NHS24 into TEAL Test of Change – Summary

Volume

After an initial two successful tests of concept, SAS moved to a full NHS24 Test of Change across winter 2025/2026. The aim of this test was to manage as many non-ILT NHS24 patients as possible within the Integrated Clinical Hub across November, December and January to ensure patients are routed to the most appropriate care pathway. This test was approved on 26th November 2025 which meant there was no ability to recruit any additional resource, however extra capacity was achieved immediately by opening additional rosters for existing SAS GP advisors, and where needed Advanced Practitioners, to support this demand being managed differently.

A test of change was carried out from 26th September 08:00 – 30th September 06:00 to test the assumptions made within this paper in the live operational environment.

Within this time 1,284 emergency incidents were received and an additional 97 1hr Timed Admissions were from NHS24. 1,381 incidents in total were passed over the weekend.

1,007 (72.9%) were routed and managed within the TEAL stack within the Integrated Clinical Hub (as outlined in option 1). This was in addition to 911 patients who were managed within the Teal stack as a result of a 999 call.

Of the 1,007 NHS24 incidents managed within Teal **520 (51.6%) patients did not require ambulance attendance** and were saved journeys across the TOC weekend, with an additional 59 journeys saved within the Yellow and Amber emergency stacks.

This supports the assumptions above that we could save ambulance attendance in around 50% of NHS24 incidents by allowing a clinician to assess the patient prior to an ambulance dispatch decision being made. Of the 487 patients attended, **300 patients were conveyed to hospital**. This gives high confidence that ICH clinicians can accurately identify patients who need a face-to-face assessment and onward conveyance to hospital and target specific responses based on the patient need. 89 patients were identified as suitable for an alternative resource – AP Car, Non-Emergency (Timed Admissions Vehicle) etc and required no more than this single response to scene.

Conversely, 374 (27.1%) incidents had to be directed automatically to the emergency yellow and amber waiting stacks for ambulance response due to incident volumes and staffing. By placing these incidents directly into the emergency waiting stacks, 315 (84.2%) these were attended with 175 (46.7%) of patients conveyed.

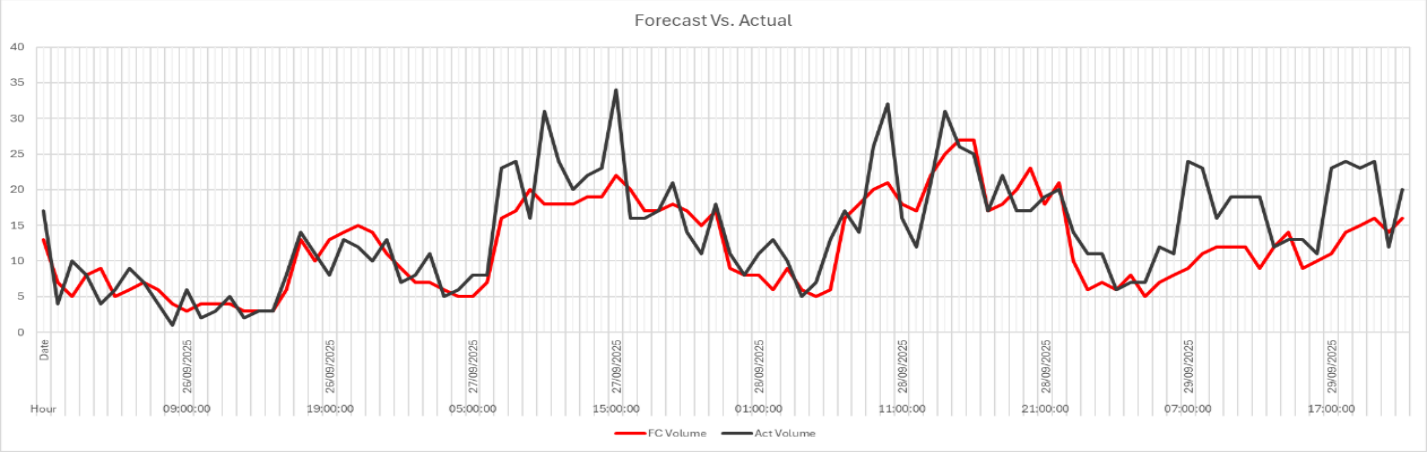
These figures can be summarised in the table below:

