

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

## **WINTER PLAN - 2009/10: PROGRESS REPORT**

### **Recommendation**

The NHS Board is asked to receive an update on Winter Planning 2009/10 including a progress report on how the plan worked over the festive period and into the New Year.

#### **1. BACKGROUND**

- 1.1 The 2009/10 Winter Plan for NHS Greater Glasgow and Clyde was developed on a single system basis and included partners who are involved in the delivery of services.
- 1.2 The Board approved the Winter Plan in October 2009.

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

- 2.1 **Overall**, it was felt that the Winter Plan worked effectively. December 2009 and January 2010 have proved to be extremely busy and challenging months and the severe weather conditions impacted on services considerably. Each of the main partners reported as follows :
- 2.2 **Primary Care** – Business Continuity Plans for CH(C)Ps were in place to ensure staff were available if needed. Primary Care absorbed demand over the winter period and, like last year, supported acute services by keeping appointments free in the lead up to, during and after each of the 4 day holidays and stayed open until 6.00 p.m. on both Christmas Eve and New Year's Eve.
- 2.3 **NHS24** – Throughout December and January, NHS24 has continued to meet all Key Performance Indicators both for access and clinical timelines. As predicted, this was an exceptionally busy festive period for NHS24 with both Mondays (28<sup>th</sup> December and 4<sup>th</sup> January) being the busiest days with 12,500 calls recorded into the core service on both days. The Winter Plan worked well and NHS24 continue to work in partnership with all Territorial Boards. NHS24 continue to host the Scottish Flu Response Centre and the call volumes to this centre have reduced considerably.
- 2.4 **OOH GP Service** – The Winter Plan for GGC OOH service worked well. Despite the challenging weather conditions all home visits were completed and there were no significant delays. Colleagues in SAS (as noted below) had some difficulty at times in responding to urgent requests and this led to doctors at times staying with patients for longer than usual. Day 4 of each period (28<sup>th</sup> December and 4<sup>th</sup> January) were the busiest days with 4<sup>th</sup> January being particularly challenging due to the complexity of many of the clinical presentations. Call volumes were much as predicted based on previous experience, although less than the NHS24 final predictions.

Excellent working relations continued with the A&E Departments with appropriate transfer of Primary Care presentations from A&E to OOH. Close working with NHS24 was facilitated by co-location at Caledonia House. Pre-prioritised calls were often higher than would have been anticipated and this led to operational challenges which were met by appropriate re-triage and excellent traffic controlling.

2.5 **Scottish Ambulance Service** – The severe weather conditions put extreme pressure on SAS and during this period they were supported by the voluntary sector in responding to calls. The SAS has now revised their escalation process and developed a Resource Allocation Plan to manage such incidents in the future and this has been shared with partners. The inability of SAS to access some roads due to weather conditions had an impact on both in-patient and out-patient elective activity and the GP OOH service. All other aspects of the Winter Plan worked well with additional ambulances available to both meet the demand and to support discharges and transfers within the out of hours period.

2.6 **Acute** – the Winter Plan for acute services worked well but was challenged due to the weather conditions, particularly in A&E and Orthopaedic Services and had an impact on elective and outpatient activity. The 98% guarantee in A&E was severely challenged in January 2010.

The Cabinet Secretary visited Glasgow Royal Infirmary at the beginning of January 2010 to launch the Alcohol Report and at this time she spoke to staff in what was an extremely busy A&E department. Staff outlined to her the challenges and the significant increase in attendances, particularly related to orthopaedic trauma.

Some of the key challenges were as follows:

- Since beginning of 2010 there has been a significant increase in both presentations to A&E and admissions compared with the same time period last year. There has been an:
  - 11% increase in the number of attenders at A&E;
  - 18% increase in orthopaedic related admissions;
  - 43% increase in orthopaedic related A&E attenders – on one site there was a 75% increase in orthopaedic related A&E attenders.
- Virulent strain of norovirus put significant pressure on community services and resulted in increased admissions to hospital. A number of wards were also closed across the acute hospitals which put pressure on bed availability.
- Bed availability was significantly challenged due to both the number of extremely ill patients and trauma cases presenting at A&E who required intensive treatment and admission.
- The ability of SAS to access patients at home impacted on provision of both in-patient and out-patient elective services.

All aspects of the Winter Plan were enacted including:

- additional capacity had been planned for and opened;
- 5 day wards remained open at weekends to provide additional or alternative bed capacity.

Excellent working relations continued with GP OOH services with appropriate transfer of Primary Care presentations from A&E to OOH.

It should be noted that Acute Services continue to be under pressure at key sites. The Scottish Government Health Directorate (SGHD) requested a brief summary of the Board's winter pressures and this was submitted on 22<sup>nd</sup> January 2010.

2.7 **Mental Health/Addiction Services** – no major issues were experienced in mental health over the festive period. Some operational difficulties were experienced due to the severe weather conditions but these were minimised and services continued to be provided 24 hours 7 days a week. The arrangements put in place in terms of crisis services and liaison psychiatry worked well. This was extremely valuable in managing the At Risk patients who would otherwise have required to be seen by either the GP OOH service or at A&E. Addiction services proactively contacted their at-risk patients over the period and thus reduced the need for contact with other services. They were also available to OOH doctors to discuss complex cases if required which was considered to be very helpful.

2.8 **Community Pharmacy** – The Minor Ailment Service and Urgent Provision of Repeat Medication proved useful over the festive period. Pharmacy worked closely with the Addictions Service, particularly around Methadone prescribing.

### 3 **INFORMATION SHARING**

3.1 Daily reporting has been provided to key partners across the system by the Health Information and Technology Directorate – these reports supported both winter and flu planning. The provision of this information has been beneficial and further work will be undertaken to consider how better use can be made of information to predicatively to plan services.

3.2 In line with the Scottish Government’s requirements, a weekly Winter Pressure Report is sent to the Health Directorate providing information regarding number of A&E attenders, ward closures, outbreaks, etc. In addition, the Board’s Communications Department contacts the SGHD as necessary to inform them of any “exceptional” circumstances.

### 4 **COMMUNICATIONS**

4.1 Media interest in how NHSGGC coped during winter continued apace throughout December and January.

4.2 Working closely with colleagues, the Communications Directorate provided regular updates to the media and also ensured that the Scottish Government’s Performance Management Unit and the Press Health Communications Desk were updated on any emerging issue. Adverts for the “Stay Well this Winter” campaign were placed in both national and local papers, in some Local Authority Update Bulletins and on the NHS Greater Glasgow & Clyde website and Health News – these were well received.

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

### 5 **COMMUNITY ENGAGEMENT**

5.1 The Community Engagement Team worked with community partners visiting shopping areas and distributing copies of the Winter Booklet. The main aim of this work was to encourage people to contact NHS24 or their local pharmacy in the first instance.

### 6 **CONCLUSIONS**

6.1 Given the extreme pressures on the Acute Services, SAS and GP OOH services, it was felt that NHS Greater Glasgow & Clyde performed well over the festive period. Working together, across the system, in the pre-winter period proved beneficial in ensuring good communication between partners. Similar pressures have been acknowledged by other Board areas.

- 6.2 The Winter Planning Group will meet in April to assess NHS Greater Glasgow & Clyde's performance in 2009/10 and begin planning for 2010/11. In 2010/11, there will again be a four day holiday period. Messages to share in the National Winter Plan Group will also be agreed.

**Recommendation:**

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3 February 2010