



Greater Glasgow NHS Board

**NHS Board
15 November 2005**

Paper No. 05/69

Chief Executive

Primary Care & Unscheduled Care Out of Hours Services Winter Plan – 2005/2006

Recommendation:

The NHS Board is asked to endorse the Primary Care & Unscheduled Care Out of Hours Services Winter Plan – 2005/2006.

Background

The Scottish Executive Health Department had requested that NHS Boards submit an amended Primary Care & Unscheduled care Out of Hours Services Winter Plan – 2005/06 which took account of comments received from the SEHD, NHS 24 and other Boards.

SEHD had requested that the Winter Plan be submitted to them by early November 2005 and attached for the NHS Board's endorsement is a copy of the Plan. It outlines the key tasks and actions for the winter period 2005/06 with specific detail relating to the festive period.

Development and implementation of the Plan was led by Dr Iain Wallace, Medical Director, Primary Care Division, on behalf of NHS Greater Glasgow and a Working Group involving NHS 24 has been established and will liaise with the Acute Divisions and Yorkhill.

Iain Wallace
Medical Director
Primary Care Division
0141-201-3839



GGNHSB

**PRIMARY CARE & UNSCHEDULED CARE OUT OF HOURS
SERVICES – WINTER PLAN**

2005/2006

Version 2: Submitted to SEHD 31 October 2005 (Amended from 14 October version)

This plan outlines the key tasks and actions for the winter period 2005/6, however includes more detailed content relating to the festive period. Development and implementation of this plan is led by Dr Iain Wallace, Medical Director Primary Care Division, on behalf of GGNHSB. A working group involving NHS24 is in place and liaison with the Acute Divisions and Yorkhill established. This specific work is underpinned by an established winter r planning and emergency planning process within NHS GG. Copies of the Emergency Plan and the Pandemic Plan have been provided to SEHD.

GGNHSB OUT OF HOURS SERVICES – WINTER PLANNING 2005/6			
TASK	Timescales	Lead	Progress
1. GEMS NHS FESTIVE PERIOD			
1.a Review Review statistics from 2004/5 and trends from previous years	August 2005	NG /IW	Complete
1.b Analysis of learning points Early mornings less busy Only one GP in PCECs mid to late evening except VI No flu epidemic GP sessions filled late due to initial 'under pricing' Extra NHS 24 sessions added late – higher rates caused problems GEMS NHS GPs triaged significant number of untriaged calls for NHS 24 Impact of call back	August 2005	NG/IW	Complete
1.c Key points for 2005/6 NHS 24 have confirmed that call back will be a major feature NHS Boards are accountable for planning with NHS 24 and other services how to address capacity requirements/gaps 4 days Sat Sun Mon Tues Christmas Day and New Years day are day 2 of 4 (– last year were day 1) Impact of NHS 24 call back – patients presenting in PCECs later. Staffing rotas need to be phased and targeted to address this. Agree timetabling/rotas with NHS 24 before issuing	September 16 Sept.	NG/IW/ NHS 24	Complete

<p>1.d Anticipated GEMS NHS Triage Requirements from NHS 24</p> <p>Determine rota for Triage based on historical activity and NHS 24 projections for 2005/6 – discussed and agreed with NHS 24. Detailed discussions took place to ensure that the GEMS rotas were planned to address the phasing required by NHS 24. This was completed prior to the rotas being issued.</p> <p>The resource agreed with NHS24 to manage untriaged calls is in addition to the information detailed in the core demand section below. There is an agreement for GEMS NHS to take 10 calls per hour. These calls will be handled by GPs and suitably skilled nurses dependent on ability to fill rosters. Additional flexibility has been incorporated in the event that NHS24 demand for triage is less than predicted – if so GPs will be redeployed to front line services in the PCECs. If all rosters are filled NHS GG will meet the requirements estimated by NHS24 in their initial modeling and exceed triage capacity expected in NHS 24 revised modeling – Simul8 data 25/10/05.</p>	<p>Sept 23</p>	<p>NG/ JH on behalf of NHS 24</p>	<p>Planning and issue of Rotas Complete</p> <p>GEMS NHS: Management processes in place to analyse and take required action once rotas are returned Early analysis expected week beginning 31/10/05.</p> <p>Full analysis available 21 November</p>
<p>1.e Core Demand</p> <p>Develop plan for each day of both holiday weekends 24,25,26,27 December 31Dec ,1,2,3 January This includes profile of demand ; home visit , PCEC , speak to Doctor etc</p> <p>Christmas 24 – normal Saturday staffing level 25 – Increase staffing to include peripatetic GP in call centre throughout the day, plus 2 back up GPs throughout the whole day plus one back up overnight GP. 26 – Increased staffing equivalent to 2004/5 with</p>	<p>September 9</p>	<p>NG/IW/ GEMS NHS Management Team & NHS 24</p>	<p>Planning and Issue of Rotas Complete</p>

