**HSC-PBPP End of Project Reports – August 2025**

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| **Application Reference****(click on reference for EPR Summary)** | **Applicant** | **Applicant Organisation** | **Title and Purpose of study** | **Date of Approval** |
| [2324-0136](#_2324-0136_Esther_Ainley) | Esther Ainley | Picker Institute Europe | Redesign of Urgent Care Evaluation | 17/09/2024 |
| [2324-0146](#_2324-0146_Janice_Hoang) | Janice Hoang | University of Oxford | Analysis of survival from blood cancer in the UK | 25/09/2024 |

## 2324-0136 Esther Ainley

Redesign of Urgent Care Evaluation

**The Public Benefit Impact Summary**

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| 1 | **Aims** |  |
|  | What did the study set out to achieve? | The overarching objective was to conduct an evaluation of the Redesign of Urgent Care pathway (RUC) to develop insight into the experiences and perceptions of recent users of the RUC pathway and staff involved in the delivery of care (project 1) and to take action towards understanding the value of RUC (project 2). Please note: the PBPP application was only relevant to the patient survey that formed part of project 1. The main aims of the evaluation were to:* Understand the experiences of patients and carers using the redesign of urgent care pathway
* Explore the experiences and views of staff involved in the delivery of unscheduled care
* Understand changes to key Urgent Care delivery metrics, by comparing performance pre and post implementation of the RUC pathway
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| 2 | **Public Benefit Impact** |  |
|  | How will these outcomes directly result in benefit for the public? Please give details. This should be the main section answered. | The study has provided an important insight into patient experiences of Scotland’s Redesign of Urgent Care (RUC) pathway. Results from the survey highlighted what is working well and areas for improvement. The Scottish Government will use the findings to inform changes to the RUC pathway to best meet the needs of users of urgent care. The benefits to the public are therefore two-fold: it has enabled some patients the opportunity to provide feedback about their experiences of the RUC pathway and the results have identified some improvements that can be made to better meet the needs of the wider public.Recommendations for the Scottish Government (Please note there were other recommendations – but these relate to other aspects of the evaluation)* It is recommended that NHS 24 reduce the length of Time to Answer – particularly at the weekend - and are given the support and additional resources/funding to enable this.
* Work with NHS Boards to address challenges with the availability and capacity of alternative pathways available via Flow Navigation Centres, as well as capacity challenges elsewhere, including within Primary care.
* Explore opportunities to improve scheduling such as ringfenced capacity for scheduled patients which should be separate to existing workstreams such as minor injury units, ambulatory care etc.
* To support services to work well together, there should be a mechanism in place to improve professional – to professional communication, for example a national communication system.
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| 3 | **Data**  |  |
|  | What data were received/processed/collected? Was it as expected? Please give brief details. | The data that were received/processed/collected was as expected. NHS 24 compiled a sample of eligible patients that had contacted NHS 24 111 between March and April and had selected the RUC pathway via the NHS 24 IVR options. This sample was securely shared with Picker where the data was processed for the purposes of conducting a survey. Overall, 662 of 3215 eligible people responded to the survey.  |
| 4 | **Methodology**  |  |
|  | How did you collect the data? | A postal survey was sent to 3,497 people who had recently accessed the RUC pathway via NHS 24 111. The survey was in field between 22nd May and 12th July 2024, during which time recipients were able to take part via the paper survey mailed to them, online or over the phone  |
| How did you process the data?  | The response data from the completed paper questionnaires was combined with the online response data. The data was cleaned, including removing responses to questions that should have been skipped by the respondent and values that were out of range. The following records were also removed as part of the cleaning process: respondents who did not wish their online responses to be used unless they fully completed the survey and respondents who answered less than 5 questions in either the paper or online version. Derived variables were created to allow for the required subgroup analysis to be undertaken, such as by date/time of call categories. As the sampling methodology involved unequal probabilities of selection to ensure a minimum number of sampled patients from each board, this overrepresented smaller Health Boards. Selection weighting was applied to the achieved sample to correct for unequal selection probabilities across Health Boards, so that the achieved sample proportions for each Health Board aligned with the full sample proportions. To balance for nonresponse bias, a nonresponse weight was developed (using age and gender) and applied to the achieved sample. |
| How did you provision/publish the information? | Aggregated findings from the patient survey were presented in evaluation report that was published by the Scottish Government on 15th January 2025. |
| Did your study scope change from its original aims? Please give brief details. | No |
| 5 | **Outcomes:**  |  |
|  | The outcomes / results of your proposal. Please give brief details. | The survey identified areas where patients reported positive experiences of the RUC pathway and areas for improvement with associated recommendations for the Scottish Government. These findings were presented in an evaluation report alongside results from a panel survey of people who had discontinued their call to NHS 24, focus groups with NHS staff and an analysis that assessed changes to key Urgent Care delivery metrics (by comparing pre and post implementation of the RUC pathway). |
| 6 | **Future Questions:** |  |
|  | Have the processes / results raised further questions for future exploration? Please give brief details. | Further/future exploration is required in the following areas to understand:* areas where patients reported their experiences were less positive, such as why patients reported less positive experiences on how well different urgent care services worked together within the RUC pathway
* why poorer overall patient experiences were found if survey respondents had a primary care endpoint (as recorded by NHS 24) when compared with the sample overall.
* patient experience of NHS 24 111 given the introduction of the virtual queue service.
* any impact of the RUC pathway on equity of patient experience
* insight from patients who access urgent care other than via NHS 24 111.
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## 2324-0146 Janice Hoang

