



Design Community of Practice

25 February 2026

We will be starting shortly

Leading quality health and care for Scotland





Welcome

Design Community of Practice

25 February 2026

Leading quality health and care for Scotland



Session hosts



Elizabeth Brooks

Senior Service Design Advisor

Community Engagement and Transformational Change
Healthcare Improvement Scotland

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Chamithri Greru

Service Design Advisor

Community Engagement and Transformational Change
Healthcare Improvement Scotland

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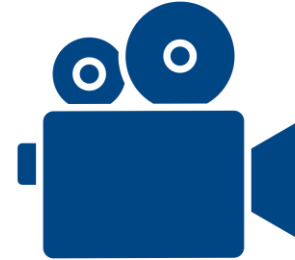


Housekeeping



Support

his.transformationalsystemchange@nhs.scot



Recording

Your cameras and mics are switched off



Share and contribute respectfully



Questions are always welcome and there will be plenty of 'discussion points'

Be present and avoid multitasking



All materials will be shared

We'll let you know when they're available to view online

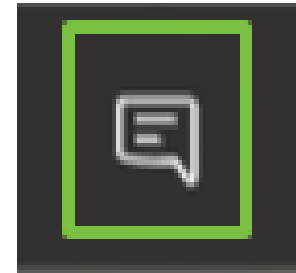
Share your thoughts, ideas and questions




Raised hand



Chat box



Agenda

- 
- “Service Transformation”: A faithful adaptation of person-centred design in practice
 - Q&A
 - Updates
 - It's over to you! Help us plan future DCOP sessions
 - Evaluation and Closing remarks

Biographies

**Helena
MacDonald**



As NHS 24's first Service Designer, Helena MacDonald joined a small user research team and has since helped embed person centred and service design practices within the organisation. Her work currently centres on the Service Transformation Programme, with additional support for the discovery and design of new digital pathways within NHS 24.

Andrew Quinn



Andrew Quinn, Lead Service Designer at NHS National Services Scotland, has joined NHS 24 to apply his experience to the Service Transformation Programme, alongside his ongoing work to support the design and development of MyCare at NES. He previously presented at last year's in person DCOP on "Gamification: How to 'Level Up' Your Stakeholders' Empathy."

Helena
MacDonald

Andrew
Quinn

A Film by NHS 24 & NSS

“Service
Transformation”

(Complexity) Come Undone.

ONLY IN MS Teams
2025-202...



Chapter 1: A Visit To NHS24



The User Centred Design Team



Callum Laird

Service Designer



Helena MacDonald

Service Designer



Carol McCambley

User Research Manager



Julie McElroy

User Researcher



Hannah Welshman

User Researcher

The User Centred Design Team



Callum Laird

Service Designer



Helena MacDonald

Service Designer



Andrew Qui

Lead Service Designer



Carol McCambley

User Research Manager



Julie McElroy

User Researcher

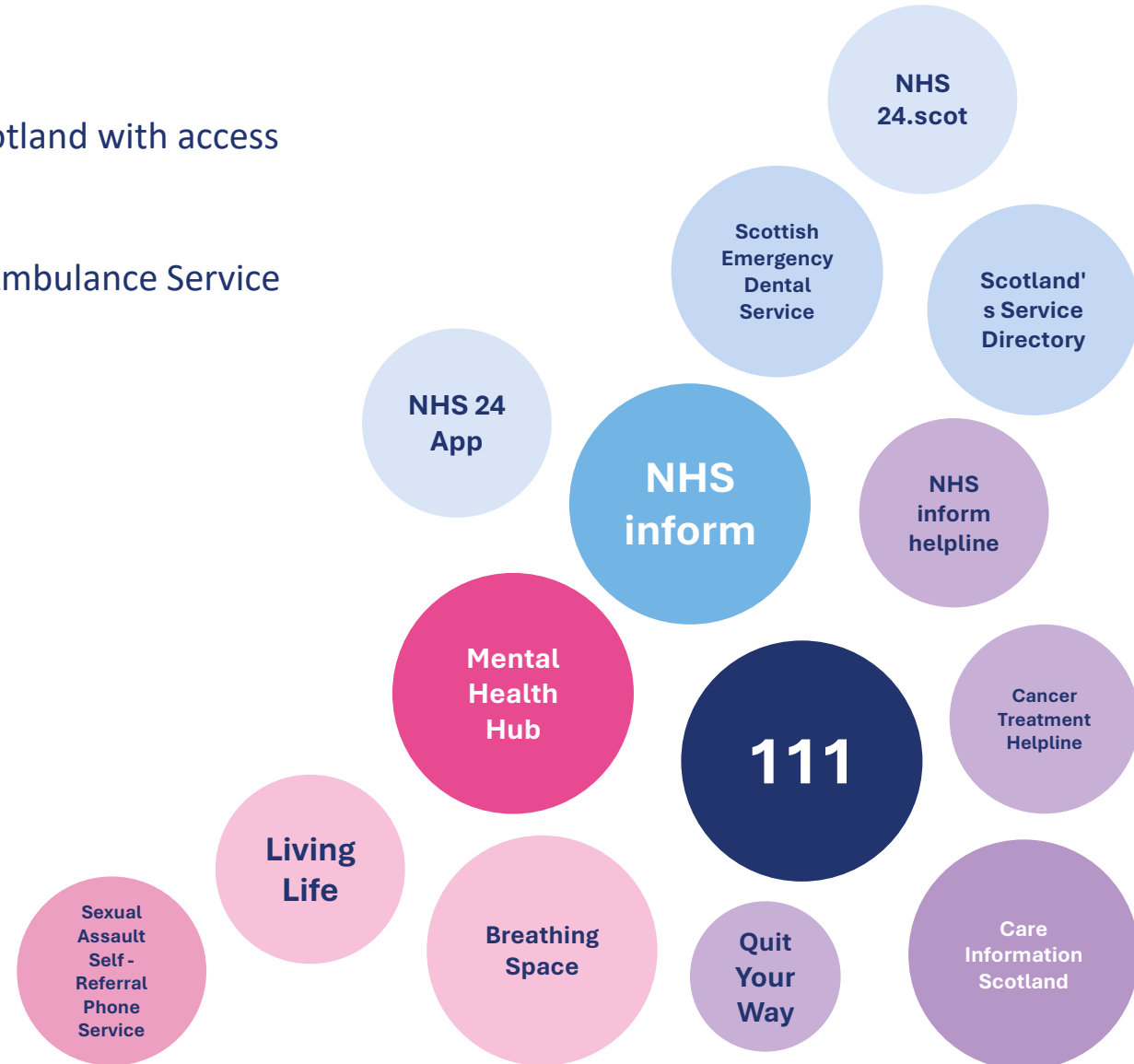


Hannah Welshman

User Researcher

We deliver phone and online services which provide people across Scotland with access to **healthcare information and advice**.

We work in close partnership with all health boards and the Scottish Ambulance Service to **provide essential services**.



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The 111 service provides:

- **urgent care for anyone who thinks they need A&E but it isn't life or limb threatening**
- **support for those with mental health distress**
- **advice when the GP, pharmacy or dental practice is closed**



Our foundation for “Service Transformation”



Complex

Simple

Compelling

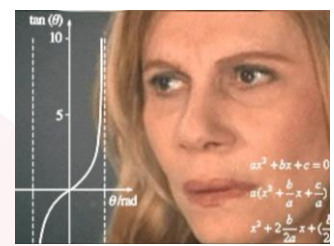
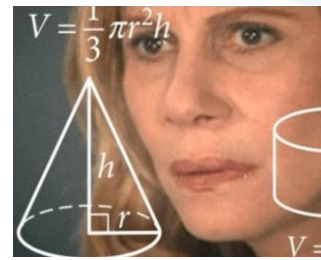
Chapter 2: Arrival Of A Programme



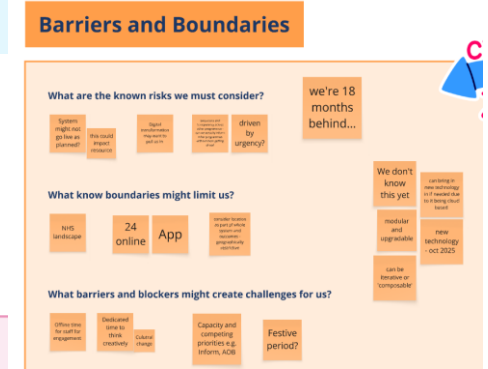
Rip the brief



Complex



Simple



Phase 1 scope: Discover

Conduct user research to understand our current and potential users, their needs and expectations.

Understand current care pathways to identify how efficiently users can access the right care, in the right place, at the right time.

Understand how NHS 24's different services and channels interact holistically.

