

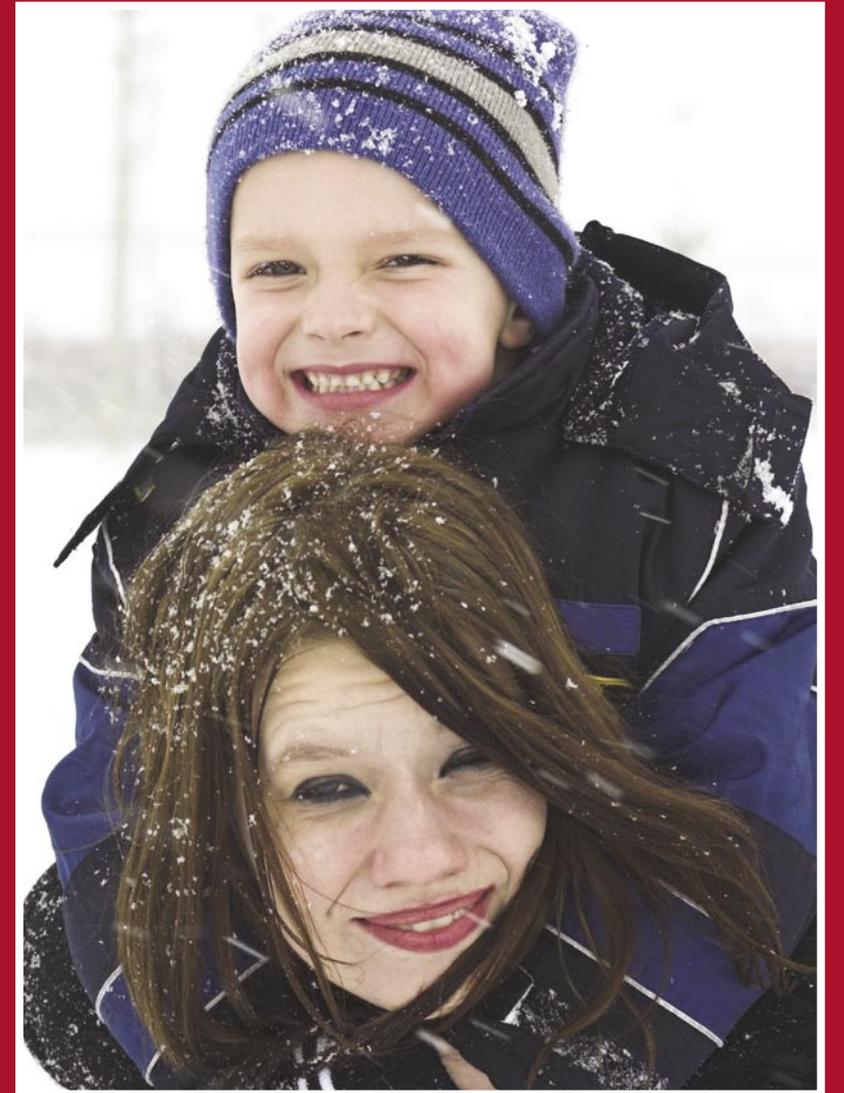
# HEALTH NEWS



DELIVERING BETTER HEALTH FOR ALL THE COMMUNITY

NOVEMBER/DECEMBER 2009

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## Fit for winter

You and your NHS ... preparing for the months ahead

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YOU don't need a crystal ball to predict that during winter the nights are longer, winds are stronger and there's a high chance of frost and ice.

Just as predictable is the increased presence of nasty bugs and viral infections ... and the increased chance of slips and falls.

But together – you and the NHS – we can do a lot to minimise the risks and prepare for the health challenges that winter brings.

In this special edition of NHSGGC's Health News we will focus on what we as individuals can do to help protect ourselves . . . and what we can do together to ensure that NHS services are there and ready to deliver the best care possible for those who really need it – when they need it.

# PREPARED FOR THE WORST OF WINTER

**Protect yourself and others from flu germs**

**If you could see flu germs, you would see how quickly they can spread.**

**Always carry tissues and use them to cover your cough or sneeze. Bin the tissue and to kill the germs, wash your hands with soap and water.**



**H**1N1 is a pandemic strain of flu which has gained wide publicity in the media in recent months. It is often referred to as swine flu.

A pandemic strain is defined as a new strain of flu that the world's population has never encountered before and therefore, in theory, whole populations are susceptible.

The majority of cases so far have been seen in the young but this does not mean that older people, especially those with underlying chronic disease such as heart and lung problems, will not become infected with H1N1 in the winter months.

Influenza is different from common colds. The flu virus can cause high fever, severe headaches and muscular aches and pains as well as commonly causing severe complications such as pneumonia in people who have other underlying health problems. The viruses responsible for colds generally

H1N1 and seasonal flu are major targets

cause milder fever (if at all), main symptoms being runny or stuffy nose, sneezing, sore throat and a mild to moderate cough with complications being rare.

Seasonal flu vaccine is made every year and consists of all the main circulating strains of flu throughout the world. Those people who normally receive this vaccine on a yearly basis should continue to do so, but in addition they should also receive the H1N1 swine flu vaccine separately. The swine flu vaccine will also be distributed to larger numbers in the population as more of the product becomes available.

The vaccination programme for H1N1 swine flu has been planned on a priority basis.

Those who will be offered the vaccine initially are:

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**PREPARED FOR THE WORST**

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- Persons aged six months up to 65 years who have known underlying disease that would put them at risk of severe complications from flu
- Household contacts of the above group, primarily to protect the above group from infection by close contacts
- People over 65 who are all presently recommended to receive the seasonal flu vaccine
- Pregnant women

The Government has also now announced that the programme is to be extended to offer protection against the virus to all children aged between six months and five years. Important activities to limit flu spread include regular hand washing, covering your cough with a tissue (which should be disposed of in a bin) and staying off work when you have flu-like symptoms. If you have flu, the severity of the illness and the presence of any underlying chronic illness will determine whether your doctor gives you anti-viral drugs or not for treatment.

For further information about H1N1 and how to protect yourself and others please visit our website: [www.nhs.gov.uk](http://www.nhs.gov.uk) and visit our dedicated flu information portal.

Advice is also available at the end of a phone:

ALL FLU ADVICE **0845 4 24 24 24**

H1N1 (SWINE FLU) INFORMATION  
**0800 1 513 513**



**Don't spread germs... always use a tissue to cover coughs and sneezes.**

**Combating the winter vomiting bug**

NOROVIRUS infection is the most common infectious cause of gastroenteritis in the UK. Sometimes it is referred to as "winter vomiting disease or bug."

