WINTER PLAN
2007/08

Recommendations:
The NHS Board is asked to:

- Accept an update on the approach to Winter Planning 2007/08
- Note that a further report will be submitted to the October Board Meeting

1. BACKGROUND
1.1 The National Unscheduled Care Collaborative (UCC), following a national event in May 2007, has taken over the role of co-ordinating winter planning for 2007/08. Tim Davison, Chief Executive, NHS Lanarkshire, is leading this work.

1.2 A number of key messages emerged from the national event:

Plans should be on a single system basis and should demonstrate inter-agency working across all partners. This includes Primary Care, NHS24, CH(C)Ps, NHS GEMS, Clyde Primary Care Emergency Service, Scottish Ambulance Service, the Acute Division, Oral Health, Mental Health Partnership, Public Health, Occupational Health and Addiction Services;

- Demand management in primary and acute care should be paramount;
- Cognisance should be taken of winter planning in neighbouring NHS Boards when formulating plans.

1.3 Final plans are to be available by the end of August prior to the follow up national event on 12 September. The Executive Lead from each Board will present their plan in detail.

This paper seeks to identify the methods to be used by Greater Glasgow and Clyde to formulate the first draft of the winter plan for 2007/08. Much work has still to be done which will be undertaken over the next few months.
2. LESSONS FROM THE PAST

2.1 Plans are evaluated each year by all partners and lessons are learnt which help to formulate subsequent plans. 2006/07 saw an increase in attenders and admissions across acute and primary care. Although the winter plan period is generally assumed to be mid December to the end of January, GGC plan to identify additional measures for 2007/08 which would operate during the November ’07 to March ’08 period. Historically, particular pressures arise around the Christmas and New Year periods. Staff sickness and annual leave has also added pressure. Examples of particular issues were as follows:

- The need to make better use of historical data (i.e. analysis of previous years demand and performance) and prospective / predictive data tools such as System Watch;
- The identification and quantification of the impact of significant year on year initiatives/system changes which could impact either on demand or service capacity;
- Improved workforce management, including staff sickness which is typically higher in winter months and making best use of the nurse bank;
- The need to curtail annual leave and study leave over peak periods;
- The need to maximise the level of uptake of flu vaccine amongst staff;
- The need to work with colleagues in Social Work around availability at the time of their annual leave year end;
- The two weeks after Christmas very busy for GEMS – had to increase staffing, both midweek and weekends;
- NHS24 advertising campaign is still being evaluated and this will help formulate this year’s campaign;
- Need to review hospital pharmacy cover at weekends;
- Comparison of years 2005/06 against 2006/07 showed a significant surge in daily admissions to the acute division.

2.2 A number of suggestions around partnership working have been made which may prove helpful in reducing pressures. These include:

- Exploring the possibility of GEMS providing a supplementary service in the vicinity of A&Es over peak periods to assist in admission avoidance – initial discussions have taken place;
- Further develop provision of a “hotline” for GPs to contact receiving Consultants to discuss appropriate alternative patient pathways over peak periods;
- Further develop the provision of additional same day/next day outpatient clinics staffed by receiving Consultants as a supplementary service accessible by selected GP referrals or previously discharged A&E attendees as a follow up;
• Review with community partners admission avoidance and supported early discharge. Ensure clear understanding of public holiday arrangements for support service, both in and out of hospital, and plan additional capacity where required.

3. FORWARD PLANNING

Discussions around the plan for 2007/08 commenced in April this year and a number of meetings have taken place involving all partners. In conjunction with the national UCC initiative, these discussions have helped to formulate this year’s plan based on single system working. The lessons learnt have been detailed at paragraph 2 above but some of the specific issues being raised in respect of this year’s plan include:

3.1 PRIMARY CARE/GEMS/CLYDE PRIMARY CARE EMERGENCY SERVICE/NHS24

3.1.1 The need for liaison with Directors of Social Work regarding festive planning and to identify areas of joint planning, particularly in relation to repeat prescriptions, festive season services/information/contacts and to identify local authority contacts.

