

1. INTRODUCTION

Over the course of the past few years there has been an increasing level of scrutiny given nationally to the way in which NHS Boards have developed and subsequently implemented their plans for the Winter Period.

This level of increased scrutiny was evident in the previous financial year (2007/08) with a significant level of input into the designing of plans from a national perspective along with clear guidance on their requirements in regard to assurance.

Within NHSL a proactive stance was taken to ensure;

- That the winter plan was a whole system plan with engagement and commitment by all partner agencies.
- That it was able to respond to surges in activity in both community/primary care and secondary care settings.
- That there was clarity on key trigger points and actions, escalation arrangements and funding provision
- That the winter plan complimented similar plans of neighbouring NHS Boards.

The purpose of this paper is twofold; to reflect on the performance of the Winter Plan for 2007 and to identify the steps required to be taken to once again achieve the above objectives, identifying a number of the key issues for 2008 and building on the debrief resulting from Winter 2007.

2. LEARNING FROM THE PAST; LOOKING TO THE FUTURE

The Winter Plan for 2007 was presented to the Board in its final form in October 2007 and went live on Monday 10th of December 2007. The plan put in place a number of initiatives for both the intensive period over the Christmas & New Year Holidays as well as longer term initiatives which remained in place up to 31 March 2008.

A "debrief" session was held on 18th of March 2008 for approximately 60 staff that had been involved in the planning and operating of the plan. This session was concerned to identify what went well and needed to be built upon, alongside those matters that did not go as planned and needed either to be refined or "dropped".

The output from this event is contained in Appendix 1 along side a set of actions / issues arising from the debrief in Appendix 2.

The key messages from the debrief can be summarised as;

- In general the Winter Plan for 2007 was positive, staff felt supported and were more aware of the plan than in previous years.
- There was agreement that planning needed to commence early for winter 2008.
- Communication could be further improved, including information: to the public; sharing of information to primary care from acute service when patients are discharged and the identification of alternatives to admission to hospital.
- Conference calls and text messaging led to much greater and shared understanding of service pressures across the organisation. However, clearer protocols are required for the more effective use of these communication channels

- The introduction of CPNs and Pharmacist roles into the OoHs service was viewed as positive and effective at periods of peak demand.
- The additional hours provided by District Nurses did not have as positive an impact as might have been expected and was not consistently applied across primary care. Further work on agreeing which were the key dates around discharge is required for 2008.
- It was evident over the period that Care Home patients have the real potential to consume significant resources from all parts of the healthcare system and as such further work should be carried out to explore opportunities for improvements in communication both between professionals within the nursing homes and NHS professionals as well as different models of care delivery to such patients. Over 75% of Care Homes are now covered by the Care Homes Local Enhanced Service and it is estimated that 100% coverage will be achieved by December 2008.
- The responsiveness of the OOHs to service pressures in the acute division was commended. However, it was felt that further work needed to be undertaken in connection with GPs' contact with consultant staff working to avoid admission of patients to hospitals, including access to diagnostics by Primary Care and rapid specialist opinion.

3. DEVELOPING THE PLAN FOR 2008

On the basis of the "debrief" and in line with the experience of 2007, it is now important that a clear process is established in order to produce a high quality whole system winter plan for 2008. There has so far been less national guidance produced this year and as such a robust internal NHS Lanarkshire approach will be adopted that is flexible enough to comply with national and regional requirements but that first and foremost delivers a solution for Lanarkshire.

Discussions have taken place over the past few weeks in regard to how best this is achieved involving clinical and non-clinical staff from primary and secondary care as well as out of hours and NHS 24.

The revised modernisation board structure has produced an ideal vehicle by which this can be achieved in the guise of the Emergency Access Board (EAB). A copy of the terms of reference for this group, membership and structure are attached at Appendix 3 for information.

The production of the Winter Plan for 2008 will therefore be undertaken by the EAB with Executive Leadership from the Director of the SLCHP & Director of Acute Services.

