the Public Holiday Review, in order to improve service access and availability during public holiday periods.

Hospital mental health services operate continuously across Scotland, 24 hours a day, 365 days a year. Some areas have OOH crisis services to try to prevent admission or to support early discharge or to support people at home – this varies across Scotland. Inpatients admitted just before or at a public holiday may experience delayed discharge.

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<sup>25</sup> [Mental Health Strategy: 2017-2027](#)

Recommendations 9 and 10 are specific to improve urgent care arrangements, take account of the needs of people with mental health problems or distress and seek to promote shorter waiting times. Many of the other recommendations also apply to individuals with mental health issues (see Section 7 and Appendix 2).

Closer working is required between mental health and primary care OOH services with enhanced access to mental health services in ‘front door’ hospital sites and for referrals in community settings during public holiday and OOH periods.

Distress Brief Interventions (DBI)<sup>26</sup> support people in distress and were supported in the Suicide Prevention<sup>27</sup> and Mental Health strategies.<sup>28</sup> The need to improve the response to people presenting in distress has been strongly advocated by service users and front-line service providers. The overarching aim of the DBI programme is to provide a framework for improved inter-agency coordination, collaboration and cooperation across a wide range of care, settings, interventions and community support. By intervening early, DBIs seek to better engage and equip people in managing their own health, offering a structured approach for medium to long-term reduction in distress.

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<sup>26</sup> [Evaluability assessment of The Distress Brief Intervention Programme in Scotland](#)

<sup>27</sup> [Suicide Prevention Strategy 2013-2016](#)

<sup>28</sup> [Mental Health Strategy: 2017-2027](#)

#### 4.4 Social Care

The main aim of the Social Care Working Group was to assess and make recommendations about the key function of timely social care support around acute and community hospitals. Core social care services need to be reliably put into place to prevent people being admitted unnecessarily to hospital and to speed up discharge when appropriate, on a continuous basis including public holidays and weekend periods.

Social care OOH services have primarily been developed to provide public protection functions and to respond to the urgent needs of vulnerable people. Integration Authorities have begun to commission new arrangements either as an adjunct to their main OOH services or as a separate service provided around acute hospitals.

The recommendations from this Review provide a timely opportunity to implement the principles underpinning Health and Social Care Integration for improving urgent care throughout Scotland. The ethos of Health and Social Care Integration recognises the move away from individual care sectors acting autonomously - towards increasingly aligned ('joined up') health and social care service. This also includes third and independent sector provision.

Delegated functions to Integration Authorities include: Adult Social Care, NHS Community Services, Primary Care and certain hospital functions associated with unscheduled care. Some Authorities have additional delegated functions including children's services, with differing patterns across Scotland.

Integration Authorities have the statutory role for strategic planning and setting priorities for changing services including how resources are used for delegated functions. These are central to achieving change through NHS Boards and Local Authorities. As noted before, Chief Officers of Integration Authorities have been engaged in the work of the Public Holiday Review and are committed to work within their localities to ensure that jointly planned services are implemented according to local needs and circumstance, including public holiday provision.

Over public holiday periods the Review has identified challenges for all OOH services including better integration of these services.

Significant issues identified by the Social Care Working Group were:

#### Staffing

- There is a pressing need for effective and continuous leadership and decision making during OOH and public holidays periods
- Social work activities may be limited over OOH and public holiday periods, due to limited staffing availability

#### Services

- There are variable levels of access to social care services provided during OOH and public holiday periods throughout Scotland
- New admissions to care homes are lower at weekends and during the first three days of an extended public holiday period

#### Communication

- Effective cross-system communication is key - including with the third and independent care sectors
- A flexible and pragmatic approach is required for optimal care decision making over weekends and public holiday periods

Social care OOH services in Scotland have been developed around the core functions of keeping individuals, families and communities safe and responding to urgent situations, according to need. Much of the current social care activity in the OOH period relates to child protection, adult protection and monitoring of high risk offenders.

## Social Care Recommendations

Recommendations 17-20 cover what we suggest can be done to enhance social care services during public holiday periods (see Section 7 and Appendix 2). The thrust of winter planning over recent years has been shifting away from a hospital focus to a whole system focus across the whole calendar year. This will support the implementation of the recommendations in the Review and should promote better links between all health and social care partners

Innovative models of care have already been developed, for example, in Grampian and Lothian, where Integration Authorities have led winter planning across the whole care system. This has resulted in novel ideas being tested, for example: improving flu vaccination uptake for housebound patients.

In order to support best care, we recommend that the Scottish Government should work with Integration Authorities and other partners to develop good practice and shared learning on the prevention of unnecessary admission to hospital and timely discharge from hospital during OOH and public holiday periods.

Integration Authorities should commission OOH services that provide resilient integrated health and social care over public holiday periods. This includes effective communication and clarity about where authority lies to set up and alter individual social care support arrangements, whenever required, including public holidays.

In keeping with the recommendations in the Primary Care OOH Review,<sup>29</sup> we also recommend that a model service specification should be developed to assist with the redesign of integrated OOH arrangements.

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<sup>29</sup> [Pulling Together: Transforming Urgent Care for the People of Scotland](#)

## 5 Promoting Best Use of Health and Social Care Services

### 5.1 Background

The nature and availability of all OOH services may be poorly understood often resulting in people finding it difficult to know where to go with or seek assistance for urgent care requirements. This may be amplified over public holiday periods and by winter demands.