NHS24 Incidents Received	Incidents	Not Attended	Total Conveyed
Teal (ICH)	1007	520	300
		51.60%	29.50%
Yellow/Amber (Emergency Stack)	374	59	175
		15.70%	46.80%

Forecast Predictions

Ahead of the weekend we had forecasted NHS24 demand which showed to be highly predictable. The peaks of demand were underestimated; however, we would not fully staff to an individual peak even if predicted. Monday being a public holiday in some areas only was where the biggest discrepancy came in our forecasted v's actual demand and shows an opportunity for improvement in the future.

Forecasted v's actual demand volumes can be seen in the chart below.

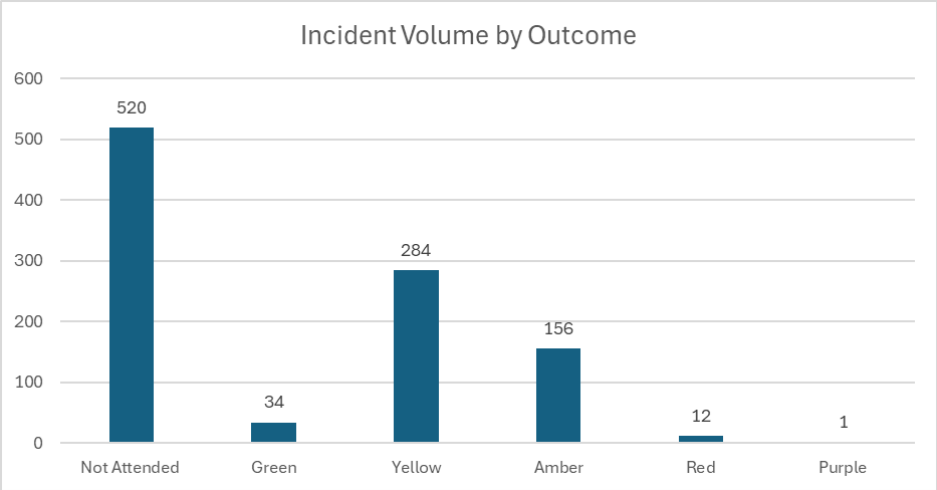


nmkThis method of staffing flexibly aligned to hourly forecasts prevented significant over or under staffing across the weekend and allowed for us to target our resources to the times and hours most needed; with the exception of Monday where our forecast was far below the actual demand that came in across the regional holiday.

Clinical Context

Of the 1,007 incidents handled within the Integrated Clinical Hub over the weekend there were a range of clinical acuities for pateints who required a clinical face to face assessment.

As seen in the table below, 13 patients were deemed to be Immediately Life Threatening by the reviewing clincian and in addition to the 520 who did not require any response, a further 34 patients did not require an emegency response and instead a timed reponse was deemed appropriate.



Without this test of change, an additional 222 incidents would have automatically defaulted to the amber response category, and an additional 718 would have defaulted to the yellow emergency resonse category. This means we would have lost the ability to manage patients who didn't require any response, but equally we would have also lost the ability to escalate the small minority of those in most need.

Of note, the patient who required a purple response was passed to SAS at 18:09, and reviewed the Senior Clinical Support Manager at 18:12. This was prioritised for clincian assessment which began 7 minutes later at 18:19 and escalated, initially to Red at 18:26 by the clincian. The clincian then remained on the call until the crew arrived but prior to this further upgraded to purple when inneffective breathing was identified during further clincal assessment. Previous to this test of change, this incident would have been coded yellow for ambulance attendance and the patient would be unlikely to have received this clinical intervention or as quick an ambulance response.

