

Greater Glasgow and Clyde NHS Board

NHS Board Meeting

Board Paper No. 09/40

Report by the Director of Acute Services Strategy, Implementation and Planning

## WINTER PLAN 2009/10 - PROGRESS REPORT

### Recommendation:

Board members are asked to:

- receive an update on Winter Planning for 2009/10, which includes reference to lessons learned from 2008/09.

### 1 PURPOSE OF THE PAPER

The purpose of this paper is to provide a summary of lessons learned in 2008/09, to provide an update on issues raised nationally and regionally and to set out the work underway in developing the winter plan for 2009/10 and the key timelines.

### 2 BACKGROUND

The 2008/09 Winter Plan for NHS Greater Glasgow & Clyde was developed on a single system basis with all partners in the delivery of key services involved. The system wide Winter Planning Group and Executive Group (with representation at senior level from across the key organisations) ensured a co-ordinated approach to the planning and delivery of services and this is being further developed in progressing with the 2009/10 Winter Plan.

### 3 OVERVIEW OF THE 2008/09 WINTER PLAN

Overall, it was felt that the Plan worked effectively.

2008/09 continued to see a rise in both attenders and admissions across the A&E departments. The months of December 2008, January and February 2009 were extremely busy and challenging for acute services. The NHS Board which consistently achieved the 98% A&E waiting time target throughout 2008, saw this drop to 97% in December 2008. This remained at 97% in January and February 2009. This drop was in common with Boards across Scotland.

Tuesday 2<sup>nd</sup> December 2008 saw a huge surge in A&E attendances – 20% higher than ever experienced – this was due to severe icy conditions which led to a number of falls and fractures. On that day there was a 75% increase on the average number of surgical admissions.

This was an exceptionally busy festive period for both GP Out of Hours Service and NHS24 with Christmas Day being much busier than predicted. 39,331 calls were taken by NHS24 over the festive period with a higher than usual number of dental calls (4,000) being noted. Over the festive period, planning to ensure appropriate staffing levels to cope with predicted demand had worked well.

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It was noted that over the weekend of 13/14<sup>th</sup> December 2008 a significantly higher number of calls to NHS24 than predicted had been experienced. Joint working with the GP Out of Hours Service assisted in coping with this demand. The co-location of these two services, along with the Scottish Ambulance Service, at Cardonald has proved invaluable in terms of communication and working jointly to respond to spikes in demand.

For the Scottish Ambulance Service, although this has proved an extremely busy winter period, planning to cope with the predicted workload worked well to ensure there were additional ambulances available to both meet the demand and to support discharges and transfers within the out of hours period.

Throughout the months of 2009, the demand on acute services has continued to be challenging due to huge spikes in activity on key sites at different times. In particular, this has been evident at the Royal Alexandra Hospital, Western Infirmary, Glasgow Royal Infirmary and Victoria Infirmary. Despite this, in March, the A&E target increased to 98%, and although it dropped in April to 97%, in May and June it increased to 98%.

In planning winter 2009/10, it is important to understand the reasons why there are increases in activity, to put in place any initiatives to stem the growth and also being clear about the expectation of target delivery across all parts of the organisation.

### **4 LESSONS LEARNED FROM 2008/09**

The lessons learned from 2008/09 to guide winter planning for 2009/10 are as follows:

#### **4.1 Communication**

It was acknowledged that communication between partners was aided through the establishment of a Board wide group enabling partners to develop relationships so that they knew who to contact when necessary.

Working closely with colleagues, the Communications Directorate played a key role in liaising with the Scottish Government's Performance Management Unit and Press Health Communications Desk to keep them updated on emerging issues. They provided regular updates to the media and also ensured that the general public were made aware of how to access healthcare services, particularly during the extended festive period. This work was undertaken in collaboration with the national team to ensure a more corporate approach Scotland-wide. As in previous years, a booklet was produced and circulated widely and 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. The key message was "Be Ready for Winter" and adverts were placed in both national and local papers, in some Local Authority Updates Bulletins and on the NHS Greater Glasgow & Clyde website and Health News – all of these were well received.