This is particularly important for people with specific needs. The Primary Care OOH Review examined and made recommendations on palliative care, mental health needs, frail and older people, the care of children, those with special access requirements and health inequality issues. These still hold good and are amplified here.

### 5.2 Available Resources

NHS 24 already delivers the national winter health campaign 'Be Healthwise' on behalf of NHS Scotland. This is a multi-channel campaign including national TV and radio advertising focused on supporting the public over the festive period in particular. Core messages include:

- Checking GP surgery opening times over festive periods and reminding people to make sure they have adequate supplies of repeat medication
- Information on opening hours, contact methods, and location of all services available to all Primary and Social Care Partners and all Acute Hospital Sites and Minor Injuries Units.
- Promotion of self-help guides on NHS Inform<sup>30</sup> as the reliable and trusted source of health, care and wellbeing resources in Scotland.
- Seeking support from A such as community pharmacies.

This service should be enhanced with NHS 24 and Boards supporting visibility of the national winter health campaign. NHS 24 ensures the most critical messages and

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<sup>30</sup>: [NHS Inform](#)



up to date resources are included to support the whole health and social care system.

Particular emphasis should be placed on use of the National Services Directory<sup>31</sup> as an on-line resource for the public and for all health and social care professionals to find out what services are available locally.

Each Board area will need to determine how best to engage its local population including use of the Know Who to Turn To resource.<sup>32</sup>

The national winter health campaign should be enhanced to ensure the most critical messages and up to date resources are included to support the whole health and social care system. NHS 24 and local Board should support visibility of the national winter health campaign, delivered by NHS 24 on behalf of NHS Scotland.

Recommendation 5 covers how we can better manage communications with members of the public, promoting self-help and raising awareness of services that are available over a holiday period to minimise unnecessary access to urgent care (see Section 7 and Appendix 2).

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<sup>31</sup> [National Services Directory](#)

<sup>32</sup> [Know Who to Turn to](#)

## 6 Workforce Planning and Development

### 6.1 Context and progress

A valued sustainable workforce will be key to implementing the recommendations in this Review. Recognising the pivotal importance of workforce development in out of hours periods, the Primary Care OOH Report<sup>33</sup> made a number of specific recommendations, including the need for comprehensive workforce planning. In that report, specific emphasis was placed on the considerable recruitment / retention and sustainability challenges facing the General Practitioner (Recommendation 11), Advanced Nurse Practitioner and District Nursing workforce (Recommendation 12).

The workforce recommendations made in this report amplify those made previously in the Primary Care OOH Report.

These pressing workforce challenges remain and must be addressed through robust national and local planning. This is underway via the Scottish Government's recent National Health and Social Care Workforce Plan,<sup>34</sup> which seeks to:

- Strengthen and harmonise workforce planning practice
- Facilitate communication between providers
- Take full account of the future demand for safe and high quality services for Scotland's people
- Accurately identify gaps in supply
- Help deliver the vision set out in the National Clinical Strategy
- Make care coordination a high priority
- Identify patients in greatest need of proactive, coordinated care
- Engage patients and citizens in decisions about their care
- Integrate health and social services, and physical and mental health care
- Engage clinicians and professionals in change and train and support clinical leaders
- Learn from experience and scale up successful projects

Work is continuing to implement the recommendations of Part 1 of the National Health and Social Care Plan, which cover 6 main areas: governance, roles, workforce data, recruitment and retention, guidance and student intakes. A National Workforce Planning Group and Planners' Forum is now operating and NHS

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<sup>33</sup> [Pulling Together: Transforming Urgent Care for the People of Scotland](#)

<sup>34</sup> [National Health and Social Care Workforce Plan: Part 1 - A framework for improving workforce planning across NHS Scotland](#)

Education for Scotland (NES) is working on data on recruitment and retention; and work streams on guidance and projections are now progressing, all in the wider context of the Scottish Government's commitment to a sustainable workforce.

In addition, the two remaining Parts of the National Plan are pending publication (Part 2 on social care) and in early 2018 (Part 3 on primary care – including integrated community nursing teams), leading to a further iteration of the national plan in mid-2018.

The timing of the publication of this Review - alongside related policies and proposed saved staffing legislation - provides a positive opportunity to develop and resource appropriate staffing in a robust and coordinated manner.

Against the background of this wider work to improve workforce planning in NHS Boards and across social care and primary care, it is important that NHS Boards and other employers across health and social care consider workforce sustainability issues in the context of this Review and the recommendations it makes to bring together different parts of the service to work collaboratively to deliver a high level of care throughout the system.

## Recommendations

- Effective planning and resource allocation to secure delivery of these recommendations will require a whole system approach and leadership of a high order.
- Developing national, social and primary care workforce plans should take account of the findings from this Review including sustainable resourcing for all professional groups.
- Partnership and professional organisations should be fully engaged in the design and delivery of all planned changes to the workforce.

## 7 Summary of Recommendations

A full set of Recommendations, accompanied by detailed rationale for each, with relevant references, is provided in Appendix 2.