Norovirus is highly contagious and unpleasant, however, symptoms usually resolve in 48-72 hours without complications. Outbreaks occur in the community, especially in the winter months, and can affect hospital wards and other care centres causing units to close to further admissions and instituting rigorous infection control interventions.

Symptoms include nausea, vomiting, diarrhoea, abdominal pain, headache and mild fever. It is spread from person to person by the aerosolised virus from vomiting, from contaminated faeces, from a contaminated environment (taps, door handles etc) or from food contaminated by vomit or faeces.

It is very difficult to prevent infection by this virus, but thorough hand washing before and after dealing with those affected (especially after feeding and intimate caring) is highly recommended. Carefully deal with soiled linen, do not hand wash as you can aerosolise the virus, a machine wash at 60 degrees C will kill the virus. Appropriate cleaning and disposal of any vomit or faeces (please wear disposable gloves), and the use of bleach in toilet areas will assist in limiting the disease.

It is important to remember that if these symptoms occur you should not go to work until you are two days free of diarrhoea and vomiting has ceased. If you are caring for someone suffering from Norovirus remember to encourage them to drink plenty of fluids to prevent dehydration. If you have symptoms please don't prepare food for other people.

# Keeping safe and warm

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EVERY winter thousands of A&E visits and hundreds of hospital admissions result from fractures and sprains caused by slips and accidents on snow and ice.

Winter can present treacherous conditions for us all but the risk of falls increases dramatically as we get older ... and the consequences of a fracture become that bit more significant.

There's a lot we can all do to keep ourselves and others safer this winter – and out of hospital!

Wear a hat, flat shoes or boots with non-slip soles and use hand rails whenever possible when the conditions are very wintry.

Make sure you have supplies of medicines and food in your home so that if the weather is treacherous you can avoid having to make a journey.

But it is also crucial to stay warm and well nourished when you are at home.

Being cold increases the chance of serious health problems, particularly for older people.

“A lowering of temperature by 1°C can result in a rise in blood pressure of 1.3 mm hg. Higher blood pressure coupled with increased blood viscosity (which is caused by mild skin surface cooling) increases the risk of strokes and heart attacks. Cold air also affects the normal protective function of the respiratory tract - leading to increased broncho-constriction and mucus production, and reduced mucus clearance.” - an extract from an NHS advice brochure.



## Here's a few tips to keep well and warm this winter

- Keep food cupboards stocked and take plenty of hot drinks – maybe make up a flask for night-time.
- Keep at least two rooms warm (21 degrees C is ideal).
- Keep windows closed and draw curtains early and make sure your home is well insulated.
- Keep in contact with friends and neighbours and give a key to a trusted friend or neighbour.
- Dress for warmth (several thin layers are better than one thick one) and stay active.

# Telltale signs to help spot meningitis

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MENINGOCOCCAL disease is a bacterial disease that presents as meningitis (inflammation of the outer covering of the brain), septicaemia (blood poisoning) or both.

It is the most common cause of bacterial meningitis, though it is a comparatively rare disease with less than 100 cases occurring in Greater Glasgow and Clyde each year.

Meningococcal disease is a medical emergency, typically with rapid deterioration in a matter of hours, therefore early recognition of the signs and symptoms is vital to enable antibiotic therapy and hospital treatment to start as soon as possible.

Early disease recognition and treatment results in a successful recovery in the majority of cases. The disease most commonly affects children under five years of age and teenagers, however, it can affect people of any age.

Symptoms may be difficult to identify in the earlier stages of the disease, often being non-specific or resembling flu. These can also include vomiting, drowsiness, confusion, irritability and muscular and joint pain. Babies may be drowsy, floppy or listless, refuse food, be fretful and dislike being handled.

In adults meningococcal meningitis is characterised by severe headaches, neck stiffness, increased sensitivity and dislike of bright lights. In babies it can present as unusual crying or moaning, neck retraction with arching back and bulging of the fontanelle (soft spot on top of the head).

Meningococcal septicaemia is characterised by a fever and a rash of red or purple spots under the skin. The tumbler test can be used in this instance. If the tumbler is pressed firmly against the skin the rash can still be seen in meningococcal disease.



These spots or bruises are caused by toxins from the meningococcal bacteria in the blood stream that have damaged small blood vessels and blood has leaked into the tissues under the skin.

People who have had very close contact with a case (household members or kissing contacts) have an increased chance of developing the disease themselves, and are therefore offered antibiotics, however, linked cases are still not observed in the vast majority of cases.

A vaccine against group C meningococcal

disease is available for babies and everyone up to age 24. Everybody within these age groups should be offered the Men C vaccine. Group B disease is the most common group occurring in the UK and it is important to remember that there is not yet a vaccine to protect against this group and that the Men C vaccine offers no protection against group B disease.

Please visit the NHS helpline:

[www.nhs24.com/meningitis](http://www.nhs24.com/meningitis)

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ON Tuesday 2<sup>nd</sup> December 2008, Glasgow and Clyde's emergency departments were swamped when a sudden, unpredicted cold snap left thousands of people injured on black ice.

Five of the Board's A&E departments recorded their busiest day ever as the arctic conditions took hold.

Almost 2000 emergency patients were treated alone that Tuesday. Two departments – the Victoria Infirmary and the Royal Alexandra Hospital - became the first to treat more than 300 patients in a single day.

The pressure on Glasgow's hospitals which began that day continued right through the festive period and well into the New Year.

Throughout this period, NHS staff rose to the challenge to ensure that patients continued to be admitted and treated quickly.

While last year was exceptional, the one thing that we can always confidently forecast is that there will be a significant increase in demand for NHS services at winter.

And every year hundreds of our staff work together to make sure we are ready for this busy period.

Here Health News meets just four members of the NHS team who contribute every year to make sure that even at our busiest times our patients get the care they need when they need it.



## THE BED MANAGER

Fiona Bernklow and her team's early warning system ensures the most efficient use of beds.

# Early warning system keeps our hospital traffic flowing

**F**IONA Bernklow is the NHS's equivalent of an air traffic controller.

From her computer screen in a small office at the Southern

General, she monitors every one of Glasgow's 3500 hospital beds and the expected flow of patients in and out of these beds to ensure all new emergency patients can

be admitted.