In previous years the plan has moved forward through fortnightly project board meetings attended by up to 20 staff from a varied range of disciplines. This grouping has been responsible for planning the work, identifying solutions to problems, testing the plan and then putting the plan into operation.

Given the level of experience now contained in the system it is proposed that a better use of time in the planning stage is to hold an initial planning event in mid August 2008 (provisional date 14th of August 2008), with a core group then tasked with producing a draft plan for early September. This plan would be "road tested" by a range of clinical staff during late August and early September and ratified by the EAB by the end of September 2008.

This plan will then be available for endorsement by the Board and submission to Scottish Government in October 2008. This is in line with previously set timelines.

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 at the event in mid August.

After approval of the plan it is the intention to put in place a team that will then meet fortnightly to ensure that the plan is put into operation smoothly and importantly to ensure that the content and actions arising from the plan are communicated widely within and external to the organisation.

4. MAJOR ISSUES FOR CONSIDERATION IN 2008

- The Festive Period for 2008 is made up of two four day blocks; Thursday 25th of December 2008 to Monday 29th December 2009 and Thursday 1st of January 2009 to Monday 5th of January 2009. Experience of previous year's activity predicts that there will be a very significant increase in activity both in A&E and for OoH on the two weekends. This will require clear arrangements to 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. In addition the potential for elements of weekend working will need to be explored. This will involve joint communication and positioning with the Local Medical Committee (LMC).
- The plan for 2007 developed the notion of spotting for emerging illness within primary care (both in & out of hours). There was a low level of flu during winter 2007 and there were no significant outbreaks of D&V or Respiratory virus over the festive period. The plan for 2008 will need to ensure that resilience is built in to cope with the emergence of greater levels of illness within the community in 2008.
- A major issue associated with winter 2007 was the need to create "surge" capacity and to be able to respond rapidly in the community to discharge pressures within the hospital sector. It is clear that there are differing levels of understanding in regard to what can and cannot be supported safely from within primary care. This is very much an issue of communication and in some cases training.
- The requirement for the Board to achieve waiting times guarantees will continue to be of critical importance. Work will be required both before and after the main winter period to ensure that such inpatient elective activity can be maintained.
- The 4 hour a & E target is currently subject to significant fluctuation across the 3 hospital sites. Separate work is underway to identify sustainable solutions prior to the winter period. This will form a major part of the work of the Acute Division and EAB in advance of and during winter period.

5 MANPOWER

Staff flexibility will be required over the winter period. This may include working outwith contracted hours and normal work bases. It may also include undertaking tasks outwith 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.

Particular emphasis will be required to ensure adequate and appropriate A & E staffing. A review of workforce in this area is planned and short and long term solutions will require to be developed.

6. PARTNER AGENCIES

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.

7. COMMUNICATION & 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 Scottish Government 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.

8. NEXT STEPS

As outlined in paragraph 3 above the Emergency Access Board will oversee preparation of the winter plan for 2008. It will be the responsibility of the EAB to harmonise the outcome of all work associated with the winter plan to include monitoring and escalation arrangements.

The EAB 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 in October 2008. Clearly the plan will be subject to further refinement up to and during the winter period and the Board will be kept informed of progress.