1. Tests of change should be established to test the concept/viability of multidisciplinary locality clinic models during public holiday periods.
2. The developing role of independent non-medical prescribers should be encouraged and enhanced. How appropriate educational and training support can be delivered needs to be further explored.
3. Greater use should be made of Community Pharmacy Unscheduled Patient Group Directions (PGDs) to enhance the urgent provision of medication. This would also be facilitated by immediate and secure electronic access to patient medication records.
4. Community pharmacy is an important first point of contact for patients seeking advice and treatment, this should be encouraged by:
  - Promoting greater use of community pharmacy Minor Ailment Service (MAS) for eligible individuals
  - Encouraging people to make more use of community pharmacies for self-care, advice and access to medicines.
  - Ensuring that sufficient community pharmacy services are open and accessible during public holiday periods.
5. In order to assist the public to support self-management, where appropriate and to make optimal use of available services when required, during OOH and public holiday periods:
  - There should be better promotion of NHS Inform as the reliable and trusted source of health, care and wellbeing resources (including the Self Help Guide) in Scotland.
  - Particular emphasis should be placed on use of the National Services Directory as an on-line resource for the public and for all health and social care professionals to find out what services are available locally.
  - Each Board area will need to determine how best to engage its local population including use of the Know Who to Turn To resource.
  - The national winter health campaign should be enhanced to ensure the most critical messages and up to date resources are included to support the whole health and social care system. NHS 24 and local Board should support visibility of the national winter health campaign, delivered by NHS 24 on behalf of NHS Scotland.

6. A tested handover document should be introduced to improve the care pathway of residents in care homes. This should facilitate structured communication between care homes and NHS 24 to support optimal referral of residents who need urgent care provision.
7. In the absence of direct local helpline access, the interface between NHS Board OOH services and NHS 24 should be optimised to ensure people with palliative and end of life care needs and their carers can access timely person centred-care.
8. Individuals who attend OOH/A&E services without a defined medical need should be signposted /redirected to suitable alternative community services, including third sector provision, where available.
9. Access to specialist services should be improved for Mental Health triage, assessment and consultation within NHS 24. A stepped model of care developed by NHS 24 will support appropriate service provision based on need, from self-help assistance to complex care.
10. Further development of Distress Brief Intervention (DBI) programmes should continue to better equip people managing their own health, offering a structured approach for medium to long-term reduction in distress.
11. On the basis of local needs assessment, Board areas should consider establishing/enhancing Community Respiratory Teams over public holidays and also for other OOH periods.
12. Timely and proactive discharge planning should be in place prior to public holiday periods, following the principles of the Daily Dynamic Discharge Approach.
13. Acute hospital discharge teams should be reviewed and augmented, where necessary, to ensure optimal patient flows within hospitals and to ensure timely and appropriate discharge of patients over public holiday periods.
14. Effective discharge planning and processes over public holidays should be reviewed to ensure that staffing levels are optimal throughout.
15. Improved access to specialist advice from a senior clinician should be readily available to Primary Care OOH services over out of hours periods, including public holidays. Where not already in place, a dedicated clinical telephone referral line should be established enabling direct professional-to-professional consultation.
16. Timely use and analysis of data is required to optimise available resources, in order to meet patient needs with differing and evolving case-mix presentations. This should help to secure best care outcomes and is in keeping with the guiding principle of an intelligence-led service.

17. Options should be pursued to streamline public protection services that are resilient at all times and are fit for the future. These should be explored with Police Scotland and other relevant partners, taking into account the Child Protection Register and the Appropriate Adult Scheme.
18. Future out-of-hours social care services must be aligned with existing primary care OOH services and directly interface with acute hospitals, in order to provide integrated health and social care on a continuous basis, including public holiday periods.
19. The identification and development of good practice approaches and shared learning opportunities across all sectors in the OOH period, should be developed for:
  - Prevention of unnecessary admissions to hospitals
  - Appropriate and timely discharge practice from hospitals
  - The timely availability of community based social care and other services to underpin hospital discharges during OOH and public holiday periods.
20. Future information developments in social care, including the emerging single national source of social care data, should aim to provide timely and actionable intelligence to those responsible for delivering care and support, especially to people with multiple and complex needs.
21. Effective planning and resource allocation to secure delivery of these recommendations will require a whole system approach and leadership of a high order.
22. Developing national, social and primary care workforce plans should take account of the findings from this Review including sustainable resourcing for all professional groups.
23. Partnership and professional organisations should be fully engaged in the design and delivery of all planned changes to the workforce.

## Appendix 1

### Review Membership & Programme Support

#### Review Group

Sir Lewis Ritchie (Chair)	Academic General Practitioner, University of Aberdeen
Alan Hunter	NHS Scotland Director of Performance & Delivery, Lead Director of the Public Holiday Review, Scottish Government
Margaret Anderson	Public Representative, NHS 24 Patient Participation Forum
Prof Derek Bell	Chairman, Academy of Medical Royal Colleges and Faculties Scotland, President of the Royal College of Physicians of Edinburgh
Claire Bell	National Improvement Advisor, Scottish Government
Jan Beattie	Allied Health Professions (AHP) Lead for Primary Care, Scottish Government
Dr Jenny Bennison	General Practitioner, NHS Lothian, Executive Officer (Quality), Royal College of General Practitioners Scotland
Joan Blackwood	Clinical Lead, Mental Health Service Redesign, Glasgow City Health and Social Care Partnership
Wilma Brown	Employee Director Staff Side, NHS Fife
Rachel Cackett	Policy Advisor, Royal College of Nursing Scotland
Kathleen Carolan	Director of Nursing, Midwifery & Allied Health, NHS Shetland
Gareth Clinkscale	Clinical Service Manager, NHS Lothian
Iona Colvin	Chief Social Work Advisor, Scottish Government
Dr Alastair Cook	Associate Medical Director, NHS Lanarkshire, Chair, Royal College of Psychiatrists Scotland
Cath Cooney	Director of Development and Improvement, Alliance Scotland
Phil Couser MBE	Director Public Health and Information Services, Information Services Division (ISD), NHS National Services Scotland
Craig Cunningham	Head of Commissioning and Performance, South Lanarkshire Health & Social Care Partnership

