Appendix 1

NHS
Greater Glasgow and Clyde

WINTER PLAN

2009/2010

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INTRODUCTION

This Winter Plan represents the plans of each of the partner agencies across Greater Glasgow and Clyde to ensure preparedness for the 2009/2010 winter period. In the current worldwide flu pandemic status, this year the winter plan is closely aligned to the Flu Pandemic Plan. To support the Winter Plan there is an Escalation Plan and each of the agencies have their own localised Escalation Plans to support local winter plans.

It is recognised at both a local and national level that Winter Planning is now all year planning and not just aligned to the months November to March. The principles outlined in the document below are followed in managing surges in demand across the system as outlined in the escalation plans for each agency.

The National Access Delivery Team is responsible for the overall co-ordination of winter planning for 2009/10. 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, Local Authorities Social Work, GGC Out of Hours, Scottish Ambulance Service, the Acute Division, Mental Health Partnership, Public Health, Occupational Health and Addiction Services.

It has also stated that Boards should ensure System Watch be used systematically for long to medium term prediction of unscheduled activity and for planning of elective activity over the winter months. In NHS Greater Glasgow & Clyde this information tool is used in conjunction with a number of other information prediction tools to assist in managing capacity and demand across the whole system.

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 and context and principles

Chapter 2 – Each partner's detailed plan

Chapter 3 – The next steps

CHAPTER 1 - BACKGROUND AND CONTEXT

1 WINTER PLANNING STRUCTURES

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

The (SGHD) is quite clear 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 undertaken in "silos" and regional working should prevail where appropriate.

SGHD have also highlighted the need to ensure that there is clear synergy between winter plans and flu pandemic plans as this year it is envisaged there will be significant increases in the number of people presenting with flu like symptoms which will put pressure on all systems.

To support winter planning across GGC, the following structure is in place:

Winter Planning Group – this includes senior representation from across all partners – this group meets bi-monthly and the focus is to co-ordinate preparation of winter and escalation plans following review of previous winter pressures.
Winter Planning Executive Group – the senior management of winter planning is through the executive group. This group meets monthly, or more often if required during the winter period, to review how plans are progressing and to implement changes as required. It is the intention to extend the membership of this group to ensure management of Flu.
Winter Planning Acute Division Group – this group includes senior representation from across all directorates within the Acute Division along with representation from Scottish Ambulance Service.
Sector Winter Planning Groups – the outcomes from these groups feed into the Acute Winter Planning Group and in some areas the Sector Group supports a number of smaller Locality Groups where Winter Planning is a regular agenda item.
Partnerships with Social Work departments – Greater Glasgow & Clyde links into 9 Local Authority Areas. Each of these areas provides a different range of social services support and winter planning is jointly undertaken through the Locality Groups.

Winter Planning is a regular agenda item on all management groups and formal reports at key points within the year are submitted to the Board.

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 admissions. This increase in both attenders and admissions has continued through 2009 and across Glasgow and Clyde there has been a further 3% increase in attenders at A&E departments and it is anticipated that this will further increase in moving into the winter period. This increase in activity is already putting pressure on bed capacity and detailed local plans are in place to manage this demand. As indicated above, the GG&C and localised plans are very much aligned to the Flu Pandemic plans to ensure preparedness for the anticipated increase in flu/respiratory illness. 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 have stressed the need to ensure that plans reflect appropriate planning of services within primary care/community to support reducing demand on A&E and the GP Out of Hours service.

2 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

2.1 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 2008/09 was submitted to the Board in August 2009 and this was submitted to Scottish Government Emergency Access Delivery Team at this time. During 2009/10, 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 2009/10 which would operate during the November '09 to March '10 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. This will also be linked to the planned swine flu vaccination of all front line staff over the coming months. Consideration will also be given to ensuring optimum use of the Nurse Bank to ensure appropriate cover can be provided where necessary.

Communications play 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.

2.2 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 2008/09 will be built upon in analysing and sharing data in the winter period 2009/10. 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.

The tools reflects trend activity in as many parts of the health care system as possible so that the most comprehensive overview may be given, including primary care information, attendance at A&E departments and emergency admissions to hospital. In addition information from spotter GP practices is available.

The data indicators include the following:

- A&E attendances data
- Out of hours activity
- Emergency admissions
- Mid-day bed state

These indicators are complied into daily reports at the hospital level of detail, and made available to health service planning staff both online in SharePoint, and emailed in electronic format.

2.3 Partnership Working

In preparing for winter 2009/10, 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. CH(C)Ps will address, particularly with local authorities, the capacity of community provision over the winter period.

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.

- Mental Health Crisis Service - 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.

- The Board now has in place across GGC a Single Discharge Team which links in with each of the partner agencies through the localities to manage discharge planning – this has improved access to services and the joint working is supporting earlier discharge from hospital which is supporting reducing length of stay. In the last 2 years GGC has seen a 10% reduction in length of stay across its medical wards. Other initiatives which support discharge planning/supporting patients within the community include :

    - Introduction and use of the joint Electronic Discharge Information System allows both health and social work services to monitor the discharge process for patients;
    - Staff on wards have direct access to ordering/ re-establishing Care Packages to enable early discharge and similarly have direct access to Equipment;
    - Health Support to Care Homes – 85% of Nursing Homes are now covered by an Enhanced Medical Service. 100% of Nursing Homes are supported by Care Home Liaison Nurses whose key remit is to support care within the home, in particular around end of life care. The nurses are also actively involved with GPs to prevent admissions and to support patient discharge
    - GP Services ensure they stay open until 6.00 p.m. on days prior to holidays and open appointment systems during days following holidays

2.4 Optimum Use of Staff –

Review of previous years has shown that staff flexibility is crucial over the winter pressure period. Occupational Health and Communications are working with all departments to determine a programme for delivery of the swine flu vaccine to all front line staff and to encourage uptake of the yearly flu 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 are liaising with Directors of Social Work in the nine 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. 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 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.

- Ensuring 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.

- Ensuring 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.

- Ensuring that all staff are encouraged by line managers and Occupational Health to increase uptake of the flu vaccinations.

2.5 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 the 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.

2.6 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. In preparation for Winter 2009/10 joint meetings will, as appropriate, take place to ensure that there is clarity around both winter and flu planning. If necessary these two forums will merge to manage the process.

2.7 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 GG&C have also prepared a detailed Pandemic Flu plan which can be enacted in the event of the anticipated swine flu epidemic this year.