<p>increase targeted to later in day. Additional GPs will be peripatetic, deal with un triaged calls from NHS 24 and cover sites as required. 27 – same as 26</p>			
<p>New Year 31– normal Saturday staffing level 1 – this will be staffed at a higher level than Christmas day as it is traditionally busier and as it is day 2 of holiday will be staffed higher than last year. Peripatetic GP will be engaged on similar basis to Christmas day 2– Increased staffing equivalent to 2004/5 with increase targeted to later in day. Additional GPs will be peripatetic, deal with un triaged calls from NHS 24 and cover sites as required. 3– same as 2nd</p> <p>Where NHS24 original Simul8 predictions and our data differ NHSGG has built in capacity to meet the higher of the two demand estimates. GEMSNHS has built in capacity to deal with walk ins to the PCECs. If all rotas filled there will an increased capacity of 8% compared to the festive period last year. This plan also incorporates the potential to increase capacity by a further 6% to deal with sudden unpredicted increase in demand.</p>	Sept 9	NG /IW & GEMS NHS Management Team & NHS 24	<p>Planning and issue of Rotas complete</p> <p>GEMS NHS: Management processes in place to analyse and take required action once rotas are returned. Early analysis expected week beginning 31/10/05.</p> <p>Full analysis available 21 November</p>
<p>2.Workforce Define skill set requirements all staff ; GPs , Nurses, Paramedics, Pharmacists, Traffic Controllers, A&C</p>	October 2005	NG & PCD planning Group	In progress
<p>3. Resource Availability</p> <ul style="list-style-type: none"> • Number of inbound phone lines • Number of PCECs • Number of OOH GPs potentially 	60 6 Maximum of 51 per day over		Information provided to NHS 24

<ul style="list-style-type: none"> available • Number of cars available • Number of pharmacists available • Number of traffic controllers available • Number of admin staff available • Number of rooms available in PCECs • Staff Availability • Shift planning • Shift negotiations • Reporting on staffing levels ; demand v actual 	<p>the 8 days Minimum of 5 overnight 14 maximum None within GEMS NHS Maximum 4 within hub Maximum 6 within hub 19 All GEMS NHS employed staff will be working 6 of the 8 days. Early planning of rotas in GEMS and across PCD OOH services to minimise any difficulties and maximize cover and flexibility</p> <p>Well established processes within GEMS NHS – identified manager leading on this</p> <p>GP payments in line with Regional agreements via CEO</p> <p>As rotas are returned – complete November</p>	<p>Rotas circulated 23 September</p> <p>Complete</p> <p>Ongoing</p>	
<p>4. Monitoring Progress against Plan</p>	<p>Nov</p>	<p>NG /IW</p>	<p>GEMS NHS : Management processes in place to analyse and take required action once rotas are returned – full picture will not be available til Nov – interim review in October . Liaise with NHS 24 next meeting planned for 25 October . PCD working group established – led by IW</p>

