



**Winter Planning**  
**Analysis of Winter Pressures 2010/11**  
**(Including WIC performance)**

**February 2011**

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## 1. Introduction

This report provides an analysis of winter pressures for 2010-11. It analyses demand for local health services between the period 5<sup>th</sup> December 2010 and 16<sup>th</sup> January 2011. The report focuses on activity at Accident & Emergency, Acute Care, GP admissions and the GP Out of Hours service. It also provides a summary of mitigation activity that took place during periods of peak demand. Finally the report sets out recommendations for future work which will assist in preparing for incidents of surge or severe weather.

This winter has presented the local health community with specific challenges. There was a severe weather event at the beginning of December when heavy snow affected the borough. This was followed by a busy bank holiday period, a significant outbreak of the swine flu virus and a follow-on outbreak of the norovirus at the hospital. Despite these pressures there was limited disruption of services. GP Practices in particular provided significant support during the periods of high demand and disruption. All service providers went to great lengths to remain open through the snow and ice and then maintained services during a busy holiday period.

## 2. Rotherham FT: Accident & Emergency

Figure 1 shows the A&E activity for the period 5.12.10 to 16.1.11 during the last 3 years. The activity data shows higher levels of demand for 8 weeks out of 11. There was a significant spike in activity throughout the first half of January. This coincides with the period during which the surge plan was at active stage.

**Figure 1: A&E activity**

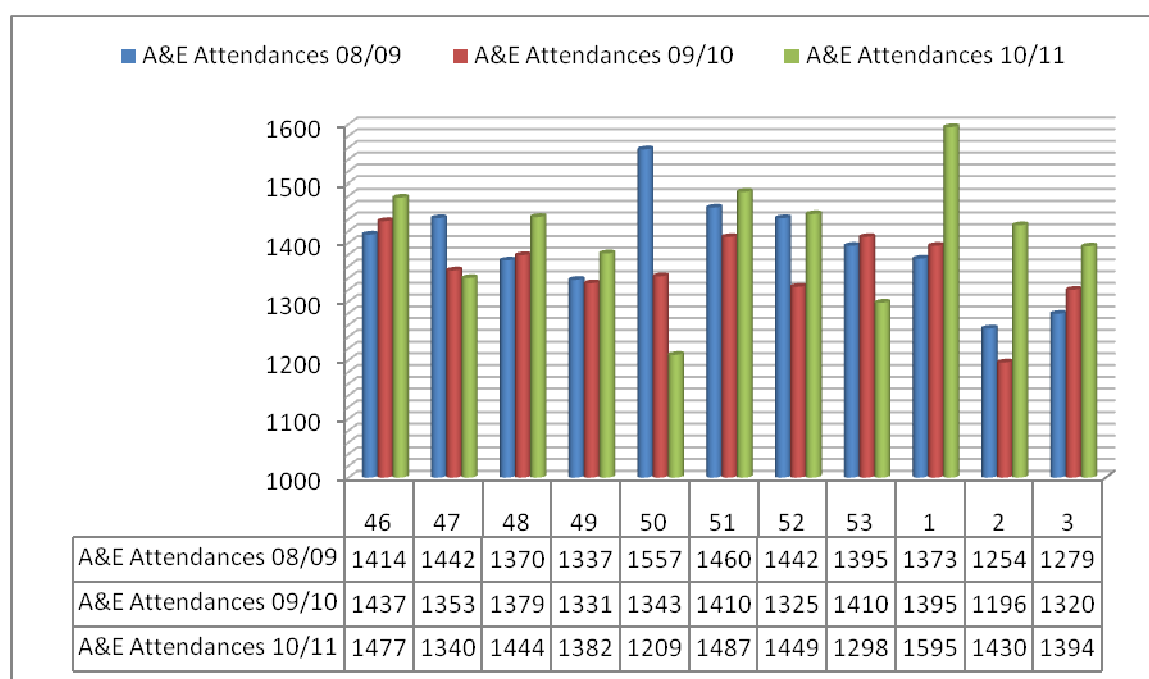


Figure 2 shows how performance was affected during periods of peak activity. There has been a significant increase in waiting time breaches compared to previous years. There was an increase in breaches in 5 of the 11 weeks activity covered. Again the first half of January showed a significant increase. Over a 40 day period from 1<sup>st</sup> December 67% breached the 98% contractual target. There was a 42% breach of the 95% national target.