Using a sophisticated surveillance system - which takes account of the numbers of people waiting in A&E departments,

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## THE BED MANAGER



Moving between wards... bed manager Fiona is always checking how busy it is..

# Early warning system

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expected planned admissions and discharges and predictions of anticipated emergency calls based on historical data - Fiona and her team of 18 bed managers and four clerical staff are able to see at a glance just how busy our hospitals are.

They can then identify hot spots and, with colleagues, take measures to free up beds so that new patients can be admitted without having to wait for a long time in A&E.

When **Health News** catches up with Fiona, she's busy preparing the first of three daily reports showing the current bed situation throughout the city's hospitals.

She explains how the day is shaping up. "We had an Old Firm match yesterday and we know that on these days our rate of admissions goes up. There were 60 emergency admissions to Glasgow Royal Infirmary yesterday compared to an average of 22 on a typical Sunday so we need

to continue to monitor that hospital closely throughout the course of the day.

"Mondays are also very busy with emergency patients who have been seen by their GP after the weekend. By 11 o'clock our hospitals will be getting significant numbers from GPs looking to admit someone and we need to keep a close eye on this to see if we need to react."

The bed managers don't just rely on their computerised systems to understand how the day is progressing. They tour the hospitals speaking to the nursing staff to verify the data and see how the wards are coping.

"The tools of the trade in this job are a pair of sturdy walking shoes, a clip board and a pencil and rubber," joked Fiona.

By lunchtime, bed meetings will have been held in each of the hospitals to review the predicted activity and agree action as necessary. At these meetings the bed managers

will be joined by staff from A&E, ITU and the emergency receiving units.

On many days, particularly in the busy winter months, the number of available beds at can be counted on one hand - particularly if wards are shut to new admissions due to an outbreak of Norovirus or some other infection. So this close monitoring of the city's hospital beds is vital.

And if there is a predicted shortage of beds in any site, the bed managers work closely with the hospitals' discharge teams, the Scottish Ambulance Service and ward staff to troubleshoot and ensure there are no delays for patients awaiting transfer or discharge.

As Fiona was explaining this, a call came in about a couple of patients awaiting discharge to ensure they were getting home as planned. Health News left her to sort out the issues and make sure that the beds could be freed up for the next emergency admissions coming in.

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## THE PLANNER

## Preparation is key to coping with the rush

**T**HE ultimate responsibility for ensuring that NHS Greater Glasgow and Clyde plans are ready for winter lies with Helen Byrne, Director of Acute Strategy Implementation and Planning.

As a former social worker who has spent the past 16 years in the NHS, Helen understands well the challenges that winter brings every year.

She explained: "The NHS works all year to manage demand on our services.

"At winter time, this demand increases with greater numbers of emergency patients being admitted to hospital due to respiratory problems and other conditions that are more prevalent in colder months.

"The challenge for us is to admit all of these patients quickly and at the same time maintain our busy programme of planned surgery.

"Whilst much of the focus every winter is on the ability of hospitals to cope with the rise in demand for beds, the pressures are felt right across the healthcare system.



HELEN BYRNE

"And it requires a comprehensive approach, involving NHS 24, the Scottish Ambulance Service, social work services and ourselves in coming together to make sure that our services can cope with these additional pressures."

That's where Helen comes in. She co-ordinates the development of NHSGGC's multi-agency winter plan. And as she explains, this isn't just a case of dusting down the same plan every year.

Helen said: "As soon as one winter is over, we begin preparing for the next one. We get together with our partners to carry out a full review of what worked well and what didn't.

"In previous years, the focus of our plans was on opening additional hospital beds and employing more staff but this had only limited success – not least because of the difficulties in recruiting extra staff temporarily over the winter months.

"Nowadays being prepared for winter increasingly involves all services working together to avoid unnecessary admissions to hospital.

"This lets us deal more effectively

with those who do require hospital treatment."

Helen's involvement doesn't end when the plans are drawn up. Throughout winter she continues to meet service leads to review how things are going and to respond appropriately – whether that be at day or night.

Helen explained: "Hospitals are open 24 hours a day and, long after many of us have gone home, they continue to admit emergency patients. We have therefore introduced a 24-hour escalation plan to ensure that senior managers across all parts of NHSGGC are available every single day during winter to troubleshoot and respond to emerging problems.

"Even after the months of planning, there will always be problems that bring unexpected pressures on the system – such as a spell of really poor weather. But we continue to work with staff to ensure that if you or your relative need to be admitted in an emergency during the busy winter months ahead, a bed will be available for you."

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## THE DOCTOR

# Hospitals do all they can to ensure a speedy recovery

**FOR hospitals to cope with demand over winter, the discharge of patients needs to be particularly effective.**

Delays in sending a patient home simply result in delays for emergency patients being admitted.

Ensuring patients are assessed, treated and discharged quickly requires a real team effort, led by the patient's consultant.

Health News went along to meet one of the city's consultants, Dr David Raeside, chest physician at the Victoria Infirmary, to find out how he and his team ensure that patients get home as soon as they are well.

And what you might be surprised to learn is that discharge planning actually starts as soon as patients are admitted.

Dr Raeside said: "The Victoria has two admissions wards where emergency patients can be quickly

assessed and investigated to see if they need hospital care or can be sent home.

"The wards concentrate all the expertise needed to manage acute problems in one place.

"One of the wards is dedicated to next day discharges where people who need 24 hours' observation are admitted, such as those who have taken an overdose.

"Patients who are obviously not going to get home quickly are admitted to the other ward, from where arrangements can be made to transfer them quickly to the appropriate specialty where they will be supported to make a speedy recovery."

Once a decision is made to keep the patient in hospital, an estimated date of discharge is predicted. This indicates when it is reasonable to expect the patient to have finished



**Dr Raeside and his staff plan well in advance to avoid delays.**

treatment and to have all necessary tests completed.

"This date ensures that the whole team, consultant, junior medical staff and nurses, push the treatment plan forward with a focused end point," explained Dr Raeside.

He admits that it can be quite challenging when patients are 'boarded out' to different wards – a feature that is unfortunately common during the winter when there are pressures on medical beds.

"Medical patients do regrettably spill over into surgical wards in the

winter due to a pressure on beds," he explained. "We have very clear guidelines on the types of patients who might be able to be transferred to another ward. For instance, someone who's young and well might be boarded on their last day but we would not consider this with a confused elderly patient.