3.1.2 The Minor Ailments Service introduced in July 2006 allows community pharmacists to supply treatments for minor ailments to patients exempt from NHS prescription charges.

3.1.3 The Urgent Supply of Repeat Medication initiative allows community pharmacists to supply up to one cycle of a previously repeated medicine. These schemes complement existing models of supply and are particularly useful over weekends and public holidays.

3.1.4 NHS24 call back was a major feature in 2006/07 which led to patients presenting at PCECs later in the day. Staffing rotas will be phased and targeted to address this. A triage rota has been agreed between NHS24 and GEMS for GPs to deal with untriaged calls.

3.1.5 It has been noted that there has been an increase in the number of dual responses requested by NHS24 which requires further discussion

3.1.6 GEMS will target resources to manage face-to-face demand and priorities at PCECs. Patients will be offered the choice of another site if they do not wish to wait and transport will be available if necessary.

3.1.7 A joint letter will be issued by the GP Sub-Committee and GEMS reminding GPs of their obligation to remain available for patients until 6pm on 24 and 31 December as well as full cover on 27 and 28 December.

3.1.8 The CH(C)P lead will write to all GP practices to ensure that patients are reminded to order repeat prescriptions in advance, with particular emphasis on Methadone prescriptions.
3.1.9 Uptake of the flu vaccination will be encouraged for all staff and patients in the vulnerable groups. The Director of Occupational Health will address staff uptake. Letters will be issued to all staff, including contractors and social work staff.

3.1.10 Simul8 prediction software has been used by NHS24 to help profile staffing arrangements. Contingency plans will be agreed to manage unforeseen peaks of activity.

3.1.11 Rota for triage has been agreed between GEMS and NHS24, based on historical activity and NHS24 projections for 2007/08. GEMS rota have been based around agreed triage rates. If demand from NHS24 is less than anticipated, GPs will be redeployed to front line services in the PCECs.

3.1.12 GEMS provide additional triage every Saturday and Sunday.

3.1.13 Co-operation is required from site sharers to assist. Resource availability for GEMS has been agreed around phone lines, GPs, cars, pharmacists, traffic controllers and administrative staff. Shift plan negotiations are ongoing. Contingency plans are in place for information technology and/or telephony failure.

3.1.14 Escalation plans are in place within established procedures in both GEMS and GGC. These involve identified communication pathways and partnership working with NHS24, SAS and other agencies. Within GEMS, the threshold would be one hour waiting time in PCECs. If waiting time reaches two hours, GEMS then links to the system wide GGC Emergency Planning Processes.

3.1.15 Clyde Primary Care Emergency Services do not see any predictable need for increased service outwith the festive period. They are planning for a 10% increase, based on historical information, over these periods. Service changes to meet this demand will be designed to maintain performance against Key Performance Indicators.

3.1.16 Other groups who have been involved in formulating the plan are Pharmacy (community and hospital), Scottish Ambulance Service, Oral Health, Mental Health Partnership, Occupational Health, Public Health and Addiction Services.

3.2 ACUTE

3.2.1 A number of targets are required to be met by December 2007 which may add extra pressure over the winter period – for example, the UCC 98% 4 hour waiting time guarantee, 18 weeks guarantee for planned inpatients and day cases. 16 weeks end-to-end cardiology wait and 62 day cancer guarantee.

3.2.2 The Acute Division and the Health Information and Technology Department are developing a capacity and demand model based on analysis of historical activity trends and known changes in both demand (e.g. shorter waiting time guarantees) and available capacity. This information will be used to finalise the acute component of the Winter Plan.

3.2.3 The Bed Management Team has developed, with Information Services Division (ISD), a predictive admission tool for elective and emergency activity to assist in proactive bed management and implement an agreed escalation plan including multi-specialty site meetings as often as required.
3.2.4 The roll out of the use of estimated date of discharge and the continued progress towards the elimination of delays in discharge over six weeks will improve bed availability.

