

LANARKSHIRE PARTNERSHIP

WINTER PLAN 2007/08

1 INTRODUCTION

In September 2007, as part of the Unscheduled Care Collaborative Programme, a national event was held to receive updates from each NHS Board on planning for the winter period. It provided the opportunity to share information and good practice. All partner agencies were invited to attend including NHS Boards, Local Authorities, Scottish Ambulance Service and NHS 24. This was a follow up event to the event held in May 2007.

The update provided by each NHS Board was in the form of a self assessment of progress to date and state of readiness for the winter period. The approach adopted by NHS Lanarkshire to winter preparations has been all encompassing with the involvement of primary care providers in GP surgeries, out of hours, pharmacies, hospitals, local authority and ambulance services. The focus has remained on:

- A whole system approach to winter planning
- Development of an early warning system
- Management of surge activity in primary and secondary care.
- Clear communication of the winter plan to staff and patients
- Clarity on staff roles and responsibilities in relation to escalation of the plan

In June 2007, the NHS Board received a paper on actions planned and proposed in relation to winter planning. It was presented around six main headings including intelligence, community/primary care services and NHS24, acute services, manpower, partner agencies and service profiles and communication and publicity. The purpose of this paper is to update the original planning work and outline the actions that have been taken as well as those that require further consideration over the coming months.

2 THE WINTER PERIOD

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-4-day periods at Christmas and New Year when normal 'in hours' GP practice services are closed. The discussions taking place between partner agencies is informing effective, coordinated planning to ensure that an efficient and responsive service is available to the public.

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 to enable an appropriate response to the varying levels of demand over the winter period. There is particular emphasis being placed on establishing a clear escalation plan within and across partner agencies to ensure appropriate responses where pressures and agreed thresh holds are triggered.

3 MOVING FORWARD

A Project Board covering the whole of the health and social care system for Lanarkshire has been established and is meeting fortnightly to discuss and develop the plan. Executive Directors from each agency have been identified, as appropriate, with responsibility for action and implementation. The Project Board has responsibility for translating current plans into action and coordinating work across the health and social care system.

I Intelligence

Access to real time information is crucial to ensure an informed response to the pressures of winter. The format and content of that information flow together with reporting and escalation arrangements is currently being developed.

A network of information sources is being established in each locality. This will include use of 'flu spotters' in selected GP practices across Lanarkshire. The lead GP in each locality will have a key role in ensuring appropriate capture and reporting of information. Daily information from out of hours with access also to activity information around A&E and bed capacity will add to the available intelligence across Lanarkshire that will be shared with partners. This will be extended to include NHS 24. Details of events that influence individual circumstances such as the weather and flu will continue to be made available with information also accessed from SPARRA.

II. The Primary Care Component of the Winter Plan 2007/2008

The Primary Care OOH Plan for 2007/08 covers both the winter period and pays particular attention to the festive season.

The Out of Hours Executive Group has met on a monthly basis and has been central to the development of this element of the plan. NHS24 and the Scottish Ambulance are represented on this group and the plan has therefore been developed in partnership between all three services.

In preparing the plan, the criteria laid down in Annex A of the Deputy Director of Delivery's letter dated 4th July 2007 have been taken into full consideration, as will be demonstrated in the following pages. This Annex is reproduced in full at Appendix 4. Boards are required to undertake a rigorous self assessment against a set of criteria and questions. Producing the plan in line with this assessment has ensured that we have covered all bases from a Scottish Government perspective. Our assessment of the plan against the criteria is that we are well placed and prepared at this point in time.

A. The Basic Service Outline

The OOH service operates every weekday from 18:00 through to 08:00 the following morning, all day at the weekends and also all day on agreed Public Holidays. These Public Holidays are negotiated annually with General Practitioners, and for this season will be:

- Tuesday and Wednesday 25th and 26th December 2007
- Tuesday and Wednesday 1st and 2nd January 2008

General Practice across NHSL will operate as normal on Monday 24th and Monday 31st December, as well as on the intervening Thursdays and Fridays.

Patients access the NHSL OOH service via NHS24, these calls are then passed on via NHS24 to the Lanarkshire Out of Hours Hub based at Hairmyres Hospital, where calls can then be routed to one of our three main Primary Care Emergency Centres (PCECs), two satellite PCECs, Home Visiting Service or the Community or Overnight Nursing Service.

