

Greater Glasgow & Clyde NHS Board

NHS Board Meeting

21 October 2008

Board Paper No. 08/45

Report of the Director of Acute Services Strategy Implementation and Planning

WINTER PLAN 2008/09

RECOMMENDATIONS:

The NHS Board is asked to:

- Accept an update on the approach to Winter Planning 2008/09;
- Approve the Winter Plan for 2008/09 and agree it be signed off by the Chief Executive.

1. BACKGROUND

- 1.1 At a national level, the Emergency Access Delivery Team has taken over the role of co-ordinating winter planning for 2008/09. A regional event was hosted by Greater Glasgow and Clyde in July 2008 which was followed up by a national event on 23 September 2008. Tim Davison, Chief Executive, NHS Lanarkshire, leads this work nationally.
- 1.2 As in 2007/08, a number of key messages emerged from the regional and national events:
- Plans should be single system and should demonstrate inter-agency working across all partners. There was major emphasis placed on the key role of mental health services including addiction services and on the availability of in-hour and out-of-hours social services. In particular, there must be robust out-of-hours primary care provision with the full involvement of NHS24.
 - Winter demand and capacity issues should be fully factored into plans, using the experiences of previous years and predictive tools.
- 1.3 These messages have been captured in the attached winter plan.

2. WINTER PLANNING GROUP

- 2.1 A single system group had been established across all partner agencies involved in winter planning to address winter 2007/08. The decision was made to continue with the Winter Planning Group but for it to meet all year round during 2008/09 in light of pressures throughout the year. The Executive Group, also established during 2007/08, has continued to meet.

EMBARGOED UNTIL DATE OF MEETING

- 2.2 In August 2008, an update report was presented to Board setting out the lessons learned during 2007/08 including:
- The importance of effective communication and the key role of the Communications team;
 - The emphasis on services being open;
 - The value of real time information sharing;
 - Having in place clear escalation and contingency plans.
- 2.3 The Winter Planning group has overseen the formulation of the Winter Plan for 2008/09 taking into account the lessons learned from 2007/08. The escalation plan has also been revised.
- 2.4 The Winter Planning Group will continue to meet monthly into the New Year and the Executive Group will meet on a regular basis including, if necessary, over the festive period, to ensure that the system is prepared to react to any potential pressures.

3. KEY COMPONENTS OF WINTER PLANNING

- 3.1 As in winter 2007/08, the winter plan has been developed on a partnership basis with all partners working together to ensure a joined-up approach to the overall plan. The key components as set out in the attached winter plan are as follows:
- NHS24 and NHS GGC Out of Hours services will profile their staffing arrangements based on previous experience and predictive software indications;
 - The Scottish Ambulance Service will increase resources to meet predicted demand at peak times;
 - CH(C)Ps will liaise with Social Work Departments around availability of social care staff and will work with the Rehabilitation and Assessment Directorate to ensure links are in place to provide rapid response services for vulnerable older people;
 - The Acute Division will ensure timeous bed management and discharge planning;
 - Additional emergency diagnostics capacity will be established to expedite discharge;
 - Crisis Mental Health services will be available and likewise access to addiction services.
- 3.2 A major concern regarding winter 2008/09 relates to the two 4 day holiday periods during the festive period. Last year, there was a very strong view that the GP surgeries being open on Christmas Eve and New Years Eve in the middle of the holiday periods made a significant difference to pressure both on out-of-hours services and hospital services. Discussions are underway as to how to alleviate pressures this year, given that GP surgeries will be closed over the 4 day periods.
- 3.3 The information booklet (service directory) is in draft and a poster is being developed outlining service availability and advice to patients which will be made widely available. Work is underway with communications colleagues in co-terminous local authority areas to exploit publicity opportunities. This will include features in Council magazines. It has been agreed that NHS24 will fund this year's national advertising campaign. Communications colleagues are working with colleagues from NHS24 and other Boards to deliver this campaign which will include TV, radio and outdoor advertising.

EMBARGOED UNTIL DATE OF MEETING

- 3.4 The Community Engagement Team will support awareness of the Winter Plan through its outreach activity, meetings with Community Councilors and via dissemination of information through its community focused distribution methods e.g., E – Bulletins.
- 3.5 Based on feedback from winter 2007/08, there will be wide publicity to encourage uptake of the flu vaccination for staff as a preventative measure and already there is positive feedback about availability in 2008/09.
- 3.6 The escalation plan setting out the response of each of the key organisations during the winter period and particularly during the festive period, with clear triggers for each status, has been revised and is being finalised. This includes reference to senior decision making and will be backed up by an on-call rota which will be developed by each major partner organisation.
- 3.7 The Health Information and Technology (HI&T) Directorate is refining the information sharing system put in place in 2007/08 to ensure greater sensitivity of the system for winter 2008/09.
- 3.8 A self assessment was carried out under the criteria laid down by the Scottish Government Health Directorate (SGHD). The self assessment was submitted on 8 October 2008.

RECOMMENDATIONS:

The NHS Board is asked to:

- Accept an update on the approach to Winter Planning 2008/09;
- Approve the Winter Plan for 2008/09 and agree it be signed off by the Chief Executive.

Helen Byrne
Director of Acute Services Strategy Implementation and Planning
0141-201-2843

WINTER PLAN

2008/2009

DRAFT

CONTENTS

Introduction Page 3

CHAPTER 1

Background and context Page 4

Principles Page 4

CHAPTER 2

NHS24 Page 11

Scottish Ambulance Service Page 13

NHS Greater Glasgow & Clyde Out of Hours Services Page 14

Primary Care Services/CH(C)Ps Page 24

Pharmacy Page 28

Occupational Health Page 30

Acute Division Page 32

Oral Health Page 39

Mental Health Partnership Page 41

Addiction Services Page 44

Public Health Page 46

Communications Page 48

CHAPTER 3

Action Plan: Taking it Forward Page 53

INTRODUCTION

This Winter Plan represents the plans of each of the partner agencies across Greater Glasgow and Clyde to ensure preparedness for the 2008/09 winter period.

The National Access Delivery Team is responsible for the overall co-ordination of winter planning for 2008/09. This is being overseen by Tim Davison, Chief Executive, NHS Lanarkshire.

The Scottish Government Health Directorate (SGHD) has stated that all plans should be on a single system basis and should demonstrate inter-agency working across all partners. In NHS Greater Glasgow and Clyde (GGC), this includes Primary Care, NHS24, Community Health (and Care) Partnerships, GGC Out of Hours, Scottish Ambulance Service, the Acute Division, Mental Health Partnership, Addiction Services, Public Health, Occupational Health and Addiction Services.

Demand management in primary and acute care is paramount and cognisance is taken of winter planning in neighbouring NHS Boards when formulating plans.

This document is set out as follows:

Chapter 1 – Background, context and principles

Chapter 2 – Each partner's detailed plan

Chapter 3 – The next steps

CHAPTER 1 - BACKGROUND AND CONTEXT

This year sees the third year in which winter planning has been undertaken in NHSGGC on a single system basis.

December 2007 saw the convergence of a number of targets that had to be delivered in order to meet the Scottish Government Health Department's (SEHD) guidelines which added extra pressure over the winter period – for example, the Unscheduled Care Collaborative 98% 4 hour waiting time guarantee, 18 weeks for planned surgical care, 16 weeks end-to-end cardiology wait and 62 day cancer guarantee. These targets were achieved in December 2007. Modernising Medical Careers was also an added pressure to managing over the winter period.

The SGHD is quite clear, as is set out in the letter from Kevin Woods, Director-General Health and Chief Executive NHS Scotland, dated 10 September, that winter planning is not simply about creating capacity in acute hospitals. The approach to winter preparations, therefore, must be all-encompassing. From primary care providers in GP surgeries, out-of-hours centres and pharmacies, through hospitals and into social and palliative care sectors, planning for winter should not be done in “silos” and regional working should prevail where appropriate.

As with last year, achievement of and sustaining the HEAT targets is challenging over the winter period. Last year, the finite bed capacity in hospitals quickly became oversubscribed, due to a significant increase in attenders and emergency admissions but, more significantly, because of the number of wards closed due to infection control issues. At one point across NHS GGC there were a total of 21 wards closed. This affected patients, the ability of staff to provide the appropriate care as well as the ability of hospitals to deliver on their waiting time targets. Although the SGHD remains confident about the ability of Boards to plan and prepare effectively, they are clear that they need to be better informed around the local, regional and national preparations that are being put in place to manage any increases in pressure.

It is recognised that any failure to deal with patients quickly and effectively in the primary care/community setting will cause an enormous pressure on the acute sector from those self-presenting at hospital. The SGHD believes that the risk associated with sustaining primary care out-of-hours services remains higher than for other services, particularly over the peak winter and festive period and Boards are expected to demonstrate the progress they have made on primary care resilience when plans are presented.

PRINCIPLES - there are a number of principles which underpin the Plan:

1. Learning Lessons
2. Use of Historical Data/Better Use of Information Systems
3. Partnership Working
4. Optimum Use of Staff
5. Excellent Communications
6. Joining Up Planning Streams
7. Thinking Ahead

1. Learning Lessons

Plans are evaluated each year by all partners and lessons are learned which help to formulate subsequent plans. A paper setting out lessons learned from 2007/08 was submitted to the Board in August 2008. During 2008/09, there has continued to be 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 will again plan to identify additional measures for 2008/09 which would operate during the November '08 to March '09 period. Historically, particular pressures arise around the Christmas and New Year periods. Staff sickness and annual leave has also added pressure in previous years.