3.2.5 A series of arrangements will be put in place to provide alternatives to admission to hospital. A template of admission avoidance options will be available for all GP calls, including same day/next day clinics being offered. There will be triage of patients to NHS GEMS as appropriate where services are co-located. A “hotline” to consultants will be available to GPs for advice regarding patients who could potentially follow alternative pathways. Emergency diagnostics slots will be available to assist in expediting discharges and/or admission avoidance.

3.2.6 Potential additional bed capacity has been identified at several of the acute sites. The creation of additional capacity, and when this should be activated, will be finalised based on the outcome of the detailed capacity/demand analysis currently being carried out with the Information Services Team.

3.2.7 The Rehabilitation and Assessment Directorate is planning to divert Allied Health Professional (AHP) staff from outpatient to inpatient services over the festive period. They are also seeking to provide additional AHP services at weekends to ensure rapid discharge. They will also develop, with Social Care partners, solutions which will allow home care providers to respond over holiday periods and will profile demand for Social Work services to ensure that staff are in place to meet demand and maintain discharge. A team of nurses is being appointed to support GPs working in Care Homes.

3.2.8 The Diagnostics directorate has identified the pressure of achieving waiting time targets in MRI and CT while coping with additional activity. They will pro-actively manage, in advance of the acute winter period, the outpatient component of their demand from October onwards to ensure that they create headroom in their capacity. Plans are being developed to provide increased staffing levels during the main festive period compared to previous years.

3.2.9 Women and Children’s Services will ensure continual bed assessment with the infection control team and plan extra medical ward rounds in the afternoon and evening. They will put in place boarding plans including isolation management plan and operate a winter organisational traffic light alert/review system. Staff willing to work extra hours will be identified and additional pharmacy portering staff will enable more frequent discharge drug delivery service. Additional domestic staff will help to meet the needs of cubicle demand and near patient testing kits will be ordered.

3.2.10 Clyde Acute Division can increase medical bed capacity at the Royal Alexandra Hospital by up to 18 beds on a flexible basis if required, depending on staff availability. Inverclyde and Vale of Leven Hospitals have very limited capacity to increase the bed complement and there are no plans for this; however, the Vale of Leven can increase high dependency bed capacity by one bed if required and the Royal Alexandra Hospital has the physical infrastructure to increase from 7 to 8 intensive care beds if required, subject to staff availability.
3.2.11 It is recognised that recent winters have been relatively mild and there have been no incidences of major flu outbreaks. However, at certain periods during recent winters, hospital services have been under considerable pressure. Given the increased demand on services resultant from shorter waiting times, (and so greater elective activity) and the four hour UCC performance guarantee, it is predicted that baseline activity for winter 2007/08 will be higher than in previous years. As a result, a further contingency plan will be developed which would be activated if extreme service pressures were experienced.

3.3 FLU PANDEMIC PLANNING

3.3.1 The Public Health Directorate has delivered comprehensive plans for responding should a pandemic of influenza occur. Regular meetings have taken place with the Scottish Executive Pandemic Influenza Team.

3.3.2 The main plan for GGC describes the Board’s responses at different pandemic influenza phases and alert levels which cover both the Acute Division and the Community Partnership. There are specific operational responses for different settings.

3.3.3 In the event of a pandemic, the Director of Public Health would lead the GGC response, supported by the Pandemic Influenza Control Team. Membership of this team is drawn from a range of senior representatives from GGC and partnership agencies.

3.3.4 In the event that the impact of a pandemic extends beyond the NHS response, then the Strathclyde Emergencies Co-ordinating Group (SECG) would be convened, under the leadership of the Chief Constable, to oversee and co-ordinate an all-agency response.

4. STAFFING

4.1 Review of previous years has shown that staff flexibility is crucial over the winter pressure period. Staff sickness levels were atypically high in 2006/07 and uptake of flu vaccine was low. Occupational Health and Communications will work with all departments to encourage uptake of vaccine. Consideration may have to be given to annual leave over the Christmas and New Year period. Appropriate discussion will take place with HR and staff side partners from across the organisations involved where necessary.