**Figure 2: A&E performance from 5.12.10 to 16.1.11**

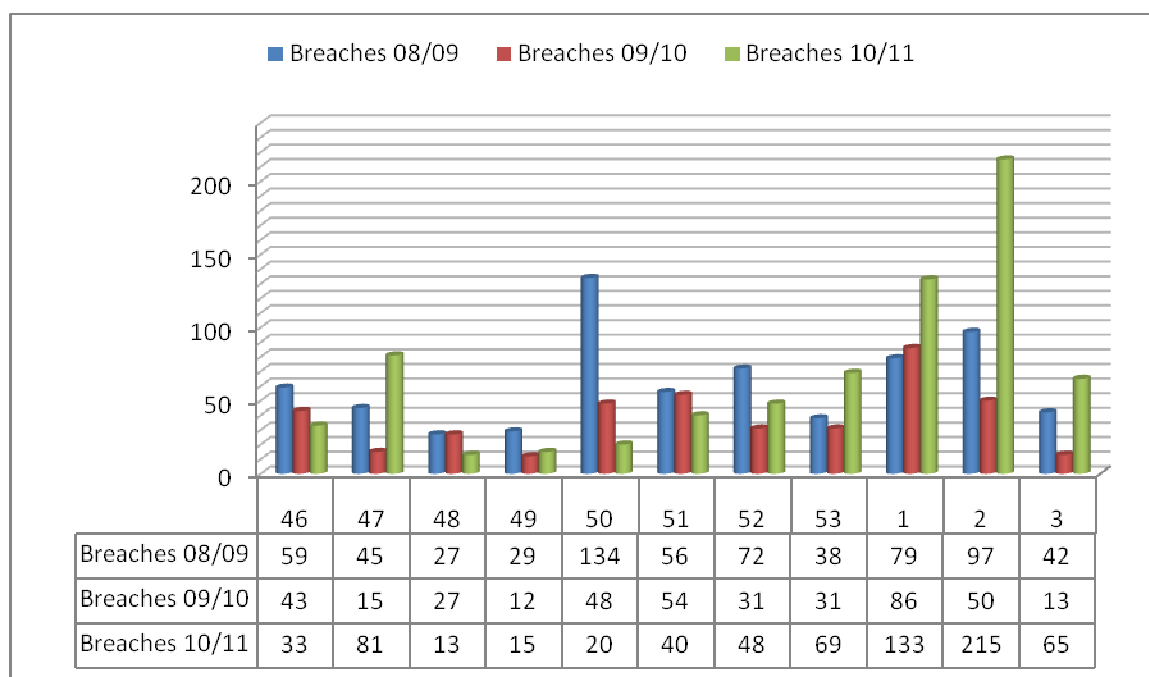


Table 1 and 2 show the total number of attendances at A&E for Quarter 3 split by referral source and disposal.

**Table 1: A&E attendances split by referral source**

	Self Referral	Emergency Service	GP	Other	Total
Number	2775	1035	92	442	4344
Percentage	64%	24%	2%	10%	

**Table 2: A&E attendances split by disposal**

	No follow up	GP follow up	Admitted	Fracture clinic	Other	Total
Number	1477	1009	833	315	710	4344
Percentage	34%	23%	19%	7%	17%	

Table 1 shows that a large proportion of attendances were self referrals. There has been concern that the OOH GP service might be diverting people to A&E inappropriately but there is no evidence from this table.

From Table 2 it can be seen that 57% of A&E attendances either received no follow up or were referred to their GP. This is the cohort that could have been diverted to the Walk In Centre. Over the whole quarter admission rates from A&E were at normal levels. However this data does not include January activity. Admission rates significantly increased during the first half of this month.

Tables 3 and 4 show the outlying practices for A&E attendances during Q3 ranked by total attendances and attendances per 1000 patients.

**Table 3: Outlying GP Practices – Q3 Total Attendances**

GP Practice	Total attendances	Wiegthed population	Attendance/1000
St. Anns	394	17385	22.7
Clifton	269	13082	20.6
Woodstock Bower	259	11572	22.4
Broom Lane	246	12555	19.6
Morthern Road	218	11103	19.6
Swallownest	205	15974	12.8
Stag	199	11294	17.6

**Table 4: Outlying GP Practices – Q3 Attendance/1000 population**

GP Practice	Total attendances	Weighted population	Attendance/1000
Chantry Bridge	19	471	40.3
Canklow Road RCHS	47	1660	28.3
Surgery of Light	38	1475	25.8
Badsley Moor Lane	61	2478	24.6
The Gate RCHS	36	1503	24.0
Dalton	48	2051	23.4

GP Practices with the largest volume of A&E attendances tended to be the largest Practices.