Dr Linda de Caestecker	Director of Public Health, NHS Greater Glasgow & Clyde
Dr Iain Findlay	Vice President, Royal College of Physicians and Surgeons of Glasgow
Angiolina Foster CBE	Chief Executive, NHS 24
Dr Norrie Gaw	General Practitioner, NHS Greater Glasgow & Clyde, Chair of Out-of-Hours National Operations Group
Linda Harper	Associate Nurse Director of Practice Nursing, NHS Grampian
Prof Ann Holmes	Chief Midwifery Advisor & Associate Chief Nursing Officer, Scottish Government
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Dr Nicola Irvine	Consultant in Acute Medicine, NHS Tayside
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Margaret McKeith	Project Development Officer, Scottish Care
Dr Angus McKellar	Medical Director NHS Western Isles, Scottish Association of Medical Directors
Prof Harry McQuillan	Chief Executive, Community Pharmacy Scotland
Gill McVicar	Director of Operations, NHS Highlands
Fergus Millan	Head of Primary Care Transformation Team, Scottish Government



Dr Libby Morris MBE	Clinical Advisor for e-Health, NHS Lothian, Scottish Government
Christina Naismith	Head of Strategic Commissioning, Scottish Government
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Claire Ronald	Staff Side, Chartered Society of Physiotherapy
Dr Laura Ryan	Associate Medical Director, NHS 24
David Small	Chief Officer Health and Social Care, East Lothian, NHS Lothian
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Robert Williams	Deputy Director Business Intelligence, Scottish Government
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### Executive Group

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### Primary Care & Community Working Group

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### Acute Care Working Group

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### **Social Care Working Group**

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## Additional Professional Support

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Linda Gregson OBE	Deputy Head of Primary Care Division, Scottish Government
Dr John Mitchell	Principal Medical Officer Psychiatry, Mental Health and Protection of Rights Division, Scottish Government
Dr Rose Marie Parr	Chief Pharmaceutical Officer, Scottish Government
Prof Alison Strath	Principal Pharmaceutical Officer, Scottish Government

## Appendix 2

### Recommendations and Rationale

#### Primary/Community Care and Mental Health

1	<p>Rationale: Local areas have different mixes of services, according to need. Some remain open over public holiday periods, others may be closed, for example GP services. There is potential to pull these services together either virtually or geographically into a locality clinic model.</p> <p>These clinics would have multidisciplinary staffing (MDT) including GPs, nurses, pharmacists, AHPs, paramedics, Community Rehabilitation Teams and ideally would be able to receive referrals from NHS 24 or GP OOH services. The aim would be to assess, treat and prescribe for a range of medical and social conditions and provide community based interventions to maintain optimal care at home.</p> <p>Recommendation: Tests of change should be established to test the concept/viability of multidisciplinary locality clinic models during public holiday periods.</p>
2	<p>Rationale: There is evidence that a high number of presentations for Primary Care OOH services are to approve, sign for or replace medications during the OOH period. It is therefore important that the ability is enhanced for patients to access medications within the community without recourse to Primary Care OOH or A&amp;E services. This would be facilitated by increasing the numbers of independent non-medical prescribers to autonomously manage urgent patient presentations.</p> <p>Recommendation: The developing role of independent non-medical prescribers should be encouraged and enhanced. How appropriate educational and training support can be delivered needs to be explored.</p>
3	<p>Rationale: In order to add further resilience for urgent medication provision in the community, where individuals may run out or repeat medications or have lost prescriptions, Patient Group Directions (PGDs) may assist. In Scotland the Community Pharmacy Unscheduled Care PGD has been developed to facilitate this. [A Patient Group Direction (PGD) is a signed, written document supported by a legal framework that allows named, authorised and registered health professionals to supply and/or administer specified medicine(s). The specified medicines are supplied/administered to a pre-defined group of patients with conditions described and detailed within the PGD. An authorised PGD within a service enables named, authorised health professionals to supply and/or</p>

	<p>administer medicines without the requirement to consult a doctor or dentist].</p> <p>Recommendation: Greater use should be made of Community Pharmacy Unscheduled Patient Group Directions (PGDs) to enhance the urgent provision of medication. This would also be facilitated by immediate and secure electronic access to patient medication records.</p>
4	<p>Rationale: The Primary Care OOH Review recognised that greater awareness and use of community pharmacies could shift substantial demand away from both daytime/OOH urgent care and A&amp;E services. This is likely to be particularly important over prolonged public holiday periods.</p> <p>Recommendation: Community pharmacy is an important first point of contact for patients seeking advice and treatment, this should be encouraged by:</p> <ul style="list-style-type: none"> <li>• Promoting greater use of community pharmacy Minor Ailment Service (MAS) for eligible individuals</li> <li>• Encouraging people to make more use of community pharmacies for self-care, advice and access to medicines.</li> <li>• Ensuring that sufficient community pharmacy services are open and accessible during public holiday periods.</li> </ul> <p>Note: Work is currently underway with a trial partnership planning of OOH community pharmacy services in the Greater Glasgow &amp; Clyde, Lothian and Tayside Board areas for the Christmas festive period 17/18. This aims to support improved opening times and access to community pharmacy services.</p>
5	<p>Rationale: The nature and availability of all OOH services may be poorly understood often resulting in people finding it difficult to know where to go with or seek assistance for urgent care requirements. This may be amplified over public holiday periods and by winter demands.</p> <p>This is particularly important for people with specific needs. The Primary Care OOH Review examined and made recommendations on palliative care, mental health needs, frail and older people, the care of children, those with special access requirements and health inequality issues. These still hold good and are amplified here.</p> <p>Recommendation: In order to assist the public to support self-management where appropriate and to make optimal use of available services when required, during OOH and public holiday periods:</p>