Normal community nursing services operate during the day on Saturdays and Sundays. The Out of Hours community nursing service operates nightly from 6pm- 8am.

There are four teams operating across NHSL and there will be a total of 22 staff on duty from 6pm - 10pm with 8 staff on duty from 10pm-8am each night (a skill mix of qualified nurses and clinical support workers).

There is also a Professional to Professional line at the Hub which receives calls directly from Nursing Homes, Community Nurses and Pharmacists who may wish to call in for advice from a GP or to arrange a home visit.

There continues to be a significant level of joint working between the PCECs and the A & E departments on all the acute sites. The ability of each service to transfer patients between services in a seamless manner allows patient to receive the most appropriate care for their presenting condition. Patients presenting at A&E who have not already accessed NHS 24 but are deemed to be more appropriately seen in Primary Care following nurse triage are transferred across to OOH and given an appointment time according to their condition. Patients whose presenting condition is thought to be more serious than first envisaged can be transferred to A&E.

The core basic service will operate at all specified times throughout the winter and festive season. The plan explains how additional capacity has been planned for and will be implemented at times of increased demand during the run up to and during the festive period, or in the event of an epidemic of viral illness.

Full details of the capacity planning assumptions are described at section F.

B. New Initiatives across Primary Care (In and Out of Hours)

A number of new initiatives, over and above the developments which have taken place year on year, have been planned for this year:

- Nurses currently based at PCECs will complete their training and mentoring programmes over the coming weeks and will be fully able to treat and discharge patients autonomously. This increases the capacity of patients attending PCECs. There will be, as a minimum, 1 fully trained nurse at each centre between the hours of 0900 and 2200.
- The service is currently recruiting clinical support workers to assist qualified staff between 10.00 hrs and 22.00 hrs. These staff will be able to carry out routine tasks such as taking blood pressure, temperature, and pulse rates.
- A pilot scheme between Primary Care OOH and A & E ran at Wishaw General Hospital allowing trained nurses to see and treat patients independently. This operated through the use of a streaming tool which allowed patients who arrive at A & E without first contacting NHS24 to be transferred to OOH if they meet the agreed criteria. The system worked in the same way as any other patient who presents at A & E without first contacting NHS24, however they can be treated by a nurse and discharged without the need to see a doctor. This will be rolled out across the other two main sites.

- Nurses (unless they are Nurse Prescribers) and Allied Health Professionals are unable to prescribe formulary drugs independently. In order to overcome this, a number of PGDs (Patient Group Directions) have been developed to allow these professionals to see, treat and discharge certain types of conditions, for example conjunctivitis, urinary tract infections and minor ear and throat problems.
- Plans are also being developed to identify the most vulnerable patients using SPARRA data. These patients, through a combination increased Community Nursing hours, social work input, GP input and so forth can be visited in the run up to and over the Festive period to provide a proactive approach to their care and avoid unnecessary calls to OOH and admission to hospital.
- In addition, practices will be able to fax details of “at risk of admission” patients on Friday 21st, Monday 24th, Friday 28th and Monday 31st of December until 6pm each day. Practices will be asked to give details of these patients using the Special Notes system and request a visit by either a Community Nurse or GP, or a telephone call to check their condition.
- Lead GPs in each locality will collect data locally in the weeks leading up to the Festive Period and act as “spotters” to give early warning of potential areas of risk e.g. clusters of flu symptoms, viral infections or suspected food poisoning.
- NHSL is also seeking to recruit Community Psychiatric Nurses (CPNs) at busy times to take appropriately triaged advice calls.

At this stage, NHSL has not considered open access during busy periods as this can lead to a high volume of untriaged attendances that might otherwise have been given self care advice. It also leads to overcrowded waiting areas and long waits at PCECs for patients who could be dealt with more efficiently using other methods.

NHSL Lanarkshire has not considered asking GP surgeries to open on Saturday mornings during busy times as the preferred option would be to manage the demand and flow of patients within the existing Out of Hours service. This would also have an impact on the number of doctors available to work in the OOH service as they would be working in their own practice.

C. Untriaged calls

Over and above the NHS24 triage system, additional doctors (dependant upon demand) and pharmacists will be taking untriaged calls from NHS 24 at weekends throughout the winter period. During the holiday weekends, doctors will be providing a similar service from 08.00 to 18.00 on the Tuesday

and Wednesday. Pharmacists will be providing the service from 10 am until 6pm on 23rd, 26th and 30th December, and 1st and 2nd January.

