

NHS Lanarkshire, North Lanarkshire H&SCP, South Lanarkshire H&SCP Winter Plan 2018/19

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 a copy of the draft plan by 30 September 2018, which evidenced the preparations being made locally and that these were underpinned by using the detailed self-assessment checklist provided. A subsequent letter was received on 16 October, which also set out some additional asks. The self assessment check list has been updated and is attached at Appendix 1.
- 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 our 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 DMTs, H&SCPs prior to consideration by the wider group.
- 4) The plan also reflects the findings of the significant review of winter 2017/18 undertaken earlier this year. Lessons learned from that process have been built into the plan for 18/19 with a view to improving resilience throughout the peak winter period.
- 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 SMT's.

- 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 letters
- Demanding local improvement trajectories for weekend discharges rates to be agreed by the end of November.
 - Earlier in the day discharges, against local improvement trajectories.
 - Adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates. This should include clinical staff, pharmacists, AHPs, auxiliary and domestic staff.
 - A commitment to maximizing elective theatre capacity over the winter/festive period including day cases to ensure that elective performance is not adversely impacted during the winter period.
- 7) The actions also reflect the key points arising from the National ‘Unscheduled Care – Preparing for Winter’ event held on 13 September 2018.

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

Details of the plans for acute, North and South H&SCPs are attached as Appendices 2 – 4. It should be noted these are dynamic documents which are still evolving and will be revised/updated to reflect on staff availability, emerging issues etc. These will also be considered in the winter planning group which will continue throughout the winter period.

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 2019. This builds on the success of the GPs opening on Saturdays during January 2018 and the associated positive impact felt by A&E departments in terms of reduced attendances/opportunities to re-direct. (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 - and 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.
- 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.
- 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 also support provision of service across the period. Similarly, pharmacy staff will also augment the service over the peak winter period.

In addition to the above, NHSL is also hosting a ‘test of change’ on behalf of the West of Scotland Unscheduled Care work stream which looks to having GPs and A&E consultants working together to assist in providing alternative outcomes for patients who would otherwise receive a house call from OOH doctors, attend A&E from a care home or, on occasion, provide an alternative for SAS staff to gain advice as opposed to taking patients to an A&E department. This is scheduled to operate across October to March at peak activity times, i.e. Monday and Friday evenings and 11am to 11pm Saturday and Sunday.

c. Acute Hospital Service

The detail contained within Appendix 2 has been informed by lessons learnt from past experience as well as the national guidance and the initiatives set up in response to the Reshaping Care and subsequent Integrated Care Fund initiatives; the Lanarkshire Unscheduled Care Action Plan; and Delayed Discharge Action plan.

This year, the acute services plan has had particular focus around the three site plans and includes the wider involvement of H&SCP partnerships. This seeks to ensure ‘joined up’ approaches to a range of initiatives where optimum impact will be gained by ensuring shared action planning. An example of this is 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.

As in keeping with the request from the Cabinet Secretary, work is ongoing in refining revised trajectories associated with increased numbers of discharges across the weekends. At this stage, an initial target to increase weekend discharges by 20% has been identified. This would mean around an additional 18 discharges per Saturday and Sunday.

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.

These areas of focus were also highlighted at the national Winter Planning workshop on 13 September 2018. Various initiatives that supported care outwith the hospital environment and/or well staffed A&E/receiving/admissions areas that were aware of how to re-direct patients from the front door to non hospital reliant care packages were also highlighted and these similarly form part of the detailed Directorate level plans.

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, 12 in Monklands and continued funding to keep the current additional 8 beds in Wishaw open. These beds are scheduled to be available from 1 January through to 31 March, but can be reduced in number beforehand if possible. There is also scope for additional capacity in Monklands if required.

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 plan, as well as the normal range of additional laboratory services to assist manage winter pressure, Near Patient Testing will be introduced in A&E/assessment area to assist in the early detection of flu and subsequently allow for the most appropriate care pathway. The benefit of this has been identified in other Health Board areas and will be evaluated in a Lanarkshire context during winter 2018/19.

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.

e. Health and Social Care Partnerships

Work has been undertaken to identify the additional capacity that will be available to 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. This will include extended treatment room access as well as ongoing review and potential extension of the provision of community based IV therapy for some conditions.

The detail of the additional resources is contained in Appendices 3 and 4.

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 at each of the 3 x DGH sites.

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 is being established to pull resources and share best practice and messages.

This will build upon last year's 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.

4. FINANCIAL IMPLICATIONS

Source and Application of Funds	£000s
Bids Accepted	
Access	137
Hairmyres	645
Monklands	789
Wishaw	760
North HSCP	381
South HSCP	1130
Out of Hours Triage	200
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Funding Sources	
SG winter allocation (50:50 HSCP Acute)	1160
Winter plan reserve	500
HSCP identified funding	931
Bid for regional transformation fund	200
Funding to be identified from Acute and Corporate Division	1251
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As will be noted from the above, the total monies required will outweigh the allocation, however work is ongoing in identifying alternative 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 as per the attached matrix.

Winter planning testing is also going to be undertaken in a number of ways.

Key among these will be the Winter Breach annual multi agency events 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.

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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