If there is evidence of the system reaching or exceeding capacity, an escalation plan will be activated 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
• Using our predictive tool in conjunction with historical data.	August/Sept 2009	Janice Houston	
• Agree estimated call volumes and match staffing profile.	August/Sept 2009	Janice Houston	
• Match seating capacity to predicted call profile.	Oct 2009	Janice Houston	
• Rewrite current escalation and contingency plans to incorporate Scottish Flu Response Centre activity in view of current predicted flu activity.	Aug /Sept 2009	Janice Houston	
• Agree pre prioritised call capacity for festive period with Greater Glasgow and Clyde OOHs service.	August/Sept 2009	Janice Houston/Norrie Gaw	
• 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 2009	Janice Houston/Norrie Gaw	
• Participate in gathering information on any changes to local services particularly with regard to pharmacy services.	Ongoing	Janice Houston	
• Negotiate and agree process of staff rotas with partnership.	Ongoing end Sept 2009	Janice Houston	
• Internally working on IVR messaging and agreeing appropriate messages to support the Winter and flu activity.	Ongoing	Janice Houston	
• Agree escalation process with all health board areas.	Ongoing	NHS 24 Account Leads	
• Prepare and circulate internal Winter Plan.	Ongoing Sept 2009	Janice Houston	
• Work in conjunction with our communication team re national ad campaign.	Sept 2009	Janice Houston	

SCOTTISH AMBULANCE SERVICE

TASK	TIMESCALES	LEAD	PROGRESS
• SAS West Central Division will work in partnership with NHSGG&C 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
• 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	Ms M O'Connor 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.
SAS will formally request advance notice of requirements for SAS transport needs – especially for any out of area requests .	As above	Head of Non-Emergency Service	
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 Quinn (SAS) External Agencies NHS Boards	Work in progress
During festive period resources will be increased to address peak demands and providing dedicated cover as requested to special New Year events.	Oct onwards	Ms M O'Connor (SAS), Divisional Workforce Planning	Special/public event coverage – work in progress
• 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 A&E service	Festive period resources – review resources to meet demand and consider appropriate overtime funding of shifts
• Identify threats to continuity of service through extreme weather, absence, capacity issues, major incidents, mutual aid to NHS Boards and other stakeholders/response partners.	Nov onwards	As above	Work in progress

GG&C OUT OF HOURS

TASK	TIMESCALES	LEAD	PROGRESS
Review Review statistics from 2008/2009 and trends from previous years in particular previous 4 day holiday periods.	Jan/Feb 09	Norrie Gaw/Joan Barr	Complete Feb 2009
Analysis of learning points • 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 on day 4 but no obvious reason for this apart from no prevalent viral illnesses. • Weekend prior to festive period saw a 15% increase in activity which was unexpected and will be predicted this year by increasing staffing levels.	February 2009	Norrie Gaw/Joan Barr	Complete Feb 2009
Key points for 2009/2010 • 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. Experience during pandemic flu workloads of April/ May/June/July 2009 showed that it was not possible to sustain untriaged workload due to the significant increase in speak to doctor calls. Requirements/gaps • Festive period is over 4 days 2009/2010 Christmas Day and New Years Day are day one (Friday).The 4 days are consecutive with no GP surgeries opening (compared to 2007/08 when the holiday was 2+2 days with surgeries open on the Monday but similar to last year when day 4 was unexpectedly quieter than planned for).	August 2009	Norrie Gaw/ Joan Barr / Janice Houston	Complete Aug 2009

• NHS24 call back was a feature in 2007/08 and 2008/2009 resulting in patients presenting to PCECs and for home visits later in the day. Clinical manpower was organised to cope with this phenomenon and worked well. Rotas replicated this year in Glasgow and Clyde. • Enhanced staffing level and triage capacity required in week after festive period as for last year and is built into plan for 2009/2010. • Weekend prior to festive period also requires enhanced staffing level. • Thereafter review of potential demand will be on a weekly basis jointly with NHS24. • Space at PCECs is a major issue for GGC OOH and co-operation needed from site sharers. The move to SGH in June 2008 has been of great benefit. • The move to Stobhill ACH and to Victoria ACH May/June 2009 has been of significant benefit in quality of and availability of consulting room space. • Space is a potential challenged at RAH. GG&C OOH plan to move to Geriatric Day Hospital in mid September thus increasing capacity and improving waiting area.			
Anticipated GEMS NHS Triage Requirements from NHS 24 Triage capacity for Saturdays/Sundays is now an integrated part of GG&C OOH Rota. • Determine rota for Triage based on historical activity and NHS 24 projections for 2009/2010– discussed and agreed with NHS 24. Detailed discussions took place to ensure that the GEMS rotas were planned to address the phasing required by NHS 24. This was completed prior to the rotas being issued. • There is an agreement for GGC OOH to take 10 calls per hour per GP. These calls will be handled by GPs. Additional flexibility has been incorporated in the event that NHS24 demand for triage is less than predicted – if so GPs will be redeployed to front line services in the PCECs. If all rosters are filled GGC OOH will meet the requirements estimated by NHS24 in their initial modelling. In 2008/2009 GGC OOH able to respond at short notice to increased NHS24 requirement .This is built in again to GGC OOH rota with back up GPs available and the ability to transfer untriaged calls to each of the six PCECs if volumes unpredictably high.	July 2009 Ongoing	Norrie Gaw/ Janice Houston/Joan Barr	Planning and issue of Rotas Complete 1st July. Agreed triage levels with NHS24. Target date for rota to be full populated is 1st September 2009. GGC OOH: Management processes in place to analyse and take required action once rotas are returned

• In 2008/2009 short notice requests for increased triage capacity during festive period were accommodated by extending the hours of GP triagers and calling in backup. This flexible approach will be actioned 2009/2010 if required. • A robust contingency plan to deal with untriaged calls in the event of an IT failure of either NHS24 or GG&C OOH system was actioned in Dec 2008 and worked successfully. This is now established. • Funding of untriaged call handling is met by NHS24 with a robust process well established.	Ongoing Ongoing	Norrie Gaw/ Janice Houston/Joan Barr	Triage agreed Sat and Sundays –capacity agreed.
Core Demand • 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 GGC OOH 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 2008. Traditionally three of the six Glasgow sites close at 6pm on Christmas Day. In 2009 all sites will remain open till midnight (this change was effected 2008 and was successful and thus will be repeated) 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. 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 can be busy and no evidence to suggest day 4 e.g. always busier than day 2. Thus maximal traditional festive staffing levels across the 7 days. • Additional resource built into rota for whole period 12th December – 16th January.	Ongoing Ongoing	Norrie Gaw/Joan Barr/Janice Houston/LB/SL	Complete. Rota issued July 09, to be returned 1st September 09 – final allocations to be established by mid September 09.
Workforce Define skill set requirements all staff ; GPs , Nurses, Traffic Controllers, A&C.	May 2009	Norrie Gaw/Joan Barr/JMcD	Nurse Practitioner deployment subject to ongoing discussion – ongoing August 2009. Doctor rota established. Nurse practitioners rota is integrated with doctor rota and further discussion will allow suitable deployment.