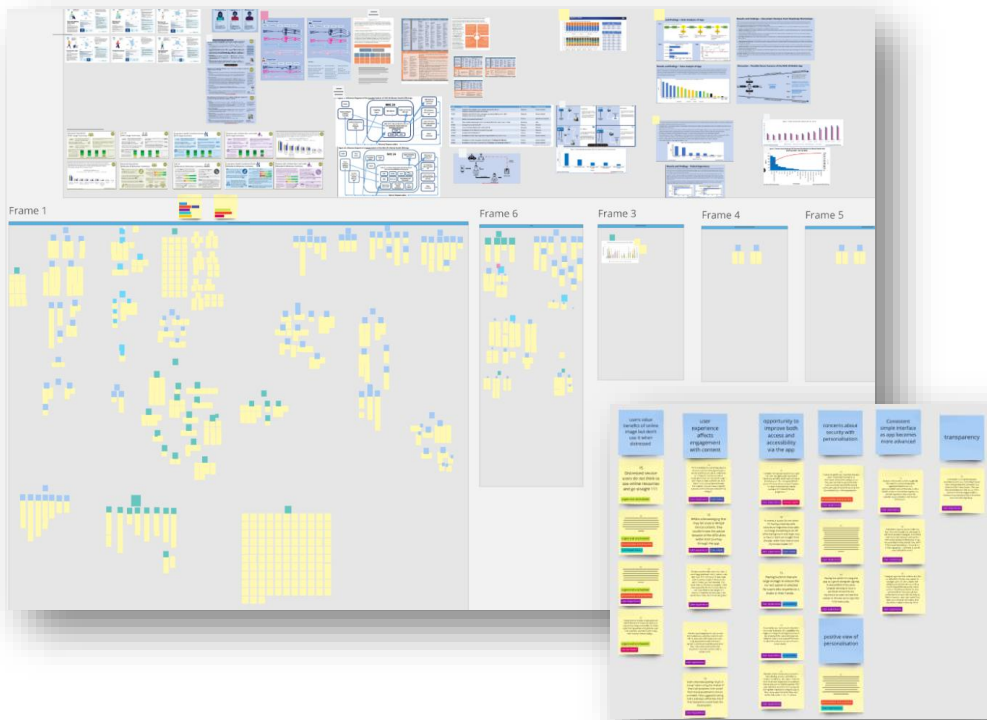


Compelling...

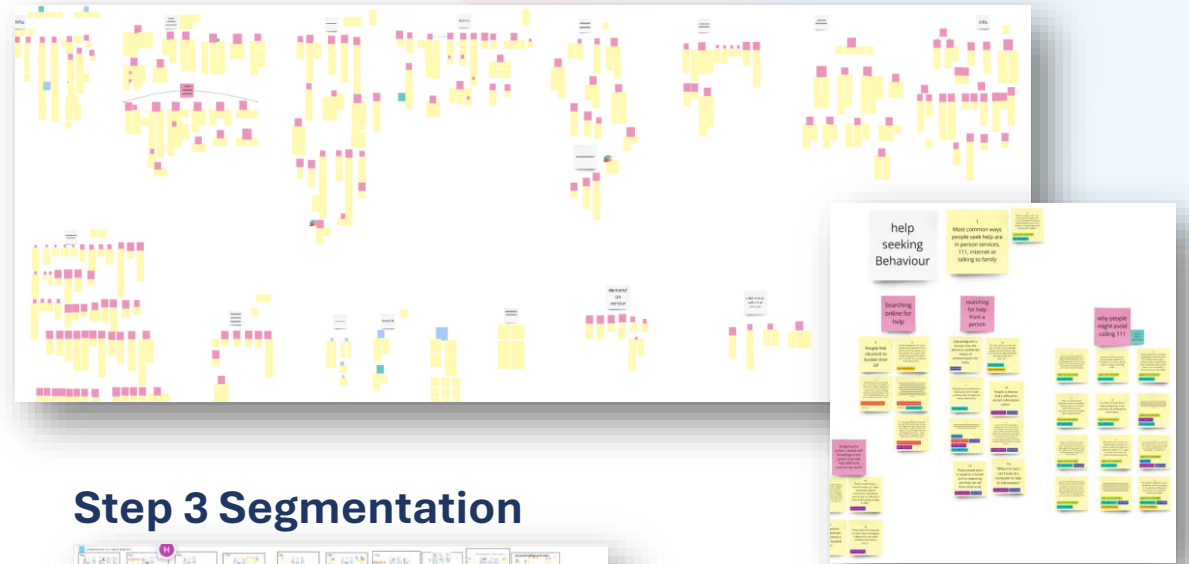
Chapter 3: New Acquaintances



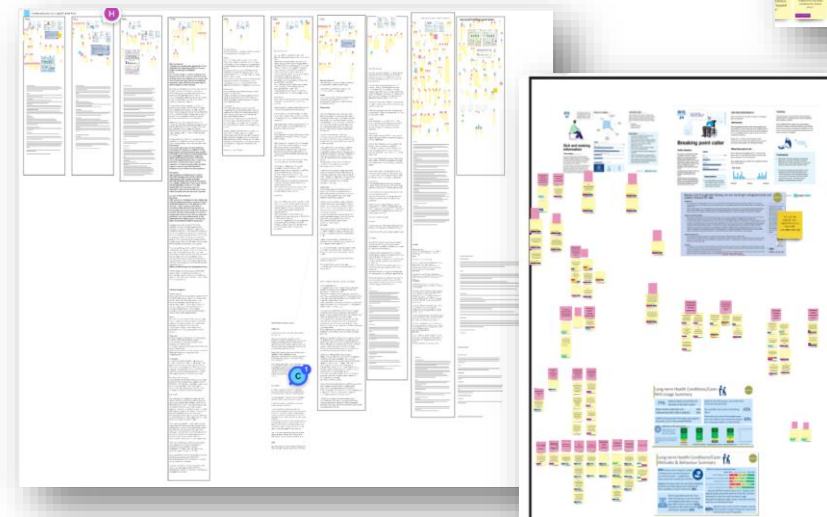
Step 1 Individual thematic analysis



Step 2 Affinity Mapping



Step 3 Segmentation



“ I had an emergency where no GP could help and was advised to call 111, who in turn contacted a GP. ”



GP substituter

The main reason for calling 111 for all groups was because their GP surgery was closed. This was particularly the case for the general public and parents. Parents were also more likely than other key groups to describe it as a service for medical help when the GP surgery is closed or an emergency out of hours service.

Needs

- I need to be able to navigate the health system with ease to get the right care.
- I need to be able to access care when I cant get through to my GP.
- I need to feel supported and valued in my healthcare journey, without being passed between services or feeling like no one wants to take responsibility for my care.

“ Kind of felt I was being told to go round in circles. GP said pharmacy, pharmacy said call 111. Although they helped and gave me advice the outcome was visit GP. ”

“ At the moment, I think the emphasis is not to see the patient and pass them to someone else. ”

Pain points

- One significant barrier is the perception among service users that there isn't enough time or capacity within the Health and Social Service sector to support everyone properly.
- People are driven towards NHS 24 111 because they struggle to access primary healthcare services, such as getting a GP appointment.
- There is a perception that calling 111 is a waste of time when they are referred back to their GP, with some people feel like everyone in the healthcare system is trying to avoid seeing them.

Expectations

- I expect to be able to access 111 easily in the in and out of hours period.
- I expect my existing conditions to be acknowledged and considered when I call 111.
- As a parent I expect 111 to provide medical help when my GP is closed.
- I expect call handlers and healthcare workers to be professional, friendly and empathetic.

“ Good for basics but if something rare or specific I would go elsewhere – and that is OK. ”



Exploring a diagnosis

People who have received a recent diagnosis will take to online health information to gain a greater understanding of how to treat and manage their condition with an emphasis on anxieties, this is particularly found due to being more general information and experience the from a trusted source.



is considered when

decisions about my condition.

to self-care where

out the processes of

“ I was told ICSI IVF is the most common approach in Scotland so telling people this and allowing them the opportunity to read up on what the processes can be would be informative and help people be more mentally prepared. Same with IUI, a link to what actually happens. People who are waiting on and going through fertility treatment can end up going down a rabbit hole to try and find out what is likely to happen. The NHS website should really be a one stop shop. ”



Expectations

- I expect to be able to make appointments and keep up to date with test results regarding my condition.
- I expect to have access to alternative pathways to navigate capacity limitations so that I can access the right care in the right place.
- I expect to see specific information for conditions including cause, severity/urgency, reoccurrence after treatment, when and how to seek help.
- I expect to be able to find support groups for people living with my condition.

Common actions

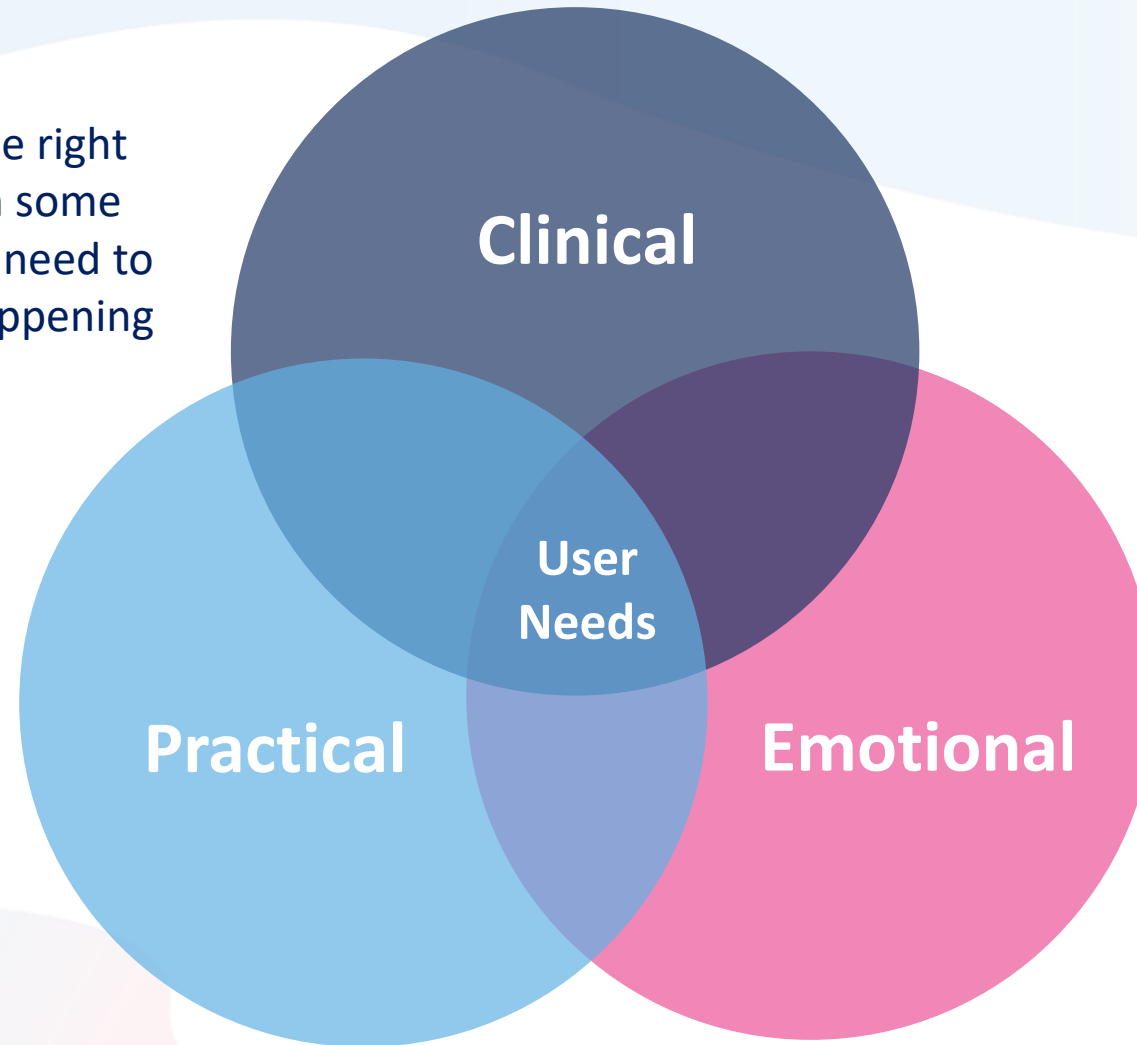
Most used NHS Inform for general health and wellness information along with physiotherapy exercises and information on screening.

