

## **LANARKSHIRE PARTNERSHIP**

### **WINTER PLAN 2007/08**

#### **1. INTRODUCTION**

In May 2007, as part of the Unscheduled Care Collaborative Programme, a national event was held to consider how to improve winter planning. An invitation to attend the event was extended to all partner agencies including NHS Boards, Local Authorities, Scottish Ambulance Service and NHS 24. The opportunity was taken to reflect on previous experience, to consider examples of good practice and to agree how improvements in winter planning should be taken forward at Health Board, Regional and National level. Four key messages emerged from the event:

- The winter plan should be a whole system plan with evidence of engagement and commitment by all partner agencies.
- It should demonstrate an ability to respond to surges in activity in both community/primary care and secondary care settings.
- A draft winter plan should be available by 31 August 2007 with the opportunity for the NHS Board Chief Executive to have sight of the document in early August. A presentation on methodology, key trigger points and actions, escalation arrangements and funding provision would be given to a follow-up national event on 12 September 2007.
- The winter plan should compliment similar plans of neighbouring NHS Boards.

The purpose of this paper is to identify the steps that it is proposed to take in Lanarkshire to achieve those objectives and to identify with whom responsibility rests for delivering the varied elements of the winter plan.

#### **2. LEARNING FROM THE PAST; LOOKING TO THE FUTURE**

The period of the winter plan is considered mid December to the end of January with particular regard to the period 23 December 2007 to 7 January 2008. The latter includes two public holiday periods with a growing number of staff taking annual leave during those periods. The sense is that activity increases over the period mid December to end of January with particular pressures on services during the first two weeks of the calendar year. Previous experience indicates that whilst activity increases it does so sporadically with the need for robust intelligence to highlight emerging pressures and to respond to those. A flexible workforce with a partnership approach to service delivery is crucial to delivering an appropriate and quality service.

### **3. MOVING FORWARD**

A series of discussions have taken place involving clinical and non-clinical staff from primary and secondary care as well as out of hours and NHS 24 to highlight themes and identify actions that require to be taken to deliver the objectives set out in paragraph 1. Initial contact has been made with colleagues in North and South Lanarkshire Councils and the Scottish Ambulance Service to invite their participation in formulation and delivery of the plan. The intention is to establish a Project Board to take forward the agenda with Executive Directors from each agency identified, as appropriate, with responsibility for action and implementation.

#### **i Intelligence**

Access to real time information is considered crucial to ensure an informed response to the pressures of winter. A network of information sources will be established in each locality that will capture and share intelligence with Out of Hours. This will include use of 'flu spotters' in selected GP practices across Lanarkshire. This will be extended to include NHS 24 to monitor call volumes and identify variations in nature and extent of illness. Details of events that influence individual circumstances such as the weather and flu will continue to be made available across partner agencies. Information will be accessed from SPARRA with the opportunity also taken to explore with partner agencies and independent contractors intelligence that is available to them that might inform and improve decision making. An information plan will be agreed by the Project Board with details of information sharing, analysis and reporting with agreed trigger points to prompt further action.

#### **ii Community/Primary Care Services/NHS 24**

In previous years the winter plan for primary care has focused predominately upon the arrangements that need to be put in place to cover the Christmas and New Year period and have therefore had a very heavy emphasis on the out of hours primary care service. It is fully recognised that primary and community care needs to have a much wider emphasis in this coming year looking beyond the direct festive period and working collaboratively with secondary care. A range of actions will therefore be taken over the coming months as outlined below:

- A clear and concise directory of the opening hours and times of all the independent contractors in Lanarkshire will be compiled. This will be complemented with the range of community nursing and AHP staff that will also be available during the public holiday period. Within this the opportunity will be taken to establish the arrangements that contractors have made for out of hours cover where this is not provided directly by NHS Lanarkshire eg GDP's that are not part of the NHS Lanarkshire emergency service.
- Clear arrangements will be made with all GP Practices in Lanarkshire to ensure that they are fully functioning on the working days both prior to and between Christmas and the New Year. This will involve joint communication and positioning with the Local Medical Committee (LMC).

- A plan to ‘flex’ the capacity and capability of the OoH primary care services on public holidays and weekends over the Christmas and new year period will be prepared such that GP/community nursing type services can be brought on stream at appropriate locations across Lanarkshire in response to meet increased demand.
- To maximise the potential of the highly skilled GP and nursing workforce in the OoH service over the whole winter period such that they can be fully deployed, work will be undertaken to introduce skill mix for basic clinical activity at the PCEC from health care support workers so freeing up valuable time. In addition, an assessment of the potential to augment PCEC’s with community nursing resources will be undertaken and established by early autumn.
- To attempt to take demand away from out of hours and emergency secondary care services over the winter period it is proposed to work with each GP practices in Lanarkshire to identify their most vulnerable patients and consider what additional support can be provided whether through community nursing, social work or GP support
- In order that the OoH resource can be flexed quickly and take on board primary care work from A&E’s it is important that sufficient additional accommodation is available. This will be sourced and made ready by early autumn.
- Over the festive period many of the primary and community services move to skeleton/closed status. Each locality will review which services this is considered to be in order to continue and for which there is a need to maintain a normal weekday service. This will focus on the LTC teams, specialist nurses and some AHP services.
- The new pharmacy contract brings with it a range of potential alternatives for patients. This includes the minor ailments scheme (MAS) and also the ability to directly provide repeat prescriptions without accessing the GP Out of Hours Service. The potential to maximise both of those innovative services across Lanarkshire will be explored over the summer period identifying key pharmacists to be engaged in the service delivery over the whole winter period.
- Significant work has been undertaken looking at the nature of attendances at the three A&E Departments across Lanarkshire. This exercise has identified that there is a volume of activity that can and should be dealt with by primary care services. The solution to this growing issue on an in hours basis is complex and cannot be resolved as part of winter planning. However on an out of hours basis there is the real potential for the A&E and primary care services to work in a more integrated manner. Over the summer period a pilot exercise will be undertaken at Wishaw General looking at improved streaming of patients with minor injury and illnesses between the two services and also the use of GP’s to assess, treat and discharge a number of those patients who would traditionally have required significant junior doctor assessment and

