

Report to NHS Lanarkshire Board
Winter Plan 2008/2009
October 2008

1. Purpose

The purpose of the paper is to describe the actions that will be taken by NHS Lanarkshire and Partner agencies to address anticipated additional pressures on health and social care services over the period 3rd December 2008 to 31st March 2009.

This year there will be two four day periods of weekend/public holidays and it is anticipated that demand, particularly for the Out of Hours Service will be particularly high on the two weekends of 27th/28th December and 3rd/4th January.

For the Acute Division, demand on beds and services is expected to be at its highest in the period immediately following the public holiday period i.e. from early January.

The report outlines the proactive measures as well as contingency measures that will be put in place as part of an agreed escalation policy and will build upon the "whole system" plan developed last year.

It will be informed by a process of information capture, monitoring and reporting linked to an escalation policy that in turn will release additional capacity into the system. Details of the additional capacity and costs associated with implementation of the plan are provided. The winter plan requires an extensive communication plan for both staff and the wider public to ensure awareness of individual and collective roles and responsibilities and guidance to the public on the actions they should take to "keep well" and how to access services when required, particularly during the festive period.

This report addresses the issues and challenges raised in the report submitted to the NHSL Board following last year's festive period, and provides assurance that the matters raised in the Scottish Government's letter from Kenneth Hogg dated 29th August 2008 are also covered.

The 2008/9 plan also incorporates additional measures to address the increased pressures on clinical services as a result of MMC (Modernising Medical Careers). Each of the site action plans will include a range of measures, including escalation processes, to specifically address MMC concerns.

2. Partnership Involvement

The winter plan has again been prepared on a whole system basis with involvement by all partner agencies including NHS Lanarkshire, North and South Lanarkshire Councils, Scottish Ambulance Service, NHS24, NHSL Out of Hours Service and staff partnership. The plan has been endorsed and will be led by the Emergency Access Board.

The plan has been informed by two major events, firstly a debrief of how the 2007/2008 plan went which was held on 18th March 2008. This event looked at what worked well in last year's plan, what areas could be built upon in the future, and those parts of the plan which could have worked better.

The second event was held on 14th August and posed a number of questions to four teams of staff to determine what should be included in this year's plan.

2. Organisational arrangements

The winter plan remains a fluid document and will continue to be refined up to and during the winter period and will be adapted as required. This plan has been developed by a Winter Plan Sub Group commissioned by the Emergency Access Programme Board. The Winter Plan Sub Group, consisting of core members of the Emergency Access Programme Board, will performance manage the progress of both the planning and implementation of the Winter Plan.

Fortnightly meetings of key staff from all partner agencies have commenced to ensure that an assurance can be given to the Board and Scottish Government on progress. In addition, the core group will identify and raise areas of concern with the appropriate Executive Director.

3. Key elements of the winter plan

The winter plan has 7 key areas that describe the contribution that each partner makes to the delivery of an efficient and effective winter plan.

These are:

- Primary Care/General Practice
- Primary Care Out of Hours/NHS24
- Acute Division
- Local Authorities
- Scottish Ambulance Service

- Whole System Monitoring, Reporting and Escalation
- Communications

Key services are developing very specific and detailed Action Plans to ensure the implementation of the plan, these are;

- The Acute Division
- The Out of Hours Service
- CHP Localities
- Communications

These services will link in with General Practitioners, Community Pharmacists, Local Authorities, NHS24, Scottish Ambulance Service and a range of other services to develop their Action Plans.

As indicated, the winter period is defined as the period 3rd December 2008 to 31st March 2009. This period has been divided into three time phases identified by colour coding to indicate heightened levels of pressure. It is not anticipated that at any time over this period the situation will be normal and therefore merit a green code. The time phases are:

- Amber – Monday 3rd November to Sunday 14th December 2008
- Crimson – Monday 15th December 2008 to Sunday 18th January 2009
- Red – Monday 19th January to Tuesday 31st March 2009

Crimson represents the period of highest alert, although different services experience surges at different times, for example Primary Care Out of Hours will be under pressure during the weekend/public holiday periods whilst historical data tells us that the Acute Division is more likely to be under most pressure in the period immediately following the festive period.

For the Crimson period, the Predictive Data Analysis (PDA) Tool will be used again this year to capture the key risks on a whole system basis. Key Performance Indicators will be established with triggers to an escalation policy. This will enable resources such as staffing levels to be flexed to respond to pressures on demand rather than allocating resources solely based on the Predictive Data Analysis (PDA) Tool as previous experience from last year demonstrated that there was misalignment of resources to demand on some days when only the PDA Tool was used.

The following elements of the winter plan aim specifically to address the risks which might occur over and above normal planning processes in regard to service delivery at this time of year, and proactively manage those risks before and during the festive period.