	<ul style="list-style-type: none"> <li>• There should be better promotion of NHS Inform<sup>35</sup> as the reliable and trusted source of health, care and wellbeing resources (including the Self Help Guide) in Scotland.</li> <li>• Particular emphasis should be placed on use of the National Services Directory<sup>36</sup> as an on-line resource for the public and for all health and social care professionals to find out what services are available locally.</li> <li>• Each Board area will need to determine how best to engage its local population including use of the Know Who to Turn To resource.<sup>37</sup></li> <li>• The national winter health campaign should be enhanced to ensure the most critical messages and up to date resources are included to support the whole health and social care system. NHS 24 and local Board should support visibility of the national winter health campaign, delivered by NHS 24 on behalf of NHS Scotland.</li> </ul>
6	<p>Rationale: Care homes provide for the needs of frail, usually older people, often with multiple and complex conditions. As a consequence, they make frequent use of urgent care services. Work done by Healthcare Improvement Scotland, the Care Inspectorate, individual care homes and NHS 24 has shown that poor communication between care homes and NHS 24 can be a barrier to achieving fast and effective care for residents. Ensuring that care home staff receive the appropriate advice in a timely and efficient manner will aid the care of residents within care homes ensuring they are treated by the right service, the right professional, at the right time.</p> <p>Recommendation: A tested handover document should be introduced to improve the care pathway of residents in care homes. This should facilitate structured communication between care homes and NHS 24 to support optimal referral of residents who need urgent care provision.</p>
7	<p>Rationale: People receiving palliative and end of life care and their carers require very timely access to care and assistance, when needed.</p> <p>Recommendation: In the absence of direct local helpline access, the interface between NHS Board OOH services and NHS 24 should be</p>

<sup>35</sup> [NHS Inform](#)

<sup>36</sup> [National Services Directory](#)

<sup>37</sup> [Know Who to Turn to](#)

	<p>optimised to ensure people with palliative and end of life care needs and their carers can access timely person centred-care.</p>
8	<p>Rationale: A significant number of Primary Care OOH and A&amp;E services attendees who are assessed in these settings, do not have a defined medical need.</p> <p>Recommendation: Individuals who attend OOH/A&amp;E services without a defined medical need should be signposted/redirected to suitable alternative community services, including third sector provision, where available.</p> <p>This will be dependent on local service provision and may include development of a “links approach” during the OOH period.</p>
9	<p>Rationale: In line with the Mental Health Strategy, people with mental health needs require better access to care services and support. Enhanced access should be focused to support the management and care of patients who contact in mental distress and /or with a mental health presentation, and be delivered via a stepped-model approach</p> <p>Recommendation: Access to specialist services should be improved for Mental Health triage, assessment and consultation within NHS 24. A stepped model of care developed by NHS 24 will support appropriate service provision based on need, from self-help assistance to complex care.</p>
10	<p>Distress Brief Interventions (DBIs) support people in distress and were supported in the Suicide Prevention<sup>38</sup> and Mental Health strategies.<sup>39</sup> The need to improve the response to people presenting in distress has been strongly advocated by service users and front-line service providers. The overarching aim of the DBI programme is to provide a framework for improved inter-agency coordination, collaboration and cooperation across a wide range of care, settings, interventions and community support</p> <p>Recommendation. Further development of Distress Brief Intervention programmes should continue to better equip people managing their own health, offering a structured approach for medium to long-term reduction in distress.</p>

<sup>38</sup> [Suicide Prevention Strategy 2013-2016](#)

<sup>39</sup> [Mental Health Strategy: 2017-2027](#)

11

Rationale: Significant numbers of individuals are admitted with acute respiratory disorders and exacerbations of chronic respiratory disease over public holiday periods. There is evidence from NHS Lothian and Greater Glasgow and that Community Respiratory teams have benefits including: reduced hospital admissions, increased immediate front door discharges and reduced length of stay. See also the Chronic Obstructive Pulmonary Disease (COPD) Best Practice Guide.<sup>40</sup>

Recommendation. On the basis of local needs assessment, Board areas should consider establishing/enhancing Community Respiratory Teams over public holidays and also for other OOH periods.