There will be close working and regular dialogue between NHS24 and the OOH Hub to agree the number and frequency of these calls in order to manage demand.

Additional doctors can be brought into the system if required and at present we are looking to recruit between 5 and 10 triage doctors throughout the Festive period. In addition, we have agreed with a number of doctors that they (if required) will stay on after their PCEC or Home Visiting shift to carry out triage.

If NHSL does not take untriaged calls from NHS24, the main impact on the service is the additional pressure on NHS24 as they have to then triage all calls. This causes delays in call handling by NHS24 and thus has a knock on effect on the OOH service as it is less able to deal with all calls within the agreed timescales.

The number of dispatchers will increase from the usual 3 to 5 from 0800 – 2000 hrs at the NHSL Hub. By increasing the number of staff the dispatching tasks will be split into centre appointments and Home visiting. Dispatchers will be responsible for a particular area which they will have control and should they experience difficulty in controlling demand they can liaise with their colleague on the next desk.

A more detailed analysis of staffing is contained at Appendix 3.

D. Pandemic Flu

In the event of an influenza epidemic or pandemic flu, certain additional plans will come into place. These are covered under the following areas:

Declaration of Epidemic

This would be declared by the Primary Care Medical Director or The Associate Medical Director or Clinical Director for Out of Hours. This would be in conjunction with information available from Public Health and also actual impact on service demand, especially within the Out of Hours or festive periods.

Once declared the lead clinician would ensure that:

- The Executive Director on call for the PCOD was informed
- That NHS24 were aware of the situation, (although it is likely that they would know before NHSL)
- That relevant Acute Trust Medical Directors were informed
- Scottish Ambulance Service informed.

Additional capacity would be sought in a number of ways:

- Additional Medical staff would be contacted both from a standby list and by “cold calling” to ask for some help during this peak demand period.
- Additional facilities would be opened up at PCOD Health Centres, specifically Airdrie HC which is adjacent to Monklands Hospital.
- During next normal working day a request would go out to GP practices to assist with additional capacity or extended opening hours.

Additional processes would be put in place to ensure that:

- Patients would be redirected to these facilities by arrangement with NHS24 and the NHSL hub.
- Medical equipment would be provided in these additional centres
- Access to medication would be incorporated into the plans
- Communications between the NHS Hub and these sites would be in place to ensure two way passage of information about the patients attending centres, the clinical outcomes and the onward transmission of this data to the patients GP.
- Additional admin staff will be on hand to ensure that faxed call sheets are returned to the hub and entered onto the Adastra system
- Additional capability would be provided in terms of patient transport to redirect patients to less busy centres or more peripheral centres at the demands of the service are constantly evaluated.

E. Funding

NHSL will seek funding from NHS24 to fund the additional triage doctors (as in previous years) and pharmacists. The majority of the costs of the rest of the service are already accounted for within the Out of Hours service budget. However, there are a number of additional services identified in section 3 which are deemed to be necessary as part of the Winter Plan across the whole system. These are being costed at present and will form part of the overall plan brought to the Board in October.

F. Capacity Planning

From a review of both local and NHS24 data for previous years, we know that demand increases, particularly at weekends during the festive season and also during the months of January and February.

The plan has therefore taken this into consideration and whilst it is anticipated that the activity on the Saturday of each weekend will be no greater than normal, demand will increase on the Sunday, Monday, Tuesday and Wednesday of both weeks.

The plan has been based upon a level of around 100 face to face contacts per hour between 10.00 and 22.00 hours at the PCECs, and round 24 visits per hour by the home visiting service. This figure allows for a surge of approximately 10% over normal call levels.

When demand rises above these levels there are several ways of dealing with patients to ensure that the service remains safe.

Patient appointments will be managed by Call Handlers (Dispatchers) in the Hub by firstly using every available appointment at each centre before double booking. For those patients who are offered an appointment at a centre (which may not be their nearest but may have spare capacity) and subsequently cannot attend for transport or mobility reasons, transport will be arranged.

Additional space at the two satellite centres (Cumbernauld and Lanark) will be available if standby doctors are brought in. Standby cars are also available either for use by additional doctors or in case one of the regular cars has to be taken out of service for any reason.