Clinical

Get the care I need at the right time to get better and in some cases the ongoing care I need to prevent the situation happening again in the future.

Practical

Decide where, when and how to access care, and then to receive that care in a way that fits in with everything else going on in my life.



Emotional

Trust the service /clinician looking after me, understand what's happening and feel reassured that I (or my loved one) will get the care they need, when they need it

Chapter 4: The Explorer



Phase 1 scope:

Discover

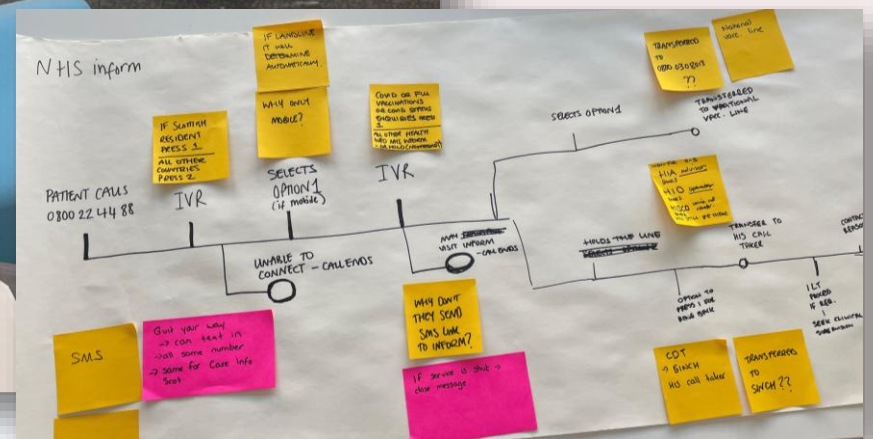
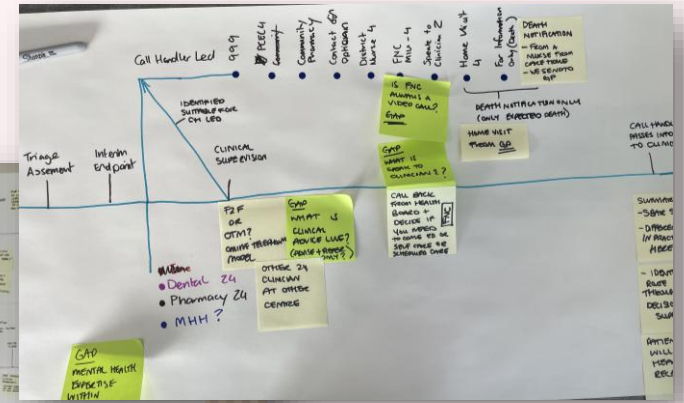
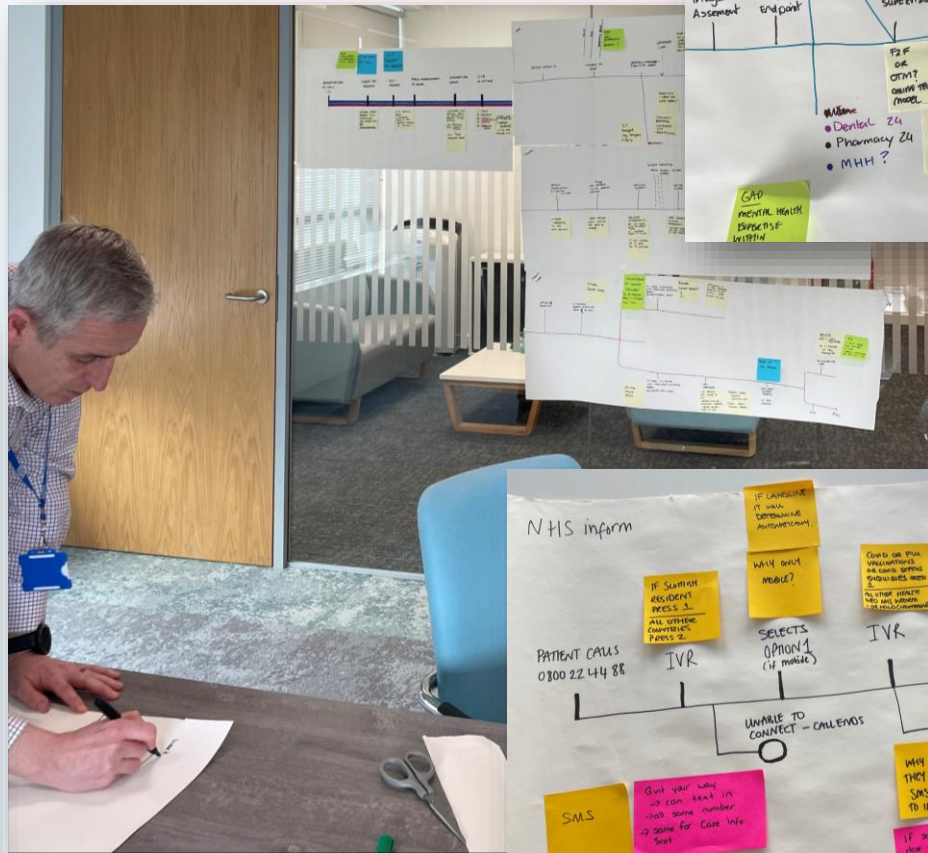
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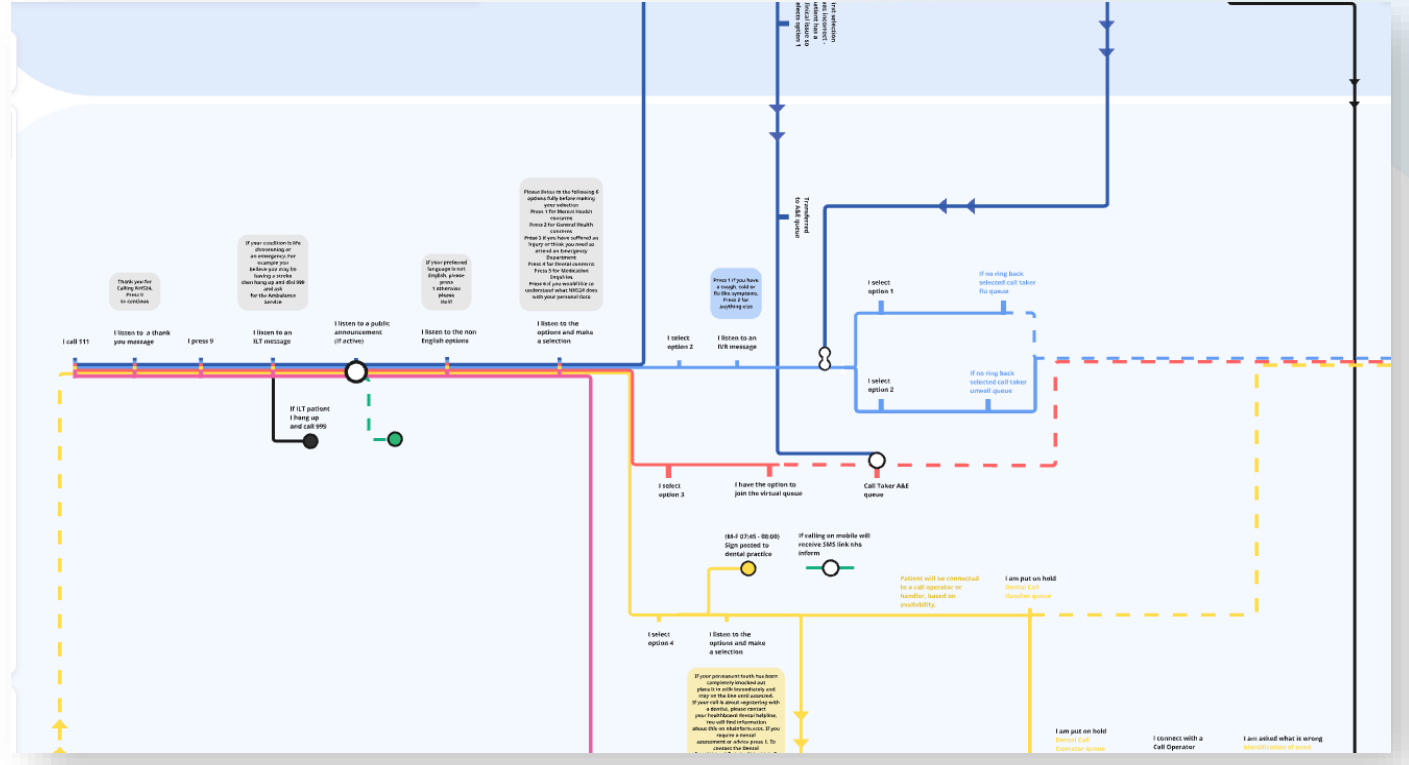
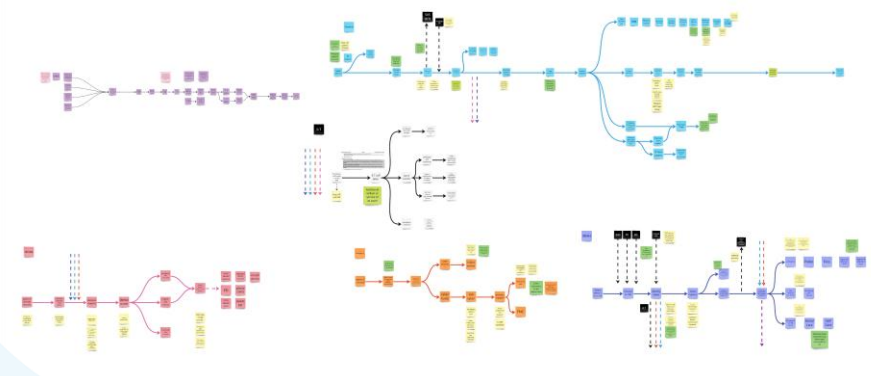
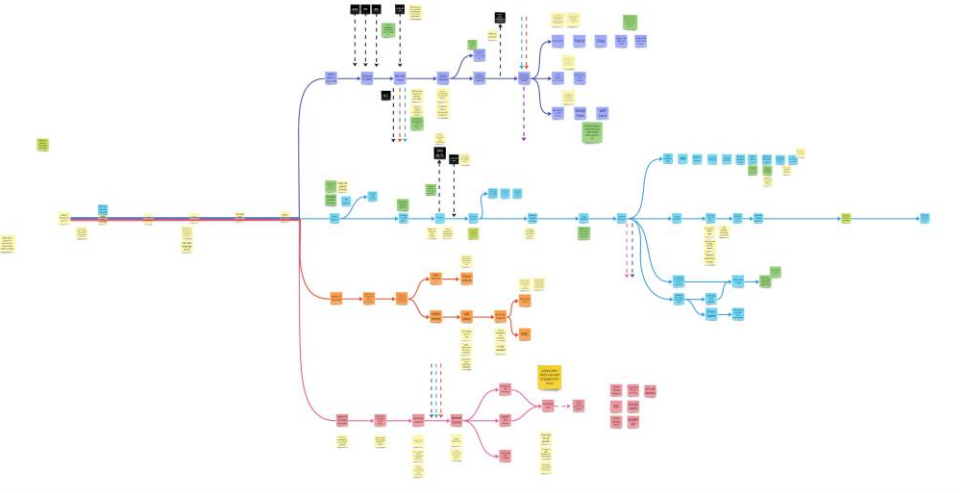
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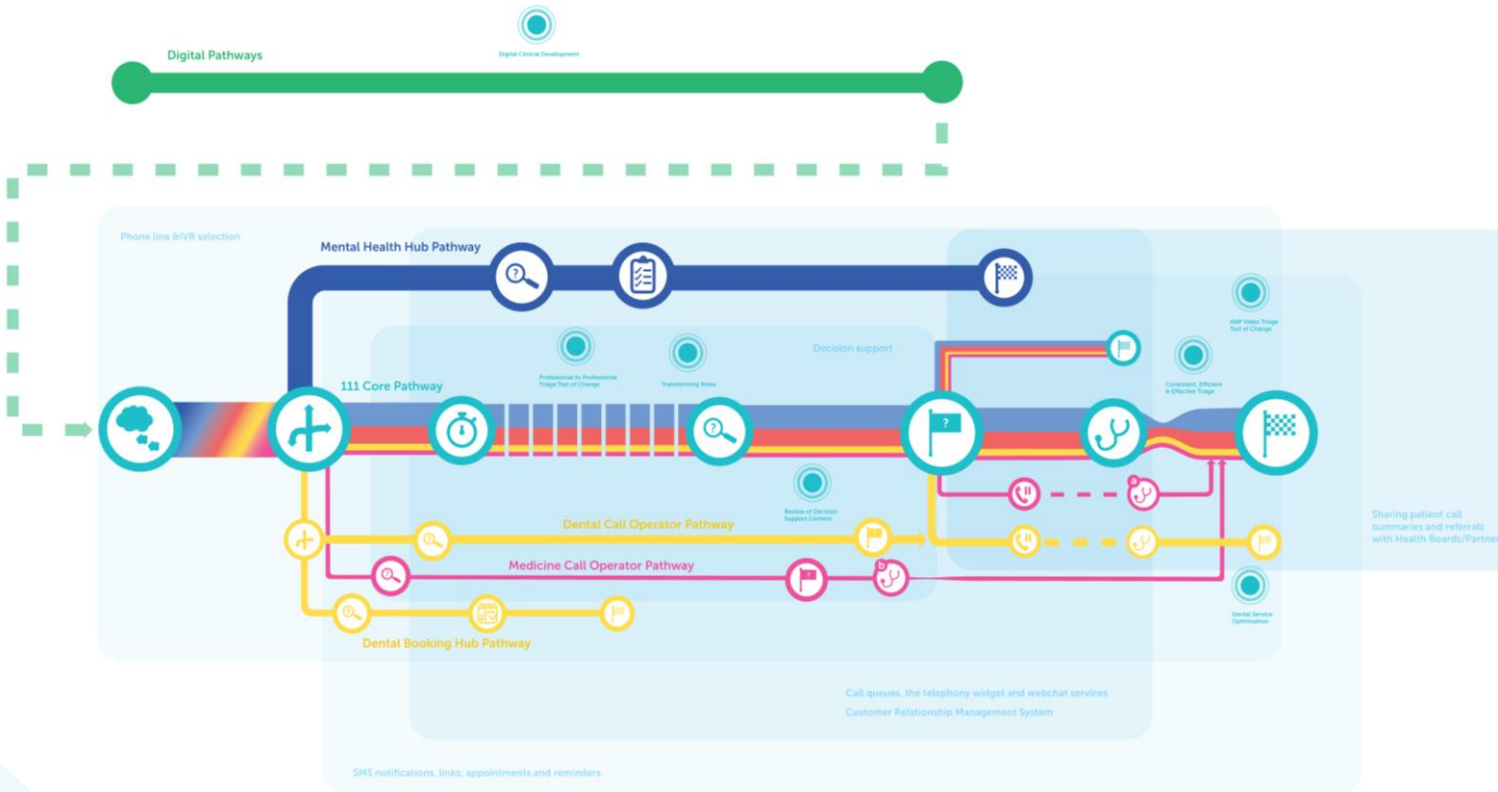
'Tube Map'



'Tube Map'



Future State Care Pathway Workshop



Stations

- Pre-Contact Unknown**
 - Public do not know when to call 111
 - Callers incorrectly referred to 111
 - Generic online information
- Pathway selection (IVR) Automated**
 - Various steps before language options
 - Doesn't go back through main menu in selected language
 - Where relevant, provide earlier access to a medical professional
 - Deaf callers can't access
- Waiting to be connected (virtual queue) Automated**
 - Can't wait on behalf of someone if paid carer
 - Waiting times
 - No queue updates
 - No flexibility on call-back time
- Identification of need/Decision Support Call Handler**
 - Binary pathways but complex answers
