

Greater Glasgow NHS Board

Board Meeting

Tuesday 22 October 2002

Board Paper No. 2002/68

Director of Planning and Community Care

WINTER PLAN 2002/03

Recommendation:

Members are asked to note:

- The summarised Winter Plan.
- The proposed resource allocation.
- Areas of risk and pressure.

A BACKGROUND

Each local health system is required to submit a Winter Plan to the Scottish Executive.

This short paper summarises the current state of our Winter Plan – which is to be finalised by the end of October 2002 – under the key headings. It also includes information on the additional resources we have deployed and sets out the key risks. The majority of the paper focuses on the North and South Acute Trusts, but Section G briefly describes the plans for the Primary Care and Yorkhill NHS Trusts.

B PROCESS

Our key objectives in winter planning are to ensure that:

- Patients can be admitted through assessment facilities to a bed in the appropriate specialty.
- Long delays for patients waiting for admission from Accident and Emergency are avoided.
- Restrictions on admissions to hospitals are minimised.
- Transfer of patients between intensive care facilities is minimised.
- Flu vaccination among vulnerable patients and staff is maximised.
- Appropriately rapid discharge and alternatives to admission, where appropriate, are achieved.
- Elective activity is maintained.

The development of plans to deliver on these objectives has 2 elements of process:

- Each Trust has its own Winter Planning Group, bringing together the key players, including social work and the ambulance service.
- A Greater Glasgow Winter Planning Group brings together the chairs of Trust Groups with the Planning Directorate.

These processes generate Winter Plans for each Trust – focussed on the critical issues and a Greater Glasgow Plan which is submitted to the Scottish Executive. On a weekly basis, throughout the winter, we report on actual system performance and issues.

Director of Planning & Community Care

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C CAPACITY AND ACTIVITY

Increasing activity levels over a number of years, partly offset by decreasing lengths of stay and peaks in demand, put pressure on capacity for assessment, admission and specialty care. The 2 Trusts have analysed their available capacity and likely levels of activity and a core element of winter plans is to try to ensure that resources are lined up to deal with predicted levels of admissions:

- Additional funding has helped to increase capacity and strengthen discharge arrangements – reducing length of stay is a key objective.
- Delayed discharges are relatively static, although there are additional long stay places. We expect this to improve over the new few months.
- Major investment in imaging services should improve patient flows.

It is recognised that arrangements for this winter include a range of short term measures to cope with high levels of emergency activity.

The Board has acknowledged the year round pressures on acute receiving in establishing a comprehensive review of current arrangements. The Review process is gaining momentum and may identify further short term measures which can improve our position over the next 3 – 4 months.

D OLDER PEOPLE

Effective management of the care of older people, who are the majority of emergency patients, is key to effective winter planning. For winter 2002/03 we will have in place, across Greater Glasgow:

- Supported early discharge services enabling patients to have additional support and rehabilitation through day hospitals.
- Admission avoidance – for patients who can be sustained at home with additional support and input.
- Community older people's teams.
- Overnight care services.
- Further investment in enhanced home care.
- Additional capacity for long stay care.
- A dedicated medical service for residents of nursing homes.

These developments represent around £3 million new investment and should reduce admissions, lengths of stay and provide more appropriate care.

E INTENSIVE CARE

In the last 3 years HDU and ITU capacity has been incrementally expanded providing 3 additional ITU beds, improving nurse staffing and HDU capacity. The GRI has a high transfer rate but there is no short term solution which enables physical expansion. However, the Trust manage ITU capacity across its 3 sites and there will be a further additional bed in play at Stobhill this winter. Clinical advice remains that further investment and expansion of ITU and HDU capacity is required. An audit of potential medical HDU demand is currently underway.

F STAFF IMMUNISATION

Staff vaccination has had highly variable uptake in spite of significant efforts by Trusts – similar programmes will be run this year to continue to try and persuade staff.

G PRIMARY CARE AND YORKHILL NHS TRUSTS

The main foci of the Primary Care Trust's Winter Plan are:

- Maximising vaccination for older people and other at risk groups, aiming to improve on the 61% vaccination rate achieved in 2001/02.
- Providing public information about self care and also on service availability.
- Linking into the discharge and rapid response services outlined in section D.
- Ensuring GEMS is geared up. This will be changed by the introduction of NHS 24. Final service details are being developed.

For Yorkhill, seasonal pressures tend to begin earlier with respiratory viral infections prominent from October onwards. The Trust's highly effective plan focuses on additional medical and nursing staff supporting acute care and a well organised clinical pressures alert system.

H RESOURCE ALLOCATION

The SEHD have traditionally allocated non recurring funding for winter pressures in the late Autumn. We were notified at the end of September 2002 of an additional £2.3 million allocation. The Winter Planning Group endorsed allocation as follows:

TRUST	SERVICE	£'000
Primary Care	Immunisation payments for >65 year olds at risk group	244
Yorkhill	Various measures to increase winter capacity	223
North Glasgow	<ul style="list-style-type: none">– Additional beds– Improved bed management– Additional ambulances	1048
South Glasgow	<ul style="list-style-type: none">– Additional infrastructure– Weekend investigations– Additional beds– Orthopaedic capacity	1057
TOTAL		2572

Attachment 2 gives further detail.

The gap between this allocation and the bids above will be closed through slippage in start dates.

These resources are in addition to allocations of £600K and £400K to the North and South Trusts, respectively, made from our additional delayed discharge funding, in acknowledgement that the full effect of the Delayed Discharge Action Plan will not take effect until next year.