5. Change Control Monitoring	Oct	NG / TF	Management processes and nominated manager established within GEMS NHS and PCD OOH Nursing Services
<p>6. IM&T</p> <ul style="list-style-type: none"> • Request health-check and readiness reports from major IT/telephony suppliers • Planning for any remedial work required. (hardware/software/network) • Consider Winter Freeze (end-Nov technology change shut-down) • Joint readiness review with OOH Partners (NHS 24, SAS, etc) • Supplier on-site cover over the festive period (if applicable) • Review and update contingency plans 	Oct	NG/JB /NHS 24	<p>GEMS NHS are installing new IT system end September , QA during October / November – in discussion with suppliers re health check for demands of festive period</p> <p>Additional 6 pc capacity required to deal with NHS 24 activity for the 2 week period - In discussion PCD and NHS 24</p> <p>Local systems will cease any unnecessary service / technology changes to allow focus on demands & priorities over winter / festive period</p> <p>Operational team to plan to meet key officers to agree approach to this - initial meeting October</p> <p>On Call contract in place</p> <p>GEMS NHS have back up manual system this will be reviewed and tested in advance of December</p>

<p>7. Increasing Capacity</p> <ol style="list-style-type: none"> 1. Potential to open GP practices 26/27 Dec 2/3 Jan 2. Additional GP capacity to take calls from NHS 24 and to assist in demand management at PCECs 3. Additional Nurse Triage 4. Role of new Minor Illness nurses 5. Additional support staff 	Oct onwards	IW / TF	<ol style="list-style-type: none"> 1. Option is strongly supported by GGNHSB assessment of feasibility underway - requires funding agreement 2. Model agreed , rotas issued response awaited 3. 4. & 5 work in progress
<p>8. Reducing Demand</p> <ul style="list-style-type: none"> • Advance planning with LHCCs / CHPs and all independent contractor groups • Writing to all GP practices to reiterate contractual responsibilities in working weeks preceding holiday period • Partnership working with Directors of SW targeting housebound / vulnerable patients – re repeat prescriptions for housebound • PGD – 28 day supply of medicine • Media campaign 	Oct onwards	IW / TF	Work in progress
<p>9. Other activities that could be available to deal with face to face demand.</p> <ul style="list-style-type: none"> • GEMs NHS will target resources to manage demand and priorities at PCECs – this will be done real time if changes to planned activity occur • Patients will be offered to travel or be transported to other PCEC sites if they do not wish to wait 	Dec / Jan	NG / JB	Work in Progress
	Dec / Jan	NG / JB	

<ul style="list-style-type: none"> • Joint approaches with A&E and Yorkhill – models under discussion with A&E at present • Use of local radio / media if demands reach dangerous levels 	October	IW	
	Dec / Jan	EC	
10. Pay Rates Agree rates of pay in line with Regional / National OOH Operational Groups	Sept	NG / IW	Complete
11. Identify requirements for Nurse Triage <ul style="list-style-type: none"> • Availability of staff • Pay rates – regional/national basis • Plan and issue Nurse Triage rotas 	Sept	JMcD / NG / JB	Work in progress GEMSNHS actively recruiting triage nurses for the festive period in the first instance and on a longer term basis for the winter period if availability permits.
12. Determine plan for best use of GEMS NHS Minor Illness Nurses <ul style="list-style-type: none"> • Identify staff availability • Plan to provide triage support 	October	JMcD / NG/SW	Work in progress
13. Issue GP Rotas	Sept 23	NG/ JB	Complete
14. Flu vaccination Staff Issue letter to staff encouraging uptake of flu vacc GEMS NHS Staff PCD Staff Contractor Staff Social Work Staff Patients Target all GGNHSB residents over 65yrs aim for 70% Target all GGNHSB < 65 years and at risk including 2 new categories as per SHED letter 160805	October	NG / IW / OH Consultant Directors of SW	Work in Progress
	October onwards	Medical Director / GP Practices	