 - Call Operators cannot be on shift without on the floor pharmacist
 - Repetitive questions
- Interim Endpoint Call Handler**
- Clinical Supervision Clinical Staff**
 - Waiting times
- Outcome Clinical Staff Call Handler**
 - Endpoint does not meet expectation
 - Can feel like everyone in healthcare is avoiding them
 - May rely on caller memory to access resources
- Mental Health and Well-being Assessment Framework**
 Mental Health Nurse Practitioner/Clinical Staff
 Psychological Well-being Practitioner
- Wait for a call back (Call holding area)**
 Medicine: Evening 6-11 Monday to Friday Sat-Sun 8am - 2pm
- Clinical Supervision (Dental)**
 Senior Dental Nurse
 Dental Nurse
 - When waiting for a call back from the Dental nurse if the caller misses the first 2 calls their case will be closed and they'll have to restart at the beginning (in new system)
- Appointment rescheduling or cancelling**
 Dental Hub Administrator/Appointer
- Medicine Pathway selection (IVR) Automated**
 - Medicine Call Operators can't be on shift without a Pharmacist to provide face to face supervision
- Clinical Supervision (Medicine)**
 Pharmacist
 Clinical Staff
- Clinical Supervision (Medicine)**
 Pharmacist Face to Face only
 Clinical Staff
 - Medicine Call Operators only get clinical supervision face to face from a pharmacist in person. They do not route for any other form of clinical supervision or place callers into the call holding area

Chapter 5: STP Considers The Future



Right Service, Right Time

Allowing people to access the right service at the right time, in a way which is convenient to them, without having to navigate a complex system.