"We've been working hard to reduce the number of boarders in our hospitals. Traditionally we would have had up to 80 patients boarded out at the Victoria on any single day. This has reduced significantly to around 25 to 30 patients in the winter."

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## THE ANALYST

# Why getting forecast right is vital for planning



**Analyst John Gomez and his charts help predict busy periods.**

PREDICTING how busy our hospitals are likely to be is vital in helping us prepare for winter.

Every year, a small team of analysts, led by John Gomez, collate data which forecasts how many emergency admissions are likely to be admitted to our hospitals over the next few days.

And unlike the weather forecasts, these predictions are usually very accurate.

John said: "Throughout the winter, we analyse data from previous years and from the previous six weeks to help us forecast how busy our

hospitals will be over the next week or two.

We collate information from a variety of areas including calls to NSH24 and our out-of-hours GP centres and A&E admissions.

"We also look at the prevalence of flu-like illness in our communities. In previous years, we worked with a small number of flu 'spotter' practices to get an estimate of this. This year, with the close monitoring nationally of the incidence of H1N1 and seasonal flu, we have a much better picture of this and of how the virus is spreading."

The statistics show that our hospitals are at their busiest around the same time every winter - immediately after New Year. This information is used to help allocate resources to cope with these peaks in activity.

And that is the real value of the information, according to John. "The use of information is hugely important for winter. It helps match resources to expected peaks in activity and ensures we are as prepared as we can be for the busy period ahead."

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# WE'VE GOT THE FESTIVE SEASON COVERED

LIKE most of us, GP surgeries and some other NHS services take a well-earned rest at Christmas and New Year. Unlike many businesses, however, the NHS does not shut down for the holidays but continues to provide urgent care for those who need it.

Routine appointments are not available over the public holidays so patients will be reminded to order repeat prescriptions and re-stock their medicine cabinet. For the vast majority of people this will be enough to tide them over the festive period.

However, for those who become unwell and can't wait until their GP surgery re-opens on 29<sup>th</sup> December, a range of services are available.

Over the next four pages, we spotlight these services and let you know how you can make best use of them if you need help during the festive period.

## Out-of-hours GPs gearing up for the holiday rush

**B**OXING Day is a traditional day of rest when families put their feet up and relax after the festivities of Christmas but for Dr Norrie Gaw and fellow GPs at Glasgow's Southern General Hospital it's one of the busiest days of the year.

Dr Gaw is the clinical director of the GP out-of-hours service that takes over when the staff in GP surgeries across Greater Glasgow and Clyde take a well-earned rest.

He is based in one of nine primary care emergency centres across Greater Glasgow and Clyde which are largely staffed by the same GPs whose surgeries are closed.

And as they gear up for another busy festive holiday, the team invited Glasgow's evening paper, the Evening Times, to see how they look after the



**The out-of-hours service operates from nine emergency centres.**

people that fall ill when surgeries are shut.

The primary care emergency centre at the Southern General Hospital operates out-of-hours from consultation rooms that double as the orthopaedic clinic during the day.

Patients are referred to the centre after phoning NHS 24 with conditions which are not life-threatening but need to be attended to by a GP before surgeries re-open.

Dr Gaw explains that it's better for patients to travel into the centre when they can rather than have GPs going out to their homes.

He said: "It's well lit here, so I can see what I'm doing, the furniture is designed for examining patients and the surroundings are hygienic.

"I can be accompanied by a nurse during an examination and we can run urine tests and the like here."

People suffering from severe asthma

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## Out-of-hours GPs gearing up for the winter rush

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are among those routinely seen and the doctor can safely offer the patient treatment with a nebuliser, including oxygen, while a nurse stays with them until they recover enough to go home or a decision is made to admit them.

During our visit, patients included a 72-year-old who complained of feeling breathless and had an irregular pulse and a 66-year-old struggling to breathe who was found to have pneumonia. Both were admitted to hospital as urgent cases.

The parents of a two-month-

old baby were relieved to find that a wheeze was not serious but an examination of a five-month-old baby with similar symptoms found severe inflammation in the airways and an ambulance was called to transfer the patient to Yorkhill.

In the car park outside, Dr Graham Clockey and his driver are ready for urgent calls that may come in for a house call. The service runs a fleet of cars fitted with a computer system which lets doctors read an emergency care summary while they travel to the patient's home. The summary includes

known allergies and details of regular prescriptions as well as all drugs prescribed in the last 30 days.

Dr Clockey doesn't have time to chat as an urgent call comes in to see an elderly woman with breathing problems. It later emerges the woman has a chest infection and she is given antibiotics to clear it up.

The staff in the centre point out that many infections, including colds and flu, are caused by viruses, so antibiotics won't help. Plenty of rest and fluids will.

If patients do have to attend the

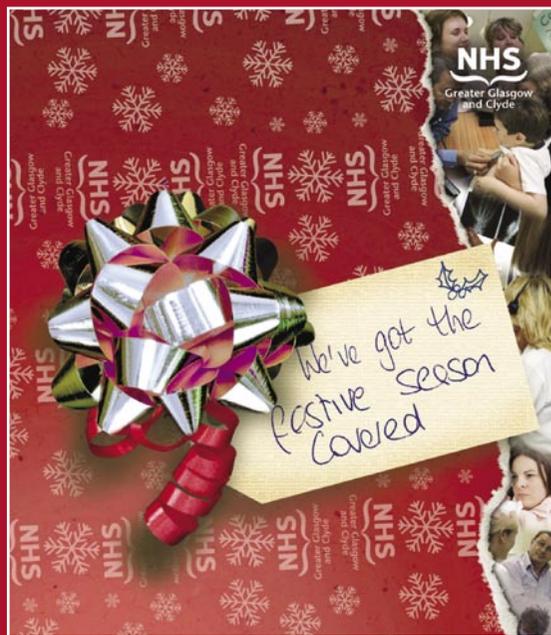
centre, transport can be organised.

Some, however, arrive without warning and not always with the most pressing needs.

One patient has turned up at A&E with a verruca and is steered away from critically ill patients to the out-of-hours centre.

Once there, they are left in no doubt that they could have waited until the surgery re-opened and are sent to see their own GP at a more reasonable hour. A call to NHS 24 would have saved a wasted trip.

**Feature courtesy of The Evening Times.**



## NHS Winter Guide ... FREE

THIS year's NHS winter guide will be available from the beginning of December.

The guide, which explains how to use NHS services in Greater Glasgow and Clyde over the festive period, is produced every year.