15. Syndromic Surveillance	October	IW / Dr Ahmed	Established GGNHSB process in place via Dr Ahmed and Medical Directors
16. Flu Pandemic / Epidemic Planning <ul style="list-style-type: none"> • PCD services have planned on the experiences of previous years and allow contingency for additional capacity • GEMS NHS have planned rotas to capacity until returned gaps cannot be analysed . GEMS will utilise back up system and deploy staff to greatest need • GGNHSB system wide procedures and reporting utilized • Use of media real time to update public 	October	GGNHSB	GGNHSB has established process for winter planning and emergency planning led by A Doran – OOH plans will link to this Attached : 1. emergency plan 2. pandemic flu plan
17. GP Practices Issue Joint Letter from GP Sub Committee and GEMSNHS reminding GPs of their obligation to remain available for patients up to 6pm on 23 December and 30 December and for the 3 day period 28,29 30 December.	October	NG/ IW/LMC	Work in progress
17.a Write to all GP Practices/ Practice Managers to ensure that patients are reminded to reorder repeat prescriptions and have them filled in advance of the festive period	October	IW	Complete
17.b Nursing Home Medical Practice for both core and assisting practices Identify GP availability for 27 Dec and 3 rd January Agree pay rate Confirm rotas	Sept	DMcL / IW	In progress
17.c Determine feasibility for GP Practices to provide emergency cover on 27 Dec and 3 rd Jan to support demand management via NHS24 NHS 24 to define requirements If progressed will require :	Sept 9	IW / TF /JH	Assessment of feasibility underway.

Finance Liaise with LMC Agree payment Write to all GP practices Based on response assess impact on GEMs NHS plan Develop plan and confirm with practices			
18. OOH Community Nursing <ul style="list-style-type: none"> Determine bases that OOH Nurses will work out of per LHCC / CHP on the 8 days Determine required staffing levels on each OOH shift day , evening ,night based on last years activity and forecast for 2005/6 Ensure supply of emergency equipment form Joint store GGILES in all OOH Nursing bases Ensure supply of syringe drivers – maintained and checked in all OOH Nursing bases Ensure emergency supply of essential pharmacy, wound dressings, continence garments etc in all OOH Nursing bases 	21 Sept October October October	EH Lead Nurses L Dunipace Lead Nurses Lead Nurses / L Watret /S Whitley	Complete There is a reduced service over these days, however staffing rotas allow capacity planning to be built in. Prepared to cover planned and unplanned interventions. Staffing increased for Mon Tues both weeks Complete Ongoing Process Ongoing Process
19. Pharmacy <ul style="list-style-type: none"> Repeat Prescriptions – established holiday period with network experienced in handling 		D Thomson	Work in progress

<p>increased demand for repeat supply in preparation for restricted access to GPs . GGNSHB winter planning booklets 56,000 delivered to all GP,s HCs, Pharmacies, Dentists, Optoms, SW , Carers Networks , Community Services including MH, LD and Acute sites</p> <ul style="list-style-type: none"> • Dosette boxes – directly linked to repeat scripts • Emergency Supply Emergency supply of POMs still in place re issue guidance on procedures on sale or supply – Pharmacists can issue for up to 5 days amended in line with changes from National PGD arrangements • Pharmacy Direct Referrals to PCEC – initial contact by phone although sites will be connected to NHS Intranet by end Nov. use of paper based copy – version available from NPAs already in use tried and tested. • National PGD – reference group established work underway and subject to peer review - draft due • Agreed process for PGD in place • SPGC and SEHD negotiating re fee level • Majority of 222 pharmacies are required to be open on 24 and 31 December due to the contractual obligations 	<p>Print end Nov Issue w/b 12 Dec</p> <p>Nov</p> <p>October</p> <p>12 Nov</p> <p>Dec</p> <p>Nov</p> <p>Ongoing</p>	<p>(Info booklet) (D Carse)</p>	
--	--	--------------------------------------	--

<ul style="list-style-type: none"> • Any requests to close on these days would be considered by PPC and would not be supported • Health Centre Pharmacies (12) do not open on Saturdays so could be closed for all 4 days each week – ensure early warning for patients in these areas • Requests for volunteers to open on 25 , 26 Dec and 1,2 Jan • Collated response re volunteers 	<p>Ongoing</p> <p>Nov/ Dec</p> <p>Sept – mid October</p>		
<p>20. Dental</p> <ul style="list-style-type: none"> • Dental Director planning rota of sessions for GEDS from 24 Dec – 4 Jan • Once agreed rota to be shared with NHS 24 • No walk in patients will be accepted • GDPs operate own hours so unable to prevent early closure on 23 Dec or week in between Christmas and New Year • GDPs will be included in GGNHSB communication plan • Information on dental services over festive period included in GGNHSB booklet 	<p>23 Sept</p> <p>Sept / Oct</p> <p>Oct – Dec</p>	<p>R Broadfoot</p>	<p>Work in progress</p>
<p>21. Social Work</p> <p>Liaise with Directors of Social Work re festive</p>	<p>Nov</p>	<p>T Findlay</p>	<p>Work in Progress</p>