Resource Availability • 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. Glasgow GP payments in line with Regional agreements. No change from 2005/06 which were shared nationally. No increase on 2008/2009 rates of pay to GPs. • "Clyde " doctors Ts and Cs suggest double time for all 8 days of festive period. CLO advice/HR advice being taken.	Non clinical staff rotas will be complete by October 09 October 2009 August 2009	JB/SL	Ongoing Ongoing
Change Control Monitoring Greater Glasgow & Clyde Out of Hours Service.	October 09	NG/JB	Management processes and nominated manager established within GEMS NHS –senior manager on call at all times and on site at peak times.
IM&T • Request health-check and readiness reports from major IT/telephone suppliers. • Planning for any remedial work required. (hardware/software/ network). • 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).	October 09	Norrie Gaw/Joan Barr /NHS 24	GGC OOH installed a new IT system June 08. Problems are currently being experienced with this system – the main reason for this is around bandwidth which is currently being addressed via BT. The Head of I/T is reviewing a number of alternatives to resolve this problem. This is being done as a matter or urgency. Local systems will cease any unnecessary service / technology changes to allow focus on demands & priorities over winter / festive period. Operational team to plan to meet key officers to agree approach to this - initial meeting October. On call contract in place.

• Review and update contingency plans.			GGC OOH have back up manual system this will be reviewed and tested in advance of December.
Increasing Capacity • GP practices must absorb all demand 7.30am-6pm 24th Dec and 31st Dec. and 29th 30th 31st and 5th, 6th,7th. Need to negotiate with GP Subcommittee. • Additional GP capacity to take calls from NHS 24 and to assist in demand management at PCECs. • Agreement has been reached with GP Subcommittee and CHPs on access to clinical staff in event of pandemic flu stretching clinical resource. • Additional Nurse Triage. • Role of Minor Illness nurses over festive period to be determined. • Additional support staff.	September onwards	Norrie Gaw / David Walker/ Alan McDevitt NG/JMcD	Ongoing
Reducing Demand • 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 Thurs 24th Dec and Thurs 31st Dec 7-30am(8 am)-6pm. • Worked with acute to establish next day urgent OPD capacity. This was not utilised 2007/8 or 2008/9. Need to determine if should be tried again 09/10. • Worked with acute to establish "hot line" to consultant to discuss alternative management plans with view to admission avoidance. Not utilised 07/08 or 08/09. Need to assess if should be pursued 09/10. • Referral from A&E well established in 5 sites and works well.	May 2009 onwards	David Walker/Norrie Gaw/Nic Zappia/ Norrie Gaw/ Joan Barr Norrie Gaw/Joan Barr/ Sandra Lewsey	Work in progress Planning group established. ongoing
Other activities that could be available to deal with face to face demand. • 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.	Dec 09 / Jan 10	NG/JB/SL	Work in Progress

• 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. Need to remind pharmacists and PCEC staff.	Dec / Jan Ongoing Sept 09	NHSGG&C Comms	Work in progress
Determine plan for best use of GG&C Nurse Practitioners • 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.	October 09	JMcD/NG	Work in progress
Issue GP Rotas	July 09	NG/JB/SL	Complete
Flu vaccination • Staff. • Issue letter to staff encouraging uptake of flu vaccination. Approach public health for assistance. • Integrate with H1N1 vaccination programme.	October 09	LB	Work in Progress
Syndromic Surveillance	October 09	Dr S Ahmed	Established NHSGGC process in place via Dr Ahmed and Medical Director. Work in progress
Flu Pandemic / Epidemic Planning • Issue joint letter from GP Subcommittee 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 • Issue Joint Letter from GP Subcommittee and GG&COOH 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 09	David Walker/ LMC/ Norrie Gaw/	Work in progress

• 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 09	David Walker/ Norrie Gaw/ Nic Zappia	
Communication • 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. • Communication with SAS. • Communication within Carers and CH(C)P Networks. • GG&C NHS Winter Planning Booklet. • Develop contingency plan for telephony failure to ensure service delivery. • Consider requirement for media campaign to wider public.	October 09	Communications and Winter Planning Working Group	Work in progress
Reporting and Monitoring Process Agree: a) Internal monitoring and accountability process b) Reporting requirements September 2009 – January 2010	October 09	GA/JB/NG	Work in progress NHSGGC has established Winter Reporting Process in place. Weekly reports include : • Winter Issues – reports per site • Infection Control • Wards Open – status 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.

Agree: c) Internal monitoring and accountability process Reporting requirements September 2009 – January 2010	October 09	GA/JB/NG	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. 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. GG&C OOH has contingency plans in place for IT or telephony failure.

PRIMARY CARE / CH(C)Ps

TASK	TIMESCALES	LEAD	PROGRESS
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:- Pharmacy Public Health Oral Health Mental Health NHS Greater Glasgow & Clyde Out of Hours Services Addictions Communications The following actions are in addition:			
Local Authority Planning • Each CH(C)P Directors to liaise with aligned Directors of Social Work re festive planning on joint planning for winter – 9 local authorities (Glasgow, East Dunbartonshire, West Dunbartonshire, Renfrewshire, East Renfrewshire, Inverclyde, South Lanarkshire, North Lanarkshire, Argyll & Bute) • Plans to include; o Confirming community capacity and availability particularly during festive period. o Putting in place appropriate joint arrangements to manage winter planning. o Jointly reviewing common data set on regular basis to guide local response. o Flu vaccination for residential and home care clients and staff. o Proactive medication management. o Contingency for increased/rapid discharge and prevention of admissions. o CH(C)Ps to ensure staff are briefed on local planning. o Ensure that robust communication links are available to Social Work Services over this period.	By 27th November 2009 November 2008	David Walker /CH(C)P Directors David Walker/ CH(C)P Directors	Planning commenced, for CH(C)Ps, management teams manage directly Core Brief Document to be finalised. Work underway with local authorities to identify and develop relevant areas for local planning with CH(C)Ps.