The planned allocation of additional funding from the delayed discharge monies, at the start of the year, coupled with the rapid release of the Scottish Executive's non recurring allocation against identified Trust priorities, has put us in the best possible position to address anticipated winter pressures.

I KEY RISKS

Every effort has been made to put in place deliverable plans to cope with peaks in winter activity. However, there are a number of risks:

- Achieving additional nurse recruitment and maintaining staffing levels remains a critical factor. Earlier Board reports have highlighted the impact of NHS 24 recruitment and the further effect of the National Waiting Times Centre at Clydebank (formerly HCI).
- Peaks of activity putting pressure on admission and specialty beds – this usually results in ‘boarding out’ and reduces our capacity to maintain elective activity – which is key to achieving waiting list targets.
- Outbreaks of infection caused significant problems in winter 2001/02 – a number of measures, including strengthening infection control teams, should reduce this risk for winter 2002/03.

DELAYED DISCHARGE – PROGRESS ON IMPLEMENTATION OF LOCAL JOINT ACTION PLANS

PARTNERSHIP AREA: GREATER GLASGOW

1. From the Action Plan, please list the initiatives that are now in place.
<p>Action 1: Acute Capacity – Recognition that we need to contribute to sustaining capacity for emergency admissions while delayed discharges remain at current levels. Negotiations with both ‘acute’ trusts in Glasgow have resulted in agreed investment profiles including the following initiatives:</p> <p>North Glasgow: Increased ambulance services, bed management and discharge co-ordination, discharge lounges, additional portering, radiology sessions and extended pharmacy services.</p> <p>South Glasgow: Additional portering, bed management and discharge co-ordination, extending service delivery times including weekends, additional ambulance services, additional staffing and beds.</p> <p>Action 3: Additional care home beds – the implementation of a Glasgow City commissioning program aimed at delivering an increased number and range of institutional care options. A similar development of housing based alternatives to traditional institutional models of care.</p> <p>Action 5a: Increased packages of enhanced/comprehensive care – additional investment in enhanced/comprehensive home care services to support increasing numbers of older people with complex care needs in community settings.</p> <p>Action 5b: Increased capacity for overnight care in the community – implementation of introduction of flexible and responsive overnight services that will see care staff visiting individuals in their own homes at agreed intervals throughout the night. Services will have the capacity to respond to both planned and emergency situations.</p> <p>Action 6a: Assessment – phase 1 of an independent consultant review of assessment processes completed. Further detailed analysis and service implications being developed and implemented.</p> <p>Action 8: Rapid Response house Cleaning – Improved access and service delivery aimed at facilitated timeous discharge.</p>
2. Please enter details of how much these initiatives have cost.
<p>Action 1: Acute capacity - £1m Action 3: Additional care home beds - £1.4m Action 5a: Increased packages of enhanced/comprehensive care - £164k Action 5b: Increased capacity for overnight care in the community - £164k Action 6: Assessment - £20k Action 8: Rapid response house cleaning services - £0 (existing resource)</p>
3. What is the estimated impact these initiatives will have on number of delayed discharges?
<p>The Joint Action Plan submitted on behalf of the partnership projected that the initiatives noted above would reduce delayed discharges by 125. This remains our view. The services noted have, in most cases, only recently been initiated and will impact on the delayed discharge position over the rest of the current financial year. However, the greatest impact is expected during 2003/04. Analysis of ‘reasons’ resulting in delayed discharges suggests that in excess of 70% result from capacity in the care home sector. Our planning assumptions assume some growth in this sector before March 2003 particularly in Glasgow City.</p>
4. Please confirm forward plans for the rest of the year.
<p>Action 2a: Older People Rehabilitation – A review of existing service provision with a view to providing earlier access to rehabilitation thereby reducing the risk and level of institutionalization.</p>

Action 2b: Older people with dementia/mental illness - implementation of a community based consultant/nursing intermediate service which will link with community mental health teams reaching into hospital and outreach into the community

Action 3: Additional care home beds - development and implementation of institutional care commissioning programs with partner local authorities

Action 4: Care Packages for 1 year plus delayed discharges – further development and commissioning of a range of options to meet the needs of this group of patients.

Action 5b: Increased capacity for overnight care in the community – expect provision for 200 service users by year end, rising to 500 during 2003/2004 for Glasgow City.

Action 6: Assessment – detailed implementation plan currently being developed to respond to consultant review findings and improve assessment processes in GGNHSB area.

Action 7: Information for Carers – research commissioned to review and consider existing services, practices and supports, the impact of recent legislation, research examples of ‘good practice’ and make recommendations including staff training requirements and appropriate literature for carers.

Action 9: Joint training – application of this resource on outcome of assessment review (see Action 6)

5. Have there been any significant changes from the original Plan?

No

6. If delayed discharge money has been used to create additional NHS capacity, please state how much capacity has been created and what the impact of this has been.

The action plan and financial profile assume a non-recurring investment (£1m) during 2002/03 with acute trusts in recognition that the initiatives being developed to address the delayed discharge problem may take some time to impact. This investment profile is outlined above at section 1 – Action 1: Acute Capacity.

7. Please provide an indication of what the October statistics will show.

Recent analysis of current activity and future projections, particularly increases in care home capacity, suggest that the total number of delayed discharges for October will remain constant with the position recorded over the rest of the current year – approximately 290. However, by March of 2003 we would project a significant reduction with the total figure being maintained below 200.