Improved workforce management is paramount and the need to curtail annual leave and study leave over peak periods is recognised in seeking to address this issue. In previous years, uptake of the flu vaccine amongst staff has been variable and it is important that this should be maximised as a preventative measure. Consideration will also be given to ensuring optimum use of the Nurse Bank to ensure appropriate cover can be provided where necessary.

Communications plays a major role in informing the public about access over peak periods. Analysis of previous years' campaigns is underway and will inform this year's advice.

2. Use of Historical Data/Better Use of Information Systems

It has been acknowledged that there is a requirement to further make better use of historical data which analysed demand and performance in previous years, as well as the proactive use of predictive tools such as System Watch and Simul8. The lessons learned in 2007/08 will be built upon in analysing and sharing data in the winter period 2008/09. It is also important that identification and quantification of the impact of significant year on year initiatives and system changes which could impact either on demand or service capacity is recognised.

3. Partnership Working

In preparing for winter 2008/09, one of the key themes which will ensure the success of NHSGGC's plan is partnership working. This will underpin all elements of the plan, both within the Board area and with neighbouring Boards on a regional basis. There are very many partners involved in the winter planning process, each with a valuable role.

In considering the partnership between CH(C)Ps and other partners, and the Acute Division, 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. There will be triage of patients to NHS GGC OOHs 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.

There are many examples of partnership working demonstrated in Chapter 2. Examples include:

- An escalation plan is in place between supported discharge teams in the acute division and community teams managed by CH(C)Ps. This highlights increased demand and allows cases to be transferred between services where this is appropriate.
- NHSGGC will work closely with NHS24 to ensure a clear, shared understanding of NHS24's capacity to respond to varying levels of demand over the winter period. This will also involve agreement around escalation plans for handling demand for access which exceeds NHS24's capacity.
- A new Mental Health Crisis Service has been developed. This will provide 24 hour 7 day week services which will assess patients for admission and discharge. These services will be in place over the festive period. The services covering the Glasgow City area include social care provision. Crisis Services are also in place in the Clyde area. The Crisis Teams will provide public holiday cover during the festive period and will receive referrals from Primary Care, Liaison Psychiatry and secondary acute services.
- The Scottish Ambulance Service will work with NHSGGC to identify local issues and pressure points, particularly with regard to bed-blocking, out of hours services and vulnerable people, and bring forward local level solutions.

4. Optimum Use of Staff

Review of previous years has shown that staff flexibility is crucial over the winter pressure period. Staff sickness levels were atypically high in 2007/08 and uptake of flu vaccine was low. Occupational Health and Communications is working with all departments to encourage uptake of vaccine. CH(C)Ps and the Acute Division have considered how they will address staffing issues and are working to achieve the 4% sickness absence target set by the SGHD.

a. CH(C)Ps

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

b. ACUTE DIVISION

Workforce planning and management will be core to the successful delivery of the Winter Plan. This will involve managing staff sickness, which historically is greater during the winter months, and the management of annual leave and study leave. Human Resources Departments in all areas of Glasgow and Clyde have devised Action Plans to support the delivery of the NHS Scotland 4% sickness absence target by 31 March 2009. All action plans aim to support management of absence through the winter months by the following measures :

- Provision of robust and relevant absence information to all local Managers. This will include the collation of reports on all individuals whose absence extends beyond 28 days or who have had more than four episodes of absence. This information will to act as a checklist for line managers in order that all staff are handled appropriately. This information will be reported to Human Resources departments. Managers and Human Resources staff will ensure that Occupational Health services are utilised appropriately and that communication links are strengthened.
- Ensure that all local managers are fully aware of their individual responsibilities. This will identify any gaps in the understanding of line managers. Human Resources will design and deliver training sessions where required to address any competence and knowledge issues.
- Identification of work related causal effects for increased sickness in “hot spot” areas. Human Resources staff will identify each area where absence levels are high and assist managers to establish the reasons for this.
- Ensure robust operational management of sickness absence is taking place across all levels of management. This will include ensuring that sickness absence management is part of the performance management processes.
- Communication and education of managers through learning opportunities on attendance management.
- Ensure that all staff are encouraged by line managers and Occupational Health to increase uptake of the flu vaccinations.

5. Excellent Communications

As in previous years, the Communications team are supporting 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.

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

Communications are also managing all winter media enquiries, ensuring these are reported to the Scottish Government via the normal weekly reporting process and more urgently if necessary. The team is participating in a national group led by NHS24 which is planning this year’s national publicity campaign. This group is a sub-group of the national Out-of-Hours Peak Planning Group.

Communications are also working with colleagues on a campaign to raise awareness amongst staff for the flu vaccination programme.

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

6. Joining Up Planning Streams

It is important that planning streams across the Board complement each other. A Flu pandemic would have a significant impact on the ability to cope in winter. The Public Health Directorate has identified comprehensive plans for responding should a pandemic of influenza occur. There are specific responses for different phases and alert levels and sub-plans which cover both Acute and Community Partnerships and these are detailed in the Public Health section of the document.

7. Thinking Ahead

CONTINGENCIES

In recognizing the need to prepare for all possible scenarios, a system-wide contingency plan including criteria which will necessitate its activation has been developed. This will involve use of all information available, including utilising spotter practices, Simul8, System Watch, information from NHS24 and all hospital systems.

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 NHSGGC OOHs triage for NHS24 and reducing elective activity to allow for increased emergency work.

RESPONSIBILITIES

There will be across the area a system at executive level covering the extended festive period from before Christmas until after New Year. This will enable expeditious decisions to be taken at senior level in all areas of the organisation, should this be necessary, and will allow the early activation of contingency plans where necessary.

RESOURCE CONSEQUENCES

Consideration has to be given to each part of the plan to identify the implications for additional resources and will be updated as necessary.

CHAPTER 2

The sections are set out by partner agencies as follows:

- ❑ **NHS24**
- ❑ **Scottish Ambulance Service**
- ❑ **NHS Greater Glasgow & Clyde Out of Hours Services**
- ❑ **Primary Care Services/CH(C)Ps**
- ❑ **Pharmacy**
- ❑ **Occupational Health**
- ❑ **Acute Division**
- ❑ **Oral Health**
- ❑ **Mental Health Partnership**
- ❑ **Addiction Services**
- ❑ **Public Health**

NHS24

TASK	TIMESCALES	LEAD	PROGRESS
<ul style="list-style-type: none"> Using our predictive tool in conjunction with historical data. 	August/Sept 2008	Janice Houston	Complete – predicted call volumes complete. Predicted partner outcomes sent to OOH clinical leads.
<ul style="list-style-type: none"> Agree estimated call volumes and match staffing profile. 	August/Sept 2008	Janice Houston	Staff rotas complete and out with staff for agreement and sign-off.
<ul style="list-style-type: none"> Match seating capacity to predicted call profile 	Oct 2008	Janice Houston	Complete
<ul style="list-style-type: none"> Agree on contingency plans should there be unforeseen spikes in activity 	Sept /Oct 2008	Janice Houston	Ongoing with partners
<ul style="list-style-type: none"> Agree pre prioritised call capacity for festive period with Greater Glasgow and Clyde OOHs service 	August/Sept	Janice Houston/Norrie Gaw/Lawrence Bidwell	Ongoing with partners
<ul style="list-style-type: none"> Work Closely with Greater Glasgow and Clyde OOHs service to ensure mutual agreement and understanding of capacity planning and updating any operational processes including IT system failure. 	Ongoing. Complete Oct 2008	Janice Houston/Norrie Gaw/Lawrence Bidwell	Ongoing with partners
<ul style="list-style-type: none"> Participate in gathering information on any changes to local services particularly with regard to pharmacy services. 	Ongoing	Janice Houston	Ongoing with Knowledge Team
<ul style="list-style-type: none"> Negotiate and agree process of staff rotas with partnership 	Ongoing complete end Sept 2008	Janice Houston	Complete
<ul style="list-style-type: none"> Internally working on IVR messaging and agreeing appropriate messages to support the Winter period 	Ongoing	Janice Houston	Ongoing
<ul style="list-style-type: none"> Agree escalation process with all health board areas. 	Ongoing	Janice Houston	Ongoing
<ul style="list-style-type: none"> Prepare and circulate internal Winter plan 	Ongoing complete	Janice Houston	Draft complete and with CEO &

<ul style="list-style-type: none"> Co ordinate OOHs communication group 	Sept 2008		Director of Service Delivery
	Sept 2008	Margaret Brannan	Ongoing