Repeat Prescriptions • 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.	By 27th November, 2009 28th November, 2009		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.
Routine General Practice • 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 NHSGGC OOHs compromised.	October through December 2009	Dr N Gaw with David Walker/CH(C)P Directors David Walker/GP Sub Committee	Issue Joint Letter from LMC and NHSGGC OOHs reminding GPs of their obligation to remain available for patients up to 6pm on 24 December and 31 December. (Letter being updated)
OOH Community Nursing • 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 GGC OOHs • 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.	27th November, 2009 27th November 2009 November 2009 October 2009 December 2009	CH(C)P Senior Nurses (Adult)	Discuss proposals with LMC. Continue to further develop existing plans Work in progress developing existing plans and relevant contacts.
Dial Management: CH(C)Ps to review daily SITREP reports (incl. data from Acute, NHS24, NHS GGC OOHs plus any local intelligence and adjust responses as appropriate with partners).	December 2009	Delegated officers from CH(C)Ps and other services	Work in progress

Preventing Admissions • 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 • identify patients at risk of admission/readmission using SPARRA data Discharge management – see also acute division section • Ensure leave planned in hospital/social work to cover anticipated peaks in activity in January. • Ensure early notification to social work teams regarding anticipated increase in assessment and discharge activity to release beds. • Ensure equipment local stock is available for discharge teams • Develop escalation plan for home care services. • Liaise with social work to ensure no delays in discharges and appropriate packages of support available.	November 2009 November 2009 November 2009 November 2009 November 2009	HOHCC and equivalent and Rehabilitation and Assessment Directorate GMs HOHCC and LA Leads elsewhere Rehabilitation and Assessment Directorate CH(C)P's and LA'S Rehabilitation and Assessment Directorate Rehabilitation and Assessment Directorate CH(C)Ps, Local Authorities CH(C)Ps/ Rehabilitation & Assessment Directorate/	Work in progress Work in progress Work in progress work in progress Work in progress Work in progress

PHARMACY

TASK	TIMESCALES	LEAD	PROGRESS
COMMUNITY			
Opening Times - Community pharmacies required to open contracted hours on 24 & 31 Dec. Public Holidays are 25 & 28 December 09 and 1 & 4 January 10. 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 25/26/28 December and 1/2/4 January.	List of pharmacies providing festive cover to be available by 15th November 2009	R Gillespie (Information booklet) NHSGGC Communications	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
Monitored Dosage Systems – 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	E.Ward	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	E. Ward	Complete
Pharmacy Direct Referrals to PCEC – initial contact by phone	Established	E. Ward	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 30 days but patient must meet full cost.	Ongoing	D Thomson	Complete

HOSPITALS			
All acute hospitals are considering their requirements for extended hours at weekends and lengthened weekday opening, to support discharge of patients. This worked well on some sites in previous years and it is proposed that this is repeated and extended to other acute hospital settings if appropriate, depending on local needs.	End September 2009	L Hillan/ M Brady	Bids to introduce extended service to several sites are being prepared for submission to acute winter planning group.
Introduction of a limited clinical pharmacy service at weekends on the busier acute sites e.g. GRI, This will focus on acute admissions, and patients ready for discharge.	December 2009	L Hillan/ M Brady	Scoping exercise is under way to establish requirements.
Pharmacy staff will play an integral part in responding to any outbreak of influenza, including the predicted increase in H1N1 cases, Significantly increased activity by pharmacy departments in acute sites.	September 2009	N Lannigan	Business Continuity Plan developed to cope with peaks in demand for service.
Key linkages to other services: • Acute Medical and surgical services • Ambulance Services • Discharge Planners • Clinical Pharmacists • Dispensary Services • Glasgow Addiction Services			

OCCUPATIONAL HEALTH

TASK	TIMESCALES	LEAD	PROGRESS
• A promotion campaign for staff to be produced and is being cascaded throughout the organisation via payslips, email and poster campaign.	September 2009 onwards	Rona Wall & Elisabeth Campbell	
• Occupational health is working with public health, to develop a vaccination programme which will encompass H1N1 and normal winter immunisation.	Plan by 11.09.09. Roll out over Sept/Oct 2009	R Wall/Dr S Ahmed	
• Clinical champion identified.	September 2009 onwards	Dr L De Caestecker	
• Communication with pharmacy for supply of vaccine.	September 2009 onwards	Rona Wall	
• Timetable for delivery of flu vaccine to staff has been produced.	September 2009	Pharmacy lead	
• A risk assessment undertaken in line with the national guidance and local critical groups.	End of September 2009	Rona Wall	
• Roll out programme based on risk.	September 2009 onwards	Rona Wall and Dr J Henderson	
• Additional resource to be identified to supplement core workforce.	End September 2009	Rona Wall with J McCarthy Head of Resources	
• Ongoing monitoring will be performed to determine any programme change.	Ongoing	Rona Wall	
• Daily absence monitoring by local teams to monitor H1N1.	From May 2009 – April 2010	HR Leads	

ACUTE DIVISION

TASK	TIMESCALES	LEAD	PROGRESS
Overarching Activity			
• All Directorates will review annual leave arrangements for the main festive period and predicted peak periods to ensure workforce requirements are met.	October 2009	Directors /GMs	Ongoing
• Nurse bank to produce action plan to meet predicted demand at peak periods.	September 2009	Director/John McCarthy	Work in progress
• Training during the main festive period and predicted peak periods will be limited to statutory training or that approved at Director Level.	October 2009	GMS/CSMs	Ongoing
• The Acute Division will work with the Occupational Health department to maximise the uptake of the flu vaccination amongst its staff.	November 2009/Ongoing	Occupational Health/HR	Work in progress
• Decisions to close ward beds for operational reasons will only be made with Director level approval.			
• The Infection Control Team (ICT) will liaise with senior Directorate Managers/Clinicians if wards require to be closed.	Ongoing	ICT	Established
• Ensure for its registered population, Care Home practice delivers flu vaccination programme for care home residents when vaccine available.	November 2009	Associate Medical Director/Directors	Work in progress
• 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.	October 2009 onwards	RAD	Work in progress
• The Acute hospitals will establish a 'hot-line' to consultants for advice to GPs re patients who could potentially follow alternative pathways to hospital attendance /admission.	November 2009	Integrated Discharge Manager/CSMs	2 additional CTs established at GRI / SGH A&E to support unscheduled care
• Additional Emergency Diagnostics capacity will be established to expedite discharges and/or admission avoidance.	October 2009	EC&M GMs	Planned for radiology
• Enhanced weekend clinical support services will operate during the main winter period e.g. Pharmacy, Radiology.	November 2009	Diagnostics Directorate	Work in progress