As these centres are not used for any other purpose during the out of hours period, rooms can be made available at short notice. Spare equipment and disposable stocks are kept at each centre, and access to the Adastra IT system is also in place. In addition, an additional 6 workstations are being commissioned at Hairmyres Hospital to allow for additional triage and advice staff.

In addition, doctors will ring patients who are waiting, either for an appointment or a home visit to check that the symptoms have not become worse and to offer further advice where necessary, this ensures that those patients who require to be seen more quickly are seen appropriately, or alternatively patients whose condition has improved may be seen at a later time, or given self care advice.

To cope with any additional demand, a number of additional services have also been put in place.

Normal staffing levels will be augmented with additional doctors, nurses and paramedics during the busy periods, both in the PCECs and the Home Visiting Service and, in addition, a number of standby doctors have been identified. At peak periods, the service has planned for 11 doctors at PCECs, 7 doctors carrying out home visits, 5 nurses and 1 paramedic. This equates to an additional 18 patients per hour in PCECs and an additional 8 home visits per hour over normal activity levels.

Standby doctors will be brought into the service at short notice when demand exceeds existing capacity, as could occur if flu levels increase. The staff based at the Hub, together with their colleagues in the NHS24 satellite can gauge when call levels begin to rise and bring in or move staff accordingly. These

arrangements will be in place throughout the Festive Period and at weekends throughout January and February.

All staff in the OOH Hub are familiar with the procedures they should follow in the event of additional clinical staff being required. There is also a senior member of the Out of Hours Management Team on call at all times to support the Hub staff. NHSL's internal staffing resource BankAid will be available to provide additional nursing and admin and clerical staff as required.

Again from historical data gathered over the past three years since the OOH service commenced in Lanarkshire, we can anticipate the times of the day when the service will be busiest and therefore plan staffing levels accordingly.

Local data will also be compared with NHS24 data to ensure that there are no gaps in the service provision. In early November, NHS24 produce data on the assumptions of numbers of patients based on the information collected within their system (Simul8).

Simul8 is the NHS 24 predictive analysis tool which allows information to be fed in regarding the volumes of expected patients each Board may require to deal with, and estimates the flow and volume of calls per hour.

This information is then compared with our own Aadastra data and staffing levels are set to meet anticipated demand. By using both sets of data a more accurate forecast can be made.

A more detailed analysis of staffing levels over the festive period can be found at Appendix 3.

G. Direct Referrals

As referred to earlier, in NHSL, the 3 PCECs are co-located within the A&E Departments of the 3 acute hospitals and therefore patients who present at A&E without first contacting NHS24 are automatically triaged by nursing staff at A&E. At this point there is a system in place to refer patients across to the OOH service if appropriate. The appointment booking system used by the Hub call handlers is able to deal with this and patients who are referred across are given appointment times in line with their triage status. In addition, the pilot scheme will be operating at Wishaw General Hospital whereby nurses who have completed the MINTS (Minor Injury Nurse Treatment Service) programme will be able to see, treat and discharge patients with minor illnesses.

H. Pharmacy

Minor Ailments Service and utilization of Urgent Supply PGD

There are 10 Pharmacy Practitioner Champions covering NHSL who are all excellent, confident and highly motivated individuals. They will support provision of the following services from Community Pharmacists across Lanarkshire:

- Minor Ailments Service,
- Urgent Supply PGD (Patient Group Directions)
- Professional to Professional line

The Pharmacy Champions, one in each of the 10 localities of NHSL will be responsible for:

- Targeting any pharmacist or pharmacy who has not signed up to the updated PGD
- Encouraging pharmacists to utilise the PGD wherever appropriate
- Encouraging pharmacists to utilise the professional to professional help line wherever appropriate.
- Encouraging pharmacists in the lead up to Christmas to be as active as they were in seeking registrations to the Minor Ailments Service when it was first launched.

This will happen in all 115 pharmacies in NHSL and there will be checklists for the Champions to work to so we have auditable feedback and identify any potential gaps in service. Work will also continue to maximize the use of the new Pharmaceutical Services Contract where appropriate.

In addition, it has been suggested that the Minor Ailments Service Patient information Leaflet will be distributed via schools in both North and South Lanarkshire Council areas.

Maximising Influenza Vaccination Uptake

We have confirmation from audits earlier this year that community pharmacists in NHSL have ordered sufficient influenza vaccines to cover all GP stock orders.