DRAFT

SCOTTISH AMBULANCE SERVICE

TASK	TIMESCALES	LEAD	PROGRESS
<ul style="list-style-type: none"> SAS West Central Region will work in partnership with NHSGGC to identify local issues and pressure points (e.g. bed blocking, out of hours, vulnerable people, long-distance transfers) and bring forward local level solutions. 	Oct onwards	Head of Non-Emergency Service	Work in progress
<ul style="list-style-type: none"> Previous year's impact has included increased requests for both discharge transport and inter hospital transfers transport. Discharges will be discussed on a daily basis with Acute Services 	Ongoing	A Russell/ASMs/ NHS Staff	PTS Resources will be shifted from general fleet to service any increased activity in these areas. However, this will result in reduced non urgent transport activity, such as for outpatients.
<ul style="list-style-type: none"> SAS will formally request advance notice of requirements for SAS transport needs – especially for any out of area requests 	As above	D Carr (SAS)	
<ul style="list-style-type: none"> 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 	Nov onwards	Mr G Weir (SAS) External Agencies NHS Boards	Work in progress
<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 	Oct onwards	D Carr (SAS), Divisional Workforce Planning	Special/public event coverage – work in progress
<ul style="list-style-type: none"> 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 	Nov onwards	Scottish Ambulance Service has contingency plans for Patient Transport Service and Accident and Emergency service	Festive period resources – review resources to meet demand and consider appropriate overtime funding of shifts
<ul style="list-style-type: none"> Identify threats to continuity of service through extreme weather, absence, capacity issues, major incidents, mutual aid to NHS Boards and other stakeholders/response partners 			

GG&C OOH

TASK	TIMESCALES	LEAD	PROGRESS
Review Review statistics from 2007/08 and trends from previous years in particular previous 4 day holiday periods	Jan/Feb 08	Norrie Gaw/Joan Barr/JM/LB/SL	Complete
Analysis of learning points <ul style="list-style-type: none"> • Suitable spread of manpower. • No flu epidemic but viral illness prevalent. • GEMS NHS triaged significant number of untriaged calls (30% of all Glasgow calls) and at peak times up to 50%. • Impact of call back continues to be problematic late evening/early morning. • Simul 8 now more refined and gives reasonable indication of overall predicted call volumes on a particular day but not useful in predicting patient flow hour by hour or actual dispositions. • Workload significantly less than planned for. The 2+2 with GPs open Monday substantially reduced workload. Clyde had GPs carrying out untriaged calls over festive period funded by NHS24. We propose this capacity provided from Cardonald hub for 2008/09 subject to NHS24 requirements. 	February 2008	Norrie Gaw/Joan Barr	Complete
Key points for 2007/08 <ul style="list-style-type: none"> • NHS 24 have confirmed that call back will be a major feature at times of peak volume • NHS Boards are accountable for planning with NHS 24 and other services how to address capacity and GG&C are committed to providing a GP workforce to provide additional triage capacity at weekends and holiday Mondays throughout the year and at peak times over the winter and festive period. 	March 08	Norrie Gaw/ Joan Barr / Janice Houston/LB/SL	Complete May 2008
Requirements/gaps <ul style="list-style-type: none"> • Festive period is over 4 days 2008/09. Christmas Day and 			

<p>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 modelling. In 2006/7 NHS GEMS able to respond at short notice to increased NHS24 requirement not required in 2007/08. This is built in again to NHS GEMS rota with back up GP s available and the ability to transfer untriaged calls to each of the six PCEC if volumes unpredictably high.</p> <ul style="list-style-type: none"> • In 2006-2007 short notice requests for increased triage capacity during festive period were accommodated by extending the hours of GP/Nurse triagers and calling in backup. This flexible approach will be actioned 2008/09 if required. • Space at PCECs is a major issue for NHS GEMS and co-operation needed from site sharers. An additional room was acquired in Victoria Infirmary December 2007. This has contributed significantly to improved patient flow. Resiting Cardonald PCEC to Southern General Hospital has achieved additional room capacity which will be utilised in festive period with deliberate diversion through untriaged calls of patients to SGH instead of Victoria (busiest site). • Space is a potential challenged at RAH and achievement of extra room capacity in fracture clinic and two consulting rooms in outpatients department is a priority. • Triage call volumes are 10 calls per hour per GP as agreed with NHS 24. This batching of calls allows robust management. All calls processed within one hour of receipt. • Funding of untriaged call handling is met by NHS24 with a robust process well established. <ul style="list-style-type: none"> • Discussion to take place on additional triage requirements over the whole period 22/12/07 - 14/01/08 as this required at short notice 06/07. • Need to develop robust contingency plan to deal with untriaged calls in the event of an IT failure of either NHS24 	<p>Ongoing</p> <p>Ongoing</p> <p>End Sept 2008</p> <p>End Sept 2008</p>	<p>NG/LB/SL/JB</p> <p>NG/JH/LB</p>	<p>Triage sessions populated. Triage rota complete.</p> <p>Triage agreed Sat and Sundays – capacity agreed. To continue until further notice- review Nov 2008</p> <p>Complete</p> <p>Ongoing</p> <p>Ongoing</p>
--	---	------------------------------------	---

or GG&C OOH system.			
<p>Core Demand</p> <ul style="list-style-type: none"> Develop plan for each day of both holiday periods 25th, 26th, 27th, 28th December and 1st, 2nd, 3rd, 4th January. Predicted workload based on previous NHSGEMS workload for uninterrupted 4 day holiday at festive period. Day one of holiday is Christmas Day. Traditionally 25th December is less busy than other days. Clinical staffing level is set same as Christmas Day 2007. Traditionally three of the six Glasgow sites close at 6pm on Christmas Day. In 2008 all sites will remain open till midnight and as usual Stobhill and Victoria PCEC after midnight. This reflects the close relationship with A&E at Western Infirmary and SGH. Closing these sites at 6pm would remove the capacity to share workload with A&E. Clinical staffing after 6pm in NHSGEMS will be same as 2007 but will be distributed across 6 PCECs rather than 3. Patients will therefore have better local access. The other 7 days of the holiday period will be staffed at identical maximal clinical levels in GG&C OOH. Experience showing that all days will be busy and no turned to suggest day 4 busier than day 2. Thus maximal staffing levels across the 7 days. Additional resource built into rota for whole period 24 December – 11 January. In particular, 29 December and 5 January. Due to change no Appointment System a floater will be added to the RAH doctor rota on 7 of the 8 days from 10am to 10pm and back up doctor specifically for “Clyde” area will be available 10am to 10pm throughout festive period. This extra resource will help to ensure unpredicted surge in activity can be accommodated without unacceptable waiting times for patients at PCEC. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Norrie Gaw/Joan Barr/Janice Houston/LB/SL</p>	<p>Complete. Rota issued June 08, returned 6 August – final allocations to be established by mid September 08. 30th Sept 2008 Glasgow rota fully populated (some Christmas day vacancies) Untriaged capacity fully populated. Clyde rota partially populated –ongoing.</p> <p>Work in progress</p> <p>Work in progress</p> <p>30th Sept -ongoing</p>

<p>Workforce Define skill set requirements all staff ; GPs , Nurses, Traffic Controllers, A&C</p>	<p>May 2008</p>	<p>Norrie Gaw/Joan Barr/JMcD</p>	<p>Nurse Practitioner deployment subject to ongoing discussion – ongoing August 2008. Doctor rota established. Nurse practitioners rota is integrated with doctor rota and further discussion will allow suitable deployment</p>
<p>Resource Availability</p> <ul style="list-style-type: none"> • Number of inbound phone lines 60 • Number of PCECs 6 • Number of OOH GPs potentially available Maximum 65 per day over the 8 days. Minimum of 12 overnight. • Number of cars available 19 but none within GEMS NHS • Number of traffic controllers available Maximum 4 within hub • Number of non clinical staff available - maximum 40 • Maximum number of rooms available in PCECs - 40 • All GG&C employed staff will be encouraged to work 6 of the 8 days. Annual leave embargo in all but exceptional circumstances from 22 December to 5 January inclusive. GP payments in line with Regional agreements. No change from 2005/0-6 which were shared nationally. No increase on 2007/08 rates of pay to GPs. 	<p>Non clinical staff rotas will be complete by October 08</p> <p>October 2008</p>	<p>JB/SL</p>	<p>ongoing</p> <p>Ongoing</p>
<p>Change Control Monitoring Greater Glasgow & Clyde Out of Hours Service</p>	<p>October 08</p>	<p>NG/LB/JB</p>	<p>Management processes and nominated manager established within GEMS NHS –senior manager on call at all times and on site at peak times.</p>
<p>IM&T</p> <ul style="list-style-type: none"> • Request health-check and readiness reports from major IT/telephon suppliers • Planning for any remedial work required. (hardware/software/network) 	<p>October 08</p>	<p>Norrie Gaw/Joan Barr /NHS 24</p>	<p>NHS GEMS has installed new IT system June 08. Working well. Clyde in car system has not performed well and will be changed early September.</p> <p>Local systems will cease any unnecessary service / technology changes to allow focus on demands & priorities over winter / festive period</p>