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<sup>40</sup> [COPD Best Practice Guide](#)

## Appendix 2 (cont)

### Acute/Hospital Care

The rationale for the Acute/Hospital Care recommendations below (1-5) are designed to avoid unnecessary admissions, to improve patient flow within hospitals and to facilitate timely and appropriate discharge arrangements for patients. These recommendations should be regarded as a specific application of the principles of Six Essential Actions for Unscheduled Care, over public holiday periods.<sup>41</sup>

12	<p>Recommendation: Timely and proactive discharge planning should be in place prior to public holiday periods, following the principles of the Daily Dynamic Discharge Approach.<sup>42</sup></p> <p>This approach includes:</p> <ul style="list-style-type: none"><li>• Prior to public holiday periods, Estimated Dates of Discharge (EDD) should be set for all patients at the earliest opportunity.</li><li>• Senior decision-makers should identify in advance those patients who may be suitable for discharge over public holiday periods, using the principles of criteria led discharge. These include clear guidelines detailing criteria that would prevent discharge, for example: changes in National Early Warning Score (NEWS)<sup>43</sup> or new clinical features.</li><li>• These anticipated discharges should be prepared for in advance, including proactive preparation of immediate discharge letters and timely availability of discharge medication.</li><li>• Actual discharge levels should be actively monitored against predicted activity levels throughout public holiday periods to ensure optimal use of bed resources at all times.</li></ul>
13	<p>Recommendation: Acute hospital discharge teams should be reviewed and augmented, where necessary, to ensure optimal patient flows within hospitals and to ensure timely and appropriate discharge of patients over public holiday periods.</p> <p>This should take account of:</p> <ul style="list-style-type: none"><li>• Support to the ‘front door’ of hospitals to avoid admission and facilitate early discharge where appropriate, including the availability of physiotherapy skills.</li><li>• Nursing staff, who have specific discharge experience and knowledge</li></ul>

<sup>41</sup> [Six Essential Actions for Unscheduled Care](#)

<sup>42</sup> [The Daily Dynamic Discharge Approach](#)

<sup>43</sup> [National Early Warning Score \(NEWS\)](#)

	<p>of available community services and access routes, should be rostered throughout public holidays.</p> <ul style="list-style-type: none"> <li>• A directory of all available local community services on public holidays, with clear details of how to access/refer patients, should be prepared and shared with all relevant staff in advance of the public holiday period.</li> </ul>
14	<p>Recommendation: Effective discharge planning and processes over public holidays should be reviewed to ensure that staffing levels are optimal throughout.</p> <p>This should take account of:</p> <ul style="list-style-type: none"> <li>• Rosters with adequate levels of senior and junior medical staff, nursing staff, pharmacy staff, allied health professionals (AHPs) and support staff.</li> <li>• Timely access to equipment, social work and transport services.</li> <li>• Early and proactive communication of anticipated discharge numbers to social work colleagues and SAS.</li> <li>• Ready availability of medicines in A&amp;E and front door areas when needed, for example medicines To Take Out (TTOs), use of Hospital Based Prescriptions (HBPs) as appropriate, and 24/7 availability of advice from pharmacy colleagues.</li> </ul>
15	<p>Recommendation: Improved access to specialist advice from a senior clinician should be readily available to Primary Care OOH services over out of hours periods, including public holidays. Where not already in place, a dedicated clinical telephone referral line should be established enabling direct professional-to-professional consultation.</p> <ul style="list-style-type: none"> <li>• Effective, timely and direct access to specialist professional-to-professional clinical advice is essential for optimal urgent care and in particular, over public holiday periods.</li> </ul>

16

Recommendation: Timely use and analysis of data is required to optimise available resources, in order to meet patient needs with differing and evolving case-mix presentations. This should help to secure best care outcomes and is in keeping with the guiding principle of an intelligence-led service.

- Unscheduled care acute hospital data analysis should be regularly undertaken in order to establish which conditions are more likely to present during public holiday periods.
- This intelligence-led approach should inform better access to specialist services for advice in 'front door' and other hospital areas.
- A particular focus should be supporting front door staff with the management and care of patient case-mix presentations, identified as having increased presentation rates during public holidays. This includes: complex cases, frail older people, palliative care and mental health presentations. This should also take account of any prevalent infectious disease outbreaks, including seasonal flu (influenza).
- Details of current and enhanced access to specialist services available for advice should be shared within each hospital in good time prior to public holiday periods.

## Appendix 2 (cont)

### Social Care

17	<p>Rationale: Social care services in Scotland have developed around the core functions of keeping individuals, families and communities safe and responding to urgent and emergency situations out-with office hours in OOH periods. Much of the current social care activity in OOH periods relates to child protection, adult protection and monitoring of high risk offenders. This is particularly relevant for service continuity during public holiday periods.</p> <p>Recommendation: Options should be pursued to streamline public protection services that are resilient at all times and are fit for the future. These should be explored with Police Scotland and other relevant partners, taking into account the Child Protection Register<sup>44</sup> and the Appropriate Adult Scheme.<sup>45</sup></p>
18	<p>Rationale: Continuous access to social care services is imperative over public holiday periods. These services should safely sustain people at home as appropriate and include important third and independent sector contributions.</p> <p>This includes:</p> <ul style="list-style-type: none"><li>• Support to care homes and other community based services, in order to mitigate avoidable hospital admissions.</li><li>• Clear communication, liaison and assessment provision for timely discharge from acute and community hospitals.</li><li>• Urgent initiation and change of individual social care support, as appropriate, to facilitate timely access to flexible care at home and care home placements. This must include integrated local crisis services for people with mental health difficulties.</li></ul> <p>Recommendation: Future out-of-hours social care services must be aligned with existing primary care OOH services and directly interface with acute hospitals, in order to provide integrated health and social care on a continuous basis, including public holiday periods.</p>