Ideas Recap

- Provide timely information through digital channels, reassuring patients about digital technology in healthcare.
- Provide digital entry points into the 111 service, allowing users to perform needs assessments and access endpoints directly.
- Use platforms like WhatsApp for more accessible and user-friendly digital routes into the 111 service.
- Ensure seamless service delivery through AI and live transfers, connecting patients to the appropriate service.
- Use chatbots to triage users effectively, ensuring prompt care.
- Offer flexibility in accessing support, including scheduling and call-back options.

Associated Pain Points

- Waiting times
- No queue updates
- No flexibility on call-back time
- Public do not know when to call 111
- Where relevant, provide earlier access to a medical professional
- Can feel as though everyone in healthcare is avoiding them

How Might We...

- **Allow users to seamlessly continue a pathway across digital and telephony routes?**
- **Allow users to access 111 services through existing touchpoints outside of the NHS 24 ecosystem?**
- **Provide users with flexibility in where and when we meet their needs?**
- **Directly connect users to the right service quickly if 111 can't meet their needs?**
- **Help the public to self-care effectively and proactively?**

What we thought would work

Right Service, Right Time

Allowing people to access the right service at the right time, in a way which is convenient to them, without having to navigate a complex system.

Ideas Recap

- Provide tim about digi
- Provide digi needs asses
- Use platfor routes into i
- Ensure sean patients to i
- Use chatbot
- Offer flexibi options.

One Story, Told Once

Linking up all the data we have on a patient to personalise their experience and reduce frustration

Ideas Recap

- Creating a continuity
- Utilising di repeated r details upfr pre-popula

Ideas Recap

- Leveraging pathways,
- Enabling ni sharing acr
- Connecting
- Developing and access
- Providing n making.

Needs defined by people, not process

Provide more flexibility and personalisation in how patients express, and we determine need.

Ideas Recap

- Develop on personalise
- Patients des identificatio
- Phone path departmen
- Intelligent c
- Early recogn
- Stratification
- Use the tim
- Prioritise rri
- Identify suil
- Expand vide and streami

Clear Scope, Shared Understanding, Delivered Collaboratively

Define the scope of the service and collaborate with professionals to spread awareness and learn from others best practise

Ideas Recap

- Define NHS 24's purpose and offerings, ensuring stakeholders understand the services provided.
- Align health board narratives with NHS 24 expectations, focusing on ambulant outcomes
- Rationalise s enhancing cc
- Evaluate the
- Simplify org Model (T.O.)
- Leverage dia sources for i
- Establish cli professional
- Utilise AI to i documentati
- Implement d
- Develop effe
- Expand prof
- Consider adc

Growing expertise, sharing responsibility

Empower staff to take more responsibility and create areas of specialism within the wider workforce.

Ideas Recap

- Increase the number of prescribers to reduce dependency on pharmacists and expedite service delivery.
- Explore the potential of using pharmacists remotely to enhance pharmacy coverage.
- Implement systems like the UC PGD (Patient Group Direction - allows specific registered healthcare professionals to supply and/or administer certain medicines to a pre-defined group of patients) to allow access to medications without direct contact, leveraging automation for efficiency.
- Establish tiered roles for call handlers.
- Increase the number of pathways led by call handlers to manage calls effectively without requiring clinical supervision.
- Group clinicians based on specialisms and align specific patient groups to the most appropriate clinical team.
- Allow Clinicians to develop areas of expertise while maintaining a generalist skillset
- Ensure the new system uses AI to preferentially route calls to clinicians with pre-specified expertise profiles.
- Nurse decision support

Associated Pain Points

- Waiting times
- No queue updates
- No flexibility on call-back time
- Public do not know when to call 111
- Where relevant, provide earlier access to a medical professional



Associated Pain Points

Associated Pain Points

- Callers are incorrectly referred to 111



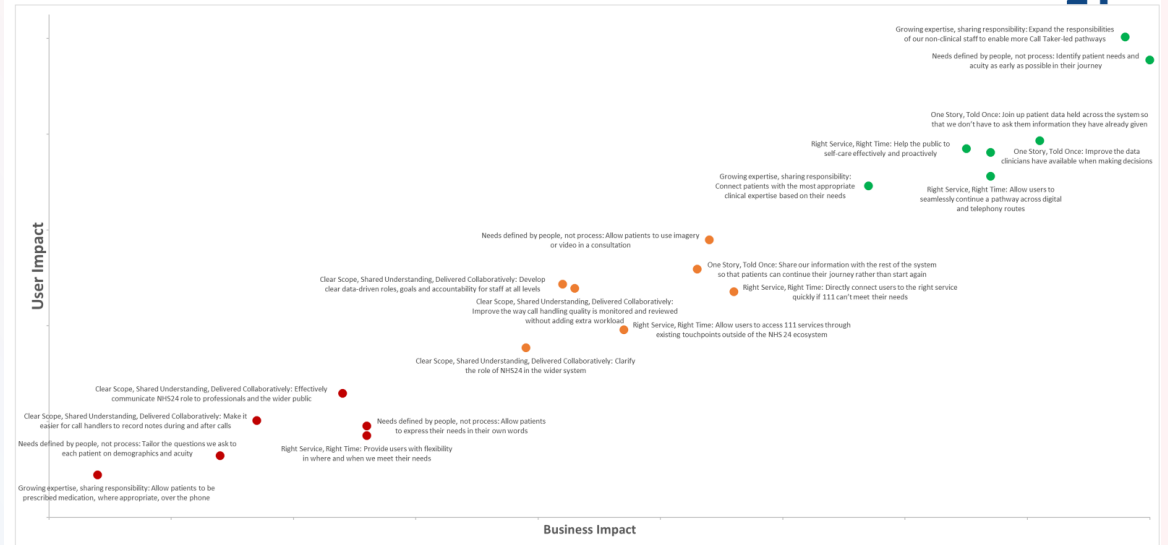
Associated Pain Points

- Where relevant, provide earlier access to a medical professional
- Waiting times
- Medicine Call Operators can only get clinical supervision face to face from a pharmacist in person. They do not route for any other form of clinical supervision or place callers into the call holding area

How Might We...

- Connect patients with the most appropriate clinical expertise based on their needs?
- Expand the responsibilities of our non-clinical staff to enable more Call Taker-led pathways?
- Allow patients to be prescribed medication, where appropriate, over the phone?