It includes vital information such as the opening hours of local pharmacies throughout the Greater Glasgow and Clyde area and advice on how to access a GP when surgeries are closed.

Dr Linda de Caestecker, Director of Public Health, said: "Whilst GP and dental surgeries

close for the two public holidays at Christmas and again at New Year, many other health services remain open. This guide lets you know what to do if someone becomes unwell and can't wait for the GP surgery to re-open on 29<sup>th</sup> December. It's as important as your Christmas TV guide and I'd encourage everybody to make sure to get their copy and keep it handy."

Be sure to pick up your free copy from your GP surgery, pharmacy or optician or go online to [www.nhsggc.org.uk/winter](http://www.nhsggc.org.uk/winter)

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# Medicines, advice and a lot more... over the counter

**DOUGLAS Mitchell is used to working over Christmas and New Year. When he trained as a pharmacist seven years ago, he accepted that this would be part of the job.**

Douglas is one of two pharmacists who work at Lloyds Pharmacy in Knightswood's Alderman Road.

Every year, when many other pharmacies are closed, the pharmacy opens for a few hours on December 25<sup>th</sup> and 26<sup>th</sup> and again on January 1<sup>st</sup> and 2<sup>nd</sup> to ensure local residents have access to over the counter medicines and essential health advice.

It's one of around 60 pharmacies throughout the Glasgow and Clyde area who provide this vital service – and in doing so

significantly help relieve the pressure on other busy NHS services.

And, as Douglas explains, there's a lot that your pharmacy can help with.

"We offer a Minor Ailment Service for patients who are exempt from prescription charges. Under this scheme, patients can come in at any time, including Christmas and New Year, for a confidential consultation on a problem and get medicine without having to see a GP.

"We see patients in our consultation and advice room when they can describe their symptoms and we can offer advice in privacy. It is important for us to see the patient so if you are seeking help for you child, then you should, wherever possible, bring them with you to the pharmacy.



**Douglas is on hand to give valuable advice.**

"We are able to supply anything that a patient would get from their doctor on prescription, including ibuprofen and paracetamol.

"Around 2500 people are registered for this service at our pharmacy so it's very well used."

Pharmacies also supply medication that has been

prescribed by your GP. If you are on repeat medication, you should ask your GP for repeat prescriptions well in advance of the festive period.

If you forget to obtain a prescription for a repeat medication and run out of important medicines over the holiday period, you

can still get help from your pharmacy.

Douglas explained: "People should know when their medication is due to run out but sometimes they just forget. Under the Urgent Provision of Repeat Medication scheme, we can give an emergency supply of medicine for up to one month without having to go to your GP."

Pharmacies also supply a wide range of over the counter medicines and vitamins which can help people fight off common winter coughs and colds.

Some, such as Lloyds, also offer other services including oxygen, palliative care and needle exchange.

So if you become unwell at Christmas, remember your local pharmacy. There's a lot that they can help with.

# A busy Winter's Tale for NHS24

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**WINTER is the busiest time of year for NHS 24, Scotland's national health helpline, especially Christmas and New Year when many GP surgeries are closed.**

Last year, NHS 24 received almost 77,000 calls over the eight-day festive period, while the website - [www.nhs24.com](http://www.nhs24.com) - saw a 110% increase in visitor numbers with more than 27,000 visits over the same period.

In addition to offering a 24-hour confidential telephone health advice and information service, NHS 24 works with GP out-of-hours services to provide patients with help and advice on their health when their GP practice is closed.

More than 90% of calls to NHS 24 are made when GP surgeries are closed and calls range from the acutely ill to patients who require reassurance or advice.

The role of NHS 24 is to assess a patient's symptoms, provide advice and support and, if appropriate, refer patients to the relevant service, whether that is their local out-of-hours service, a GP, A&E, primary care emergency centre or the Scottish Ambulance Service.

A pool of specialist clinical expertise is available at the end of the phone, including nurses, pharmacy advisors,



### Last year NHS24 received 77,000 calls over eight days.

dental nurses, health information advisors and mental health nurses to ensure each patient receives the most appropriate and timely advice.

The website provides an extensive online health library, packed with information about common illnesses, treatments and health services. Users can search alphabetically by

health subject, age or gender or by accessing a 'body map'. It also provides access to the Scottish Support Groups Directory, which contains information on more than 4000 support groups in Scotland.

Information on winter health and pharmacy opening times is available on the website, which can be also be

used to email a general information enquiry to NHS 24's team of health information advisors.

NHS 24 Medical Director Dr George Crooks said: "Meeting the needs of patients during the busy winter period is a priority for NHS 24, as it is for the NHS across Scotland. We continue to work very closely with local out-of-hours services, the Scottish Ambulance Service and Accident and Emergency services to ensure that out-of-hours care is available to people who need it over this time, and this will continue throughout the winter period.

"People can be reassured that should they need to call NHS 24 over the Christmas and New Year period, they will receive the highest quality of care by trained and dedicated staff at our NHS 24 centres.

"I would also remind people that they have a huge range of quality self care advice at their fingertips on the website or by telephone."

If your GP surgery is closed and you are too ill to wait until it reopens, use out-of-hours services accessed through NHS 24 on **08454 24 24 24**.

For further information on keeping well this winter visit: **[www.nhs24.com](http://www.nhs24.com)** or call the NHS Helpline on **0800 22 44 88**.

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OF course, if you're in a road accident or suffer a heart attack, the out-of-hours GP and the pharmacy are not what you need.

Our emergency services continue right throughout the festive period to ensure that critically ill patients get the right treatment immediately.

Here we take a look at just four of those services that will be working 'at the sharp end' over the festive period.

# EMERGENCIES GO HERE

**A&E WHERE TIME IS CRITICAL**

**E**MERGENCY departments (EDs) are busy in winter and indeed all year round.

These departments treat patients with any condition that is felt to be so urgent that no reasonable alternative exists for their treatment and where 'time critical' interventions are required.

Emergency teams will see patients regardless of their source of referral, including 999 calls and GP referrals, but the vast majority of patients are self-referrals – people who decide themselves that they need emergency care.

And it is to those people in particular that GRI consultant Dr Alistair Ireland is appealing to



**Emergency Departments are for genuine emergencies... don't turn up if it's not.**

ensure that they only attend their local ED if it is a real emergency.

He explained: "We treat three categories of patients - those that require resuscitation, and those that are classified as either a major or minor case.