In addition, the next national poster campaign via community pharmacies is to encourage influenza vaccination in at risk groups. As well as displaying posters, the Pharmacy Champions will also encourage all community pharmacists to utilise their patient knowledge to engage with and verbally encourage all patients in the at risk groups to take up the offer of influenza immunisation. This aspect will also be included on the checklist the Champions will work to in all pharmacies in NHSL.

Rotas

The concepts of utilising our 365 day opening pharmacies for 5 -6 hour service provision in Airdrie, Bellshill, Motherwell, Wishaw and East Kilbride as

we have done in previous years is supported locally and at our national peer review group.

Pharmacy Supplies for PCECs

Plans to ensure an adequate supply of medicines for all the PCEC services are on track. Pharmacy and PCEC management meet first Tuesday of each month to continually refine and develop the service.

I. Workforce Availability

Work is currently well underway to fill the rotas for both doctors and support staff and this will be completed by 31st October. It is anticipated that, as usual, all rotas will be filled by salaried Out of Hours doctors and our regular local doctors. NHSL has not had to seek additional doctors from locum agencies at any time in the past, although this would of course remain an option in an emergency situation only. NHSL is confident, however, that all rotas will be filled.

J. Communications Strategy

A Communications Strategy is outlined within the larger document and covers the whole of the NHSL response.

The patient information leaflet, attached at Appendix 2, will be distributed during November 2007, together with planned public briefings on local radio and in the local press.

These leaflets will be widely distributed via GP Surgeries, Community Pharmacists, Libraries and Social Work Resources, with particular attention to vulnerable or at risk patient groups.

Patients will be encouraged to collect repeat prescriptions well in advance, stock up on cold and flu remedies, and given advice on how to deal with minor illnesses. Patients will also be given a full list of opening times of GP surgeries and the locality and opening times of their nearest Pharmacist.

GP surgeries have been asked to advise patients to collect repeat prescriptions and give details of their opening hours well in advance of the festive season.

K. Joint Working with SAS

NHSL currently uses a number of paramedics to carry out home visits during the Out of Hours period. During the winter/festive period these paramedics will augment the service carried out by doctors.

The paramedics have been trained in Minor Illness management and will have access to a range of PGD's (Patient Group Directives) to allow them to be able to see, treat and discharge patients.

In addition they have access to doctors working within the service. They can request a doctor to visit the patient if necessary, seek advice, or arrange admission or a prescription for medication as appropriate.

The Out of Hours Hub links in with the SAS control room in Paisley where dialogue between the two services can take place. Information about the current status of each service can also be shared.

SAS are also linked into planning arrangements and will be closely involved if services reach crisis or saturation point.

L. Joint Working with NHS24

As detailed throughout this document, NHS24 are an integral part of planning and delivery of the NHSL OOH Service. Since the development of the NHS24 satellite at the OOH Hub at Hairmyres Hospital, working relationships have become stronger.

There is continual dialogue during each shift and a formal discussion between senior staff on each shift to take stock of current status, demand, staffing levels and potential problems. The SAS is also included in this formal dialogue which takes place at least once per day and more regularly if required.

M. Joint Working with Social Services

Patients who are on the Care Management Programme (joint programme with Social Work) are identified to the OOH community nursing service to allow for appropriate advice and care should they require this during the out of hours period.

The OOH community nurses also link with available local authority services as necessary to provide assistance and support to people in their home environment.

Currently there is work being carried out by the interface group to scope service provision by community nursing and local authority service in the evenings and overnight.

N. Escalation Plan

Within the NHSL hub a traffic light system will be used to identify when the service requires bring in additional resources to meet demand. Below is a table of events and trigger point for action.

Traffic Light	Service Position for face to face Consultation (Centre and Home Visiting)	Acted on by (Hub Staff Name)	Time of escalation	On Call Manager
Green Service operating within acceptable levels	Receiving between 0 – 90 calls per hour			
Amber Contact on call Manager to discuss waiting time for both Centre and Home Visiting services. Seek advice on bring in additional staffing. Contact NHS 24 Team Leader to discuss call volumes inform current NHS L position	Receiving between 91 – 150 calls per hour			
Red On call manager to discuss with senior management team actions to be taken as per Winter Plan	Receiving in excess of 150 calls per hour			

III Acute Services

Current action plans associated with prevention of admission, managing the patient journey and discharge are being finalised, the findings from which will inform the full detail of the winter plan. A key risk is the number of delayed discharges currently in the acute hospital system.

