

## Appendix 4

Extract from the letter dated 4<sup>th</sup> July from Alistair Brown,  
Deputy Director of Delivery (Health), Scottish Government.

Annex A

### **Preparing for Winter: PRIMARY CARE OUT-OF-HOURS**

*Planning 2007/08 - Some points to note in preparing your plans.*

1. They should take full account of the need to sustain primary care services over the winter period, especially over the two 4-day periods at Christmas and New Year when normal “in hours” GP practice services are closed. Boards OOHs managers should engage with GP practices about fulfilment of their contractual obligations at key times such as Mon 24 December and Mon 31 December (and the Thursdays and Fridays of each week) so as to be sure about what level of service in-hours practices will be providing - so that they in turn can be clear about the level of OOHs required. They should also take account of the possibility that an outbreak of flu or other seasonal illness will place above-normal demands on primary care services at that time of year.

2. They should reflect partnership working between NHS Boards, NHS 24, the SAS, local authority social work departments and other services. The contributions of all partners should be carefully planned and co-ordinated to ensure that an effective and responsive service is available to the public. It is particularly important that NHS Board staff work closely with NHS 24 colleagues and that you have a clear, shared understanding of NHS 24’s capacity to respond to varying levels of demand over the winter period. Each Board also needs to agree with NHS 24 escalation plans for handling demand for access that exceeds NHS 24’s capacity.

**3. Having prepared your plans, we will require you to carry out a self assessment which provides a commentary against each of the criteria set out below.**

#### **Criteria**

In assessing your plans you should use the following criteria:

i. Is it a plan for the full winter, or just for the festive period? Would be looking for a plan which covers the full winter, but states that particular attention has been paid to the festive period. In particular, the plan should state that it will demonstrate how the Board aims to have the capacity to cope with predicted and unpredicted demand of triaged and untriaged calls from NHS 24, particularly on Saturdays and public holidays throughout the winter, and especially over the festive period.

ii. Is there any evidence of innovation (or of innovation considered but rejected for stated reasons) around how the Board is intending to deal with pressures on public holidays/Saturday mornings. For example, does the plan mention arrangements for open access. Has the Board considered the possibility of GP surgery openings at any time?

iii. Is there a definition around what the service will look like for picking up triaged and untriaged calls from NHS 24? There should be a reference here to the data provided to each Board by NHS 24 stating the likely number of calls which will be passed through to the Board and state how the Board plans to manage those calls. Who will be answering these calls for example? NB For those Boards where a mini-centre is being developed, the plan should not include the resources from that mini-centre as part of the call handling demand – this will have been counted by NHS 24 as part of its resource.

iv. Linked with 3 above - Is there information around how robust the system to deal with triaged and to repatriate untriaged calls is and what the capacity will be? Are shifts already being filled? What if the number of untriaged calls is higher than expected or the number of staff does not meet the expected levels – are there any contingencies?

v. Does the plan mention contingencies for dealing with flu? We would be looking for information that a general contingency plan is in place and that the Board has or is developing a pandemic flu plan. And has the Board considered how it will cover for staff absences because of flu etc?

vi. Does the plan mention funding? Any such reference must also differentiate between what the Board plans to fund, what it is expecting NHS 24 to fund, and if there is any shortfall in funding.

vii. Is there evidence of demand and capacity planning? Are the Board's planning assumptions based on the predicted demand on services – both in terms of triaged and untriaged calls coming through NHS 24 and in terms of face to face contacts that these calls will generate – and as supplied by NHS 24 from its Simul8 analysis. If not, on what assumptions are they based?

viii. Is there a reference to direct referrals between services? For example, are direct contact arrangements in place between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs)? Are efforts being made to encourage greater use of special notes, where appropriate?

ix. Is there a reference to provision of pharmacy services? Includes details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa.

x. Workforce availability – does the plan display a confidence that staff will be available to work the planned rotas? We would not expect all shifts to be filled at the moment, but would expect the plan to reflect a confidence that shifts will be filled nearer the time. If Boards believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.

xi. Is there a reference to what the Boards are doing to communicate to the public how their out of hours services will work over the winter period? Evidence of a public communications strategy covering surgery hours, access arrangements, location of PCECs etc is required.

xii. Is there a reference to joint working with the SAS? Evidence that the Board has worked with the SAS in preparing this plan is required, along with any examples of innovation involving the use of ambulance services.

xiii. Is there a reference to joint working with NHS 24? Evidence that the Board has worked with NHS 24 in preparing this plan is required. This should confirm that there is agreement about the call demand analysis being used to inform the plans.

xiv. Is there a reference to joint working with the acute sector? Evidence that the Board has worked with the acute sector in preparing this plan is required. This should cover possible impact on A&E Departments, MIUs and any other acute receiving units, including covering the contact arrangements.

xv. Is there evidence of working with social work services? Evidence of referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.

xvi. Is there evidence that an escalation plan has been put in place? Has the Board given details of what its plans are to deal with a higher level of demand than is predicted? Are the trigger points for moving to the escalation arrangements agreed with NHS 24?

xvii. The Chief Executive must sign off the winter plan.

4. Following completion of your self assessment using the above points, you should send a summary of the key issues as well as an indication of what actions you will take to address these issues. While your Board should be able to describe the role the OOH services will play in your Boards presentation to the UCC on 12 September, the **submission of the summary and the full self assessment** is not expected until **28 September**. Further follow-up work with Boards will then take place to ensure the robustness of arrangements.

**5. If you have any questions about this, please contact Ian Williamson on 0131-244-2435 to whom the self assessment should be submitted.**