By individual code, there was a range of 43-66% non-attendance within each code. Similarly there were also a range of timed and emergency outcomes across all codes and categories too. This means there is a signiciant proportion of incidents across every code where an ambulance was deemed not to be required. This shows the value of bringing all codes into to the ICH for individualised, patient centered assessment and outcome based on the needs of the specific patient.

Code	Teal Volume	Not Attended		Timed Admission		Yellow		Amber		Red		Purple	
33C01 - Not Alert	21	11	52%	0	0%	7	33%	3	14%	0	0.0%	0	0.0%
33C02 - Difficulty Breathing	124	58	47%	2	2%	23	19%	36	29%	4	3.2%	1	0.8%
33C03 - Severe Pain	16	8	50%	0	0%	4	25%	4	25%	0	0.0%	0	0.0%
33C04 - Chest Pain	252	166	66%	4	2%	51	20%	31	12%	0	0.0%	0	0.0%
33C05 - Bleeding/Haemorrhage	84	41	49%	0	0%	31	37%	12	14%	0	0.0%	0	0.0%
33C06 - General Emergency	167	76	46%	9	5%	59	35%	22	13%	1	0.6%	0	0.0%
33C07 - Stroke	78	35	45%	2	3%	18	23%	22	28%	1	1.3%	0	0.0%
33C08 - Mental Health	39	18	46%	0	0%	17	44%	3	8%	1	2.6%	0	0.0%
33C09 - Sepsis	144	70	49%	5	3%	47	33%	18	13%	4	2.8%	0	0.0%
33C10 - Overdose	15	8	53%	0	0%	3	20%	3	20%	1	6.7%	0	0.0%
NHS24 One Hour TA	67	29	43%	12	18%	24	36%	2	3%	0	0.0%	0	0.0%
Total	**1007**	**520**	52%	**34**	3%	**284**	28%	**156**	15%	**12**	1%	**1**	0.1%

Feedback

Feedback from Operational Teams within the Integrated Clinical Hub and Service Overview Cell both fed back on the value that could be seen with the test of change. Reducing ambulance demand was felt to have a hugely positive impact on the number of patients waiting for an emergency response and operational processes such as rest break compliance and crew unavailability; however, there was a noteable increase on the pressure on these teams due to the volume of NHS24 incidents coming into SAS. Longer term, improving staffing to match this demand would reduce these pressures, make this process more sustainable and ensure time to interaction compliance is maintained. It would also reduce the need to put automatic demand back into the yellow and amber emergency stacks during peak periods.

The most obvious feedback from frontline clinicians within the ICH was that NHS24 appeared to continue to set the expectation of an ambulance attending the scene. Setting the right expectation for patients is a critical element of both the success and safety of this process and a debrief of this test of change will be held with colleagues within NHS24 for any learning, feedback and improvement across both organisations in the coming days, ahead of winter.

Some frontline and hospital colleagues also noted a positive feeling of reduced demand and this will be further understood and explored in the coming days.

Summary

In summary, the test of concept weekend worked well and proved the assumptions previously anticipated. **520 Ambulance journeys were saved** across the weekend which equated to **51.6% of the demand assessed.** A total of **707 patients were not conveyed to hospital.** Importantly, **13 patients were also identified as requiring an immediately life-threatening response** which would not have likely been possible without this test of concept.

There are **no known patient safety issues** or incidents which have been reported from across the weekend and **no obvious harm identified**.

If we had been able to increase the staffing to match the entire NHS24 volume, there may have been the **opportunity to save another c.193 ambulance journeys** and identify more patients who may have benefitted from a higher response.

Ahead of winter this could be operationalised and maximised to make significant improvements across both SAS and the wider NHS Scotland landscape.