• 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.	October 2009	Director /GMs	Ongoing
• 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.	November 2009	Public Health/Associate Medical Directors	Work in progress
• A series of measures is being established to increase clinical services capacity. These include:	October 2009	Director EC&M	Work in progress
• Increased/extended hours staffing 26th December 2009 – 28th February 20010:	Sept 2009 onwards	GMs	Work in progress
• Clinical services: consultant weekend ward rounds, pharmacy provision 7 days per week	Sept 2009 onwards	GMs	Work in progress
• Increased diagnostics provision at main hospital sites – planned plus additional CT provision	Sept 2009 onwards	GMs	Work in progress
• Maximisation of the triage of patients from A&E to GG&C OOH Service as appropriate where services are co-located	Sept 2009 onwards	GMs	Work in progress
• Maximisation of use of discharge lounges	November 2009	RAD/GMs	Ongoing
• Daily multi disciplinary bed management meetings at all sites. Frequency will be increased during main winter period.	Sept 2009 onwards	RAD/All Directorates	Ongoing
• These will include consideration of projected activity and discharges using system watch and local information.	December 2009	GMs	
• 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.	established	RAD	
• Increased non-clinical support services: e.g. portering.	Sept 2009 onwards	Facilities	
• 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.	October 2009	EC&M	Plans to be agreed with SAS.

TASK	TIMESCALES	LEAD	PROGRESS
ACUTE STAFFING			
• Provide meaningful reports:			
o Provide report for 28+ days rather than 100+ days		Workforce Information Dept.	In place
o Work for local managers to refine requirements of reports		Heads of HR/HR Managers	In place
o Address identified issues and refine reports		Workforce Information Dept	Ongoing
o Provide reports for long and short term sickness percentages and trends		Workforce Information Dept	In place
o Identify and address data quality issues		Head of HR/ Workforce Information Dept	In place
• Managers/supervisors to be fully aware of their individual responsibilities:			
o Establish 'gaps' in the understanding and responsibility of front line managers		All Senior Managers/HR Staff	Ongoing
o 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)	July onwards	HR Managers/Advisors	Ongoing
o Establish and deliver awareness-raising sessions when new attendance management policy is agreed at APF		Local HR Teams	Ongoing
o Ensure sickness absence management actions remain a longstanding item at local meetings		Local Managers	Ongoing
• Identify work-related causal effects for increased sickness in 'problem' areas:			
o Establish focus groups and use current data sources to identify problem areas		HR Managers/Advisors	In place and ongoing
o Review quantitative and qualitative data on locally held reasons for absence/occupational health intelligence		Local Managers/HR Managers	In place and ongoing

o Develop and deliver action plans to address work related issues		Local Managers/HR Mgrs and Advisors/ Assistants.	Ongoing
• Ensure robust operational management of sickness is taking place across all levels of management across Glasgow and Clyde:		Head of HR/ Managers/Advisors	Ongoing
o Develop reporting systems to collect and report on activity relating to the operational management of sickness absence		Managers/HR Managers, Advisors/Assistants/ Head of HR	Ongoing
o Ensure sickness management is part of performance management processes across the service and that there is consistent application across the board area			
o Provision of protected HR resource time to support management interventions relating to sickness		HR Managers/Advisors/ Assistants	Ongoing
o Proactive HR input through the analysis of data and subsequent highlighting of 'problem' areas for targeted response		HR Managers	Ongoing
o Ensure ongoing communications with all staff on long term sick		HR Managers, Advisors /Assistants/Local Managers	Ongoing
o Ensure staff are referred appropriately to disciplinary processes where informal approaches achieve no improvement in sickness rates		HR Managers, Advisors, Assistants/Local Managers	Ongoing
o Engage proactively with Occupational Health to ensure that appropriate referrals are made and that the correct information is requested and given		HR Managers, Advisors, Assistants/Local Managers	Ongoing
• Full awareness of current focus and activity related to National Targets:			
o Highlight the focus on sickness at all local team meetings ensuring staff are made aware of the proactive approach being adopted		Local Managers	In place
o Share appropriate info with local teams around current sickness rates in the context of how these compare across the service		Local Managers	In place
o Ensure all staff are aware of their responsibilities around reporting initial and ongoing sickness		Local Managers	Ongoing
o Manager to proactively communicate with staff while they are on sick leave (appropriately)		Local Managers	Ongoing

Surgery and Anaesthetics Directorate

While considering the winter period to last from 1st November through to 28th February, the focus is on the particularly high levels of emergency activity predicted over Christmas and New Year into the first weeks of January 2010; 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 waiting times targets, and how much elective activity will continue over Christmas, New Year and early January. We intend to resume elective activity on Tuesday 5th January 2010. Although there is variation in pressures in the sub directorates, overall we will not be in a position to reduce elective activity for any longer than is essential, but will optimise day surgery and short stay surgery where possible in early January. The 18 weeks RTT trajectory means a volume of January's elective patients will be treated in December.

Day	*Planned IP Theatre Service*	*Day*	*Planned IP Theatre Service*
Thursday 24th December	Normal activity	Thursday 31st December	Emergency and reduced elective activity
Friday 25th December PH	Emergencies only	Friday 1st January 2010 PH	Emergencies only
Saturday 26th December	Emergencies only	Saturday 2nd January	Emergencies only
Sunday 27th December	Emergencies only	Sunday 3rd January	Emergencies only
Monday 28th December PH	Emergencies only	Monday 4th January PH	Emergencies only
Tuesday 29th December	Emergency and reduced elective activity	Tuesday 5th January	Resume elective activity
Wednesday 30th December	Emergency and reduced elective activity		

As in previous years some beds not currently in use will be available to be opened e.g. GRI Lister, as activity demands and staffing permits.

If there is a high level of activity at weekends over winter it may be necessary to keep beds open which otherwise would have been closed for the weekend, on condition that safe staffing levels can be maintained.

Public holiday leave will be allocated fairly, but as in previous years, 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.

Diagnostics Directorate

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, especially through the extended holiday period.

Laboratories need to be made aware of any short term changes in service provision e.g. the opening of additional wards as this will have a service impact on Laboratory Medicine.

Staffing will be increased, particularly within the viral lab to support the predicted demand from the flu virus.

Radiology

Issues are dealt with locally at site and in conjunction with General Mangers from Surgery and Medicine in particular. We place strong emphasis on the patient pathway through /E in relation to inpatient admissions and with a focus on rapid discharge to facilitate bed management issues. The availability of two CT scanners within A&E departments in the city will 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 while maintaining our access guarantees.

