

**Director of Emergency Care & Medical Services**

## **WINTER PLAN – 2011/12: PROGRESS REPORT**

### **1. BACKGROUND**

- 1.1 The 2011/12 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 2011 and the final plan was signed off by Chief Executive in November 2011. This was uploaded onto the Board website and also sent to the Scottish Government.

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

- 2.1 December 2011 and January 2012 have proved to be exceptionally busy and challenging months pan-Scotland and in particular for Acute services within Greater Glasgow and Clyde. A sustained period of service demand significantly greater than seasonal norms and predicted levels has impacted considerably on services. 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. Normal levels of influenza activity are being reported by GP practices and a significant increase has been noted in the uptake of flu vaccines amongst 65+ and under 65 years of age with complications. The OOH Dental Service reported activity levels 3% less than last year with Christmas Eve being the busiest day over the period.

Primary Care continues to absorb demand over the winter period and, as per the Winter Plan, GPs 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** - NHS 24 had a busy festive period, however, demand was lower than last year. NHS24 worked in partnership with the territorial boards and the Scottish Ambulance Service. All KPI's were met both for access and clinical performance. The flu line received a minimal number of calls.

Call demand over the Christmas 4 day period totalled 32,104 compared with 44,343 in the previous year. NHS 24's busiest day was the 27<sup>th</sup> December (10,230 calls), followed by 26<sup>th</sup> December (8,713 calls).

For the New Year 4 day period the call demand totalled 35,826 compared with 48,005 the previous year. 2<sup>nd</sup> January 2012 was the busiest day (10,177 calls), followed by 3<sup>rd</sup> January (9,999 calls).

- 2.4 **OOH GP Service** - the Out of Hours Service coped well with the two 4-day holiday periods and the two weekend pre-festive period which had been predicted to be busier than usual. Volumes were within predicted levels. The Victoria Infirmary Primary Care Emergency

Centre (PCEC) was particularly busy on Tuesday 27<sup>th</sup> December with more than 300 attendances, against a predicted demand of around 200 attendances. The resilience of the service allowed additional doctors to use additional rooms during the peak of this activity with 8 doctors consulting in parallel. RAH PCEC was also busy on 27<sup>th</sup> December and additional resources were moved to this site.

Home visiting was busy, but within predicted levels, with over 90% of calls being completed within the time scale allocated by NHS24, i.e. within 1 hour, 2 hours and 4 hours.

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

2.5 **Scottish Ambulance Service** - The Scottish Ambulance Service in Glasgow saw improved performance in responding to emergency calls over the previous year in December & January (up to 25<sup>th</sup> January), no doubt helped, in part, by the better weather.

- 68.88% of Category A calls were responded to within 8 minutes compared to 62.12% for the same period last year
- There was a decrease in Cat A calls over this period from 4,285 last year to 3,809 this year
- Urgent calls decreased from 3,438 to 3,359
- Cat B/C calls increased from 8,636 to 8,722
- The Patient Transport Service saw demand down on the previous year

Initiatives introduced included:

- diverting mid week resources to weekends to deal with demand and also putting on extra vehicles in known hot spot areas
- the Glasgow SOS bus in George Square on Friday / Saturday nights over December / January, manned by Paramedics and First Aiders, was successful in diverting dozens of potential patients away from the GRI
- increased availability of 4x4 vehicle capability internally and with partnership agency agreements to manage in adverse weather conditions. Snow tyres were fitted to all non 4x4 frontline vehicles. Stations were better prepared to deal with inclement weather with improved gritting and clearing arrangements
- An additional discharge vehicle was available to support out of hours patient discharges

A meeting has been arranged with Strathclyde Police and Glasgow City Council to look at introducing a system of priority gritting to known black spots to ensure SAS are able to access regular patients and known activity areas.

2.6 **Acute Services** - the Winter Plan for acute services was implemented and escalated in response to increasing service demands but was challenged due to a year on year increase in both attenders and emergency admissions at the acute hospitals. These pressures have had an impact on elective and outpatient activity and saw the 98% 4-hour target in A&E achieve 95% for the month of December 2011, compared with 94% in December 2011.

Key issues during the period have been:

- The key sites where performance has been most challenged are the Royal Alexandra Hospital Paisley, Inverclyde Royal Hospital and the Western Infirmary, Glasgow.
- In the Clyde hospitals, there has been a very significant increase in admissions.