Analysis of survival from blood cancer in the UK

**The Public Benefit Impact Summary**

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| 1 | **Aims** |  |
|  | What did the study set out to achieve? | The principal objectives are as bellow: 1. To estimate the number of years of life lost due to blood cancer in the UK. 2. To compare survival from blood cancer between nations. 3. To identify and measure disparities in blood cancer survival by demographic factors (i.e., ethnicity, region, deprivation) within nations. 4. To estimate potentially avoidable deaths based on differences identified in 2,3. |
| 2 | **Public Benefit Impact** |  |
|  | How will these outcomes directly result in benefit for the public? Please give details. This should be the main section answered. | These findings informed Blood Cancer UK’s 2024 Action Plan, (49) presented to the UK and devolved parliaments between September-October 2024 to promote policies for better blood cancer survival and to reduce disparities. The work also highlights the difficulty in obtaining comprehensive data of this kind from existing systems due to fragile IT infrastructure and poor interoperability between systems. Therefore, Blood Cancer UK’s report also included a call for national blood cancer data collected, analysed, and reported by UK cancer registries to be consistent and comparable, and also a call for blood cancer to be routinely recorded and reported as a distinct category alongside solid tumour. Furthermore, this evidence is crucial for monitoring current and shaping future national blood cancer plans and initiatives in England, NI, Scotland and Wales, and informing the NHS Outcomes Framework, enhance NICE guidance for haematological cancers, and highlight survival patterns by demographic factors to identify areas for improvement in early diagnosis. |
| 3 | **Data**  |  |
|  | What data were received/processed/collected? Was it as expected? Please give brief details. | Cancer registry data and it was expected.  |
| 4 | **Methodology**  |  |
|  | How did you collect the data? | We applied for the Cancer Registry with PHS Scotland with a detail research proposal.  |
| How did you process the data?  | the Cancer Registry and eDRIS at PHS Scotland processed the personal data. |
| How did you provision/publish the information? | Patient confidentiality for the Scottish cancer registry was provided as below:“We collect information about patients so that the best quality health and care services can be provided. We work to ensure this information is managed, stored and used securely. A leaflet specifically about cancer registration has been developed for patients and the public. <https://publichealthscotland.scot/media/23146/scris-cancer-registration-leaflet-august-2023.pdf>Data Protection law gives you rights over how we use your personal details. These and other more detailed information can be found in our [Data Protection Notice](https://www.isdscotland.org/Health-Topics/Cancer/Scottish-Cancer-Registry/docs/SCRIS-data-protection-notice-190731.pdf) Download PDF file[163Kb].Additionally, This project will also use and comply with the Privacy notice from the Public health Scotland [Your rights - Our privacy notice - Public Health Scotland](https://publichealthscotland.scot/our-privacy-notice/your-rights/) and [Privacy policy - Website | University of Oxford](https://www.ox.ac.uk/privacy-policy#:~:text=We%20will%20only%20use%20your,it%20for%20that%20new%20purpose.).Blood Cancer UK is heavily involved in the project as a funder, therefore the project will also use and comply with the Privacy notice from the Blood cancer UK [Our charity's privacy policy | Blood Cancer UK](https://bloodcancer.org.uk/privacy-policy/#:~:text=Blood%20Cancer%20UK%20will%20only%20use%20your%20personal%20information%20when,information%20for%20direct%20marketing%20purposes.). |
| Did your study scope change from its original aims? Please give brief details. | No |
| 5 | **Outcomes:**  |  |
|  | The outcomes / results of your proposal. Please give brief details. | These findings informed Blood Cancer UK’s 2024 Action Plan, presented to the UK and devolved parliaments between September-October 2024 to promote policies for better blood cancer survival and to reduce disparities. The work also highlights the difficulty in obtaining comprehensive data of this kind from existing systems due to fragile IT infrastructure and poor interoperability between systems. Therefore, Blood Cancer UK’s report also included a call for national blood cancer data collected, analysed, and reported by UK cancer registries to be consistent and comparable, and also a call for blood cancer to be routinely recorded and reported as a distinct category alongside solid tumour. Furthermore, this evidence is crucial for monitoring current and shaping future national blood cancer plans and initiatives in England, NI, Scotland and Wales, and informing the NHS Outcomes Framework, enhance NICE guidance for haematological cancers, and highlight survival patterns by demographic factors to identify areas for improvement in early diagnosis. |
| 6 | **Future Questions:** |  |
|  | Have the processes / results raised further questions for future exploration? Please give brief details. | Not yet  |