TASK	TIMESCALE	LEAD	PROGRESS
Women and Children's Pharmacy: Identify winter arrangements and any additional increase in service to support seasonal demand.			
• Review discharge prescription guidelines.	October 2009	LR/JW	Achieved
• Review pharmacy portering arrangements. Employ a FT band 2 pharmacy support worker 5 days per week from December 2008 for 3 months. Hours to be agreed to cover peak times and support existing service.	October 2009	JW/FM	Needs to be via budget
• Review dispensing arrangements.	October 2009	JW	
• Review hours of opening over Christmas and New Year Period.	October 2009	JW	
• Review CIVAS and TPN arrangements.	October 2009	JW	
Support Services: Identify winter arrangements and any additional increase in service to support seasonal demand.			
• Review portering for emergency care patient transfer.	October 2009	SL	Needs to be via budget
• Recruit multi skilled GSA to carry out transport of patients and cleaning as required based in A and E. Hours of cover 5.00pm to 10 pm 7 days temporary post for 3 months.	October 2009	SL	
• Review portering for urgent specimen collection.	October 2009	FMcG/JW	
• Review pharmacy portering arrangements.	October 2009	FMcG	
• Review cubicle cleaning arrangements out with normal cleaning service to meet specifically out of hours arrangements due to excess patient movement within wards, transfer to other wards and discharge to ensure that there is always cubicles cleaned and ready for use.	October 2009	FMcG/LNs	Needs to be via budget

Control of Infection: Identify winter arrangements and any additional increase in service to support seasonal demand. • Ensure winter educational update for RSV / Flu management. • Identify and implement cohort isolation systems / procedures / pathway for FLU RSV and others. • Identify safe practices for patient movement during RSV / Flu. • Ensure near patient test kits purchased and available for winter RSV / Flu period. • Cohort lines renewed in bed bay areas. • Specimen management - NPA - Specimen delivery and storage - Results management • Hand washing update • Declaration of RSV / Flu epidemic guidelines reviewed • Review isolation management guidelines and priority system.	 October 2009 October 2009 October 2009 October 2009 October 2009 October 2009 October 2009 October 2009 October 2009 October 2009 October 2009	 PJ PJ/LR/JB PH/LR/JB Labs / Craig Williams Wrd. Mgrs PJ/LN PJ/LN PJ/LN PJ/LN PJ/LR/JB PJ/LR/JB	
Nurse Staffing Management: Identify winter arrangements and any additional increase in service to support seasonal demand. • Recruit temporary nurses for winter planner posts	October 2009	E/L	

• Implement nurse led management protocol and nurse coordinator for Ward 7B/ED for nurse led RSV discharge. • Reduce study leave to only essential leave from November 2008 to February 2009. • Reduce annual leave to a minimum from November 2008 to February 2009. • Ensure Christmas and New Year off duties can be managed without any additional staffing. • Ensure nurse is increased in Emergency Care during Christmas and New Year period to cover GP surgery extended closing times. • Identify community children's nursing team arrangements over the winter period to support discharge and over public holidays. • Contact nurse bank to recruit additional nurses where possible and ensure as efficient as effective nurse bank arrangements are in place to maximise potential of additional nurse bank cover.	October 2009 October 2009 October 2009 October 2009 October 2009 October 2009 October 2009	E/L E/L E/L E/L E/L E/L EL	
Radiology: Identify winter arrangements and any additional increase in service to support seasonal demand. • Review out of hours capacity to meet unscheduled care targets during winter demand.	October 2009	AW	Needs to be available via budget
Donations management: Identify winter arrangements and any additional increase in service to support seasonal demand. • Identify support for donation management. Draft Toy Policy developed. Information leaflets and posters to be developed regarding non acceptance of old toys.	October 2009	MG	

• Identify support for Christmas present delivery for inpatients	October 2009	MG	
Medical Staff management: Identify winter arrangements and any additional increase in service to support seasonal demand. • Identify additional medical staff cover in Emergency Care during November 2008 to February 2009 to cover peak evening periods. • Ensure that there is additional medical staff cover over public holidays to cover extended GP surgery closing times. • Ensure there is enough medical staff cover on public holidays over Christmas and New Year to run without any additional back up available. Ensure good discharge planning regarding: - prescriptions written up as early as possible - appointments identified - community services identified in advance and communicated with; - Identify patient discharge times and communicate with parents in advance. Encourage morning discharge where possible; - Keep GS Dept up to date with discharge plans to prevent additional cleaning of areas • Ensure afternoon and evening ward rounds in acute receiving wards are managed as effectively and efficiently as possible. • Ensure day time doctors prior to going off duty check if there is any outstanding work to be done in wards i.e. discharges, prescriptions, and management review of ill patients. This will enable the out of hours team to reduce ongoing workload and concentrate on emergency receiving and emergency calls. • Management of elective admission evoke medical areas to 2 elective admissions per day no more in advance. Ensure 18 week referral to treatment targets met.	October 2009 October 2009 October 2009 Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing TBA	JB JB FR/JB JB JB WM WM WM JB JB JB/LNs	

• Surgical elective admissions to be planned throughout the week to ensure a steady flow of patients and complement emergency bed requirements. • Good communication essential across all surgical services and with medical services.	Ongoing Ongoing	JB	
Occupational Health: Identify winter arrangements and any additional increase in service to support seasonal demand. • Ensure timely occupational health screening for new starts over winter recruitment period for all staff. • Ensure good publicity of flu immunisation over winter period	Ongoing TBC	JR/JB OH	
Bed Management: Identify winter arrangements and any additional increase in service to support seasonal demand. • Increase daily bed and staffing reporting systems when RSV is declared to 9am, 12midday, 3pm, 8pm and 6am. • Ensure cubicles and bed availability at all times to adhere to unscheduled care targets. • Continue predicted weekly staffing bed management meeting review. • Continue Friday weekend bed staffing cover meeting. • Weekly alert status meeting to be re-established when RSV declared to define alert status involve control of infection • Establish and provide information for GGC data reporting.	TBC when RSV declared Ongoing Ongoing Ongoing August 2009 TBA	LN LN LNs LNs LR LR	