<ul style="list-style-type: none"> Consider Winter Freeze (end-November technology change shut-down – no upgrading IT work) Joint readiness review with OOH Partners (NHS 24, SAS, etc) Supplier on-site cover over the festive period (if applicable) <p>Review and update contingency plans</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>Increasing Capacity</p> <ul style="list-style-type: none"> GP practices must absorb all demand 7.30am-6pm 24th Dec and 31st Dec. Need to negotiate with GP Sub committee. Additional GP capacity to take calls from NHS 24 and to assist in demand management at PCECs Additional Nurse Triage Role of Minor Illness nurses over festive period to be determined. Additional support staff 	<p>Sept onwards</p>	<p>Norrie Gaw / David Walker/ Laurence Bidwell</p> <p>NG/JMD</p>	<p>Ongoing</p>
<p>Reducing Demand</p> <ul style="list-style-type: none"> Advance planning with CHCPs / 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 Social Work targeting housebound / vulnerable patients – re repeat prescriptions for housebound Media campaign Practices should be encouraged to absorb all demand on Monday 24th Dec and Mon 31st Dec 7-30am-6pm. Worked with acute to establish next day urgent OPD capacity. This was not utilised. Need to determine if should be tried again 08/09 	<p>May 2008 onwards</p>	<p>David Walker/Norrie Gaw/Nic Zappia/ Laurence Bidwell</p>	<p>Work in progress Planning group established.</p>

<ul style="list-style-type: none"> • Worked with acute to establish “hot line” to consultant to discuss alternative management plans with view to admission avoidance. Not utilised. Need to assess if should be pursued 08/09 • Liaise with other areas – Lothian/Lanarkshire on “planned care” initiatives and determine if feasible in Glasgow/Clyde • Referral from A/E well established in 4 sites and works well –working to increase range of cases transferred to PCEC • Explore possibility of formalising referral from A&E in RAH to OOH service prior to winter and festive period. 		<p>Norrie Gaw/ Joan Barr</p> <p>Laurence Bidwell/Norrie Gaw/Joan Barr/ Sandra Lewsey</p>	<p>Ongoing</p>
<p>Other activities that could be available to deal with face to face demand.</p> <ul style="list-style-type: none"> • GG&C OOH service 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 • Use of local radio/media if demands reach excessive levels • Well established system in place which allows community pharmacist to phone local PCEC for advice or to refer patient to PCEC –avoiding NHS24. Different system in Clyde. Need to agree single system for merged service 	<p>Dec 08 / Jan 09</p> <p>Dec / Jan Ongoing</p> <p>Nov 08</p>	<p>NG/JB/LB/SL</p> <p>NHSGG&C Comms</p>	<p>Work in Progress</p> <p>Work in progress</p>
<p>Determine plan for best use of GG&C Nurse Practitioners</p> <ul style="list-style-type: none"> • Identify staff availability • Doctor rota established September. Nurse rota will supplement doctor rota and will be targeted to predicted busy sites and can be moved in real time as demand dictates 	<p>October 08</p>	<p>JMcD/NG/LB</p>	<p>Work in progress</p>
<p>Issue GP Rotas</p>	<p>June 08</p>	<p>NG/JB/LB/SL</p>	<p>Complete.</p>

Flu vaccination <ul style="list-style-type: none"> • Staff • Issue letter to staff encouraging uptake of flu vaccination. Approach public health for assistance. 	October 08	LB	Work in Progress
Syndromic Surveillance	October 08	Dr S Ahmed	Established NHSGGC process in place via Dr Ahmed and Medical Director. Work in progress
Flu Pandemic / Epidemic Planning <ul style="list-style-type: none"> • Issue joint letter from GP Sub Committee and GG&C OOH reminding GPs of their obligation to remain available for patients up to 6pm on 24 December and 31 December and for the 3 day period 29, 30, 31 December and 5,6,7 January. • Letter will remind practices on the value of “special notes” particularly over the festive period with advice not to wait until the last minute to request. 	October 08	NHSGGC	NHSGGC has established process for winter planning and emergency planning led by A Doran – OOH plans will link to this
GP Practices <ul style="list-style-type: none"> • Issue Joint Letter from GP Sub Committee and GEMSNHS reminding GPs of their obligation to remain available for patients up to 6pm on 24 December and 31 December and for the 2 day period 27, 28 December and full cover Mondays 24th and 31st. • Letter will remind practices on the value of “special notes” particularly over the festive period with advice not to wait until the last minute to request. 	October 08	David Walker/ LMC/ Norrie Gaw/ Laurence Bidwell	Work in progress
<ul style="list-style-type: none"> • 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 particular emphasis on methadone prescriptions 	October 08	David Walker/ Norrie Gaw/ Nic Zappie	
Communication <ul style="list-style-type: none"> • Communication plan with NHS24 re status of service and likely impact on GG&C OOH service • Communication plan for Pharmacists and Dentists • Communication plan LA Social Work services 	October 08	Communications and Winter Planning Working Group	Work in progress

<ul style="list-style-type: none"> • Communication with SAS • Communication within Carers and CH(C)P Networks • GGCNHS Winter Planning Booklet • Develop contingency plan for telephony failure to ensure service delivery • Consider requirement for media campaign to wider public 			
<p>Reporting and Monitoring Process Agree:</p> <ul style="list-style-type: none"> a) Internal monitoring and accountability process b) Reporting requirements September 2007 – January 2008 	<p>October 08</p>	<p>GA/LB/JB/NG</p>	<p>Work in progress</p> <p>NHSGGC 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 GG&C OOH and NHSGGC. This involves identified communication pathways and partnership working with NHS24, SAS and other agencies.</p>
<p>Reporting and Monitoring Process (continued) Agree:</p> <ul style="list-style-type: none"> c) Internal monitoring and accountability process <p>Reporting requirements September 2007 – January 2008</p>	<p>October 08</p>	<p>GA/LB/JB/NG</p>	<p>Within GG&C OOH 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 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.</p>

			<p>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 GG&C OOH then links to the system wide NHSGG Emergency Planning Processes. (Emergency Plan attached) GG&C OOH has contingency plans in place for IT or telephony failure.</p>
--	--	--	---

DRAFT

PRIMARY CARE / CH(C)P

TASK	TIMESCALES	LEAD	PROGRESS
<p>Introduction Given the organisational arrangements for services that take place within a primary care setting the bulk of plans and specific initiatives and services are described and or linked under:-</p> <ul style="list-style-type: none"> Pharmacy Public Health Oral Health Mental Health NHS Greater Glasgow & Clyde Out of Hours Services Addictions Communications <p>The following actions are in addition:</p>			
<p>Local Authority Planning</p> <ul style="list-style-type: none"> • Liaise with Directors of Social Work re festive planning and identify areas for joint planning – 8 local authorities (Glasgow, East Dunbartonshire, West Dunbartonshire, Renfrewshire, East Renfrewshire, North Lanarkshire, South Lanarkshire, Inverclyde) • Plans to include; <ul style="list-style-type: none"> ○ Flu vaccination for residential and home care clients and staff. ○ Proactive medication management. ○ Contingency for increased/rapid discharge and prevention of admissions. ○ Service availability info/contacts ○ CH(C)Ps to ensure staff are briefed on local planning ○ Ensure that robust communication links are available to Local Authority Services over this period 	<p>By 28th November 2008</p>	<p>David Walker /CH(C)P Directors</p>	<p>Planning commenced, for CH(C)Ps, management teams manage directly</p> <p>Core Brief Document to be finalised.</p> <p>Work underway with local authorities to identify and develop relevant areas for local planning with CH(C)Ps</p>
<p>Routine General Practice</p>			

<p>Repeat Prescriptions</p> <ul style="list-style-type: none"> • Patients to be reminded to re-order repeat prescriptions in advance of the festive period particular emphasis on methadone prescriptions • Remind Patients to have Prescriptions filled at pharmacy in advance of needing medication. • GP Practices availability to patients over festive season, including full service on 24th Dec and 31st Dec. • Re -consider the proposal to extend Practice opening hours. Decision not to proceed last year but needs to be examined again if projected demand increased and/or ability of NHS 24 and GEMS compromised. <p>OOH Community Nursing</p> <ul style="list-style-type: none"> • Determine required staffing levels on each OOH shift day, evening and night based on last years activity and forecast for 2008/2009 • Ensure information on OOH bases, telephone/mobile phone /fax numbers are available for NHS GEMS • Ensure supply of emergency equipment from GGILES to all OOHs nursing bases. • Ensure supply of maintained and checked syringe drivers in OOH bases. • Ensure supply of essential pharmacy, wound dressings, continence products etc in all OOH Bases <p>Key linkages to other services:</p>	<p>November 2008</p> <p>By 28th November, 2008</p> <p>28th November, 2008</p> <p>October through December 2008</p>	<p>David Walker/ CH(C)P Directors</p> <p>Dr N Gaw with David Walker/CH(C)P Directors</p> <p>David Walker/GP Sub Committee</p> <p>CH(C)P Senior Nurses (Adult)</p>	<p>Write to all GP Practices/ Practice Managers and care homes, to ensure that patients are reminded to re-order repeat prescriptions and have them filled in advance of the festive period, particular emphasis on methadone prescriptions (Patient advice on repeat Script) inform Pharmacists via P.P.S.U. of advice being given. Issue Joint Letter from GP Sub Committee and NHSGEMS reminding GPs of their obligation to remain available for patients up to 6pm on 24 December and 31 December and for the 2 day period 27, 28 December and full cover Mondays 24th and 31st. (Letter being updated)</p> <p>Discuss proposals with LMC</p> <p>Continue to further develop existing plans</p> <p>Work in progress developing existing plans and relevant contacts.</p>
--	--	--	--