<sup>44</sup> [National Guidance for Child Protection in Scotland](#)

<sup>45</sup> [Appropriate Adult Scheme](#)

19	<p>Rationale: The integration of Health and Social Care services should improve OOH arrangements for urgent community and hospital care on a 24/7 basis, including extended public holiday periods.</p> <p>Recommendation : The identification and development of good practice approaches and shared learning opportunities across all sectors in the OOH period, should be developed for:</p> <ul style="list-style-type: none"> <li>• Prevention of unnecessary admissions to hospitals</li> <li>• Appropriate and timely discharge practice from hospitals</li> <li>• The timely availability of community based social care and other services to underpin hospital discharges during OOH and public holiday periods.</li> </ul>
20	<p>Rationale: The ability to safely and timely share information across agencies is of critical importance in order to determine optimal responses to urgent care needs.</p> <p>ISD holds responsibility for the principal national data collection process for social care (including home care, care homes, self-directed support and telecare). This role builds on and enhances the Health and Social Care Data and Intelligence Project (Source),<sup>46</sup> which is designed to support Integration Authorities by making national data and specialist analyses available locally. The Source data should enhance the available intelligence about use of social care services. Through data linkage Source should offer greater understanding of care pathways for both health and social care services.</p> <p>Recommendation: Future information developments in social care, including the emerging single national source of social care data, should aim to provide timely and actionable intelligence to those responsible for delivering care and support, especially to people with multiple and complex needs.</p>

## Workforce

21	Effective planning and resource allocation to secure delivery of these recommendations will require a whole system approach and leadership of a high order.
22	Developing national, social and primary care workforce plans should take account of the findings from this Review including sustainable resourcing for all professional groups.
23	Partnership and professional organisations should be fully engaged in the design and delivery of all planned changes to the workforce

<sup>46</sup> [Health and Social Care Data and intelligence Project \(Source\)](#)



## Appendix 3

### Project Initiation Document

#### Aims of the Review

The Public Holiday Review will examine the way health and social care services across Scotland are currently provided and make recommendations/identify actions for establishing greater resilience of the service across the health and social care system over public holiday weekend periods in the future, ultimately enhancing patient experience regardless of the day of the week.

#### The Process

The process will involve identifying the availability of services in local areas and Scotland wide, identifying existing good practice where enhanced services are available over a four day holiday, review the effectiveness of these services, how hospital, community, social care services and Third and independent and other agencies could be coordinated more effectively and identifying future actions that will:

- Optimise patient care
- Avoid patients ending up in hospital unnecessarily over four day public holidays
- Ensure patients can be discharged more quickly, where appropriate, if they are admitted over four day public holiday weekends
- Deliver a multidisciplinary service for patients over four day public holidays (including primary and secondary care, pharmacy, social work, SAS, NHS 24, diagnostics, AHP, etc) to optimise patient flow and avoid unnecessary and potentially harmful interventions like admission to hospital
- Enable local non-NHS community care principles to support patients over four day public holidays

## Guiding Principles

### Guiding Principles in Health and Care Service Design and Delivery

A service that is fit for the future should be underpinned by key guiding principles:

- Person-centred - for those who receive and those who deliver services
- Intelligence-led - making the most of what we know about our people and their needs
- Asset-optimised - making the most of all available assets and resources
- Outcomes-focused - making the best decisions for safe and high quality patient care and wellbeing
- In addition to these guiding principles, such services should be:
  - Desirable - high quality, safe and effective
  - Sustainable - resilient on a continuous basis
  - Equitable - fair and accessible to all
  - Affordable - making best use of public funds

## Working groups

Acute/Hospital –Chaired by Prof Derek Bell (deputy Chair – Claire Bell)

Its aim is to Identify, explore, research and develop options for recommendations to:

- How services currently available can be best measured, assessed and improved
- Reduce the range of reduction in discharging across Scotland over a four day public holiday
- Improve the level of services available in the hospital over a four day public holiday (diagnostics, imaging, etc.)

Primary Care/Community – Chaired by Dr Sian Tucker (deputy Chair – Linda Harper)

Its aim is to Identify, explore, research and develop options for recommendations to:

- Improved the level of primary and community care services available over four day public holiday
- Enhance availability of community services (inc pharmacy, AHPs) to allow greater options for patients and minimise unnecessary access to urgent OOH services

Social Care – Chaired by Iona Colvin (Deputy Chair – Christina Naismith)

Its aim is to Identify, explore, research and develop options for recommendations to:

- Better engage IJB Chief officers with appropriate social care expertise, third and independent sectors

## Appendix 4

### Key References

The bibliography below is representative, rather than an exhaustive list of the range of literature and publications which have been referenced in the compilation of this report. Please visit the Review web space where a more comprehensive list of reference materials will be available.