4.1 Primary Care/General Practice

A range of measures will be put in place which will address some of the issues which arise within vulnerable groups of patients, such as:

- Delivery of the flu vaccination programme to the population at risk, over 65s and staff
- Remind patients to ensure they have adequate supplies of medication during public holiday periods
- Proactively visit vulnerable groups using the SPARRA data, specifically those patients on Care Management
- Carry out risk assessments on vulnerable groups by Locality; this should include Carers as well as those they care for.
- Ensure the roll out and delivery of the Care Homes Project to the whole of Lanarkshire.

Measures will also be put in place which will, in some cases, prevent admission and/or facilitate discharge from the acute service. These will include:

- Extended working days for District Nurses
- Locality specific plans which set out staffing levels, escalation plans, access to home loan equipment and availability of local services during the crimson period
- Robust protocols around the access to beds in GP Hospitals will be in place and disseminated

4.2 Primary Care Out of Hours/NHS24

Again this year, a number of measures will be put in place to ensure that patients are seen and treated by the most appropriate service, and in the most appropriate environment.

- Dialogue with Care Homes and associated GP practices to identify patients at risk who would benefit from a GP visit (outwith surgery hours).
- Deploy GP spotters across Lanarkshire to highlight increased incidences of flu symptoms and viral illnesses
- Deploy Community Psychiatric Nurses at pressure times to provide appropriately triaged advice calls
- Further develop Patient Group Directions to enable selected nurses to see, treat and discharge specific types of conditions.

- Recruit additional Clinical Support Workers to assist qualified staff by undertaking routine tasks to increase capacity at Primary Care Centres.
- Stream patients who present at A&E who have not first contacted NHS24 to nursing and AHP staff, based on agreed criteria, to the Out of Hours Service.
- In addition to the NHS24 triage system, (and dependant on demand) additional doctors and pharmacists will take untriaged calls from NHS24 at weekends and on public holidays during the winter period. The costs for this are met by NHS24 and are therefore not included in the cost profile.
- Out of Hours existing accommodation is being transferred to adjacent infrastructure on each of the three acute sites to increase capacity and improve the quality of the Out of Hours accommodation.

4.3 Acute

Assessment/Admission

- The Emergency Response Centre (ERC) will streamline all GP medical and surgical emergency calls and Community Paramedic calls to acute during the hours of 8am – 6pm Monday – Friday and will also book SAS transport if required for patients who subsequently attend hospital. This new service will free up time for both GPs and Hospital Staff. The ERC will seek to maximise the options available to GPs and Community Paramedics where alternatives to admission are available. The ERC will provide an opportunity to smooth out the peaks and troughs of daily demand for emergency care through dialogue between GPs and Clinical Advisors while allowing hospital staff to have an expected time of arrival for patients referred. The ERC will also enable speedier dialogue between GPs and receiving Consultants where requested.
- Increased imaging slots (particularly CT and Ultrasound) will be provided during week days to facilitate admission avoidance Establish Rapid Access/Urgent Out Patient appointments within each Medical Assessment Unit on each site serviced by Acute Physicians or other medical staff.
- Following a successful pilot of the MIDAS Team within the Monklands Hospital locality this service will be extended from 5 to 7 days per week and will be implemented in the Hairmyres and Wishaw General Hospital localities.

- Review of frequent attendees to acute Substance Misuse Teams and match with frequent users of ADAT service in primary care. This will enable identification of a common group which could be targeted in a similar approach to care management in preventative intervention to reduce attendance where possible during the winter period.
- Pilot MINTS Major nurses at Wishaw General Hospital for 6 months from August 08 to increase capacity by enabling appropriately skilled MINTS Major nurses to manage low acuity (the worried well) patients in A&E and the Emergency medical receiving unit.

Discharge/Bed Management

- The Discharge Teams on each site will be enhanced in terms of roles and responsibilities and also operating hours e.g. evening and weekend working.
- Additional post receiving ward rounds will be introduced with an increase in Medical, AHP and nursing resource
- Additional weekend capacity will be provided in selected areas including pharmacy, laboratories, infection control, AHP and support staff.
- The clinical status of each inpatient will be reviewed on a daily basis together with their anticipated discharge date.
- Maximise and use appropriately all beds available within acute division including offsite beds within the Older People's directorate e.g. Wester Moffat and Park Springs. Where appropriate these beds will also have augmented rehabilitation services to allow them to be used more flexibly depending on patients' dependency and needs.
- In those situations where the acute division requires immediate access to additional beds on each acute hospital site the first call will be areas on each site that have been and will be subject to partial planned closure. E.g. elective surgical wards and vacant wards such as wards 1 and 2 at Hairmyres Hospital. This will include surgical wards on each site that have beds within a ward that are unstaffed.
- Reduce the inpatient elective programme from Friday 19th December 2008 to Friday 16th January 2009. The opportunity will be taken over the same period to extend the operating hours of day surgery units to increase activity as well as provide potential to shift a proportion of the inpatient elective to same day procedures.
- Minimize the number of delayed discharge patients and Adults with Incapacity in acute hospital beds to and agreed level in line with the Predictive Data Analysis. Adopt a flexible approach to access to and use of funded care home places across Lanarkshire.