<ul style="list-style-type: none"> • CH(C)Ps • NHSGGC OOHs • NHS24 • Social Work • Community Pharmacies • Acute Medical and Surgical Services • Scottish Ambulance Services 			
<p>Preventing Admissions</p> <ul style="list-style-type: none"> • Ensure community teams provide rapid response for vulnerable older people at risk of hospital admission over holiday period • Ensure links are in place between community teams and hospital teams to ensure services work together to cover peaks in demand • Identify patients at risk of admission via local systems • Ensure availability of additional support if required to care homes • Alert COPTs and social work to identify patients at risk of admission/readmission 	<p>28th November, 2008</p> <p>28th November 2008</p> <p>November 2008</p> <p>October 2008</p>	<p>Delegated officers from CH(C)Ps and other services</p> <p>HOHCC and equivalent and Rehabilitation and Assessment Directorate GMs</p> <p>HOHCC and LA Leads elsewhere</p>	<p>Work in progress</p>
<p>Discharge management – see also acute division section</p> <ul style="list-style-type: none"> • Ensure leave planned in hospital/social work to cover anticipated peaks in activity in January • Ensure early notification to CH(C)P social work teams regarding anticipated increase in assessment and discharge activity to release beds • Ensure GGILES local stock is available for discharge teams • Provide additional access to home care services over festive holiday period by reviewing and re-establishing 	<p>December 2008</p> <p>December 2008</p> <p>November 2008</p> <p>November 2008</p>	<p>Rehabilitation and Assessment Directorate</p> <p>Rehabilitation and Assessment Directorate</p> <p>CH(C)Ps, Rehabilitation and Assessment Directorate</p> <p>Ch(C)Ps/ Rehabilitation and Assessment</p>	<p>Work in progress</p> <p>Work in progress</p> <p>Work in progress</p> <p>Work in progress</p>

<p>pilot from last year.</p> <ul style="list-style-type: none"> Identify potential to improve transport arrangements to support this additional home care service Develop escalation plan for home care services Liaise with social work to ensure no delays in discharges and appropriate packages of support available 	<p>November 2008</p> <p>November 2008</p> <p>November 2008</p>	<p>Directorate CH(C)Ps, Rehabilitation & Assessment Directorate</p> <p>CH(C)Ps, Rehabilitation & Assessment Directorate</p> <p>CH(C)Ps/ Rehabilitation & Assessment Directorate/ Social Work</p>	<p>Work in progress</p> <p>Work in progress</p> <p>Work in progress</p>
---	--	--	---

DRAFT

PHARMACY

TASK	TIMESCALES	LEAD	PROGRESS
COMMUNITY			
Opening Times - Community pharmacies required to open contracted hours on 24 & 31 Dec. All open (apart from Health Centre pharmacies (13) on Saturdays. NHSGGC winter planning booklets 75,000 delivered to all GPs, Health Centres, Pharmacies, Dentists, Optometrists, SW Carers Networks, Community Services including MH, LD, Community Addiction Teams and Acute sites advising of opening times on 25/26 Dec and 1/2 Jan	List of pharmacies providing festive cover to be available by first week in November	D Thomson (Information booklet) NHSGGC Communications	Work in progress – communication to be issued from PPSU by end Nov as a reminder on arrangements in place
Repeat Prescriptions – ordering and printing sequence needs to be actioned from November to manage pharmacy workload and stock issues around double supply in handling increased demand for repeat supply alongside restricted access to GPs	Advise patients to request double or early print of repeat scripts during Nov	D Thomson	Work in progress
Dosette Boxes – directly linked to repeat scripts with need to plan /deploy resources to manage workload and stock supply	From Nov	D Thomson	
Urgent Supply of Repeat Medication – in place from Dec05 and now more established. Allows pharmacists to supply up to 1 cycle of repeat medication when a GP may not be available	Established	D Thomson	Complete
Minor Ailment Service (MAS) – permits community pharmacist supply of a treatment for minor ailments to exempt patients on the NHS. Helps alleviate pressure on GP practices, particularly around holiday periods. Covers a wide range of conditions	Established	D Thomson	Complete
Pharmacy Direct Referrals to PCEC – initial contact by phone	Established	D Thomson/ J Hancock (NHS24)	Complete

Emergency Supply - Emergency supply of POMs still in place in certain circumstances. Re issue guidance on procedures on sale or supply – Pharmacists can issue for up to 5 days but patient must meet full cost	Ongoing	D Thomson	Work in progress
HOSPITALS			
Require ability to respond to increased pressure on bed demand by having staff available to prepare urgent discharge prescriptions.	Ongoing	N Lannigan	Re-design of inpatient supply systems for ready to take home medicines now complete in 35% of all beds in Glasgow, 70% in Clyde. Reduces the need for urgent discharge prescriptions. Alternative arrangements under design to deal with requests for urgent discharge.
In 2007/08, GRI, Stobhill and parts of Clyde worked extended hours at weekends and lengthened weekday opening. This worked well and it is proposed that this is repeated and extended to other acute hospital settings if appropriate.	End Oct	N Lannigan	Bids to re-introduce extended service to GRI and to extend service to other sites submitted to acute winter planning group. Bids total £60k.
Assist departments to be able to staff extra hours to enable above suggestion	End Oct	N Lannigan	Pharmacy Bank has been established to provide staff able to undertake extended duties.
An outbreak of influenza would require significantly increased activity by pharmacy departments in acute sites	Sept	N Lannigan	Business Continuity Plan developed to cope with peaks in demand for service.
Key linkages to other services: <ul style="list-style-type: none"> • Acute Medical and surgical services • Ambulance Services • Clinical Pharmacists • Dispensary Services • Glasgow Addiction Services 			

OCCUPATIONAL HEALTH

TASK	TIMESCALES	LEAD	PROGRESS
<ul style="list-style-type: none"> A new promotion campaign for staff has been produced and is being cascaded throughout the organisation via payslips, email and poster campaign. 	September 2008 onwards	Rona Wall & Elisabeth Campbell	Work in progress
<ul style="list-style-type: none"> Clear public health messages are being communicated as part of the plan. Occupational health is working with public health, who are supporting the flu vaccination programme 	September 2008 onwards	Dr J Henderson and Public Health	Work in progress
<ul style="list-style-type: none"> Medical staff are being encouraged to champion the programme 	September 2008 onwards	Dr J Henderson and Public Health	Work in progress
<ul style="list-style-type: none"> A flexible ordering system has been agreed with pharmacy to increase supply of the flu vaccine if required. 	September 2008 onwards	Rona Wall	Work in progress
<ul style="list-style-type: none"> Timetable for delivery of flu vaccine to staff has been produced. 	September 2008	Pharmacy lead	Vaccination programme commenced in the week beginning 29 September. In the first week 800 members of staff were immunised.
<ul style="list-style-type: none"> A risk assessment was undertaken to identify highest risk areas which require focussed delivery, e.g. care of the elderly 	September 2008	Rona Wall	Completed
<ul style="list-style-type: none"> Flu vaccination programme will be flexible using work place clinics and drop in sessions. In high risk areas ward and department visits will be carried out. 	October 2008 onwards	Rona Wall with SJ Allison and Dr J Henderson	Work in progress
<ul style="list-style-type: none"> Bank staff are being utilised to supplement core workforce 	Ongoing	Rona Wall with J McCarthy Head of Resources	Work in progress
<ul style="list-style-type: none"> Ongoing monitoring will be performed to determine any programme change 	Ongoing	Rona Wall and SJ	Work in progress

<ul style="list-style-type: none"> Local HR teams will monitor absence carefully. Any upward trends will be discussed for wider support with Occupational Health. 	<p>October 2008 onwards</p>	<p>Allison Anne MacPherson</p>	<p>Work in progress</p>
--	-----------------------------	------------------------------------	--------------------------------

DRAFT

ACUTE DIVISION

TASK	TIMESCALES	LEAD	PROGRESS
<ul style="list-style-type: none"> All Directorates will review annual leave arrangements for the main festive period and predicted peak periods to ensure workforce requirements are met. 	October 2008	Directors /GMs	Ongoing
<ul style="list-style-type: none"> Nurse bank to produce action plan to meet predicted demand at peak periods. 	September 2008	Director/John McCarthy	Work in progress
<ul style="list-style-type: none"> Training during the main festive period and predicted peak periods will be limited to statutory training or that approved at Director Level. 	October 2008	GMS/CSMs	Ongoing
<ul style="list-style-type: none"> The Acute Division will work with the Occupational Health department to maximise the uptake of the flu vaccination amongst its staff 	November 2008 /Ongoing	Occupational Health/HR	Work in progress
<ul style="list-style-type: none"> Decisions to close ward beds for operational reasons will only be made with Director -level approval. 	Ongoing	Directors	Established
<ul style="list-style-type: none"> The Infection Control Team (ICT) will liaise with senior Directorate Managers/Clinicians if wards require to be closed. 	November 2008	Associate Medical Director/Directors	
<ul style="list-style-type: none"> Ensure for its registered population, Care Home practice delivers flu vaccination programme for care home residents when vaccine available. 	October 2008 onwards	RAD	Work in progress
<ul style="list-style-type: none"> A Directory of All Single System Services available during the main festive holiday period and at weekends will be circulated to all wards and departments. 	November 2008	Integrated Discharge Manager/CSMs	Work in progress
<ul style="list-style-type: none"> The Acute hospitals will establish a 'hot-line' to consultants for advice to GPs re patients who could 	October 2008	EC&M GMs	2 additional CTs established