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Winter Plan 2007 Debrief

The Debrief - An Executive Summary

1. The planning for Winter 2007 commenced in fact in June 2007 and was driven by a multi agency and multi disciplinary project team over the course of the summer and into the autumn. Regular reports on progress with implementation and action were provided to the NHS Board and also to the relevant management teams. A number of launch events and publicity were undertaken in early December 2007 and the plan swung into action on the 10th of December with full scale reporting and heightened service management.
2. This level of detailed management and action was in place for over four weeks across the whole system and has been in operation in the Acute Division since that date as a result of ongoing pressures.
3. There was a need to learn lessons from the Winter Plan 2007 and the attached report outlines the key issues and messages.
4. The key issues arising from the de brief are outlined below;
 - In general the Winter Plan for 2007/2008 was very positive, staff felt supported and were more aware of the plan than in previous years.
 - There was agreement that planning needs to start even earlier for winter 2008/2009.
 - Communication can be further refined and improved inclusive of information: to the public; sharing of information to primary care from acute service when patients are discharged and the identification of alternatives to admission to hospital.
 - Conference calls and text messaging led to much greater and shared understanding of what was happening in terms of service pressures across the organisation. However, there is a clear need to develop protocols for the more effective use of these communication channels
 - The introduction of CPNs and to a lesser extent Pharmacist roles into the OoHs service was viewed as positive and effective at periods of peak demand.
 - However, the additional hours provided by district nurses did not have as positive an impact as might have been expected and was not consistently applied across primary care. The introduction of more flexible working should be considered for 2008/2009.

- It was evident over the period that Care Home patients have the real potential to consume significant resources from all parts of the healthcare system and as such further work should be carried out to explore opportunities for improvements in communication both between professionals within the nursing homes and NHS professionals as well as different models of care delivery to such patients

- The responsiveness of the OOHs to service pressures in the acute division was commended. However it was felt that further work needed to be undertaken in connection with GP contact with consultant staff working to avoid admission of patients to hospitals this including access to diagnostics by Primary Care and rapid specialist opinion.

5. An Action Plan for issues arising from the Winter Plan debrief is attached. This debrief along with the process by which the Winter Plan for 2008 will be developed will be presented to the NHS Board in June 2008.

The Debrief – An Introduction

The purpose of the Winter Plan Debrief was to bring together a range of staff from across NHS Lanarkshire and North and South Lanarkshire Councils to assess the impact of the Winter Plan on the service and also to start to plan for winter 2008.

A total of 60 members of staff attended the event with 1 representative from each of the councils; there was an equal mix of corporate, acute and primary care staff.

A number of initial presentations were made covering primary care, secondary care and Out of Hours service. These are attached for information.



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The format of the day consisted of both group work and plenary sessions taking both a retrospective review and also developing future thinking

Participants were divided into 5 groups with a mix of staff from disciplines and geographical areas. There were facilitated sessions to identify what attendees found “fantastic” about the plan and what “frustrated” them during the winter period. This was followed by a plenary session where the key themes from each group were discussed by the wider group. The groups then further discussed what needed to stay in the plan, what needed to be removed and what needed to be added in for winter 2008. The feedback has been themed into a number of distinct common topics as discussed by the groups and within the plenary session

The Debrief – Feedback

1. GENERAL VIEW OF WINTER 2007

- A. The plan provided an opportunity to try new ideas and was a catalyst for joint working. It allowed people to try new ideas without the fear of failure. There was, however, an appreciation and recognition of previous years work and learning from it.
- B. The plan gave an opportunity to review how current whole system and cross site activity really works and raised awareness of what service each area actual does. There was an improvement in multidisciplinary working. However, it was felt that there was room for improvement in the joint working between primary care and acute.
- C. The plan allowed the sustaining of elective activity and gave a focus on preventative care, thus increasing the benefits for the patients
- D. Staff felt supported and were generally committed to the process

- E. It allowed for some reflective time to capture what was really happening on day to day basis in frontline clinical services.
- F. The plan worked but there was an overall view that it had not really been tested to the full. There was fairly predictable activity with nothing out of the ordinary. The intensive festive period was felt to be required to be extended to fully cover February and March
- G. Planning needs to start even earlier for winter 2008, with local plans feeding into the main plan. Ensuring the availability of social work during and around the public holidays was considered to be paramount.
- H. There was agreement that further work is required on delayed discharges as there are patients waiting for care home placements 'stuck' in hospital.
- I. Future winter plans will need to incorporate a communications plan, a resource plan (financial, equipment, workforce) , an information plan and a clinical governance plan