"Examples of major cases can

include people with chest pains, breathing difficulties, potential stroke, significant injury, collapse and overdose.

"Minors generally tend to be patients who have limb injuries and who have made their own way to hospital, and it would be

expected that they are treated and discharged."

The overwhelming majority of ED patients do require this specialist assessment and care, but unfortunately some have a skewed idea of what is an emergency.

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# EMERGENCIES GO HERE ...

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Dr Ireland and his colleagues have had patients dropping into EDs looking for treatment for verrucas, ear wax or other conditions more appropriate for a GP consultation or clinic appointment.

Others decide to take advantage of the on-site availability of the department because they happen to be visiting a relative or friend in the hospital.

"It can be the perception of some of these patients that they need an X-ray for a condition that they have ignored for many months," explained Dr Ireland, "and others attend because of pressure from

their workplace or 'other half' insisting that they get themselves checked out."

On occasion patients attending an ED may be redirected to the GP out-of-hours service if they are on-site and depending on the time of day.

Similarly, patients attending Minor Injury Units (MIUs) and GP out-of-hours centres are sometimes quite appropriately redirected to the ED.

There are very good working relationships with the out-of-hours GPs and this allows care to be delivered in the most appropriate setting for the patients.

The two new MIUs within the New

Victoria and New Stobhill Hospitals (and the established 'stand alone' unit at the Vale of Leven Hospital), are working very well and patients will often be redirected to these units from the ED if they present with a minor injury.

Senior medical staff in the ED are always on hand to assist in the management of MIU patients if required.

Dr Ireland summed up: "Emergency departments are busy, but staff spend a lot of time trying to ensure that patients are seen in the right place, at the right time, and by the right person."



**Dr Alistair Ireland... appealing to the public to think first.**

# Minor injuries go here

**MIUs - A FASTER WAY TO TREAT BUMPS AND SPRAINS**

MINOR Injury Units are dedicated to providing faster treatment for the thousands of people who suffer a minor injury every year.

Run by specialist emergency nurse practitioners, and backed up by emergency medicine consultants, the units are open between 9am and 9pm for patients who are not seriously injured or ill enough to go to a full-blown A&E.

Specialist emergency nurse practitioners have all undergone advanced training to carry out minor procedures, interpret X-rays and

issue prescriptions that previously would have been a doctor's responsibility.

They will tend to see people who have limb injuries such as ankle or wrist fractures as the result of a fall, but are not life threatening.

Staff rotate between both departments to allow MIU staff to keep their A&E skill set honed.

MIUs will treat adults and children five years and over for a range of injuries including bone sprains and fractures, minor head and

neck injuries, and cuts and grazes including stitching.

They will NOT treat illnesses that involve gynaecological problems, alcohol or drug-related problems, mental health problems, breathing problems, chest pain or collapsed or unconscious patients.

Children under 12 months should attend the A&E department at the Royal Hospital for Sick Children at Yorkhill, and youngsters between one and five years should be taken to either Yorkhill A&E or the nearest adult emergency department.



**MIUs... the faster way to get treated.**

# 25,000 calls await Ambulance Service

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**THE Scottish Ambulance Service will increase resources by up to 20% at peak times over the winter period to cope with the surge in 999 calls, particularly during the festive period.**

Demand for ambulances over Christmas and New Year increases dramatically and is mostly alcohol-related.

Pauline Howie, chief executive, Scottish Ambulance Service, said: "The festive period is a time of year when most people enjoy parties, as well as spending time with their friends and families, but its the toughest time of the year for our ambulance crews and control room staff. Not only are they working harder than ever before, but because most of the calls involve alcohol, they will face a higher level of abuse from some patients.

"We have put in place contingency plans to deal with the expected surge in 999 calls and would urge people to drink sensibly when they are out celebrating over the festive period. By doing so, they will help us make sure that we are sending ambulance crews to those who really need our help."

The ambulance service is working in partnership with Glasgow City Council and the police on a number of city centre initiatives in Glasgow to deal with the increase in drink-related incidents. This will include first aid and treatment centres to help free up ambulance crews and reduce the number of people unnecessarily attending A&E departments.

The average response time to a life threatening call in Scotland is 7.2 minutes. This year the Service expects to respond to around 25,000 emergency incidents across the country during the festive period over Christmas and New Year.



**The Ambulance Service will answer 25,000 calls.**

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**The stresses of the festive season result in many more calls for help from people in crisis.**

# LOOKING AFTER PEOPLE IN CRISIS 365 DAYS A YEAR

**T**HE run-up to Christmas is an anxious time for most people. The hunt for last minute presents, the mounting bills, the prospect of spending time with relatives that you probably only see once or twice a year ... it can all be very stressful.

Most of us are able to cope with these stresses. However for some people who are already living with a long-term enduring mental illness, these normal pressures can become too much and may lead to a crisis.

Glasgow's mental health crisis teams work seven days a week, 365 days a year, to support people in crisis and help resolve their problems.

They help a wide range of patients including those with acute psychiatric illnesses, such as bipolar disorder and schizophrenia, whose condition becomes unstable and people threatening suicide.

Their aim is to find the least restrictive solution to the crisis. Wherever possible, they seek to avoid unnecessary admission

to hospital. For some patients, this might involve counselling. For others, it will mean adjusting therapies and monitoring how they respond.

It can also be as simple as sitting with someone on Christmas Day and ensuring they have something to eat, as South West Glasgow crisis team leader Steven McCulloch explained.

"Last year, a patient was urgently referred to us who was not coping with life. He had become withdrawn and was neglecting himself. He was living in squalid conditions and his flat was bare," he said.

"We visited him on both Christmas Day and Boxing Day and ensured there was food in the house. We helped him stabilise and then for longer-term support, we referred him to the local community mental health team. He's still in contact with them and I'm pleased to say that he has not deteriorated to the point of crisis again."

The team can often visit patients two or three times a day to avoid a stay in hospital. However, when admission is necessary, Steven and his team work to

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**Steven McCulloch... seeking best possible solutions to problems.**

# LOOKING AFTER PEOPLE IN CRISIS 365 DAYS A YEAR

CONTINUED FROM PREVIOUS PAGE  
ensure that their stay is as short as possible.

They will also make arrangements for patients to get passes home to spend time with their family.

“Last year we supported a mum of two who was a long-term hospital inpatient to get home to spend Christmas with her family. We know that this makes a big difference to patients,” he explained.