<p>potentially follow alternative pathways to hospital attendance /admission.</p> <ul style="list-style-type: none"> • Additional Emergency Diagnostics capacity will be established to expedite discharges and/or admission avoidance. • Enhanced weekend clinical support services will operate during the main winter period e.g. Pharmacy, Radiology. • Policies and procedures will be established for communication with all GPs (by fax/e-mail to Practice Managers) to alert them of excessive pressures at acute hospital sites. • Increased bed capacity has been identified for the main winter period. This will involve opening capacity used in year 2007/08 Winter plan, and the identification of further capacity that may be opened as part of a contingent response to service pressures. • A series of measures is being established to increase clinical services capacity. These include <ul style="list-style-type: none"> • Increased/extended hours staffing 26th December 2008 – 28th February 2009: • Clinical services: consultant weekend ward rounds, pharmacy provision 7 days per week • Increased diagnostics provision at main hospital sites – planned plus additional CT provision • Maximisation of the triage of patients from A&E to GG&C OOH Service as appropriate where services are co-located • Increased bed management capacity and extended working of discharge lounges • Daily multi disciplinary bed management meetings at 	<p>November 2008</p> <p>October 2008</p> <p>November 2008</p> <p>October 2008</p> <p>Sept 2008 onwards</p> <p>Sept 2008 onwards</p> <p>Sept 2008 onwards</p> <p>Sept 2008 onwards</p> <p>November 2008</p>	<p>Diagnostics Directorate</p> <p>Director /GMs</p> <p>Public Health/Associate Medical Directors</p> <p>Director EC&M</p> <p>GMs</p> <p>GMs</p> <p>GMs</p> <p>GMs</p> <p>GMs</p>	<p>at GRI / SGH A&E to support unscheduled care</p> <p>Planned for radiology</p> <p>Work in progress</p> <p>Ongoing</p> <p>Work in progress</p>
---	--	--	---

<p>all sites. Frequency will be increased during main winter period.</p> <ul style="list-style-type: none"> • These will include consideration of projected activity and discharges using system watch and local information. • An out of hours bed management and 4 hour access escalation policy has been developed to alert on-call managers to activity pressures at an early stage. • Increased non-clinical support services: e.g. portering. • SAS and PTS ambulance arrangements have been increased since winter 2007/08. Arrangements to be confirmed for ambulance availability on a planned basis over weekends and evenings from December and throughout January, when the position will be reviewed. 	Sept 2008 onwards	EC&M / RAD GMs	Work in progress
	December 2008	RAD	Work in progress
	Sept 2008 onwards	Facilities	Work in progress
	October 2008	EC&M	Plans to be agreed with SAS.

Surgery and Anaesthetics Directorate

While considering the winter period to last from 1st November 2008 to 28th February 2009, the focus is on the particularly high levels of emergency activity predicted over Christmas and New Year into the first weeks of January 2009, noting the days on which the public holidays fall in relation to weekends.

Ongoing efforts to improve practice contribute to optimising bed utilisation e.g. pre-admission assessment, estimated date of discharge, focus on day surgery and admission on day of surgery.

The directorate has assessed the impact of competing pressures on in-patient beds from emergency activity and increasingly challenging waiting times targets and how much elective activity will continue over Christmas, New Year and early January. It will not be in a position to reduce elective activity for any longer than is essential.

In-patient theatre activity will require 5-day wards to remain open, although this may be influenced by the availability of nursing staff to work additional hours, and bank staff who often choose not to work over the holiday period.

- Surgery & Anaesthetics will work on the assumption that 5-day wards remain open and staffed as usual during the 2 week festive period, to be shut and the staff redeployed only if necessary. If there is a high level of activity at weekends it may be necessary to keep the 5 day wards open, on condition that safe staffing levels can be maintained.
- Public holiday leave will be allocated fairly, but any additional annual leave will be provisional until it is confirmed that staffing levels can meet demand.
- Non mandatory study leave for nurses will be curtailed in January 2009.

Day	Planned IP Theatre Service	Day	Planned IP Theatre Service
Wednesday 24/12/08	Normal working	Wednesday 31/12/08	Urgents and emergencies only
Thursday 25/12/08 PH	Emergencies only	Thursday 1/1/09 PH	Emergencies only
Friday 26/12/08 PH	Emergencies only	Friday 2/1/09 PH	Emergencies only
Saturday 27/12/08	Emergencies only	Saturday 3/1/09	Emergencies only
Sunday 28/12/08	Emergencies only	Sunday 4/1/09	Emergencies only
Monday 29/12/08	Urgents and emergencies only	Monday 5/1/09	Resume normal activity
Tuesday 30/12/08	Urgents and emergencies only	Tuesday 6/1/09	Resume normal activity

Diagnostics

Diagnostics does not work in isolation therefore it is important that any changes to service delivery proposed by the other directorates is relayed to us to determine the impact on capacity and resource, and allow a cost analysis. There are a number of key linkages to other specialties and it is important that they are maintained throughout the period.

➤ Laboratories

Issues are dealt with locally site by site in conjunction with specialty GMs. To ensure quick test turnaround. Infection control will be made available throughout the holiday period to ensure optimum cover.

Laboratories in particular needs to be made aware of a change in service provision through additional wards as this will have a financial impact on Laboratory Medicine and Infection Control.

➤ Radiology

Issues are dealt with locally at site and in conjunction with General Managers from Surgery and Medicine in particular.

We place strong emphasis on the patient pathway through A/E in relation to inpatient admissions and with a focus on rapid discharge to facilitate bed management issues. We have increased CT imaging capacity with the addition of two CT scanners in the city to help manage unscheduled care – one at the GRI and the other at SGH.

In addition we propose to fully staff sessions throughout the leave period, which will enhance the service provision from skeleton staffing numbers to full complement. This is dependent on payment profiles and given the difficulties with A4C and will be subject to scrutiny through our capacity framework.

In advance of the acute winter period we will proactively manage the out patient component of our demand from October onwards to ensure we create headroom in our capacity.

ACUTE DIVISION – STAFFING

Task	Action	Lead	Timescale
------	--------	------	-----------

Task	Action	Lead	Timescale
1. Provision of robust and meaningful data			
Provide meaningful reports	1. Provide report for 28+ days rather than 100+ days	Workforce Information department	In place
	2. Work with local managers to refine requirements of reports	Heads of HR/HR Managers	In place
	3. Address identified issues and refine reports	Workforce Information	Ongoing
	4. Provide reports for long and short term sickness percentages and trends	Workforce Information department	In place
	5. Identify and address data quality issues	Heads of HR/Workforce Information department	In place
2. Awareness Raising/Training			
Managers / Supervisors to be fully aware of their individual responsibilities	1. Establish 'gaps' in the understanding and responsibility of front line managers	All Senior Managers/Human Resources staff	Ongoing
	2. Design and deliver awareness raising sessions targeted to individual groups on related aspects (e.g. use and value of return to work interviews for ward managers)	HR Managers/Advisors	July onwards on ongoing basis
	3. Establish and deliver awareness raising session when new Attendance Management policy is agreed at APF	Local HR Teams	Autumn 2008
	4. Ensure sickness absence management actions remains a standing item at local meetings	Local Managers	Ongoing

3. Causal Effects			
Identify work related causal effects for increased sickness in 'problem' areas	1. Establish focus groups and use current data sources to identify problem areas	HR Managers/Advisors	In place and ongoing
	2. Review quantitative and qualitative data on locally held reasons for absence / Occupational Health intelligence	Local Managers/HR Managers	In place and ongoing
	3. Develop and deliver action plans to address work related issues	Local Managers/HR Managers & Advisers/Assistants	July 2008
4. Operational Management			
Ensure robust operational management of sickness is taking place across all levels of management across Glasgow and Clyde	1. Develop reporting systems to collect and report on activity relating to the operational management of sickness absence	Head of HR/Managers & Advisers	Ongoing
	2. Ensure sickness management is part of performance management processes across service and that there is consistent application across the Board area	Managers/HR Managers, Advisers/Assistants/Head of H R	Ongoing
	3. Provision of protected HR resource time to support management interventions related to sickness	HR Managers/Advisers/Assistants	Ongoing
	4. Proactive HR input through the analysis of data and subsequent highlighting of 'problem' areas for targeted response	HR Managers	Ongoing
	5. Ensure on-going communications with all staff on long term sick	HR Managers, Advisers/Assistants/Local Manager	Ongoing
	6. Ensure staff are referred appropriately to disciplinary processes where informal approaches achieve no improvement in sickness rates	HR Managers, Advisers & Assistants/Local Managers	On-going

	7. Engage pro-actively with Occupational Health to ensure that appropriate referrals are made and that the correct information is requested and given	HR Managers, Advisers & Assistants/ Local Managers	Ongoing
5. General Communications			
Full awareness of current focus and activity related to National Targets	1. Highlight the focus on sickness at all local team meetings ensuring staff are made aware of the pro-active approach being adopted	Local Managers	In place
	2. Share appropriate info with local teams around current sickness rates in the context of how these compare across the service	Local Managers	In place
	3. Ensure all staff are aware of their responsibilities around reporting initial and on-going sickness	Local Managers	On going
	4. Manager to pro-actively communicate with staff while they are on sick leave (appropriately)	Local Managers	On-going