It has been agreed that this dual approach to communication is vital in planning for winter 2009/10.

#### **4.2 Information Sharing**

Through the Health Information and Technology Directorate, work was undertaken to ensure that information, both proactive and real time, was shared with all partners. It was acknowledged that this information was extremely beneficial, in particular to the Acute and Out of Hours services. It has been agreed that more work will be undertaken in refining this for 2009/10 with a particular focus on providing real time information which can be used by CH(C)Ps in planning services.

#### **4.3 Escalation Plan / Senior Decision-making Rota**

An Escalation Plan and Senior Decision-making Rota were produced to detail the specific pathways of communication and how/when to move to the next stage. Contact details were available for a Director across each of the principal partners on each day of the extended festive period. All partners are now reviewing their Escalation Plans for 2009/10 to ensure that these take cognisance of H1N1 flu planning.

#### **4.4 Occupational Health**

Uptake of the Flu Vaccination by staff improved significantly in 2008/09 on the previous year. Work is underway in planning how uptake can be increased in 2009/1. Cognisance of the vaccination programme for H1N1 flu will be critical to consider how this can be delivered to front line staff as a priority.

#### **4.5 Public Holidays**

In 2007/08, it was widely acknowledged that a three day festive period with Christmas Day and New Year's Day falling on a Tuesday helped ease the pressures in the system as GP surgeries, Pharmacies and other support services worked as normal on both Mondays. 2008/09 saw a return to the 4 day holiday period. To address anticipated pressures, GP surgeries kept appointments free on the Monday/Tuesday/Wednesday of each week and this was extremely helpful in managing the demand.

2009/10 will be a 4 day festive holiday period and this has again been raised with the national team as a concern. Discussions are taking place at a local level to consider how this can be addressed for 2009/10. In planning for services, this will again be linked to the H1N1 flu planning.

#### **4.6 Innovation**

In attempting to address problems encountered in previous years, a number of new initiatives were introduced in 2008/09. Many worked well and were positively welcomed by patients. The following provides a brief summary of examples of these:

- a) additional discharge and transfer ambulances were introduced and these worked well, particularly in the evening and weekends, in supporting transfer of patients to other hospital sites or discharging patients home;
- b) the introduction of additional cleaning teams to support environmental cleans worked very well – this allowed a much quicker turnaround of bed availability;
- c) the introduction of additional pharmacy services within the hospital worked very well and this allowed more timely discharge of patients in the evenings and weekends;
- d) the introduction of a Sunday evening emergency dental service worked very well and due to the ongoing demand this service is now continuing;
- e) the minor ailment service and urgent provision of repeat medication by the Community Pharmacy services proved extremely useful over the festive period;
- f) 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, was and continues to be used, as an effective planning tool in identifying outbreaks of infection;
- g) Close working between Pharmacy and Addictions Service, particularly around Methadone prescribing, proved extremely beneficial during the festive holiday period in avoiding presentations to either the GP Out of Hours Service or A&E;
- h) 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;
- i) Addiction services proactively contacted their at risk patients over the period and thus reduced the need for contact with other services. They were also available to OOH doctors to discuss complex cases if required. Again this was extremely helpful in avoiding attendance at A&E/admission to hospital;
- j) the Scottish Ambulance Service established a medical/first aid post within the city centre during the festive period and this has now been extended to cover every Friday and Saturday night – this has been extremely beneficial in managing minor illnesses/injuries and preventing people from attending A&E;

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- k) Funding from the Scottish Government allowed us to establish 2 GP pilots, at the Royal Alexandra Hospital and GRI, whose remit was to help manage demand at A&E by treating attendances more suitable for primary care. These pilots worked very well and will be considered again in planning for 2009/10;
- l) 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.

There is currently an assessment underway of the value of the new initiatives, including those that did not work so well, and there is also consideration of other initiatives, learning from elsewhere, that could be useful to introduce for 2009/10. Key to this is identifying the resources necessary to allow introduction of these additional services / initiatives.