Prioritised Opportunities



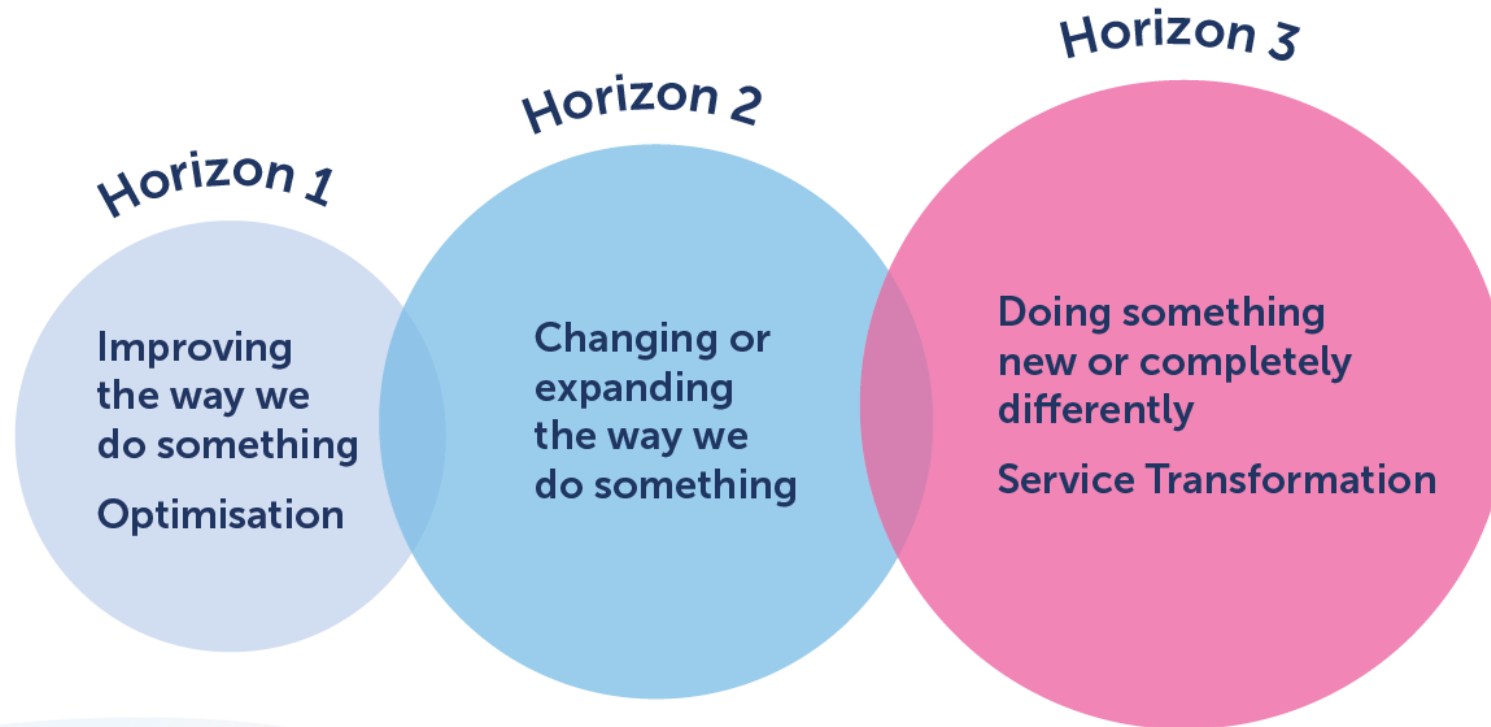
Chapter 6: Many Changes



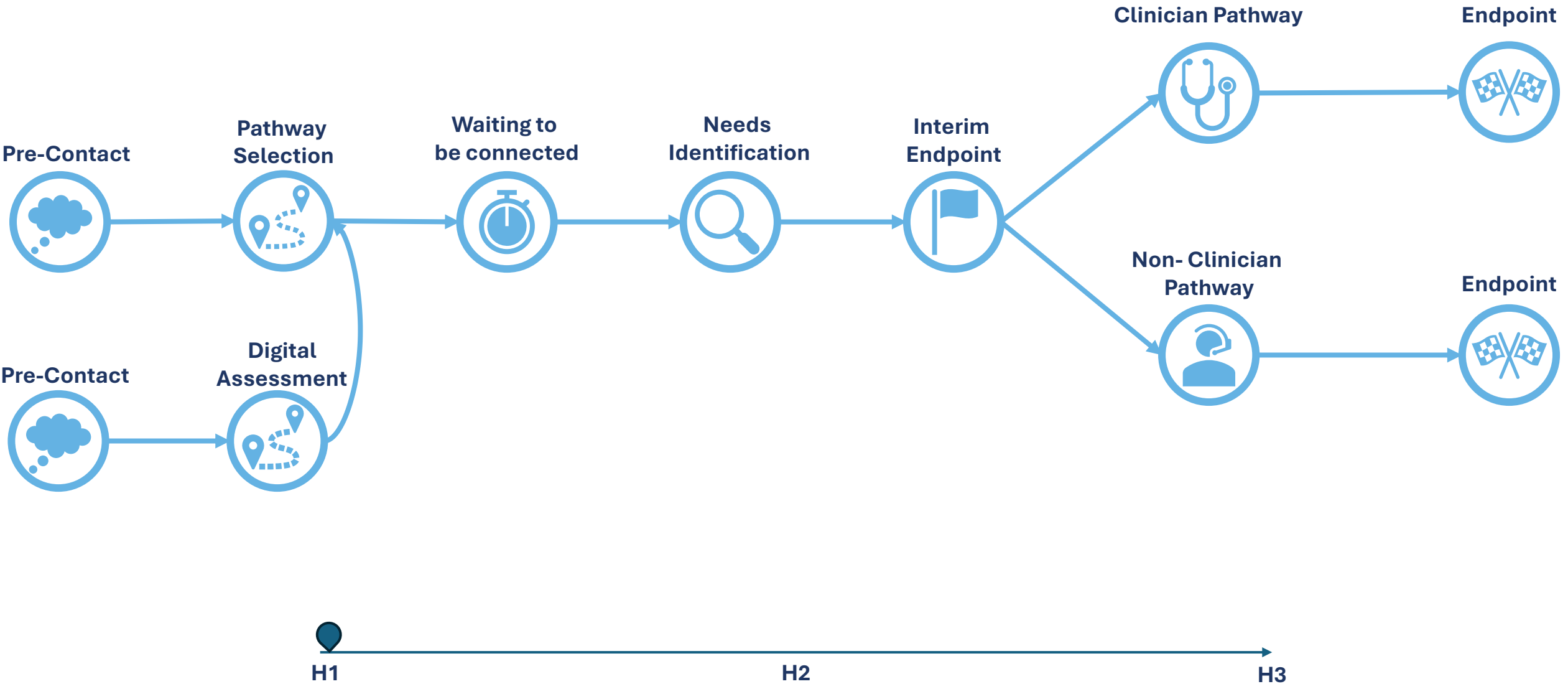
What is transformational?

Stakeholders started thinking about 1 or 2 ideas that they felt would be transformational