**Pulling together: transforming urgent care for the people of Scotland:** The Report of the Independent Review of Primary Care Out of Hours Services  
<http://www.gov.scot/Resource/0048/00489938.pdf>

**Health and Social Care Delivery Plan:** To provide Scotland with high quality services, that have a focus on prevention, early intervention and supported self-management. Where people need hospital care, our aim is for day surgery to be the norm, and when stays must be longer, our aim is for people to be discharged as swiftly as it is safe to do so.  
<http://www.gov.scot/Resource/0051/00511950.pdf>

**National Health and Social Care Workforce Plan: Part 1 - A framework for improving workforce planning across NHS Scotland.** This aims to support NHS Scotland organisations, including independent NHS contractors in the community, to identify, develop, retain and support the workforce they need to deliver safe and sustainable services to Scotland's people.  
<http://www.gov.scot/Resource/0052/00521803.pdf>

**6 Essential Actions to Improve Unscheduled Care:** The programme will continually seek to share best practice and engage partners across NHSScotland and wider UK, and evaluate impact of the 6 Essential Actions to deliver unscheduled care target and compliance with national standard.  
<http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/UnscheduledCare/6-Essential-Actions-To-Improving-Unscheduled-Care>

**The Daily Dynamic Discharge Approach:** Improving the timeliness and quality of patient care by planning and synchronising the day's activities.  
<http://www.gov.scot/Resource/0050/00503010.pdf>

**Mental Health Strategy 2017 – 2027:** The Scottish Government's mental health strategy to 2017 sets out a range of key commitments across the full spectrum of mental health improvement, services and recovery to ensure delivery of effective, quality care and treatment for people with a mental illness, their carers and families.  
<http://www.gov.scot/Resource/0051/00516047.pdf>

**Suicide Prevention Strategy 2013-2016:** This strategy sets out the actions the Scottish Government will take to prevent and reduce suicide in Scotland.  
<http://www.gov.scot/Resource/0043/00439429.pdf>

**Evaluability assessment of the Distress Brief Intervention programme in Scotland:** The aim of the Distress Brief Intervention (DBI) programme is to provide a framework for improved inter-agency working and collaboration to support the delivery of an effective response to people in distress.  
[http://www.healthscotland.scot/media/1316/evaluability-assessment-of-the-distress-brief-intervention-programme-in-scotland\\_mar2016\\_english.pdf](http://www.healthscotland.scot/media/1316/evaluability-assessment-of-the-distress-brief-intervention-programme-in-scotland_mar2016_english.pdf)

**Seasonal Influenza (Flu) Vaccination Programme 2017-18:** This reference provides details about the arrangements for the 2017-18 seasonal flu vaccination programme in adults aged 65 years and over and those under 65 with 'at risk' health conditions.  
[http://www.sehd.scot.nhs.uk/cmo/CMO\(2017\)11.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2017)11.pdf)

**Seasonal Influenza (Flu) Vaccination Childhood Programme 2017-18:** This reference provides details about the arrangements for the 2017-18 Childhood seasonal flu vaccination  
[http://www.sehd.scot.nhs.uk/cmo/CMO\(2017\)12.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2017)12.pdf)

**Targets and Indicators in Health and Social Care Scotland:** The National Review of Targets and Indicators for health and social care followed a commitment by the Scottish Government to ensure that its approach to targets will be outcomes based to give the best possible care according to need.  
<http://www.gov.scot/Resource/0052/00527689.pdf>

**National Clinical Strategy:** Focuses on improving the outcomes for patients, supported people and carers, and shifting the delivery of care from hospitals to the community.  
<http://www.gov.scot/Resource/0049/00494144.pdf>

**Towards 2020: Taking care to the Patient:** A commitment to continue to provide a Scottish Ambulance Service that is flexible and responsive, innovative and open to learning, skilled and resourced to respond to clinical need, and one that can effectively support an integrated health and social care system. 2020' is based on the fundamental principle that care should be appropriate to need and where that care is delivered should be appropriate, which may not be in a hospital setting.  
[http://www.scottishambulance.com/UserFiles/file/TheService/Publications/Strategic%20Plan\\_Online%20pdf.pdf](http://www.scottishambulance.com/UserFiles/file/TheService/Publications/Strategic%20Plan_Online%20pdf.pdf)

**NHS Inform:** NHS inform is Scotland's national health information service. NHS Inform aim to provide the people in Scotland with accurate and relevant information to help them make informed decisions about their own health and the health of the people they care for.  
<https://www.nhsinform.scot/>

**The NHS Minor Ailment Service:** The Minor Ailment Service is an NHS service for children, people aged 60 or over, people who hold a medical exemption certificate and people on certain benefits.  
<http://www.gov.scot/Publications/2017/03/6765/1>

**Pharmacy Strategy 2013 – 2016:** The vast majority of individuals who seek medical advice and treatment will access pharmacy services. The challenge for pharmacy in NHS Lothian is to sustain and improve on the excellent care provided in a constantly changing environment. Advances in medicines, new methods of medicine delivery and redesign of healthcare services all demand a flexible yet focused service. This strategy will further enhance the commitment to collaborative working with all partners, including specialist services, general practice and health and social care staff, to create integrated and responsive systems to meet the patients' needs.  
<http://www.nhslothian.scot.nhs.uk/OurOrganisation/Consultations/Current/Documents/PharmacyStrategy.pdf>

**Preparing for Winter 2017/18 -** This guidance will help to ensure that Health & Social Care services are well prepared for this winter. The national report 'Health & Social Care: Winter in Scotland in 2016/17' has been integrated into this year's guidance (Appendix 2). Winter plans should provide safe and effective care for people using services and should ensure effective levels of capacity and funding are in place to meet expected activity levels. This will support service delivery across the wider system of health and social care.  
[http://www.sehd.scot.nhs.uk/dl/DL\(2017\)19.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2017)19.pdf)



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