

NHS Lanarkshire, North Lanarkshire H&SCP, South Lanarkshire H&SCP Winter Plan 2019/20

1. INTRODUCTION

This plan has been prepared following discussion and agreement within the winter planning group as well as the NHS Corporate Management Team and the Senior Management Teams of North and South H&SCPs. It has also been shared with Lanarkshire Health Board and will be shared with the North and South Lanarkshire IJBs.

2. SUMMARY OF KEY ISSUES

- 1) A winter planning group is established with involvement of Acute services; North & South Lanarkshire H&SCP's; NHS Resilience Officer; Salus (Occupational Health, Safety and Return to Work service); NHSL Infection Control; North & South Lanarkshire Council Resilience officers; Scottish Ambulance Service and NHS24. The Communications Team is also represented on the group to ensure consistent and organised communication plans with all other parts of the public sector in the lead up to winter.
- 2) Scottish Government, via a letter from the Cabinet Secretary, requested and subsequently received - a copy of the draft plan by 23 September 2019, which evidenced the preparations being made locally and that these were underpinned by using the detailed self-assessment checklist provided. The self-assessment check list has since been updated and is available on request.
- 3) Work is continuing in identifying any additional resources, surge capacity and other contingencies which may be required such that the respective mitigating actions can be set in place to help offset the challenges of additional pressure across the system in winter. In this respect, much of the work referenced as part of the overall approach is already undertaken through mainstream services and/or other funding sources e.g. Integrated Care Funds, LUCAP (Local Unscheduled Care Action Plan), Delayed Discharge action plans etc. Given the financial position, it is essential that such mainstream resources are maximised. The details of these plans have been agreed at the respective Directorate/H&SCP management teams prior to consideration by the wider group.
- 4) The plan also reflects the findings of the significant review of winter 2018/19 undertaken earlier this year. Lessons learned from that process have been built into the plan for 2019/20 with a view to improving resilience throughout the peak winter period. The plan also reflects the key messages received at the national winter planning session held on 3 October 2019.
- 5) This is an evolving plan and the associated risk/preparedness check list will be updated on a regular basis throughout the winter planning period. Any significant variation and/or increased risk will be reported to the Corporate Management Team of NHSL as well as the respective H&SCP SMTs.

- 6) Undernoted is a summary of the main areas covered by the respective individual plans and how they meet the specific asks of the Scottish Government letter, namely
- Reducing attendances
 - Managing/avoiding admission
 - Reducing length of stay
 - Focus on flow through acute care
 - Workforce

3. MAIN COMPONENTS OF THE PLANS OF THE H&SCP's AND ACUTE SERVICES

Detailed plans have been prepared for each of the Acute Hospital Site, the Acute Access Directorate, and North and South H&SCPs. It should be noted these are dynamic plans which are revised/updated to reflect on staff availability, emerging issues etc and considered for any cross cutting issues at the Winter Planning Group.

The main themes contained within the plans are summarised below.

a. Primary Care/General Practice

- Provision of General Medical Services on the Public Holidays – Boxing Day and 2 January 2019 and also on Saturdays 5th and 12th January 2020. This builds on the success of the GPs opening on Saturdays during January 2019 and the associated positive impact felt by A&E departments in terms of reduced attendances/opportunities to signpost back to primary care. (It is anticipated this will provide General Medical Services (GMS) services for 33% of the population of NHSL on the 2 x PHs and >50% on the two Saturdays - thereby assisting in the provision of alternatives to hospital/Out of Hours (OOH) medical service.) This also sits well with the key recommendation of the national 4 day Public Holiday group.
- Delivery of the flu vaccination programme to the population at risk, over 65s, and children. This year's vaccination programme will be delivered jointly with the GPs and community nursing staff and is a significant feature of the Primary Care Improvement Plan implementation.
- Reminder to patients to ensure they have adequate supplies of medication during public holiday periods.
- Proactive visits to vulnerable groups and specifically those patients identified as being part of Care Management, including assessment of carer needs. This will also include reference to ensuring ACPs are in existence and updated as necessary.
- Utilisation of tele health and other preventative opportunities to minimise impact of respiratory illness.
- Locality specific plans which set out staffing levels, escalation plans, access to home loan equipment and availability of local services during the peak periods.

- Guidance issued to all nursing/care homes alerting them to the steps they should take to minimise the impact of winter – including what to do in the event of suspected Norovirus.
- Availability of additional 4x4 capacity to support home visits in times of adversity.

b. Primary Care Out of Hours/NHS24

A number of measures have been put in place to increase capacity and ensure that patients are seen and treated by the most appropriate service, in the most appropriate environment. Tests of successful initiatives undertaken in support of ‘transforming urgent care’ to support greater numbers of paediatric and mental health patients being seen outwith a hospital environment will be enhanced over the peak winter period.