• Initiate daily ITU / HDU, Theatre meeting regarding patient flow and bed availability. • Establish seasonal ward or theatre closures over the festive period and communicate in advance. • General Services to take opportunity to curtain change and wall wash during closure period. • Over winter period ward managers will not carry 8502 page during office hours. Lead Nurse will perform this role to keep close eye on bed and staff management. This will commence from the 1st November 2008 to the 28th February 2009. • Review prioritised boarding arrangements.	TBC TBC TBC October 2009	MT/EJ KM/EJ LNs LR/JB	
Ward Management arrangements: Identify winter arrangements and any additional increase in service to support seasonal demand. • Request ward product manager increase regular stock supplies levels to meet seasonal demands. • Seek assurances from NDS that demand for supplies will be met over festive period. • Identify increase ward clerkess arrangements and recruit accordingly on a temporary basis.	 October 2009 October 2009 On Hold	 WM WM LN	 Budget is being reviewed
Equipment: Identify winter arrangements and any additional increase in service to support seasonal demand. • Ensure enough equipment to meet seasonal demands.	 October 2009	 LNs	

Transport: Identify winter arrangements and any additional increase in service to support seasonal demand. • Ensure transport arrangements in place to facilitate and support speedy discharge or departure from Emergency Care.	October 2009	LR	
Social Services Identify winter arrangements and any additional increase to support seasonal demand. • Ensure social services arrangements in place to facilitate and support speedy discharge.	October 2009	TBC	
Finance • Confirm with accountant if any additional budget available arrangements. • Apply for winter funding via acute service group.	October 2009 August 2009	LR LR	Being reviewed none at present Submitted
Cross Boundary Flow • Encourage GPs where appropriate to refer emergency admissions to the local DGH • Where appropriate consider transfer of admission to local DGH.	October 2009 October 2009	JB JB	

TASK	TIMESCALES	LEAD	PROGRESS
ORAL HEALTH			
• Increase provision for emergency treatment capacity for patients by "out of hours" service.	Complete	Kevin Hill	Additional staffing for GGCEDS clinics rostered over the festive period.
• Increase capacity of Dental Nurse Triage Service at NHS24 (out of hours only).	Complete	Kevin Hill	Dental Nurse Triage system now operational at Cardonald and managed by SEDS from 1st October,09
• Centralised appointment system introduced for West of Scotland booking hub.	Complete	Kevin Hill/Treatment Centre Manager	Centralised appointment system now in operation
• Virtualisation of Dental Triage to be introduced to Scottish Emergency Dental Service(SEDS)	Complete	Kevin Hill	Training for triage dental nurses completed and knowledge web updated.
• To achieve NGWT it is necessary to see 8585 additional patients before December 2010. To date 1446 additional patients have been offered appointments. Clinic templates to undergo annual review to achieve improved capacity.	March 2010	Kevin Hill/Clinical Pathways Manager	Evening clinics ongoing. Base capacity being reviewed at regular intervals and templates amended.
• Review of referral pathways.	October 2009	Kevin Hill/Clinical Pathways Manager	Referral pathways being progressed in paediatrics, orthodontics and restorative dentistry. Monitoring ongoing.
• Planned rota of sessions for GGCEDS festive season from 24 Dec 2009 –4 Jan 2010.	September 2009	Kevin Hill / Treatment Centre Manager	Rota completed for GGCEDS out of hours service for festive period.
• Agreed rota to be shared with NHS24.	September 2009	Kevin Hill / Treatment Centre Manager	Scheduled meetings with NHS24 to continue. Rota will be shared
• GDP Communication.	November 2009	Kevin Hill	GDPs to be updated at GP Sub-Committee meetings and by letter

• Festive period information booklet issued.	November 2009	Kevin Hill / Head of Planning and Health Improvement	OHD have input to the booklet Discussions taking place
• OHD partnership working with GEMS.	Ongoing	Kevin Hill / HPHI	
• Potential areas of pressure include waiting times – capacity plan in place.	September 2008 onwards	Kevin Hill	Waiting times monitored on a daily basis and appropriate action taken.
• Influenza (A) H1N1.	OHD Flu Plans in progress	HPHI	GDP Contingency Plan sent out to all GDP Practices and request for GDP's to 'buddy' with neighbouring GDP Practices. (A) H1N1 Core Brief emailed to practices.
• 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.	Work in progress	Kevin Hill / HPHI	Business Continuity Plan in place.
Key linkages to other services: • NHS24 • GEMS • GDPs • Glasgow Dental School • Glasgow Dental Hospital • CH(C)Ps		Kevin Hill/ TCM Kevin Hill/ HPHI Kevin Hill Kevin Hill Kevin Hill/ CPM Kevin Hill/ HPHI	

MENTAL HEALTH PARTNERSHIP

TASK	TIMESCALES	LEAD	PROGRESS
Mental Health Inpatients 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.	By August	Calum MacLeod	Complete
Community Mental Health Service 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. 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.	By August	Calum MacLeod	Complete
Out of Hours Arrangements 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. The Out of Hours General Practitioner arrangements in 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.	By August	Calum MacLeod	Complete

Acute Hospital Liaison 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.	By August	Calum MacLeod	Complete
Flu Pandemic Plan 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.			
Workforce & Attendance Planning 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 nurse bank and also to community psychiatric nursing staff who may be requested to work in inpatient services should the need arise.	September 2008 onwards	Anne Hawkins	In progress
Senior Staff Arrangements 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.	By November	Calum MacLeod	In Progress
Communications 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.	By November	Calum MacLeod	In Progress

Financial Planning 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.	By November	Greater Glasgow & Clyde's Press & Public Relations office	In Progress
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.	By November	Calum MacLeod	In Progress

ADDICTION SERVICES

TASK	TIMESCALES	LEAD	PROGRESS
Current priorities include: • 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. • 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 Glasgow City	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. Contingency in place for clients for any disruption of services. Contingency in place for clients for any disruption of services. Contingency plan in place Completed Contingency plan in place for severe disruption. All CHCP GCC and NHS emergency planning leads and contact phones contained in Contingency plan. Priorities agreed as opposite	Paul Rimmer, Glasgow Addiction Services	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.

Key linkages to other services: • Mental Health Partnership • NHS24 • GPs • Community Pharmacies • Drug Crisis Centre • CHCPs • Homelessness	Contact numbers and draft template letters are contained in contingency plan for relevant services, including prison services.		