Specifically, comparing January 2012 with January 2011:

- RAH emergency admissions were 9.3% greater

- IRH emergency admissions were 5.8% greater

The admission rates in 2011 were themselves high compared to previous years and so this increase is even more significant. We are continuing to investigate the drivers for this increase in admissions, and to manage the demand this is placing on both hospitals.

In addition to the extant Winter Plan, the Division implemented two major actions for managing emergency care during the winter period:

Firstly,

- short term capacity has been deployed within the Division to open a number of additional beds and ring fence a cohort of surgical beds for emergency medicine on a number of sites, including Glasgow Royal Infirmary, Western Infirmary, Royal Alexandra Hospital, Victoria Infirmary and Inverclyde Royal Hospital
- In addition, the ECMS Directorate have extended the opening hours of the assessment units at the Southern General Hospital
- The elective programme was reviewed to create capacity to manage the emergency demand
- 5 day wards remained open at weekends to provide additional or alternative bed capacity
- Additional consultant ward rounds undertaken
- Services critical to aiding efficient patient discharge have been further enhanced to meet the demand pressures.

Secondly, the Division has developed and implemented a broader suite of reporting and performance metrics. These are designed to drive system-wide accountability for achievement of improved unscheduled care performance throughout all Directorates within the Acute Services Division and to further deliver focussed actions to ensure real and sustained performance improvement.

2.7 **Public Health** - Public Health continue to manage enquiries from the community around flu type illnesses which are well within the limits expected at this time of year. Similarly GP and out of hours consultations for flu like presentations are below the thresholds. Noro virus outbreaks have been seen in a number of wards and Care Homes across the Board area. 35% of the workforce received the flu vaccination and planning is now beginning for 2012/13.

2.8 **Mental Health / Addiction Services** - no major issues were experienced in mental health over the festive period. The arrangements put in place in terms of crisis services and liaison psychiatry worked well. 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.

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

### 3. INFORMATION SHARING

3.1 Daily reporting has been provided - 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 predictively 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 Working closely with colleagues, the Communications Department provided regular updates to the media and also ensured that the Scottish Government's Performance Management Unit and the Press Health Communications Desk were updated on any emerging issue. Adverts for the "Be Ready for Winter" campaign were placed in both national and local papers, in some Local Authority update bulletins and on the NHS Greater Glasgow & Clyde website and Health News - these were well received. Arrangements have now been made to translate the Information Leaflet into 10 different languages and these will be used at key sites to support raising awareness to alternatives to A&E attendance.
- 4.2 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. **THE WAY FORWARD / ONGOING ACTIONS**

The winter period is not yet over and further work is ongoing to ensure that all services are well placed to cope with any further peaks in demand. This work includes:

- Continuing to progress planned improvements in length of stay and bed usage
- Ongoing management of delayed discharges
- Reviewing plans to deal with any exceptional peaks in emergency activity
- Reviewing policies and procedures for managing in severe weather conditions
- Continuing to review patient pathways through A&E to reduce attendances / admissions
  - improve utilisation of Minor Injury areas
  - improve utilisation of assessment areas
- A review of all out of hospital measures –
  - alternatives to admission
  - early supported discharge
  - access to community services including mental health and addiction
  - GP Out of Hours Services
- SAS - a review of the patient transport system
- A National Review to consider the experiences of all Scottish Boards and agencies - initial discussions have taken place with the Scottish Lead for Winter Planning and Unscheduled Care
- A GG&C Board Review of Winter Planning

#### 6. **CONCLUSIONS**

- 6.1 Exceptional activity demands placed pressures on Acute Services. Working together, across the system, in the pre-winter period, proved beneficial in ensuring good communication between partners and co-ordination of services to respond to these events. Similar pressures have been acknowledged by other Board areas.
- 6.2 The Winter Planning Group will meet in April 2012 to assess NHS Greater Glasgow & Clyde's performance in 2011/12 and begin planning for 2012/13. 2012/13 is the first year in 4 years where there will not be a four day holiday period and winter planning will need to ensure that all services are fully operational up to and including Monday 24<sup>th</sup> December and Monday 31<sup>st</sup> December 2012. Messages to share with the National Winter Planning Group will also be agreed.