A number of Advanced Nurse Practitioners have also been appointed over the last year and these staff will support provision of service across the period. Similarly, pharmacy staff will also augment the service over the peak winter period.

The ‘test of change’ implemented last winter saw significant positive impact on flow through the OOH service, albeit it did not have such a positive impact in being able to reduce attendances at A&E. This will feature as part of the plan for this winter’s provision of OOH GMS services.

Notwithstanding the foregoing, the current OOH service has been under significant pressure throughout the year with there being a need to move to contingency arrangements on a number of occasions. Work is ongoing in seeking to further enhance the number of ANPs and pharmacists who are able to assist in staffing the OOH service as well as seeking to recruit new GPs to also join the service. However, there may be occasions through the peak winter period where the service would need to move to a contingency arrangement whereby the service will operate from a single site.

c. Acute Hospital Service

The detail contained within the Acute Services’ plans has been informed by lessons learnt from past experience as well as the national guidance. More specifically, given the significant pressures being experienced in relation to *Unscheduled Care* during the summer months this year, there has been focus given to enacting a further suite of actions to seek to manage this increased demand and associated pressures on the whole system. This will see a range of further staff used to support early assessment and alternatives to hospital referral/admission as well as further actions to support earlier discharge from the hospital.

The three site plans also reflect the actions referred to above with particular reference to the wider involvement of H&SCPs. This seeks to ensure ‘joined up’ approaches to a range of initiatives where optimum impact will be gained by ensuring shared action planning.

Examples of these new/increased actions include

- increased focus on shared planning for palliative care patients with a view to maximising care in the community
- increased numbers of patients being discharged at weekend periods where there will be additional AHP and social care support to assist in discharging patients once identified by senior clinical decision makers as fit for discharge

- increased focus on anticipatory care plans, with consultants – COPD, CHD, Palliative Care - taking an active role in multi-disciplinary approaches to maximising care in the home
- increased use of third sector partners to support early discharge/maintenance of people in the home environment.

The plans also describe a range of initiatives aimed at maximising senior decision making at the front door; services to support early diagnosis and discharge; and wider coverage over weekends to ensure 7 day flow. This will include additional AHP staffing to support assessment across the hospitals and, where possible, discharge/referral to alternative community supports.

All of the above is of assistance in ‘pushing the curve’ to the left, i.e. earlier decision making in the patient journey; earlier understanding of patient need/access to services to support discharge and earlier time of day of discharge. The importance of this was stressed at the recent national planning for winter event on 3 October 2019.

Similarly highlighted at the national event was the significant majority of all A&E attendances who are ‘self-referrals’. As such, there was recognition that a concerted communications plan across the region to maximise the number of people using NHS inform, NHS 24 etc was an area which should be given high priority. There was also a request to Scottish Government colleagues that this should also be picked up nationally. This is explained further at (g) below.

In addition to this, part of the work looking at managing demand will also look to ‘signpost’ inappropriate A&E attenders to more suitable care provision.

Whilst the negative impact of patients in ‘boarded and/or surge’ beds was also stressed at the national event, there continues to be a requirement in the national return to highlight the additional surge bed capacity that will be available. In this regard, there will be 17 beds in Hairmyres and 24 beds in Monklands. There is no scope on the Wishaw site to provide surge beds and accordingly, the provision at UHH and UHM will be Lanarkshire-wide. These beds are scheduled to be available from 1 January through to 31 March, but can be reduced in number beforehand if possible.

Significant work has also been undertaken in assessing the balance between elective and unscheduled care over the peak winter period with an increase in day cases being factored into the period post first two weeks in January. Clinically urgent and cancer patients will also continue to receive services during the peak period.

Staff in acute services are currently seeking to confirm all rota coverage arrangements over the peak winter periods and this will feature as part of the ongoing monitoring of risk throughout the winter period.

As part of this year’s Access Directorate’s plan, as well as the normal range of additional laboratory services to assist manage winter pressure, following the success of Near Patient Testing in A&E/assessment area last winter to assist in the early detection of flu and subsequently allow for the most appropriate care pathway, this will be continued in this year’s plan.

d. Vulnerable Patients

There is increasing data available which would assist in identifying those patients who could be anticipated to arrive at OOH services, A&E departments or call 999 ambulances. Work has been undertaken by Dr Josephine Pravinkumar to confirm the identity of these patients and to support

local systems to have in place agreed and shared care plans to ensure common understanding of preferred care arrangements. This will require close working with NHS 24/SAS/Police colleagues. The work already undertaken by mental health staff in supporting more patients who would previously have been transferred by the Police to A&E to continue to be cared for in the community is also being rolled out. This has already seen more than 50% reduction in the numbers of such patients being taken to A&E and the associated time taken by all involved to find an appropriate outcome.