<p>planning and identify areas for joint planning -6 Local Authorities GCC, East Dun , West Dun , East Ren, North Lan , South Lan Re :</p> <ul style="list-style-type: none"> • Repeat prescriptions • Festive Season Service Info/Contacts • Identify Local Authority Contacts 			
<p>22. Acute Divisions – A& E</p> <p>22.a North</p> <ul style="list-style-type: none"> • Available additional beds identified and to be opened for pre-defined period • IDT service provision defined for winter 05/06 inc ref. to bed management/ boarding protocols (with clear escalation policy) - AWI /delayed discharges forecast / impact on beds during winter. • Clarity on available ward rounds from all specialties to ensure all patients are identified for weekend discharge. • Annual leave kept to minimum for nursing staff and managers. • Notification of services provided by every service over PH period advised by comprehensive booklet and widely distributed. • Potential for enhanced service from Home Care Overview Group to be clarified • Clarity around bed management handover i.e. clinical co-coordinators/ bed managers/ clinical teams to inc. summary of available staff in each ward area + available o/p and elective staff 	<p>Sept – Onwards</p>	<p>Nelson McFarlane</p>	<p>Work in Progress</p>

<ul style="list-style-type: none"> • SAS to advise on potential for expansion of transfer vehicles + reconfiguration of hours worked to match discharge/transfer peaks • Use of discharge lounges to be maximized and potential relocations to assist in this • Porter issues re availability & availability to bed managers to be addressed. • Responsibility for general medical care for boarders to be clarified to all wards • Daily communication essential either by e-mail or meetings – but meetings only held when necessary • Pilot and adoption of POCT to avoid admissions. 			
<p>22.b South</p>	Oct Onwards	A Harkness	Work in Progress
<ul style="list-style-type: none"> • Publicise arrangements for primary care services in all public areas such as A & E and clinics • Particularly target info on repeat prescriptions to areas where chronic disease clinics take place eg diabetes, rheumatology • Publicise flu vaccine as above • Encourage staff to take up flu vaccine • Provide supported discharge service on Public Holidays to enhance community services • Agree additional staffing for A & E if required following discussion with NHS 24 and PCD 			
<p>22.c Yorkhill</p> <ul style="list-style-type: none"> • In anticipation of the likely increase in volume 	Oct onwards	J Mullen	Work in Progress

<p>of advice calls there will be an increase in ENP cover over the Mon and Tuesday of both weeks to take call within A&E</p> <ul style="list-style-type: none"> • Establish agreement with GEMs colleagues that in event of NHS 24 being overwhelmed that ENPs could refer patients directly to PCECs • In collaboration with NHS 24 predict any shortfall in their capacity. Supplement A&E Medical Staff with locums to cope with additional workload again likely to be Monday and Tuesday of both weeks • Review flexibility of the interface between A&E and medical assessment unit/wards to ensure expeditious through put of patients 			
<p>23. Scottish Ambulance Service</p> <ul style="list-style-type: none"> • SAS West Central Region will work in partnership with HBs to address impact of additional workload throughout winter period • Previous years impact has included increased requests for both discharge transport and inter hospital transfers transport • SAS will formally request advance notice of requirements for SAS transport needs – especially for any out of area requests • General increase in demand over this period will be monitored and analysed on ongoing basis to match workload to demand to ensure response performance targets and patient care are provided timeously 	<p>Oct onwards</p>	<p>D, Carse SAS / NHS 24 / Acutes</p>	<p>Work in progress</p>