## 5 PROGRESS TO DATE

Since the update report to the Board in February 2009, the Winter Planning Group and Executive Group have continued to meet to progress the winter planning process for 2009/10. As part of the review nationally of the winter planning process, Dr Daniel Beckett from Edinburgh Royal Infirmary, was seconded to the Emergency Access Delivery Team for 3 months to review with all Board areas their winter planning process and to identify what worked well and what did not. At the end of the period he summarised his findings and presented these at the National Winter Planning event in June 2009 (see below). He has also produced a Report which summarises his findings and within this he highlights as examples of good practice a number of the initiatives which Greater Glasgow & Clyde introduced.

### 5.1 National Winter Planning Event

On 16<sup>th</sup> July 2009, the Emergency Access Delivery Team hosted the National Winter Planning event at Airth Castle. This event was very well attended by representatives from all partners across Greater Glasgow & Clyde and other Health Boards across Scotland. The purpose of this event was to:

- Share the learning from 2008/09 winter planning experience and celebrate areas of success;
- Explore emergent issues and outline how further improvement to winter planning can be made;
- Focus on H1N1 flu planning – current and future approach to managing this; description of the immunisation programme; workforce planning
- Ensure that arrangements are streamlined across the whole health community, including escalation systems;
- Explore the process and work on reducing A&E attendances;
- Consider the improvement journey in regard of the maximum 4 hour wait and further opportunities to ensure sustained performance.

The point was clearly made that in planning for winter 2009/10 all health boards ensure that flu plans are aligned to the winter planning process. Concerns were raised about the 4 Day Festive Holiday period and this has been raised separately again with the Centre for them to review and provide guidance on service delivery during this period.

There was a focus on mental health services and how these can support A&E departments during the winter period. Greater Glasgow & Clyde has very good access to mental health services both in and out of hours and this was highlighted in Dr Beckett's written report.

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It was also stressed at the national event, the need to ensure that there is full engagement with Local Authority partners, in particular Social Work, in the winter planning process. Through the CH(C)Ps, meetings are being arranged with the individual Local Authorities to discuss how they can become more involved in this process to :

- prevent attendance at A&E and admission to hospital;
- support the Discharge Process
- how they can better support patients within the community.

Dr Beckett outlined a number of recommendations which Board's should consider in developing their winter plans for 2009/10 and through the Winter Planning Group, these recommendations are being considered as to what actions need to be taken forward.

### **5.2 Preparation for the Regional Event on 17<sup>th</sup> September 2009 at Beardmore Hotel, Glasgow**

As last year, it is expected that Boards at the highest level will be represented at this event. Boards are expected to share their draft winter plans at the event with finalised Winter Plans being submitted to Boards for formal approval in October 2009.

In preparation locally, a Winter Planning meeting will be held on 7<sup>th</sup> September 2009 to ensure all partners have in place their winter planning processes for 2009/10. All partners have been asked to update and refresh their section of the winter plan to be available by the 4<sup>th</sup> week in August. These will be collated and shared by end August for further refinement before discussion at the Regional Event. It is the intention that Greater Glasgow & Clyde will have a prominent role at this event in sharing good practice. Following the regional event amendments will be made as appropriate and the winter plan will be considered by both the Winter Planning Group and Executive Group before submission to Board in October 2009 for formal approval.

## **6 ALIGNING FLU AND WINTER PLANNING**

In the past, planning for winter pressures has involved preparation for and delivery of the influenza vaccination scheme to vulnerable groups in our communities. Although the number of reported cases of H1N1 has dipped lately, medical experts, who have studied previous pandemics, believe the autumn is a crucial period when an upsurge is likely. It is therefore vital that the work of the NHSGGC Pandemic Flu Planning Group is integrally linked with the preparations being made by the Winter Planning Group. A joint meeting of representatives from both groups will take place on 7<sup>th</sup> September 2009 to establish a process for joint working.

## **7. CONCLUSION**

In conclusion, through direction from the Winter Planning Group, the finalised Winter Plan for Greater Glasgow & Clyde will be submitted to the Board in October 2009 for formal approval.

## **RECOMMENDATION**

The NHS Board is asked to:

- receive an update on Winter Planning for 2009/10, which includes reference to lessons learned from 2008/09.

Heather McVey / Helen Byrne  
August 2009