

Director of Acute Services Strategy, Implementation and Planning

**WINTER PLAN
2007/08**

Recommendations:

The NHS Board is asked to:

- receive an update on Winter Planning 2007/08, including a progress report on how the plan worked over the extended festive period and into the New Year.

1. BACKGROUND

- 1.1 The 2007/08 Winter Plan for NHS Greater Glasgow and Clyde was developed, for the first time, on a single system basis, involving partners from across the organisation who are involved in the delivery of services.
- 1.2 Across the system, there has been a significant level of integrated planning and working and we are now in a position to update on the performance of the plan to date.

2. WINTER PLAN GROUP

- 2.1 The Winter Plan Group has met monthly since summer 2007 with the Executive Group convening as necessary between larger meetings. The monthly meetings continued until January 2008 and a review meeting to learn lessons from 2007/08 is scheduled for April 2008. The Executive Group continues to meet as often as required.

3. PROGRESS OF THE PLAN

- 3.1 Overall, it was felt that the Plan worked effectively. Each of the main partners reported as follows:
- 3.2 **PRIMARY CARE** - Business Continuity Plans for CH(C)Ps were in place to ensure staff were available if needed. Seventeen GP spotter practices had been established to monitor demand under defined criteria. GPs reported an increase in activity with two practices reporting that they were working at 150% of normal workload. However, they coped well and think that the single system approach worked effectively. Primary Care delivered 75,000 copies of the Winter Booklet.

- 3.3 **NHS24** – Call volumes were down considerably on last year. The weekend following Christmas was their busiest time but analysis of the calls did not show any emergent themes. A higher than usual number of dental calls were received and this is being investigated by NHS24.
- 3.4 **GEMS/CLYDE PRIMARY CARE EMERGENCY SERVICE**– Although busy, it was felt that the system worked well in out-of-hours. Waiting times were within acceptable levels and the volume of requested home visits was down on last year. It is acknowledged that GP surgeries being open on the Mondays immediately prior to the Christmas and New Year public holidays greatly helped the situation.
- 3.5 **SCOTTISH AMBULANCE SERVICE (SAS)** – Concerns were expressed from GP partners about difficulties in accessing control centres to book A&E ambulances. The SAS has agreed to investigate this and report back in due course. The Director of Emergency Care and Medical Services has requested a meeting with the Patient Transport Service to discuss issues around the transfer of patients.
- 3.6 **ACUTE** – The 98% Unscheduled Care Collaborative Programme performance target was met across Glasgow over the festive period. Although there was pressure in the system, it was not at the level initially predicted. Ward closures due to Norovirus impacted on the acute division from early December and continue to be challenging for the division. The traditional “spike” in admissions immediately after Christmas did not happen this year but the period over the New Year holidays was very busy. It was felt that there was excellent communication between partners over the public holiday periods which helped greatly in delivering services.
- 3.7 **DENTAL SERVICES** – The increased amount of dental calls experienced by NHS24 has been acknowledged and discussions will take place between both partners in this regard. Out-of-hours dental services report a 20% reduction in attenders this year.
- 3.8 **COMMUNITY PHARMACY** – The new initiatives on offer in community pharmacies, such as The Minor Ailment Service and Urgent Provision of Repeat Medication proved useful with 18 pharmacies open on Christmas Day, 37 on Boxing Day, 19 on 1st January and 41 on 2nd January. Pharmacy worked closely with the Addictions Service, particularly around Methadone prescribing. This work was felt to be very beneficial and consideration will be given to repeating this in subsequent years. Discussions have already begun with Community Pharmacists for Easter cover as this will be a four day holiday period.
- 3.9 Although it is unanimously agreed that the Plan worked well, it is widely acknowledged that the fact that this year was not a four day holiday period greatly helped.

4. INFORMATION SHARING

- 4.1 For the first time this year, daily reporting has been provided by the Health Information and Technology Directorate. Although generally well received, with an acknowledgment that the information is beneficial, it has been agreed that more work needs to be done for future years. This will be considered in more detail at the review meeting in April.

- 4.2 In line with the Scottish Government's requirements, a weekly exception report has been sent to the Health Department providing information regarding ward closures, outbreaks, etc. In addition, the Communications Department contacts the Scottish Government Health Directorate (SGHD) as necessary to inform them of any "exceptional" circumstances.

5. COMMUNICATIONS

- 5.1 Media interest in how NHSGGC coped during winter continued apace throughout December and January.
- 5.2 Working closely with colleagues, the Communications Directorate provided regular updates to the media on Norovirus outbreaks and also ensured that the Scottish Government's Performance Management Unit and the Press Health Communications Desk were updated on any emerging issue.

Furthermore, in response to widespread national media coverage on this winter's rise in expected cases of the Norovirus, Communications set up a special web broadcast by Public Health Consultant, Dr Syed Ahmed. The broadcast issued key advice to residents on helping to tackle the virus both in community and healthcare settings.

- 5.3 Communications also continue to contribute to the national *Get Ready for Winter Campaign* which is this year being funded by NHS24. A review of the effectiveness of the various strands of this year's national campaign will take place on 19 February.
- 5.4 Communications are currently working with colleagues on the production of a 16-page brochure advising on the availability of NHS and social care services over the Easter break. The proposed distribution date for this is 10 March.

6. COMMUNITY ENGAGEMENT

- 6.1 The Community Engagement Team worked with NHS24 in December in the community, visiting shopping areas and distributing around 4,500 copies of the Winter Booklet. The main aim of this work was to encourage people to contact NHS24 or their local pharmacy in the first instance.

7. CONCLUSIONS

- 6.1 Overall, it was felt that NHS Greater Glasgow and Clyde performed well over the festive period. Working together across the system in the pre-winter period proved beneficial in ensuring good communication between partners.
- 6.2 The fact that it was not a four day holiday period and GP surgeries provided a normal service on the Mondays immediately prior to Christmas Day and New Year's Day greatly helped the situation.
- 6.3 The Winter Plan Group will meet in April to assess NHS Greater Glasgow and Clyde's performance in 2007/08 and begin planning for 2008/09. The fact that next year will be a four day holiday period will be considered. Messages to share in the National Winter Plan Group will also be agreed.

Recommendations:

The NHS Board is asked to:

- receive an update on Winter Planning 2007/08, including a progress report on how the plan worked over the extended festive period and into the New Year.

JANIS HUGHES
Planning Manager, Acute Services