PUBLIC HEALTH

TASK	TIMESCALES	LEAD	PROGRESS
Pandemic Influenza Planning A major flu pandemic plan has been developed across Greater Glasgow and Clyde in partnership with all neighbouring local authorities.	Ongoing	Syed Ahmed	Work in progress – revised draft board level plan produced in October 2008
The plan describes the responses to be taken at different pandemic phases and alert levels at strategic (i.e. Board) level. Tactical level sub-plans will cover both acute division and community partnership responses.	Ongoing	Syed Ahmed with acute and partnership service deliveries	Tactical sub plans being revised in CH(C)Ps, MHP, Acute Division.
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.	Ongoing	Syed Ahmed and Linda deCaestecker	Work in progress
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.	Ongoing	Syed Ahmed and Alan Dorn	Work in progress
Communication In the event of a pandemic flu outbreak, various methods of communication will be used to inform staff and the public.	Ongoing	Syed Ahmed with the communications team	
The NHSGGC website will be rapidly updated to provide accurate information to reassure and help to prevent unnecessary GP visits.		Syed Ahmed with the communications team	
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.	Ongoing	Syed Ahmed with the communications team	Work in progress
Regular media briefings are being arranged, both externally at a national level, and internally within NHSGGC.	Ongoing	Syed Ahmed with the communications team	Work in progress

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.	Ongoing	Linda de Caestecker	Work in progress

COMMUNICATIONS

1. MANAGING DEMAND/AVAILABILITY OF SERVICES					
ACTIVITY	KEY MESSAGE	KEY AUDIENCE	TIMESCALES	COST	LEAD
1 (a) National Be ready for winter campaign					
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, with particular focus on vulnerable groups such as parents of young children and older people.	October 2009 - end January 2010	Being met by Scottish Gov and NHS24	NHS24
Distribution of national campaign posters and leaflets to pharmacies, surgeries, dental practices, nursing homes, tourist information centres, sports centres, libraries.	As above	As above	October 2009 distribution for November display	-	Corporate Comms
Liaison with PR company responsible for the national campaign to identify case studies, spokespeople, stats, supportive comment.	As above	As above	October 2009 – January 2010	-	Corporate Comms
1 (b) NHSGGC brochure					
Preparation of 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 2009	To be met by primary care budget	Corporate Comms

Distribution of leaflets to GP surgeries, OOH centres, pharmacies, opticians, social work colleagues.	As above	As above	Early December 2009	-	Corporate Comms
Winter booklet pdf - to be posted on NHSGGC's winter zone micro site and council, NHS24 websites.	As above	As above	December 2009	-	Corporate Comms
1 (c) Local campaign supporting materials					
Production and distribution of 'Stay well this winter' poster to A&E departments, GP surgeries and pharmacies.	How to use the NHS appropriately	General public	Early December 2009	£400	Corporate Comms
Press adverts based on 'Stay well this winter' poster in local press.	As above	General public	Early December 2009	Approx £5k	Corporate Comms
Ads in local authorities magazines.	As above	General public	September 2009	Approx £2k (for a page in GCC magazine, others all free).	Corporate Comms
1 (d) Liaison with Scottish Government					
Preparation of briefing for SG pre-winter media briefing.	How NHSGGC is preparing thoroughly for winter pressures and emphasis on new initiatives	SG Media General public	Date tbc	-	Corporate Comms
Ongoing liaison with Press Health and Performance Management on emerging issues.		SG	Ongoing	-	Corporate Comms
1 (e) Local PR activity					
Preparation of media release on NHSGGC preparations for winter.	To coincide with national pre-winter briefing	Local media	Date tbc	-	Corporate Comms

Series of media releases and targeted exclusives to deliver key winter messages.	Accessing services over the festive period. Using emergency services appropriately. Winter health issues.	Local and national media	ong	-	Corporate Comms
1 (e) Other actions					
Letter to all GP practices/Practice managers.	To remind patients to reorder repeat prescriptions.	Patients attending GP practices	October 2009	-	David Walker/ Norrie Gaw/ Nic Zappia
Publication of dedicated edition of Health News on winter health issues.	Range of messages including: Accessing services over the festive period. Appropriate use of emergency services. Winter health and self-care.	Patients General public Opinion makers including MSPs, and other key stakeholders	Early December 2009	Met from existing Corporate Comms budget	Corporate Comms
Use of local radio/TV/media and other responses as per escalation plan	Emergency response if pressures escalate to an extent that threatens the quality of patient care.	General public	If required	To be identified	Corporate Comms/ Winter planning team
Use of Solus screens in CH(C)P premises to promote national and local campaigns	Accessing services over the festive period. Appropriate use of emergency services.	Patients	From October	-	Corporate Comms/relevant CHCP leads
2. FLU VACCINE CAMPAIGN					
ACTIVITY	KEY MESSAGE	KEY AUDIENCE	TIMESCALES	COST	LEAD
Staff campaign on flu vaccination to include features in Staff Newsletter, Staffnet, payslip enclosure.	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 2009 onwards	-	Corporate Comms/ Occ Health
For the duration of the staff vaccination programme, details to be publicised as Hot Topic on home page of Staff Net.	As above	Frontline staff	October onwards	-	Corporate Comms/ Occ Health

National campaign materials to be posted on NHSGGC website.	To inform priority groups of the benefits of taking up the seasonal flu vaccine.	General public, in particular the at-risk groups and over 65s.	October onwards	-	Corporate Comms
Further support for national campaign through local media activity .	To inform priority groups of the benefits of taking up the seasonal flu vaccine.	General public, in particular the at-risk groups and over 65s	October onwards		Corporate Comms/Public health
3. H1N1 COMMUNICATIONS					
ACTIVITY	KEY MESSAGE	KEY AUDIENCE	TIMESCALES	COST	LEAD
Ongoing development of H1N1 flu portal, including presentation of information in alternative formats.	Latest advice on the emerging situation.	General public NHS Staff Other emergency workers Parents Employers	Ongoing	-	Corporate Comms/Public Health
Support national campaign with local staff and media activity to encourage uptake of H1N1.	Importance/benefits of vaccination amongst key groups.	Priority groups for programme	Autumn	-	Corporate Comms/Public Health
Use of core brief system to distribute of real time H1N1 updates.	Ensure staff are updated on the flu pandemic and have access to relevant advice, documents, policies and reports.	All NHSGGC Staff	Ongoing	-	Corporate Comms/Public Health
Cascade H1N1 updates to SECG partners.	Ensure partner organisations are similarly briefed.	SECG employees	Ongoing	-	Corporate Comms/Public Health
Co-ordinate media briefings with SG.	To ensure consistency and accuracy of emerging picture.	Media General public	Ongoing	-	Corporate Comms/Public Health

4 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.	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	TBC	Corporate Comms/ Occ Health/ AMcP	Campaign commenced and ongoing

For the duration of the staff vaccination programme, details to be publicised as Hot Topic on home page of Staff Net.			October 2008			
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	

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 2009/10.

- 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 2009/10 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.