4.2 CH(C)Ps will ensure that a sufficient number of staff are available in the community to prevent admission to hospital where possible and support patients on discharge by appropriately managing staffing levels and prioritisation of workload. Draft Business Continuity Plans for CH(C)Ps are in the final stages of development and ensuring staff availability is a priority for action in these Plans.

4.3 CH(C)Ps will liaise with Directors of Social Work in the eight Local Authorities to identify areas for joint planning of staffing and workload, ensure clear information on out of hours contacts is held and to encourage staff to remind patients to organise their repeat prescriptions in advance of the festive period.
5. COMMUNICATIONS

5.1 As in previous years, the Communications team will support the organisation’s preparations for winter. A Winter Planning Booklet will be produced providing information on service availability over the festive period including pharmacy opening hours. Discussions are underway regarding this year’s leaflet.

5.2 The team will liaise with local authorities to ensure their staff are aware of our festive season arrangements in their daily contacts with specific groups e.g. users of home care services. Media briefings will be prepared with the Acute Division (including NHS GEMS) and Partnerships for local and national media highlighting the Board’s plans for managing winter pressures as appropriate.

5.3 Communications will also manage all winter media enquiries, ensuring these are reported to the Scottish Executive via the normal weekly reporting process and more urgently if necessary. The team will participate in a national group led by NHS24 which will plan this year’s national publicity campaign. This group, a sub-group of the national Out-of-Hours Peak Planning Group, had its first meeting in June.

5.4 Communications will work with colleagues on a campaign to raise awareness amongst staff for the flu vaccination programme.

5.5 It is also important that all partners communicate with each other. For example, improved communication between acute partners and GP/CH(C)Ps will allow a sharing of information regarding levels of activity and robust information from public health will allow acute partners to pro-actively manage capacity.

6. TAKING IT FORWARD

6.1 The first meeting of the single system Winter Plan Working Group will take place at the beginning of August, following which, this report will be submitted to the Board. A further meeting will be held in early September, prior to the next national UCC event on 12 September. Thereafter, GGC meetings will be held monthly. The plan will be finalised and resource implications discussed before presenting it to the Board in October. Specific objectives include:

6.1.1 The UCC event on 12 September 2007 at Murrayfield will provide an opportunity for all Boards to present their plans. Groups will then be asked to consider gaps and mutual learning points. The afternoon session will allow a critique of plans and identification of issues and next steps led by Kevin Woods. The Scottish Executive has requested that Boards highlight what is new and innovative this year. They have asked that Boards identify clear and obvious decision making and escalation capacity and how primary care capacity will be maximised. Boards are asked to send a minimum of 10 representatives from across all partnership groups.

6.1.2 Finalisation of the demand and capacity plan and evaluation of its implications for current service provision. Data from Information Services currently being obtained to forecast demand for 2007/08.
6.1.3 The finalisation of service plan recommendations and the evaluation of these in the context of a coherent, single system Winter Plan.

6.1.4 Review of all staffing and provisional implications of the recommendations and the potential resource implications of the over-arching 2007/08 plan.

6.1.5 Financial consideration has to be given to each part of the plan to identify the implications for additional resources and will be reported further as appropriate to the next Board meeting.

6.1.6 Development of a system-wide contingency plan including criteria which would necessitate its activation. This will involve use of all information available, including utilising spotter practices, Simul8, System Watch, information from NHS24 and all hospital systems.

6.1.7 If there is evidence of the system reaching or exceeding capacity, an escalation plan will be put in place which will involve identifying further capacity, managing demand in conjunction with GPs, increasing GEMS triage for NHS24 and reducing elective activity to allow for increased emergency work.

6.1.8 There will be compliance with Scottish Executive’s request for self-assessment of plan and final submission by October 2007.

6.1.9 There will be continued reporting to the Scottish Executive by exception, as in previous years.

Recommendations:

The NHS Board is asked to:

- Accept an update on the approach to Winter Planning 2007/08
- Note that a further report will be submitted to the October Board Meeting

JANIS HUGHES
Planning Manager, Acute Services