Steven’s team is one of seven throughout Glasgow and in East Dunbartonshire, West Dunbartonshire and East Renfrewshire. Patients are usually referred to the teams by their GP or via other services such as the addictions teams or NHS 24. With some patients they will have contact for only one or two days. Other patients need longer. Generally the aim is for resolution within three weeks although occasionally patients have remained with the team for up to six weeks.

When the immediate crisis is resolved,

the team liaise with other health and social care services to ensure that appropriate long-term support is arranged. They will also work with Carr-gomm Scotland, a voluntary organisation that helps people live in their own homes.

And sometimes the right support is even closer to home. “We see people who have been drinking and are threatening suicide,” said Steven. “In some instances, it’s clear that the person has good family support and that things will settle after a good sleep. For these patients, the right thing is to return them to their family rather than engaging them unnecessarily in long-term mental health services.”

If you or a relative are experiencing a mental health crisis, speak to your GP or NHS24 and they will assess whether a referral to the Crisis Service may help. If you live in Renfrewshire or Inverclyde, similar support is available from the Intensive Home Treatment Service.

## CONTENTS

## How did we do?

EVERY NHS Board area in Scotland was set different targets to achieve in the course of 2008/09. These targets are designed to ensure national priorities, including commitments to reduce waiting times for treatment, are met.

Overall, NHS Greater Glasgow and Clyde has made real progress against the targets. In some cases, targets have been exceeded. Genuine improvements in services are being made – and this is due to the continuing efforts of our frontline doctors, nurses and other staff to deliver better healthcare.

# A message from the chairman



By Andrew Robertson OBE,  
Chairman, NHS Greater Glasgow and Clyde

THE last year has been one of significant changes and developments. Not least has been the intensive work done to prepare the New Victoria and Stobhill Hospitals to accept their first patients. These represent a major milestone in our hospitals modernisation strategy and will allow us to increase the level of day surgery undertaken by 20%.

The year was notable for the major consultation undertaken to help us find a way forward to setting out a sustainable future for the Vale of Leven Hospital. As well as the genuine progress made on that issue, our performance against national targets shows that improvement is both possible and is happening across a broad front.

This is possible only because of the partnership between our clinical and managerial teams and the people who use our services. I do sense that there is a shared sense of pride in the NHS and I would like to pay tribute to everyone who has delivered our services or played a part in shaping and influencing them.

No-one is under any illusion that there is still much we can do. There will be new challenges to meet in improving and developing services. Many of the old challenges remain too, from which the effects of deprivation, smoking, overuse of alcohol and poor diet are obvious. But steady progress is being made and this, together with the modernised hospitals and facilities now coming on-stream, will make a real difference to every patient's experience of the NHS and the health of local people.

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PERFORMANCE AGAINST FINANCIAL TARGETS

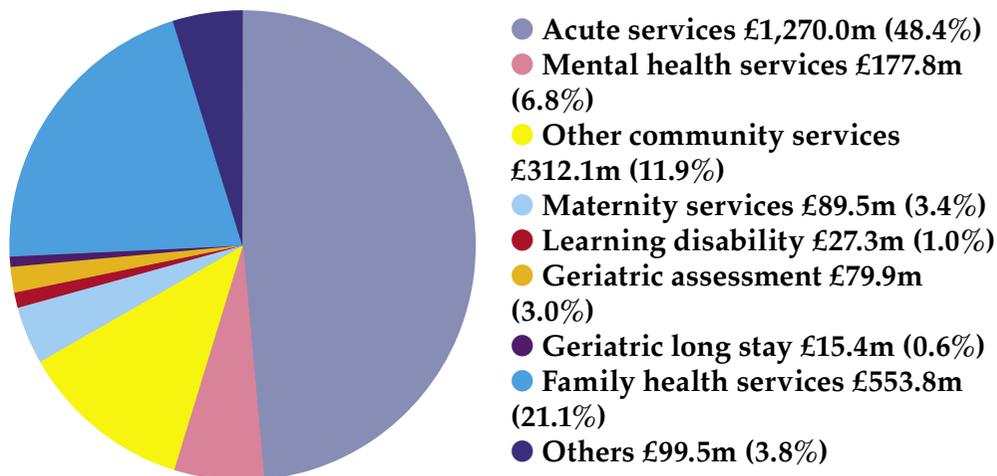
The Scottish Government sets three budget limits at a NHS Board level on an annual basis. NHS Boards are expected to stay within these limits. NHS Greater Glasgow and Clyde met its three financial targets for 2008/09. The actual out-turn against these limits during 2008/09 was as follows:

	Limit as set by SHD* £'000	Actual Outturn £'000	Variance (Over)/ Under £'000
1 Revenue Resource Limit	2,046.7	2,046.3	0.4
2 Capital Resource Limit	123.8	123.8	0.0
3 Cash Requirement	2,227.6	2,227.6	0.0

\* Scottish Health Department

FINANCIAL INFORMATION

Gross Expenditure on Clinical Services of £2,625.3 million is shown in the following chart:



Secretary confirms NHSGGC ‘performed well’ on range of issues

NICOLA Sturgeon, Cabinet Secretary for Health and Wellbeing, attended NHS Greater Glasgow and Clyde’s Annual Review event on 19<sup>th</sup> October 2009 and said: “NHS Greater Glasgow and Clyde is the country’s biggest health board area and has faced a range of complex issues throughout the year.

“It is fair to say that NHSGGC has performed well across a wide range of different services and targets in the last year, and I look forward to that being the case again in the future.

“I want to offer my thanks to the staff and confirm my appreciation for all of the work that they do.”

