

**Director of Acute Services Strategy, Implementation and Planning**

## **WINTER PLAN 2008/09**

### **Recommendation**

The NHS Board is asked to receive an update on Winter Planning 2008/09 including a progress report on how the plan worked over the extended festive period and into the New Year.

#### **1. BACKGROUND**

- 1.1 The 2008/09 Winter Plan for NHS Greater Glasgow and Clyde was developed on a single system basis involving partners, from across the organisations, which are involved in the delivery of services.
- 1.2 Across the system, there has been a significant level of integrated planning and joint working to deliver the winter plan.

#### **2. PROGRESS OF THE PLAN**

- 2.1 Overall, it was felt that the Plan worked effectively. The months, December 08 and January 09, have proved to be extremely busy and challenging months and the additional resources allocated for winter planning have been fully utilised. Each of the main partners reported their experiences as follows:
- 2.2 **PRIMARY CARE** – Business Continuity Plans for CH(C)Ps were in place to ensure staff were available if needed. There is currently no formal method of reporting the level of patient activity in primary care but based on anecdotal accounts from some CH(C)P Clinical Directors, primary care absorbed demand over the winter planning period including days of high volumes. The planned approach of keeping the return days after each holiday period appointment free appeared to work well. A number of GP spotter practices had been established to monitor demand under defined criteria and in future there may be scope to make greater use of this information as an indicator of demand in primary care. Primary Care worked closely with the Community Engagement Team to ensure delivery of the Winter Booklet.
- 2.3 **NHS24** – this was an exceptionally busy festive period for NHS24 with Christmas Day being much busier than predicted. 39,331 calls were taken over the festive period. A higher than usual number of dental calls (4,000) was noted and this is being reviewed. Over the festive period, planning to ensure appropriate staffing levels to cope with predicted demand had worked well. It was noted that over the weekend of 13/14<sup>th</sup> December 2008 a significantly higher number of calls than predicted had been experienced. Co-location and Joint working with the GP Out of Hours (OOH) Service assisted in coping with this demand. This will be reviewed when planning for next year.

- 2.4 **OUT OF HOURS (OOH) GP SERVICE** – Although busy, it was felt that the system worked well in out of hours with activity levels during the festive period as predicted. It was noted that day 4 of the holiday period had not been as busy as anticipated with the 2<sup>nd</sup> January and 27<sup>th</sup> December being the two busiest days. It was acknowledged that GP surgeries keeping appointments free on the Monday/Tuesday/Wednesday of each week had been extremely helpful in managing the demand. As with NHS24 above, the weekend of 13/14 December 2008 was extremely busy for the OOH service and this level of activity had not been predicted. This will be reviewed for next year when planning services. Funding from the Scottish Government allowed provision of a back up doctor to assist, when required, at Royal Alexandra Hospital where transfer of patients from A/E, as appropriate, has been established and is working well. It also allowed the establishment of a pilot of a GP working in A/E at Glasgow Royal Infirmary to deal with attendances more suitable for primary care and to help manage demand. These pilots will be reviewed at the end of February 2009. The Primary Care Emergency Centre previously located at Cardonald Clinic moved to the Southern General Hospital close to the A&E department. This has proved to be extremely positive in ensuring patients arriving at A&E are directed to the appropriate service for treatment.
- 2.5 **SCOTTISH AMBULANCE SERVICE** – although an extremely busy December 2008, there were additional ambulances available to both meet the demand and to support discharges and transfers within the out of hours period.
- 2.6 **ACUTE** – the months of December 2008 and January 2009 have been extremely busy and challenging for acute services. The NHS Board, which has consistently achieved the 98% target throughout 2008, saw this drop to 97% in December 2008. This was as a result of significant increases in demand at different sites on different days. Tuesday 2<sup>nd</sup> December 2008 saw a huge surge in A&E attendances i.e. 20% higher than ever experienced – this was due to severe icy conditions which led to a number of falls and fractures. The average number of A&E patients seen in NHSGGC per day is 1226. On Tuesday 2<sup>nd</sup> December 1906 patients attended A&E which is 55% above the average. The average number of emergency surgical admissions at the 5 Glasgow adult sites is 77 per day. On this day there were 135 admissions which is a 75% increase on the average.
- Since 2<sup>nd</sup> December 2008, there has been sustained demand on emergency services with huge spikes in activity both in terms of admissions and attendees. The age group and increased length of stay due to the upper respiratory / f flu like virus put capacity pressures on different sites at different times.
- During this time, the Acute Service Escalation Policy has been implemented and good communication between partners has helped greatly in delivering services.
- 2.7 **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 noted a 20% increase in attendees and additional dentists were called in to meet this extra demand.
- 2.8 **MENTAL HEALTH / ADDICTION SERVICES** – no major issues were experienced in mental health over the festive period. The arrangements put in place in terms of crisis services and liaison psychiatry worked well and this was extremely valuable in managing the At Risk patients who would otherwise have required to be seen by either the GP OOH service or at A&E. Addiction services proactively contacted their at risk patients over the period and thus reduced the need for contact with other services and also were available to OOH doctors to discuss complex cases if required. This was considered extremely helpful.