It is hoped that some funding from the West of Scotland monies can be used for this purpose in this year's plan.

e. Health and Social Care Partnerships

Detailed plans have also been prepared for North and South H&SCPs. These identify the additional capacity that will be available both in the community and to support acute sites as a result of the additional investment which has taken place in community based services to avoid admissions and also to expedite safe discharge and thereby reduce the number of beds occupied by delayed patients.

Additionally, plans are in place which seeks to provide information on the well-being and capability of patients pre-admission, thereby minimising expectation that supported discharge is required. This will involve additional community based staff working in the hospital environment.

Close working arrangements with the respective Discharge Hubs in each of the 3 x DGHs will be a constant feature as part of the winter plan.

Plans are also in place to ensure rapid access to both assessment and home care staff over the winter period including at weekends.

Additional AHP staff will also assist in admission avoidance as well as supporting flow from the hospitals over the peak winter period and across weekends.

Similarly, there are plans to increase community nursing support to seek to provide more anticipatory care and/or assist in providing alternative care provision than traditional hospital based care.

f. Scottish Ambulance Service/Council Transport Services

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. SAS has also confirmed they will be able to provide dedicated discharge vehicle to support the 3 x DGH sites. Moreover, plans have been established to give access to additional weekend support via the 'renal service' patient transport.

Action is also being taken to identify patients that for clinical reasons must attend hospital for treatment. An example of this would be a renal patient. Contingency plans have been prepared to respond to any difficulties experienced by those patients in travelling to hospital during the winter period. This will involve close liaison between SAS and the respective Roads Departments of North and South Lanarkshire Councils.

Both Councils, as well as NHSL PSSD have also established additional 4X4 capacity to assist in inclement weather conditions.

g. Communication Plan

A communication plan is in development which will be directed at both staff - across all agencies - and the public. This will be undertaken in consultation with NHS24, national communications and Councils. A regional winter communications group has been established to pool resources and share best practice and messages.

This will build upon the award winning 'Meet the Expert' campaign which seeks to promote the range of services which people can access/self-present to without the need to attend their GP and/or A&E.

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 social media and coverage in national campaigns. This will also involve films being shown in the respective waiting areas/other public areas. Specific reference will be given to flu vaccine and management of Norovirus and the respective advice for patients, visitors and the public alike.

There is also a communication folder for managers and staff across agencies to ensure all are aware of the respective contacts, cover arrangements and how to access support.

There will be a dedicated page available on the NHS Lanarkshire website – along with links to the web sites of North and South Lanarkshire Councils.

h. Workforce

Whilst each part of the plan recognises the need for additional staffing where appropriate, there is a recognition that for many areas, securing these staff will be problematic given the existing pressures in the system. In many cases, staff required to implement new initiatives will mean staff been taken away from other areas - potentially without the ability to backfill. This is also against a background of vacancy levels across the 3 main operational directorates.

To assist in mitigating this risk, an initiative was undertaken late September to recruit 100 Band 2/3 health care support workers. Whilst fully acknowledging these would not take the place of trained staff vacancies - and all continued efforts would be taken to recruit to the respective staff - these staff would assist in supporting the existing staff.

In addition to this, work is in hand to identify all staff – both clinical and non-clinical – who could be asked to assist clinical areas in times of extremis. This will allow for the necessary 'induction' of such staff such that they are able to assist at relatively short notice. Similarly the communication to all staff in relation to the Adverse Weather Policy highlights that they are **all** considered essential and, as such, make every reasonable effort to get to their workplace in times of adverse weather.

4. FINANCIAL IMPLICATIONS

Source and Application of Funds	
	£000s
Bids Accepted	
Access	200
Hairmyres	752
Monklands	994
Wishaw	785
North HSCP	496
South HSCP	1425
	<u>4652</u>
Funding Sources	
SG winter allocation	580
Winter plan reserves	1,290
Funding to be identified from Acute, H&SCPs and Corporate Division	<u>4652</u>

As will be noted from the above, the total monies requested far outweigh the allocation. Work is ongoing in identifying alternative funding sources to ensure all necessary mitigation is in place as far as possible.

5. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Filling of staffing rotas over the peak winter period has been identified as a risk however work is ongoing in filling the respective rotas. Risk assessments have also been undertaken across each of the main areas. Winter planning testing is also going to be undertaken in a number of ways.

Key among these will be the annual Winter Breach multi agency event designed to promote joint emergency preparedness and knowledge of organisational roles, responsibilities and capabilities to support individuals and communities across Lanarkshire in a time of emergency. This is scheduled for 19 November 2019. In addition, there are events being held on 5 November 2019 which will give a local focus on health and social care planning to support resilience in the winter period.

There will also be local hospital site planning exercises related to particular winter themes, e.g. adverse weather.

6. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

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