For the business not the user

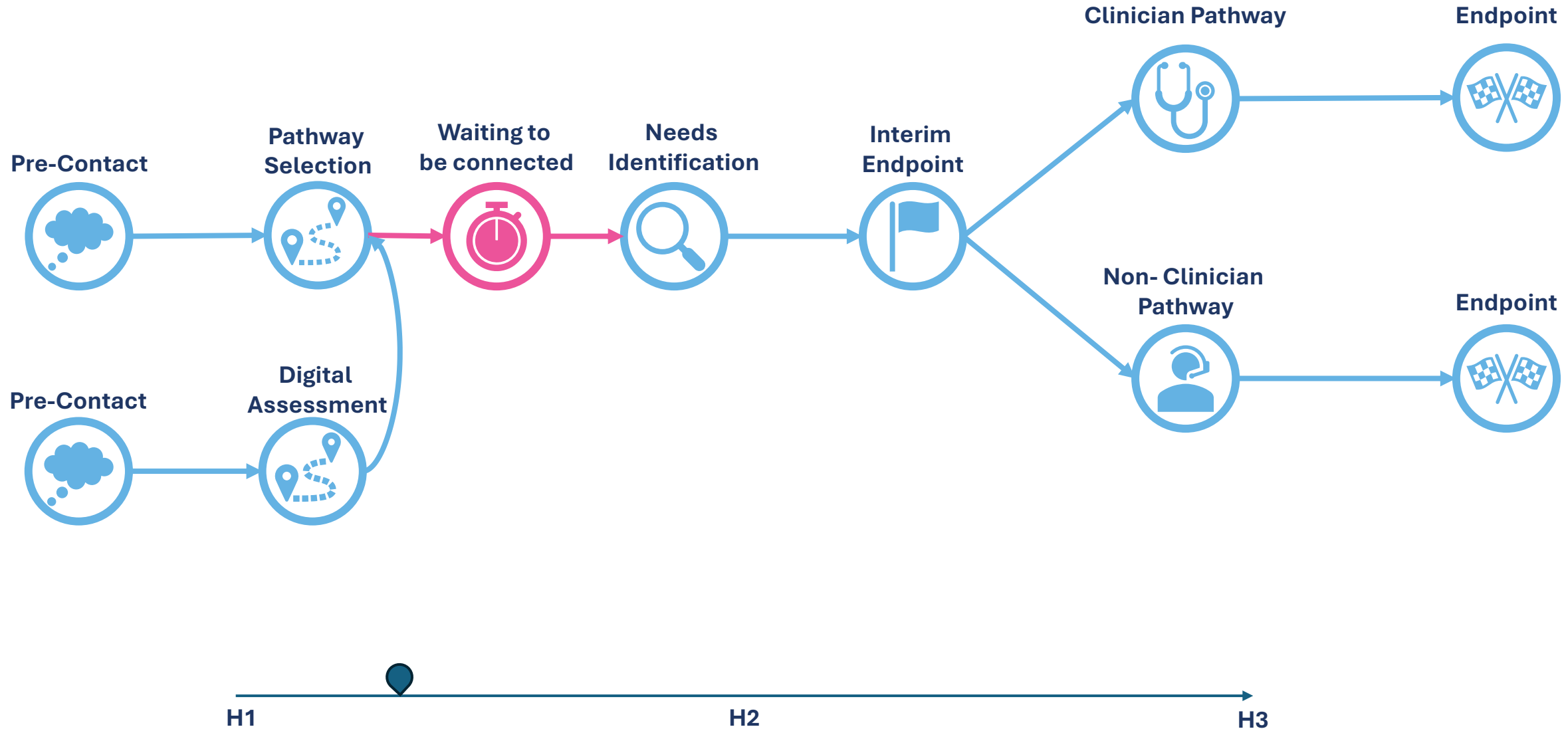


Current State



Future 1

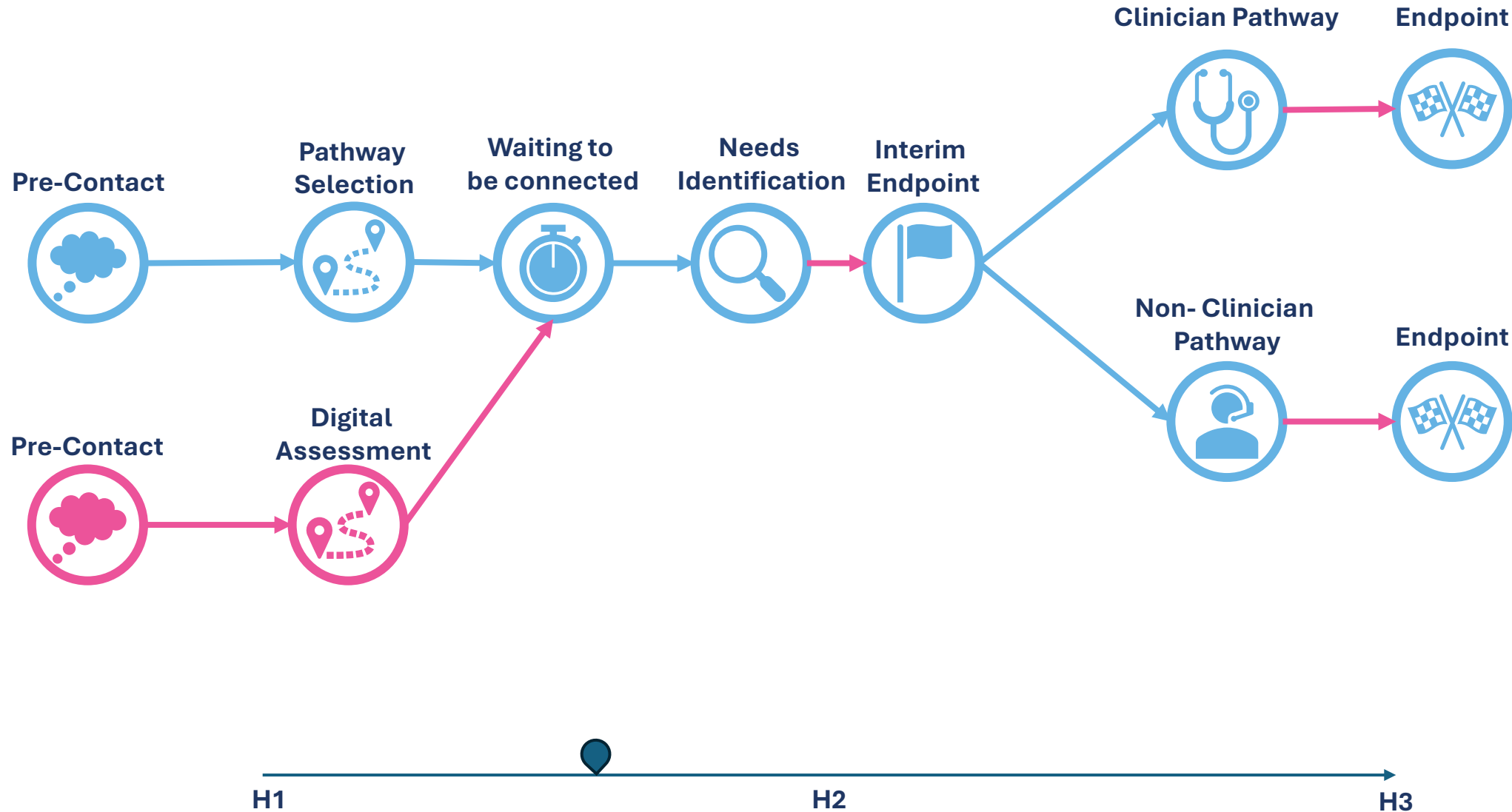
Expand responsibilities of our non-clinical staff to enable more Call Taker Led pathways



Future 2

Ex
sta

Join up patient data held across the system so that we don't have to ask them for information they have already given



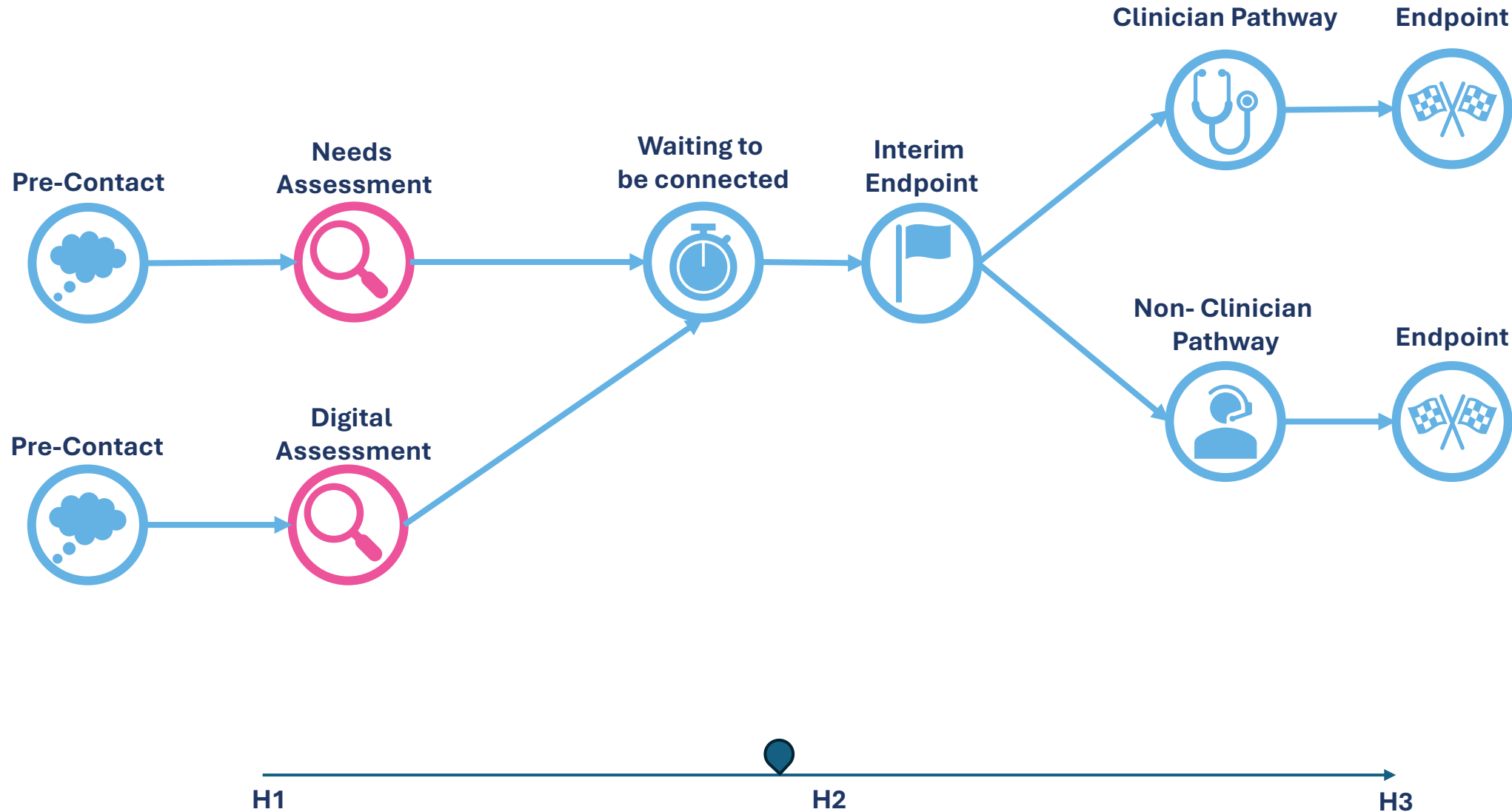
Future 3

Ex
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Join
tha

Identify patient needs and acuity as early as possible in their journey

Allow patients to use imagery or video consultation



Future 4

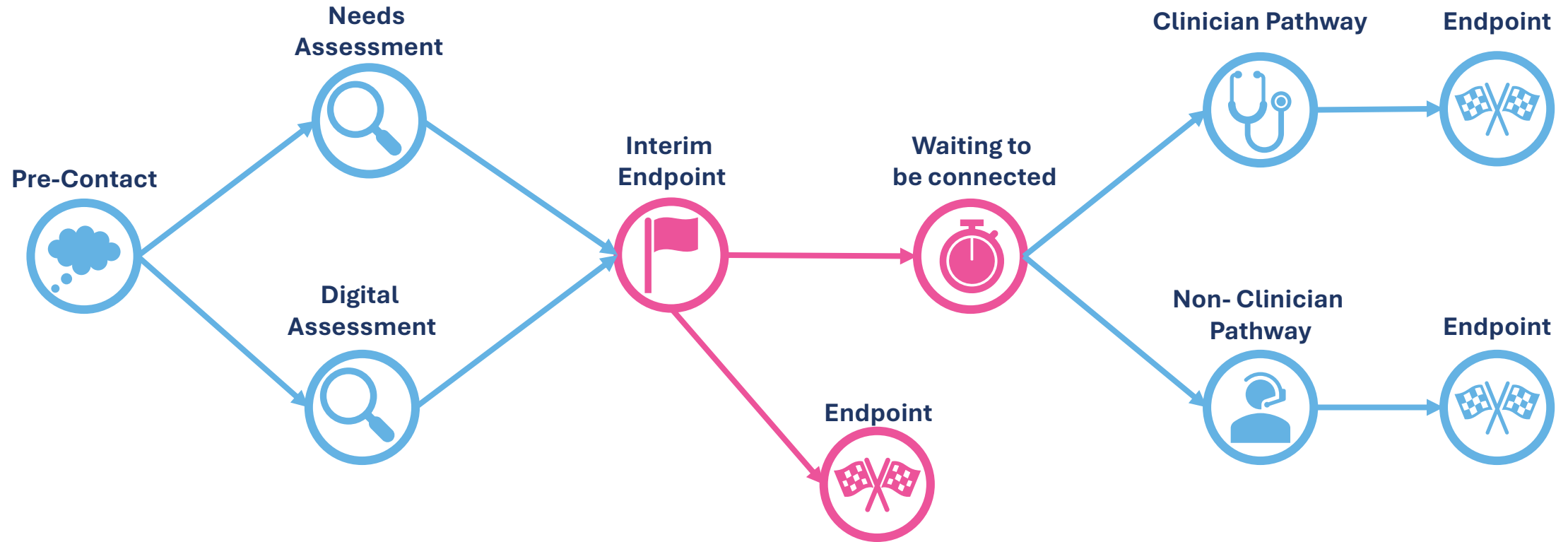
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Join

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Allow users to seamlessly continue a pathway across digital and telephony routes