In addition, a range of actions have been agreed, the details of which are being finalised and, as appropriate, costed. This includes the number and type of staff required for each initiative and when and under what circumstances those staff will be deployed. The initiatives being planned include:

- Restrict inpatient elective and increase day case activity during first two weeks of January to create surge capacity for medical emergencies on all three sites.
- Increase same day admissions by 5% within selected specialties to create additional bed capacity.
- Create additional surge bed capacity on all 3 sites over the festive period by amalgamating surgical specialties to free up to 40 beds distributed across Lanarkshire
- Implement the reconfiguration of beds at Wishaw to release additional beds to medicine and surgery as part of a redesign of services, in time for the winter period.
- Bring in to use for the period December to March 2008, up to 26 additional beds across Hairmyres and Monklands hospitals to respond to additional pressure on in-patient services.
- Utilise appropriate staffed off site capacity to provide inpatient accommodation during periods of significant pressure, including community hospitals existing continuing care accommodation and contracted beds. This will include access to local authority accommodation.
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- Increase ward rounds to facilitate patient discharge across all bed holding specialties.
- Involve 'Mints-major' nurses in the introduction of skill mix for clinical assessment of unplanned activity to facilitate compliance with the 4 hour A&E target.
- Share clinical staff on a pre-planned basis within areas of increased pressure (eg surgical junior staff supporting 'boarded' medical patients).

- Establish 'next day' clinics within selected specialties to avoid admission where possible. This will be linked to provision of additional diagnostic facilities.
- Increase availability of diagnostic and pharmacy services over weekend and public holiday period to facilitate early discharge of patients.
- Deploy specialist nursing staff to facilitate 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 and discharge planning
- 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 within and out-with core hours.
- Increase access to support services including portering and domestic services at out of hours and during periods of increased pressure.
- 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.
- Continue to pro actively manage activity to deliver waiting time guarantees by December 2007.

A particular pressure on In-patient beds is the number of delayed discharges at all locations, particularly Hairmyres Hospital and also the increasing incidence of Adults with Incapacity occupying acute hospital beds. Plans are being finalised to increase the number of funded care home places over the winter period.

IV Manpower

Staff flexibility will be required over the winter period. There is engagement with appropriate professional and staff side organisations to consider the implications of implementing the winter plan.

A staff flu campaign is being developed with the opportunity afforded to key staff for immunisation. The detail and timing of this will be developed through SALUS.

V Partner Agencies – Service Profiles

Partner agencies have been asked to identify those services that they would routinely provide during the winter period and particularly over public holidays. Experience from previous years has identified the added value that social work colleagues bring to overall service support and delivery during the winter period particularly out of hours. Work is underway with both Councils to identify specific additional measures to be taken.

The demand on the Scottish Ambulance Service is significant and discussions through existing channels are taking place between the NHS Board and the Scottish Ambulance Service. Work is progressing to identify the expectation that the NHS has of the Scottish Ambulance Service during the winter period.

VI Communication and Publicity

The key message to the public is to use services appropriately when you need them. It is intended to advise the public of the range and type of services that are available over the public holiday period and how those can best be accessed. It is essential that messages to the public are clear and consistent. A communication plan has been developed and this will be refined as appropriate. The attached plan at Appendix 1 and advert at Appendix 2 will be used as the consistent theme in any communications with the public.

4 NEXT STEPS

A single detailed and costed winter plan will be presented to the NHS Board in October 2007. As part of the plan a clear indication will be provided on the state of readiness that partners will achieve prior to commencement of the public holiday period in December 2007. This will include details of the on call rota to operate across primary and secondary care with links to other partner agencies. Details will also be provided of the intended role and responsibilities of the executive lead and relations with partner agencies. The communication and escalation plan will, as appropriate, be revised and updated and shared with the NHS Board.

Seven further meetings of the Project Board are planned during September, October, November and December, to develop the winter plan. Those meetings will be held on Thursday 20 September, Thursday 11 October, Thursday 25 October, Thursday 8 November, Thursday 22 November, 6 December and Thursday 20 December 2007. All meetings will commence at 3.00pm.

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