2. COMMUNICATIONS

- A. All staff were more aware of information around the winter plan than in previous years
- B. Information provided to the public was also improved
- C. Communication on discharges to primary care was capable of improvement as the information given was not always adequate to fully assess the patients care needs at home.
- D. There was some feeling that public information leaflets came out too late and clashed with a busy time for staff. The timing of public communication always has some degree of trade off
- E. There is a need to refine and improve communication in future plan, keeping things simple, easy to read and understand
- F. There was a strong feeling of the need to improve and target public information about who, what and where services are available and how to make best use of them. This communication must include a challenge of the public focus on Accident and Emergency as a 'walk in' resource. This would also include communication to patients concerning why admission to hospital is not the only way to be cared for and explain why the alternatives are better for them
- G. Improve communication around what the alternatives to admission are available to GPs, OOHs teams and so forth was seen as essential. The creation of web based information on the services available was a potential solution.
- H. The need to improve the sharing of information from acute to primary care when patients are discharged was paramount. A much greater understanding of patients needs on discharge may well lead to a reduction in the need for readmission, further GP call outs

etc.

3. CONFERENCE CALLS

- A. Conference calls were seen as a great resource and along with text messaging, this led to a shared understanding of what was happening across the system and provided more openness with less confusion and stress.
- B. More accurate and timely information on service activity and pressure points was available allowing situations to be pre-empted.
- C. There was a need for all appropriate parties to be involved in the conference calls to ensure the best outcomes and this was not always the case in 2007. It was highlighted that primary care staffing issues were not often discussed at the conference calls and there appeared to be less buy-in from SDMs than had been anticipated.
- D. The call did reduce the amount of time people spent travelling to meetings. However, calls were seen sometimes as subjective, too long, labour-intensive, acute-focused and without a common language. It was acknowledged that this was a learning process and was refined as experience was gained.
- E. There is a clear need to develop a protocol for the conference calls, include the ambulance service and local authorities, keep the reports concise and stand down staff that do not need to be involved. In addition, keeping some issues "off-line" will save time (not all discussions are required with the wider team and may require certain groups only).
- F. There is also a need to further develop the protocols around text messaging and have greater clarity on who should receive them, what they should do with them and how long the service should be in operation for.

4. WORKFORCE PLANNING

- A. Given issues around a potential lack of understanding across primary and secondary care on issues around admission and discharge, the concepts of job shadowing, buddying and working across boundaries were seen as useful to provide a sense of joined-up working and less of a divide between areas and disciplines.
- B. The introduction of CPNs, and pharmacy roles were viewed as positive in Out of Hours in particular at periods of considerable demand. In addition, direct centre visits from managers enabled the resolution of issues without escalation.
- C. The additional hours worked by LTC nurses was not consistently applied across the patch, it was difficult to achieve in smaller teams and was in some cases reliant on good will. There were also areas that could not provide the extra staff due to staff shortages at peak times. The introduction of flexible working for LTC nurses in future years may be considered with the introduction of an on-call system being explored to allow them to be brought in during the busy periods.

- D. Bankaide was unable to provide additional staff when there were surges in demand on. There was a perception that the extra nursing staff were brought in on the wrong days
- E. Extra ward rounds by consultants led to a number of issues with more consultants requiring to be in on weekends and public holidays. This may not be sustainable and was enabled through goodwill. Consultant job planning needs to be looked at with better use of Saturday/Sunday/Public Holiday workloads
- F. HR and partnership need to be involved in negotiations re on call arrangements, address staff understanding of patterns, rotas etc. on an NHSL basis.