ORAL HEALTH DIRECTORATE

TASK	TIMESCALES	LEAD	PROGRESS
<ul style="list-style-type: none"> Increase provision for emergency treatment capacity for patients by "out of hours" service. 	October 2008	Kevin Hill	Additional staffing for GGCEDS clinics will be rostered over the festive period.
<ul style="list-style-type: none"> Increase capacity of Dental Nurse Triage Service at NHS24 (out of hours only). 	September 2008	Kevin Hill	Additional dental triage nurses introduced to manage demand at peak times. Service relocated to Cardonald
<ul style="list-style-type: none"> Centralised appointment system introduced for West of Scotland booking hub. 	September 2008	Kevin Hill/Treatment Centre Manager	Centralised appointment system piloted for 1 month August/September 2008
<ul style="list-style-type: none"> Virtualisation of Dental Triage to be introduced to Scottish Emergency Dental Service(SEDS) 	October 2008	Kevin Hill	Training for triage dental nurses to be completed and knowledge web updated.
<ul style="list-style-type: none"> To achieve NGWT it is necessary to see 3,043 additional patients before March 2009. To date 1,360 additional patients have been offered appointments. 	March 2009	Kevin Hill/Clinical Pathways Manager	Evening clinics ongoing.
<ul style="list-style-type: none"> Clinic templates have all been reviewed to improve capacity. This will increase treatment sessions and improve efficiency. 	October 2008	Kevin Hill/Clinical Pathways Manager	Referral pathways being progressed. Monitoring ongoing. Rota completed for GGCEDS out of hours service for festive period.
<ul style="list-style-type: none"> Planned rota of sessions for GGCEDS from 22 Dec 08 – 2 Jan 09 and over weekend of 3-4 Jan 09 	September 2008	Kevin Hill / Treatment Centre Manager	Scheduled meetings with NHS24.
<ul style="list-style-type: none"> Agreed rota to be shared with NHS24 	September 2008	Kevin Hill / Treatment Centre Manager	Rota shared
<ul style="list-style-type: none"> GDPs communication 	November 2008	Kevin Hill	GDPs to be updated at GP Sub-

<ul style="list-style-type: none"> • Festive period information booklet issued • OHD partnership working with GEMS • Potential areas of pressure include waiting times – capacity plan in place. • Extreme adverse weather conditions, either local or area-wide, will require to be addressed on an ad hoc basis. OHD will assist GDS contingencies as identified. <p>Key linkages to other services:</p> <ul style="list-style-type: none"> • NHS24 • GEMS • GDPs • Glasgow Dental School • Glasgow Dental Hospital • CH(C)Ps 	<p>November 2008</p> <p>Ongoing</p> <p>September 2008 onwards</p> <p>September 2008 onwards</p>	<p>Kevin Hill / Head of Planning and Health Improvement</p> <p>Kevin Hill / HPHI</p> <p>Kevin Hill</p> <p>Kevin Hill / HPHI</p> <p>Kevin Hill/ TCM</p> <p>Kevin Hill/ HPHI</p> <p>Kevin Hill</p> <p>Kevin Hill</p> <p>Kevin Hill/ CPM</p> <p>Kevin Hill/ HPHI</p>	<p>Committee meetings and by letter</p> <p>OHD have input to the booklet</p> <p>Discussions taking place</p> <p>Waiting times monitored on a daily basis and appropriate action taken.</p> <p>Business Continuity Plan in place. GDP Contingency Plan Template has been issued to all GDPs within NHS Greater Glasgow & Clyde</p>
--	---	---	---

MENTAL HEALTH

TASK	TIMESCALES	LEAD	PROGRESS
<p><u>Mental Health Inpatients</u> The admission and discharge data for inpatient hospitals has been assessed over the last 4 years through the Mental Health Bed Management system. The pattern of admissions and discharges over the winter period is similar to the pattern throughout the rest of the year. No special arrangements need to be put in place relating to psychiatric admissions and discharges.</p>	By August	Calum MacLeod	Complete
<p><u>Community Mental Health Service</u> New Crisis Services have been developed which will provide 24 hour 7 day week provision for Mental Health Services which will assess patients for admission and discharge. These services will be in place over the festive period. The services covering the Glasgow City area include social care provision. Crisis Services are also in place in the Clyde area.</p> <p>The Crisis Teams will provide public holiday cover during the festive period. The services above receive referrals from Primary Care, Liaison Psychiatry and secondary Acute services.</p>	By August	Calum MacLeod	Complete
<p><u>Out of Hours Arrangements</u> Mental Health Services in Greater Glasgow provide Out of Hours services which receive referrals from the GEMS service which triages calls from NHS 24. These services will be in place over the festive period. It is not anticipated that there would be an unusual pattern of referrals to psychiatry based on previous year's information.</p> <p>The Out of Hours General Practitioner arrangements in</p>	By August	Calum MacLeod	Complete

<p>South Clyde will refer into hospital services for psychiatric referrals which are assessed by medical staff. This system will continue to operate over the winter period.</p> <p><u>Acute Hospital Liaison</u> Liaison Psychiatry Services are provided Monday to Friday to Acute hospitals and Psychiatric Liaison Nurse services for deliberate self-harm over weekends and public holidays. The Deliberate Self Harm community psychiatric nursing service will receive referrals directly from Acute medical wards over the public holiday and weekend for the festive period. This is addition to direct referrals to the on-call psychiatry staff in psychiatric hospitals which is available to Acute services. The arrangements for Clyde liaison will be that there would be direct referrals to psychiatric hospitals from acute medical hospitals should this be required over the winter period.</p> <p><u>Flu Pandemic Plan</u> The Mental Health Partnership for Greater Glasgow & Clyde has a Pandemic Plan for inpatient services which identifies key risks and contingencies. It also identifies management system in the event of a flu pandemic. The 2008 Plan was reviewed and updated in October.</p> <p><u>Workforce & Attendance Planning</u> The Mental Health Partnership for inpatient services will ensure that staff leave is planned for the full festive period to ensure appropriate staff cover. In addition, the Partnership has in place review and attendance plans to monitor absence. This is routinely in place. A letter has gone to the Operations Managers Group confirming the requirement to assure appropriate cover. In the event of staff shortages access is available to the</p>	<p>By August</p> <p>September 2008 onwards</p>	<p>Calum MacLeod</p> <p>Anne Hawkins</p>	<p>Complete</p> <p>In progress</p>
--	--	--	------------------------------------

<p>nurse bank and also to community psychiatric nursing staff who may be requested to work in inpatient services should the need arise.</p>	<p>By November</p>	<p>Calum MacLeod</p>	<p>In Progress</p>
<p><u>Senior Staff Arrangements</u> Arrangements to ensure that senior staff are on-call and available over the festive period will be in place. The on-call information will be held at each hospital and the centralised telephone service.</p>	<p>By November</p>	<p>Calum MacLeod</p>	<p>In Progress</p>
<p><u>Communications</u> The availability and access to Mental Health Services is included in the Greater Glasgow & Clyde Board's public communication information issued for the festive period.</p>	<p>By November</p>	<p>Greater Glasgow & Clyde's Press & Public Relations office</p>	<p>In Progress</p>
<p><u>Financial Planning</u> The financial consequences for winter planning for Mental Health Services has been considered and based on previous years information the costs of this is maintained within normal budget levels.</p>	<p>By November</p>	<p>Calum MacLeod</p>	<p>In Progress</p>
<p>In the event of exceptional circumstances such as a flu pandemic then there would be additional costs associated with staff cover including overtime and other costs. Initially any exceptional costs would require to be managed by the Mental Health Partnership budgets.</p>			

ADDICTION SERVICES

TASK	TIMESCALES	LEAD	PROGRESS
<p>Current priorities include:</p> <ul style="list-style-type: none"> • 3500 patients on Methadone prescriptions (4000 also prescribed by GP). No change expected to numbers being prescribed • Patients on alcohol detoxification regimes in community. No change in demand expected • No winter disruption in 2007/08 • Previous disruption to service was as a result of industrial action. Service would ensure continuation of substitute prescribing and alcohol detoxification services as a priority. • Any local disruption would be dealt with by putting in place alternative accommodation for prescribing service and finding alternative pharmacies as local as possible. • Central coordination plan in place. • Logistical problem of maintaining services due to severe disruption for large vulnerable client group on Methadone Programme and detoxification regimes. <ul style="list-style-type: none"> • Priority A – Local alternative sites/services – Coordination with GAS and CHCP • Priority B – Sector/CHCP wide Coordination with GAS and CHCP • Priority C - Centralise Services Coordination with GAS and CHCP, Dalian and 	<p>Contingency in place for CAT clients for disruption of services. Support can also be offered for GP clients at local levels regards disruptions to services</p> <p>Contingency in place for clients for any disruption of services</p> <p>Contingency in place for clients for any disruption of services</p> <p>Contingency plan in place</p> <p>Completed</p> <p>Contingency plan in place for severe disruption.</p> <p>All CHCP GCC and NHS emergency planning leads and contact phones contained in</p>	<p>Paul Rimmer, Glasgow Addiction Services</p>	<p>Contingencies were successfully put in place during recent industrial action. GCC sites not affected therefore there was no requirement for patients to be seen at alternative sites. Prioritisation of patients undertaken successfully. Social Care support to GPs had to be withdrawn but nursing and medical officer support and advice offered if required for priority patients.</p>