A recording of NHS Greater Glasgow and Clyde’s Annual Review on 19<sup>th</sup> October 2009 can be viewed at: [www.nhs.gov.uk/annualreviews](http://www.nhs.gov.uk/annualreviews)

## CONTENTS

## NHS Greater Glasgow and Clyde Annual Accounts for the year ended March 31, 2009

## Operating Cost Statement

	2009 £ '000	2008 £ '000
<b>Clinical Services Costs</b>	<b>2,071,511</b>	<b>2,017,868</b>
Hospital and Community	398,178	394,326
Less: Hospital and Community Income	<u>1,673,333</u>	<u>1,623,542</u>
Family Health	553,817	536,391
Less: Family Health Income	<u>20,924</u>	<u>23,140</u>
	<u>532,893</u>	<u>513,251</u>
<b>Total Clinical Services Costs</b>	<b>2,206,226</b>	<b>2,136,793</b>
Administration Costs	12,295	13,094
Less: Administration Income	<u>205</u>	<u>0</u>
	<u>12,090</u>	<u>13,094</u>
Other Non Clinical Services	47,241	51,312
Less: Other Operating Income	<u>56,740</u>	<u>46,756</u>
	<u>-9,499</u>	<u>4,556</u>
<b>Net Operating Costs</b>	<b>2,208,817</b>	<b>2,154,443</b>
<b>SUMMARY OF REVENUE RESOURCE OUTTURN</b>		
Net Operating Costs (per above)	2,208,817	2,154,444
Less: Capital Grants to other bodies	(3,972)	(5,066)
Less: Profit/(Loss) on disposal of fixed assets	(1,803)	27
Less: Annually Managed Expenditure (write downs)	(10,101)	(12,830)
Less: FHS Non Discretionary Allocation	<u>(146,721)</u>	<u>123,600</u>
<b>Net Resource Outturn</b>	<b>2,046,220</b>	<b>2,012,975</b>
Revenue Resource Limit	<u>2,046,661</u>	<u>2,014,370</u>
<b>Saving/ (excess) against Revenue Resource Limit</b>	<b>441</b>	<b>1,395</b>

## Balance Sheet

	2009 £ '000	2009 £ '000
<b>FIXED ASSETS</b>		
Intangible Fixed Assets	768	322
Tangible Fixed Assets	<u>1,309,606</u>	<u>1,396,968</u>
<b>Total Fixed Assets</b>	<b>1,310,374</b>	<b>1,397,290</b>
<b>Debtors falling due after more than one year</b>	<b>40,132</b>	<b>48,137</b>
<b>CURRENT ASSETS</b>		
Stocks	20,244	22,348
Debtors	89,414	56,696
Investments	1	1
Cash at bank and in hand	<u>1,121</u>	<u>9,594</u>
	<u>110,780</u>	<u>88,639</u>
<b>CURRENT LIABILITIES</b>		
Creditors due within one year	<u>(351,660)</u>	<u>(424,448)</u>
<b>Net current assets/ (liabilities)</b>	<b>(240,880)</b>	<b>(335,809)</b>
<b>Total assets less current liabilities</b>	<b>1,109,626</b>	<b>1,109,618</b>
<b>CREDITORS DUE AFTER MORE THAN ONE YEAR</b>	<b>(1,938)</b>	<b>0</b>
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	<b>(141,068)</b>	<b>(114,323)</b>
	<u>966,620</u>	<u>995,295</u>
<b>FINANCED BY:</b>		
General Fund	695,192	596,515
Revaluation Reserve	259,739	386,556
Donated Asset Reserve	<u>11,689</u>	<u>12,224</u>
	<u>966,620</u>	<u>995,295</u>

# TACKLING KEY TARGETS

## CONTENTS

HERE are some of our key targets and outcomes over the last year.

### Babies and Children

By March 2009:

- The percentage of babies who are wholly breastfed at the age of six-eight weeks had fallen slightly to 23.1%.
- Our target is to get this level up to 30% by 2011 – all the available evidence shows that breastfed babies have the best start in life and are better protected against disease and illness.
- The percentage of children aged between three and five years registered with an NHS dentist climbed to 94.2%, well in excess of the national target of 80%.
- This is a great achievement and vitally important for the oral and general health of future generations – back in 2007 the percentage of children registered was only 75.7%.



### Cancer Care

By March 2009:

- 95% of patients were being seen by specialists in cancer services within 62 days of

referral.

- A new national 31 day target is being introduced and NHSGGC is gearing up to achieve this.

### Heart Disease

- NHSGGC is on target to reduce the number of people under the age of 75 years dying from coronary heart disease in deprived areas.



### Older People

By April 2008:

- 37% of older people with complex care needs (usually suffering from more than one health problem) were being cared for at home rather than in hospitals, well above the national target of 30%.
- Older people are better able to maintain their independence and quality of life if they can be cared for at home or in their local community.

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# TACKLING THE KEY TARGETS

## Mental Health and Wellbeing

By March 2009:

- The numbers of patients registered as having dementia increased 5% on the previous year.

- This is very important in ensuring that patients receive the earliest possible intervention from health and social services.

- The suicide rate in Greater Glasgow and Clyde continued to fall and steady progress is being made towards meeting a 2010 national target.



## Appointments and Waiting Times

By March 2009:

- 98% of patients were seen, admitted, discharged or transferred within four hours of arriving at our emergency departments.

- No patient waited longer than

six weeks for diagnostic tests.

- No patient waited more than 12 weeks for a first outpatient appointment, or admission to hospital for inpatient or daycase care (the national target was 15 weeks).

- The numbers of patients failing to turn up for appointments fell slightly to

12.68% of the total but did not reach our target of 12.2%.

- This is a major challenge for us – patients failing to turn up at hospitals and GP surgeries squander our time and resources and delay the treatment of other patients.

CONTINUED ON NEXT PAGE

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# TACKLING THE KEY TARGETS

## Alcohol, Addictions and Smoking

By March 2009:

- The target to increase the number of alcohol-related brief interventions to 4,902 was exceeded by far, with 7,603 actually taking place.
- The scale of the abuse of alcohol in Greater Glasgow and Clyde remains one of the clearest underlying issues behind physical and mental ill-health and social problems affecting families.
- The brief intervention programme is designed to ensure hazardous and problem drinkers can be identified via other services. They are then targeted by specialist staff who can offer advice and support to help them recognise their problem and start to do something about it.
- The target of getting 8% of smokers to quit was missed.
- Smoking remains one of the biggest causes of wholly preventable illness and early death – it is of paramount importance that we encourage people to stop.
- We are restructuring our stop smoking services to make a renewed effort in the coming year.

## Finance

- We remained in financial balance and met our cash efficiency target.
- By being more efficient, we have freed up £54.7 million which could be diverted to



improve frontline health services.

- The New Stobhill and Victoria Hospitals were delivered on time and on budget.

## Healthcare Associated Infections

- Reductions in infections through staphylococcus aureus bacteraemia and C diff have been achieved and respective 30% reduction targets in 2010 and 2011 are likely to be met.
- New patient screening procedures have been introduced
- Compliance with cleaning and hand hygiene standards consistently exceed 90% across all our hospitals.
- There is no room for complacency, though, and we will be making every effort to improve still further.

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