- 2.9 **COMMUNITY PHARMACY** – The Minor Ailment Service and Urgent Provision of Repeat Medication proved useful over the festive period. Pharmacy worked closely with the Addictions Service, particularly around Methadone prescribing. Boots Pharmacy agreed to share their weekly sales data for Cough & Cold products from each of the 65 sites they operate from within the Board's area of responsibility. This information, along with the information provided from Community Pharmacies, is being used as an effective planning tool in identifying outbreaks of infection.
- 2.10 **GENERAL** - The single system approach to winter planning worked very well. December and January have been extremely challenging particularly for the acute services and the funding which allowed the implementation of a number of initiatives to support the winter pressures has been crucial. The initiatives put in place included :
- opening of additional beds;
  - extending opening of 5 day wards to 7 days;
  - introduction of additional staff into the A&E departments;
  - additional support staff available within communities to support early discharges/prevent attendance at A&E;
  - provision of additional ambulances/patient transport in the out of hours to support discharge from hospital and inter-hospital transfers;
  - additional pharmacy services;
  - availability of additional GPs and nurses in the out of hours period.

It was noted that the co-location of NHS24; Scottish Ambulance Service and GP OOH services at Caledonia House in Cardonald was a positive move and had led to improved communication and joint working between service partners.

### 3 **INFORMATION SHARING**

- 3.1 Daily reporting has been provided by the Health Information and Technology Directorate. It is agreed that the information provided has been beneficial and further work will be undertaken to consider how we can better use this information predicatively to plan services.
- 3.2 In line with the Scottish Government's requirements, a weekly Winter Pressure Exception Report is sent to the Health Department providing information regarding number of A&E attendees, 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.

### 4 **COMMUNICATIONS**

- 4.1 Media interest in how NHSGGC coped during winter continued apace throughout December and January.
- 4.2 Working closely with colleagues, the Communications Directorate provided regular updates to the media and also ensured that the Scottish Government's Performance Management Unit and the Press Health Communications Desk were updated on any emerging issue. Adverts for the "Be Ready for Winter" campaign were placed in both national and local papers, in some Local Authority Update Bulletins and on the NHS Greater Glasgow & Clyde website and Health News – these were well received. The Evening Times also ran a feature on the GP Out of Hours service and how the Board was gearing up for the festive period – this was effective in reinforcing the campaign messages on restocking medicine cabinets and ordering repeat prescriptions.

- 4.3 Communications also continue to contribute to the national campaign which was funded this year by NHS24. A review of the effectiveness of the various strands of this year's national campaign will be undertaken at the end of the winter period.

## **5 COMMUNITY ENGAGEMENT**

- 5.1 The Community Engagement Team worked with community partners visiting shopping areas and distributing 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.

## **6 CONCLUSION**

- 6.1 Given the extreme pressures on the Acute Services, NHS24 and GP OOH services in the early part of December, it was felt that NHS Greater Glasgow & 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 January 2009 proved to be a demanding month for the acute services with NHS Greater Glasgow & Clyde recording a figure of 97% compliance against the A&E target. Similar pressures have been acknowledged by other Board areas and it is anticipated that the national figure for January 2009 will be 96% compliance. In terms of February, the start of the month has seen higher compliance figures for the NHS Board than in either December or January and there are encouraging signs that bed pressures may be relaxing slightly. The Emergency Care & Medical Services Directorate will continue to work collaboratively with colleagues in other Directorates and key provider agencies to ensure we return to 98% compliance as soon as possible.
- 6.3 The Winter Planning Group will meet in April to assess NHS Greater Glasgow & Clyde's performance in 2008/09 and begin planning for 2009/10. This year will again be a four day holiday period. Messages to share in the National Winter Plan Group will also be agreed.

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