5. OTHER ISSUES

- A. Dedicated social work resources within the acute hospitals able to deal with issues as they arose were seen as extremely helpful in the discharge process. Social workers worked very hard before Christmas to ensure clients had what they needed and reduced the risk of them coming into hospital
- B. Patients in Care / Nursing homes were identified as potentially resource intensive. There were numerous examples of calls for healthcare input coming at a change over of shifts and many are inappropriate and could wait until the next day. End of life admissions are still occurring, and was felt to be a cultural issue. However, better utilisation of nursing home beds could free up acute beds during crises. The developing of a central point of contact at nursing homes and direct professional to professional communication with nursing homes would allow key questions to be asked and avoid unnecessary visits and admissions. The introduction of a revisiting service for nursing homes from GP OOHs would be useful. This service was available and was not used

6. DATA COLLECTION, REPORTING AND INFORMATION MANAGEMENT

- A. Data collection on acute service activity and pressures was good and could be enhanced for winter 2008.
- B. Data such as SPARRA was available but not used in a uniform basis across the health system.
- C. A number of aspects of improved data capture were highlighted
 - Reasons for admission and develop plans to prevent in the future
 - Number of patients self referring to A&E compared to numbers from NHS 24 and OOHs
 - Numbers of inappropriate admissions, by referrer and rationale
 - Data on admissions with ALOS > than 2 days due to waiting for packages of care
 - Occupancy rates in local authority homes

7. CLINICAL INTERFACE

- A. The responsiveness of the OoH service to acute service pressure was commended

- B. GP / OoHs communication with consultant staff in regard to specialist advice, rapid assessment and other alternatives to admission was not as good as it could have been. GPs reported there was limited or no access to acute for advice or to assessment clinics
- C. There needs to be an improvement in the availability of diagnostics in Primary Care and not just about equipment
- D. There is a need to develop protocols for access to GP hospitals
- E. There was an appetite to adapt referral processes to allow specialist reviews to be quicker, access to outpatient clinic by GPs
- F. Accommodation for OOHs needs reviewed, carry out a joint evaluation with A&E

8. COMMENTS FROM ONE GROUP ONLY

- A. Local equipment stores worked well but need to increase stores availability to 24/7
- B. There needs to be more planning with the ambulance service to get patients home more efficiently
- C. Predictive data tool is perceived not to be working; there is no confidence in it. A new tool needs to be introduced.

ACTION PLAN FOR WINTER PLAN 2008/2009

Planning needs to start earlier this year and local plans should be fed into the main plan

The detailed work previously associated with the Festive Period needs to be looked at and extended to March

The plan must continue to be less acute focused and further focused on joint working

The winter plan needs to incorporate a communications plan, a resource plan (financial, equipment, workforce.) An information plan and a clinical governance plan

Theme	Changes suggested to be reviewed by the Winter Planning Group
Conference calls/text messaging	Develop a protocol for conference calls Develop a protocol for text messaging
Workforce planning	Improve understanding of roles and relationship building within NHSL and with other partners through joint training, job shadowing and rotational posts Consider removal of fixed extra hours for district nursing service and introduce a flexible on call system Increase the number of qualified nurses in OOHs centres Look into consultant job planning with better use of weekend and public holiday workloads
Other care providers	Involve social work in planning at an early stage to ensure social work availability during public holidays Organise a development day to bring together all staff involved in discharge services to improve discharge planning

	<p>Develop a central point of contact at nursing homes with direct professional to professional communication</p> <p>Introduce a revisiting service for nursing homes from GP OOHs</p>
Data Collection	<p>Develop a minimum data set for winter planning information</p> <p>Ascertain if the predictive tool currently being used is effective</p>
Clinical Interface	<p>Improve availability of diagnostics to Primary Care clinicians</p> <p>Develop a call management system to ensure referrals are made to the most appropriate service, inclusive of social work, housing and police</p> <p>Develop protocols for access to GP hospitals</p> <p>Encourage more GP triage sessions</p> <p>Review care management pilot and take forward</p> <p>Adapt referral processes to allow easier access to specialist reviews</p> <p>Carry out joint evaluation with A&E to improve accommodation for OOHs</p>