<ul style="list-style-type: none"> • During festive period resources will be increased to address peak demands and providing dedicated cover as requested to special New Year events • Emergency Medical Despatch Centre will be liaising with NHS 24 in respect of procedures compatibility relating to any potential increase in calls from the public during winter period and festive period in particular 						
<p>24. Finance</p> <p>Develop and agree Financial Framework PCD additional costs</p> <p>Core demand over 8 day period £34.5 k</p> <p>Triage capacity to address calls passed to GEMS from NHS 24 based on agreed projected activity (proposal submitted to NHS 24) £42.5 k</p> <p>Proposal to open GP practices TBC</p> <p>Acute – North £3.6k Acute – South £1.8k Yorkhill £4.2k</p> <table border="1" data-bbox="222 1284 873 1317"> <tr> <td>GGNHSB</td> <td>Current Known Total</td> <td>£86.6</td> </tr> </table>	GGNHSB	Current Known Total	£86.6	<p>7 October</p>	<p>IW/ TF / JMcG</p>	<p>Funding Source</p> <p>PCD</p> <p>NHS 24</p> <p>Continue exploring feasibility with SEHD and NHS 24</p> <p>NHS 24 NHS 24 NHS 24</p>
GGNHSB	Current Known Total	£86.6				

<p>25. Ongoing Winter Weekend and Public Holiday Support</p> <ul style="list-style-type: none"> NHS 24 has indicated a potential need for additional triage support from GEMS NHS. Dependent on demand assess feasibility of re establishing triage within GEMS NHS 	<p>October Onwards</p>	<p>G Crooks / NG/ IW / TF</p>	<p>Verbal request from G Crooks to GEMS NHS to provide triage support on Saturday mornings with effect 29 October. Request includes :</p> <ul style="list-style-type: none"> 6 GPs per Saturday session – 0830 – 1400 hrs Sessional Rate including enhancement £450 Cost per Saturday £2700 IT Licence – one off cost £4000 <p>NB. There are concerns re the impact of meeting this request on workforce availability over the critical festive period.</p> <ul style="list-style-type: none"> Discuss long term strategy with NHS 24 and GGNHSB

<p>26.Communication Communication plan with NHS 24 re status of service and likely impact on GEMs Communication plan at practice level Communication plan for Pharmacists and Dentists Communication plan LA Social Work services Communication with SAS Communication within Carers and LHCC Networks GGNHSB Winter Planning Booklet Develop contingency plan for telephony failure to ensure service delivery Consider requirement for media campaign to wider public Develop communication for all GGNHSB and LA staff</p>	<p>October</p>	<p>E Campbell and PCD working group</p>	<p>Work in Progress</p>
<p>27. Reporting & Monitoring Process 27.a Agree a) internal monitoring & accountability process b) reporting requirements Sept – Jan</p>	<p>October</p>	<p>IW / TF /T Divers</p>	<p>Work in progress</p> <p>NHS GG has established Winter Reporting Process in place. Weekly reports include :</p> <ul style="list-style-type: none"> • Winter Issues – reports per site • Infection Control • Wards Open – status <p>Escalation plans; there are established procedures in place both within GEMSNHS and NHS GG. This involves identified communication pathways and partnership working with NHS24, SAS and other agencies.</p> <p>Within GEMS initial threshold is 1 hour waiting time within PCECS. At this stage the On Call Manager is contacted and will attend the hub. NHS 24 and A&E are advised and kept updated. The</p>

			<p>2 back up GPs and, if required for home visits, the 2 back up Drivers are called in. There are back up staff available each day 1000 – 2200hrs. If required back up transport can be accessed. Every effort made to contain and manage demand within clinically safe parameters and to prevent escalation. If the waiting time reaches 2 hours in PCECs GEMSNHS then links to the system wide NHSGG Emergency Planning Processes. (Emergency Plan attached)</p> <p>GEMS NHS has contingency plans in place for IT or telephony failure.</p>
<p>27.b</p> <p>a) Obtain sign off of plan by NHS 24</p> <p>b) Submit completed action plan for GGNHSB to SEHD – Ian Williamson</p> <p>c) Version 2 revised plan</p>	<p>Sept 30</p> <p>14 October 31 October</p>	<p>IW /TF/ NHS 24 / T Divers</p>	<p>a) NHS 24 emailed sign off of plan 6 October with 4 recommendations which are all reflected in this final plan</p> <p>b) Plan submitted to SEHD 14 October 28, 2005</p> <p>c) Revised plan approved by CE GGNHSB and submitted to SEHD 31 October. G LeRoy sent copy as requested 28/10/05 - advised no further approval by NHS24 required</p>

S J Morrison 28October 2005