investigation. The evaluation of this pilot will inform the manner in which the two services are aligned for the winter period and in particular where there are major swings in capacity/demand.

- Over the winter period the four community hospitals have the potential to provide some additional capacity for secondary care at times of significant pressures. As in previous years, work will be undertaken to create capacity in these hospitals for appropriate patients.
- Work has already commenced in putting into place an enhanced nursing home service within the East Kilbride area. This service should be operational over the summer period and will be extended to cover the Wishaw area in the autumn. The benefit of this new service will ensure that not only is there an improved standard of care for residents in the nursing homes but that their need to be admitted to hospital is reduced. This will apply also to the length of time that they stay in hospital when they are admitted.

### **iii Acute Services**

There is work in progress across the work flows of the Unscheduled Care Collaborative. The opportunity is being taken to reflect on current action plans associated with prevention of admission, managing the patient journey and discharge. This forms part of the collaborative working with primary care that includes planned pilot work over the summer period around attendances at A&E.

In addition, a range of actions will be considered over the coming months as outlined below:

- Reduce inpatient elective activity during first two weeks of January to create surge capacity for medical emergencies on all three sites.
- Increase same day admissions by 5%.
- Front load elective inpatient activity during December.
- Increase ward rounds to facilitate patient discharge.
- Reduce medical outpatient activity.
- Involve 'Mints-major' nurses in the introduction of skill mix for clinical assessment of unplanned activity.
- Share clinical staff within areas of increased pressure (eg surgical junior staff supporting 'boarded' medical patients).
- Increase availability of diagnostic and pharmacy services over weekend and public holiday period.

- Maximise skill set of specialist nursing staff in admission avoidance and reduction in length of stay.
- Advise staff on services available in the community over weekend and public holiday period.
- Extend hours of bed management.
- Enhance the interface between out of hours and A&E to ensure safe pathways for patients who require specific interventions.
- Identify and source flexible services provided by rapid response/early supported discharge.
- Increase access to support services including portering and domestic services at out of hours and during periods of increased pressure.
- Identify appropriate staffed off site capacity to provide inpatient accommodation during periods of significant pressure including use of local authority accommodation.
- Adopt robust reporting to incorporate primary and secondary care intelligence to highlight actual and/or pending pressures.
- Increase access to patient transport to facilitate timeous discharge.
- Pro active management of activity to deliver waiting time guarantees.

#### **iv Manpower**

Staff flexibility will be required over the winter period. This may include working out with contracted hours and normal work bases. It may also include undertaking tasks out with routine duties. It will be necessary to respond to pressure periods by accessing increased capacity. There may therefore be a need to limit annual leave over the festive period. It is intended to engage with appropriate professional and staff side organisations to support this approach.

#### **v Partner Agencies – Service Profiles**

It will be necessary for partner agencies to identify those services that they would routinely provide during the winter period and particularly over public holidays. This would then be the subject of discussion within the context of the winter plan for Lanarkshire. The demand on the Scottish Ambulance Service is significant and discussions through existing channels will take place between the NHS Board and the Scottish Ambulance Service. Partnership arrangements with North and South Lanarkshire Councils, as part of the Winter Planning process, are already well

established, and we will continue to have close dialogue with the Local Authorities in finalising the Winter Plan 2007-2008.

## **vi Communication and Publicity**

It is essential that the public is advised of the range and type of services that are available over the public holiday period and how those can best be accessed. It will be important to link with the Scottish Executive to ensure that messages to the public are clear and consistent. The existence of the GP and Pharmacy contracts will provide opportunities for the public to access services that would otherwise be provided by other staff. The publication of those services will be crucial to ensure uptake with the potential to reduce demand on other parts of the service. NHS 24 will have a crucial role in signposting patients and carers away from the traditional care pathways to those that are being developed to support delivery of services during the winter period.

## **4. NEXT STEPS**

A Project Board will oversee preparation of the winter plan. The Project Board will comprise representation from all partner agencies. It will be the responsibility of the Project Board to harmonise the outcome of all work associated with the winter plan to include monitoring and escalation arrangements. The Project Board will consider any resource issues associated with implementation of the plan in the first instance. Draft details of the winter plan and funding implications will be submitted for agreement to the NHS Board and Partner Agencies. The plan will be subject to further refinement up to and during the winter period.

**It is intended to establish an executive on call rota across primary and secondary care with links to other partner agencies that will operate during the winter period. The opportunity will be taken over the coming period to be explicit over the role and responsibilities of the executive lead and relations with partner agencies.**

Four further meetings of the Project Board are planned during July, August and early September to develop the winter plan through to final draft stage. Those meetings will be held on Thursday 5 July, Thursday 8 August, Thursday 23 August and Thursday 6 September 2007. All meetings will commence at 3.00pm.

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