<p>Glasgow City</p> <p>Key linkages to other services:</p> <ul style="list-style-type: none"> • Mental Health Partnership • NHS24 • GPs • Community Pharmacies • Drug Crisis Centre • CHCPs • Homelessness 	<p>Contingency plan. Priorities agreed as opposite</p> <p>Contact numbers and draft template letters are contained in contingency plan for relevant services, including prison services</p>		
--	--	--	--

DRAFT

PUBLIC HEALTH

TASK	TIMESCALES	LEAD	PROGRESS
<p>Pandemic Influenza Planning A major flu pandemic plan has been developed across Greater Glasgow and Clyde in partnership with all neighbouring local authorities.</p>	Ongoing	Syed Ahmed	Work in progress – revised draft board level plan produced in October 2008
<p>The plan describes the responses to be taken at different pandemic phases and alert levels at strategic (i.e. Board) level.</p>			
<p>Tactical level sub-plans will cover both acute division and community partnership responses.</p>	Ongoing	Syed Ahmed with acute and partnership service deliveries	Tactical sub plans being revised in CH(C)Ps, MHP, Acute Division.
<p>In the event of a pandemic, the Director of Public Health would lead the NHSGGC response, supported by the Pandemic Influenza Coordinating Committee (PICC) which would have representation from NHSGGC divisions and partnerships</p>	Ongoing	Syed Ahmed and Linda deCaesteker	Work in progress
<p>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 chairmanship of the Chief Constable.</p>	Ongoing	Syed Ahmed and Alan Dorn	Work in progress
<p>Communication In the event of a pandemic flu outbreak, various methods of communication will be used to inform staff and the public.</p>	Ongoing	Syed Ahmed with the communications team	
<p>The NHSGGC website will be rapidly updated to provide accurate information to reassure and help to prevent unnecessary GP visits.</p>		Syed Ahmed with the communications team	

<p>Staff are being updated via the Staffnet intranet system which allows ready access to relevant documents, policies and reports, such as the Pandemic Flu Communications Plan. The Core Brief is also used to inform staff.</p>	Ongoing	Syed Ahmed with the communications team	Work in progress
<p>Regular media briefings are being arranged, both externally at a national level, and internally within NHSGGC.</p>	Ongoing	Syed Ahmed with the communications team	Work in progress
<p>General There are Standard Operating Procedures for all other types of outbreaks. Escalation plans would then involve Outbreak Control Plans and a Major Incident Plan where necessary</p>	Ongoing	Linda de Caestecker	Work in progress

DRAFT

COMMUNICATIONS

1. MANAGING DEMAND/AVAILABILITY OF SERVICES

ACTIVITY	KEY MESSAGE	KEY AUDIENCE	TIMESCALES	COST	LEAD	PROGRESS
National winter advertising campaign 'Be Ready for Winter' Includes mix of PR, radio and TV advertising, online, display panels inside and close to pharmacies	Self-care Stock up OTC medicines Get repeat prescriptions	General public	October – end January	Being met by Scottish Gov and NHS24	NHS24	Initial meeting to agree national campaign
Letter to all GP practices/Practice managers	To remind patients to reorder repeat prescriptions	Patients attending GP practices	Oct 2008	-	DW/NG/NZ	To be completed
Winter booklet	- To ensure target audiences are well informed about the availability of health services across NHSGC over the festive period - How to access out of hours services -Promoting Minor Ailments Service - Promoting the Urgent Supply of Repeat Prescriptions service	Patients attending surgeries Social care staff for housebound patients Patients attending pharmacies	Nov 2008	To be met by primary care budget	Corporate Comms	Work in progress
Winter booklet pdf - to be posted on NHSGGC website, council websites and NHS24 website	As above	General public	As above	-	Corporate Comms	To be completed

1. MANAGING DEMAND/AVAILABILITY OF SERVICES (CONT'D)

ACTIVITY	KEY MESSAGE	KEY AUDIENCE	TIMESCALES	COST	LEAD	PROGRESS
Posters for pharmacies and surgeries	<ul style="list-style-type: none"> - To ensure target audiences are well informed about the availability of health services across NHSGC over the festive period - How to access out of hours services 	Patients attending pharmacies and GP practices	Oct 2008 for display November	-	National campaign	National OOH group underway. Being led by NHS24. NHSGGC represented on OOH group.
Posters for key areas including A&Es and insertion in Council magazines	<ul style="list-style-type: none"> - How to access out of hours services 	Patients inappropriately using hospital emergency services	Oct 2008 for display November	TBC	Corporate Comms	To be completed
<p>Local media release to publicise NHSGGC's initiatives for coping with winter.</p> <p>Liaise with SGHD for national pre-winter briefing (Nov/Dec)</p>	<p>NHSGGC is preparing thoroughly for winter pressures</p> <ul style="list-style-type: none"> - extra staff in GEMS from 22 Dec through to 14 January - flexible approach to deployment of GEMS GPs - including home visiting - pharmacists geared up to deal with demand for repeat prescriptions - additional bed capacity identified - extra ward rounds by consultant staff - extended pharmacy hours in hospitals 	SGHD Media General public	Information to be submitted to SGHD by 17 October 2008.		Corporate Comms	To be completed

1. MANAGING DEMAND/AVAILABILITY OF SERVICES (CONT'D)

ACTIVITY	KEY MESSAGE	KEY AUDIENCE	TIMESCALES	COST	LEAD	PROGRESS
Series of local media releases in run up to festive period (co-ordinated messages with national campaign)	<p>Protect yourself during winter</p> <p>Normal services available on 24th and 31st Dec</p> <p>Make sure to order your repeat prescription</p> <p>Practice safe sex messages and promote sexual health services</p> <p>Promote Mental Health Services tackle high rate of suicides at this time of year</p> <p>Promote the Minor Ailments service</p> <p>Promote the Urgent Supply of Repeat Prescriptions service</p>	<p>General public</p> <p>Patients</p>	Nov-Dec		Corporate Comms	To be completed
Use of local radio/TV/media	Emergency response if pressures escalate to an extent that threatens the quality of patient care	General public			Corporate Comms/ Winter planning team	Discussion underway with NHS 24 about national and local coordination of such messages

2. FLU VACCINE CAMPAIGN

ACTIVITY	KEY MESSAGE	KEY AUDIENCE	TIMESCALES	COST	LEAD	PROGRESS
Letter to NHSGEMS staff	To encourage uptake of flu vaccination	NHSGGC frontline staff	Oct 2008	-	NG	Completed
Staff campaign on flu vaccination to include features in Staff Newsletter, Staffnet, payslip enclosure For the duration of the staff vaccination programme, details to be publicised as Hot Topic on home page of StaffNet	To inform staff of the benefits of taking up flu vaccine – for them and their patients To dispel the myths about the risks of the vaccine	Frontline staff	October onwards October 2008	TBC	Corporate Comms/ Occ Health/ AMcP	Campaign commenced and ongoing
TV advertising	To encourage uptake of flu vaccination	Healthcare workers Minority Groups Men	Early Oct 2008- late Nov 2008	-	Scottish Gov	Booked
Local media release to encourage uptake of flu jab	To encourage uptake of flu vaccination	Healthcare workers Minority Groups Men	13-20 Oct 2008	-	Scottish Gov/ Corporate Comms	To be completed
National campaign posters to be displayed in GP surgeries, pharmacies, outpatients and A&E departments	To encourage uptake of flu vaccination	Healthcare workers Minority Groups Men	Oct 2008	-	Scottish Gov	Scottish Government issuing posters direct to surgeries and pharmacies, Corporate Comms obtaining supply for hospitals
National A5 Leaflets to be distributed to GP surgeries and pharmacies	To encourage uptake of flu vaccination	Healthcare workers Minority Groups Men	Oct 2008	-	Scottish Gov	Complete
Letter to everyone over 65 years	To encourage uptake of flu vaccination	Over 65s	Oct 2008	-	PHPU	To be completed

Scottish Government Pharmacy Unit A1 and A3 posters in selected community pharmacies	To encourage uptake of flu vaccination	At risk groups	1 Oct 2008 for five weeks	-	Scottish Gov	To be completed
National campaign materials to be displayed on home page of NHSGGC's website	To encourage uptake of flu vaccination	All target groups	Oct 2008	-	Corporate Comms	

DRAFT

CHAPTER 3 - ACTION PLAN: TAKING IT FORWARD

The NHSGGC Winter Plan Working Group continues to meet monthly and to provide regular update reports to the Board.

- Finalisation of the demand and capacity plan and evaluation of its implications for current service provision. Data from Information Services is currently being obtained to forecast demand for 2008/09.
- The finalisation of service plan recommendations and the evaluation of these in the context of a coherent, single system Winter Plan.
- Review of all staffing and provisional implications of the recommendations and the potential resource implications of the over-arching 2008/09 plan.
- 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 appropriate Board meeting.
- 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.
- 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.
- There has been compliance with the Scottish Government's Health Directorate request for self-assessment of the Plan.
- There will be continued reporting to the Scottish Government by exception, as in previous years.