H1

H2

H3

Future 5

st

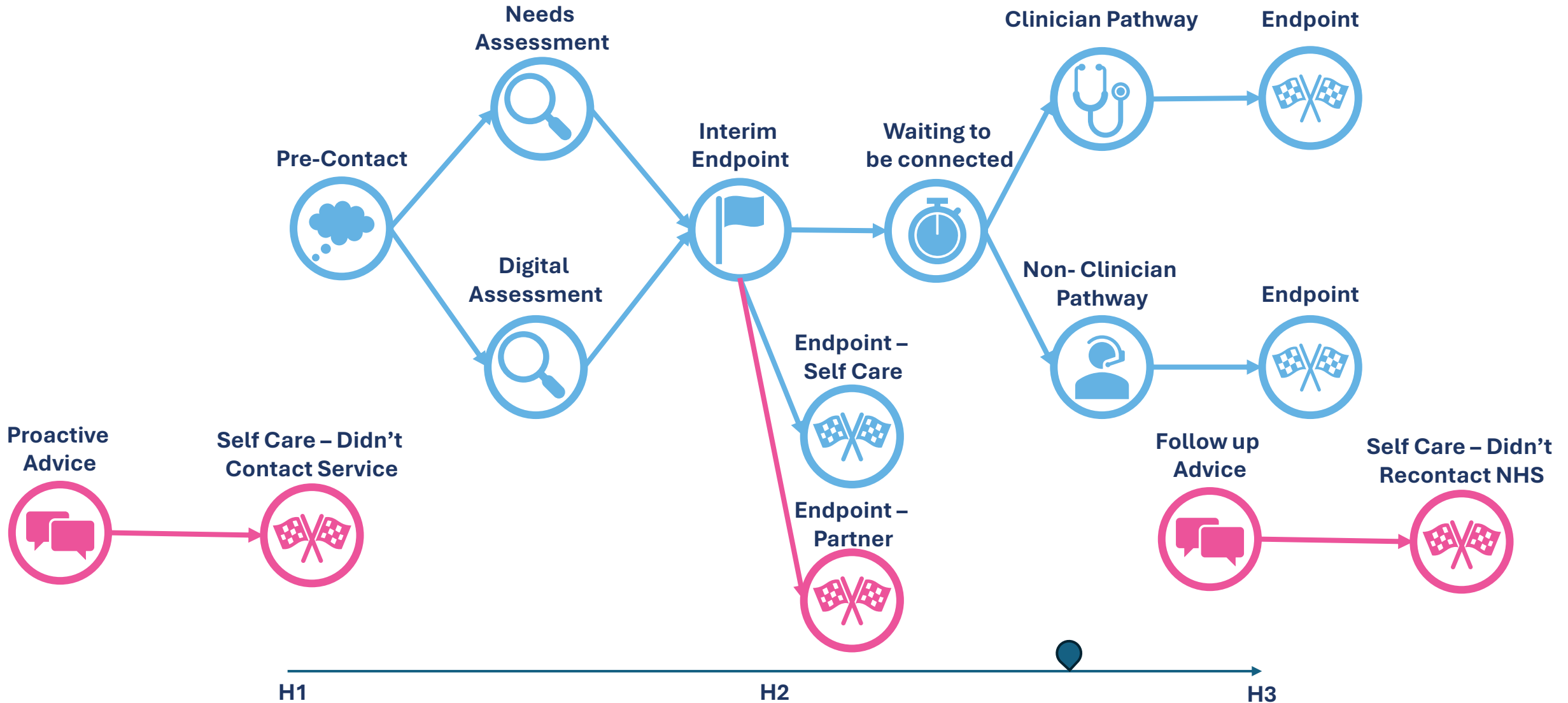
Join

Id

All

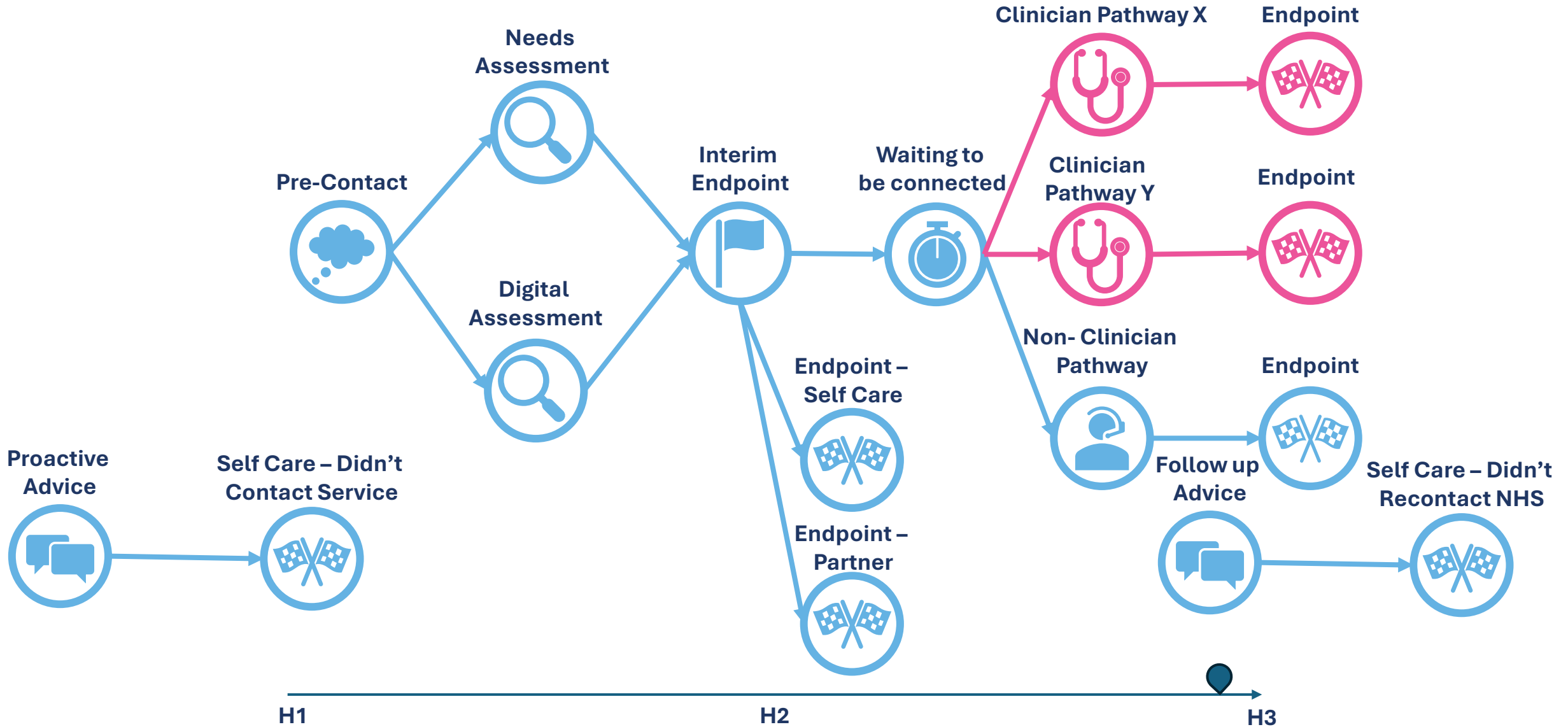
Directly connect users to the right service quickly if 111 can't meet their needs

Help the public to self-care effectively and proactively



Future 6

Join the...
All...
Connect Patients with the most appropriate clinical expertise based on their needs

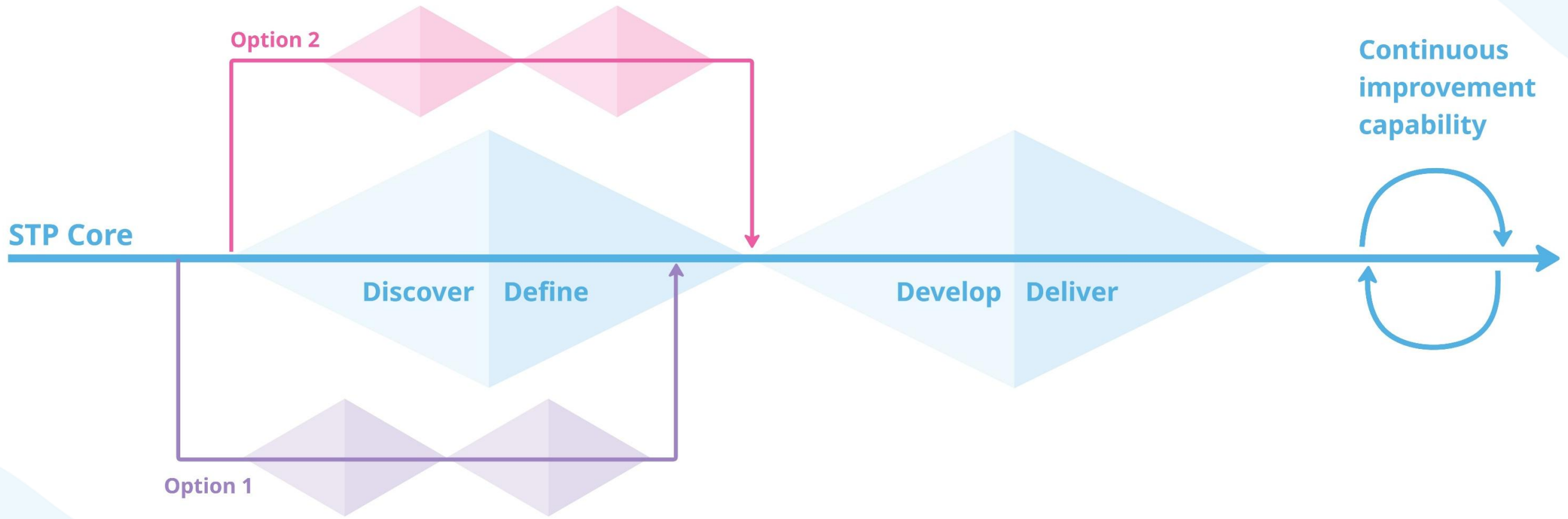


Adaptations, Remakes and Spin-offs



Complexity strikes back!





Roll Credits



Thank you



his.transformationalsystemchange@nhs.scot