- As in previous years non Scottish Ambulance Service ambulance providers e.g. Glentress will be commissioned to augment the service provided by the Scottish Ambulance Service particularly at weekends.

4.4 Local Authorities

- Again, both North and South Lanarkshire Councils have been an integral part of the planning process and have indicated a willingness to provide additional staff to speed up the assessment process and facilitate discharge. Minimize the number of delayed discharge patients and Adults with Incapacity in acute hospital beds to an agreed level in line with the Predictive Data Analysis.
- It is acknowledged however that the process needs to commence earlier this year and discussions are already underway. Details on additional costs are not yet available.
- Protocols will be agreed on access to home care, in particular to the issue of "re-starting" home care after discharge.
- The possibility of purchasing additional home care provision to increase the number of discharges is also being explored.
- The presence of dedicated Social Work resource in the Acute Hospitals at weekends and on Public Holidays was very beneficial and needs to be explored again this year.

4.5 Scottish Ambulance Service

- The Scottish Ambulance Service has indicated their preparedness to respond to requests for additional ambulance transport provided advance notification is given of the nature and extent of that additional demand. It is intended to again utilise the Predictive Data Analysis Tool to predict demand implications for the Scottish Ambulance Service.
- As in previous years non Scottish Ambulance Service ambulance providers e.g. Glentress will be commissioned to augment the service provided by the Scottish Ambulance Service particularly at weekends.

4.6 Whole System Monitoring, Reporting and Escalation

It is proposed to establish a Communications Centre over the crimson period i.e. the period Monday 15th December 2008 to Monday 12th January 2009. It will be located at Hairmyres Hospital. The Communications Centre, in collaboration with the OOH Hub and the Emergency Response Centre, will be the focus for the collation of all incoming intelligence on service delivery and service pressure with responsibility for collating, assessing, evaluating and as

appropriate disseminating the information. It will also retain complete information on rotas and contact points for all managers/clinicians identified on each rota.

A full set of all rotas will be mapped onto one table to cover the entire period. These rotas will also cover Local Authority, Scottish Ambulance Service, Out of Hours and NHS24.

Information will be channelled into the Communications Centre on a daily basis using the Daily Performance Report and disseminated accordingly. This information will include:

- Early indications of any clusters of infection in the community
- Early indication of any outbreaks
- Daily status of the Scottish Ambulance Service
- Daily status of the Out of Hours service and NHS24
- A range of information from the acute service;-
 - daily performance in four hour targets
 - available beds
 - delayed discharges
 - numbers of patients in A&E
 - predicted admissions
 - closed beds that could be opened
 - staffing issues
 - inpatient outbreak information
 - adverse weather information

The information will be disseminated in a number of ways:

- By e-mail and/or faxed summary sheet
- By daily conference call
- By text to appropriate individuals on the rota for that day using the traffic light system

4.7 Communication Plan

The plan will be tested by way of a table top exercise; including aspects such as information and communication to trigger escalation and clarity of roles and responsibilities in the winter plan, during week commencing 24th November 08 in advance of the start of the winter plan period.

A communication plan will be prepared which will be directed at both the staff and the public. It is acknowledged that some components of the plan require to start earlier this year for example the leaflet distribution.

A key component of the plan is communication between the different agencies both in the lead up to and during the winter period. It is intended therefore to develop an information pack covering all aspects of the plan which will be widely disseminated.

Information for the public on early preparedness for winter will be available and displayed in A&E Departments, as well as wider circulation to the general public in the form of an information leaflet.

4. Summary

The NHS Board is asked to endorse the detail of the winter plan, the actions that it is proposed to take in conjunction with partner agencies to address pressures during the winter period, the cost implications associated with implementation of the plan and the monitoring and reporting mechanisms through the Communications Centre together with the adoption of the escalation plan where this is considered necessary.

5. Cost profile

An action plan for winter with associated costs is attached. It should be noted that in many instances additional costs will be subsumed within existing budgets with additional non recurring monies of up to £552,700. The nature and extent of spend will be influenced by the actions that will be taken in line with the escalation plan and the introduction of additional capacity into the system.

The NHS Lanarkshire Board is asked to approve the Winter Plan and Action Plan for 2008/09, and the allocation of up to £552,700 in non-recurring costs.