### 3. Rotherham FT: GP Admission Data

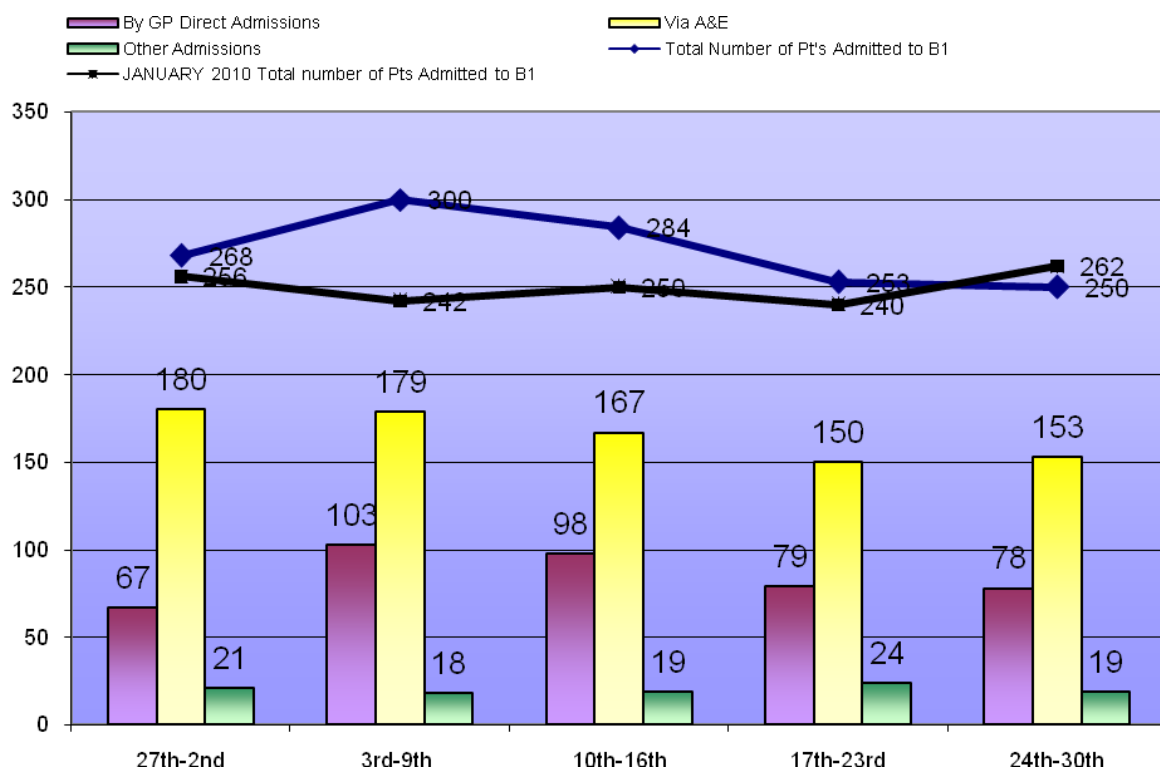
GP services were subject to unprecedented pressure as a result of severe weather in December. GP practices went to great lengths to remain open through the snow and ice. They were able to have maintained services during a busy holiday period and continued to deliver services in a hostile environment.

There is evidence that GP initiated hospital admissions increased during the surge period. NHS Rotherham issued the following advice to GP Practices at the time.

Figure 3 shows the referral rates for B1 during early January. GP referrals to B1 increased by 54% during the week that the Surge Plan was initiated. It remained at this level for the rest of the surge period. The impact of communications to GPs during this time appears to have been limited. GP referrals increased dramatically despite advice from NHS Rotherham to take the following measures;

- Where possible patients should be managed at home
- Do not to refer to A&E or the Emergency Admissions Unit unless a face to face clinical assessment is carried out first
- Where possible seek advice from A&E or the appropriate medical/surgical specialist before referring a patient to hospital

**Figure 3: B1 Admission Data**



#### **4. Rotherham FT: Acute Care**

The bed status at Rotherham FT during the Christmas period was good. There was bed availability throughout the Bank Holiday weekend and A&E activity was lower than previous years. However there were significant bed pressures after the New Year.

Throughout the surge period the hospital was operating 50 extra beds above its baseline. The hospital is also managing an outbreak of D&V and a high incidence of swine flu cases, with areas being cordoned off to contain infection. There were approximately 13 confirmed cases swine flu, several of which remain hospital and there are a number of patients who have suspected norovirus

Rotherham FT was running with 50 extra beds throughout the first half of January. Electives were cancelled for at least 3 days. Most of the extra demand for beds was coming through A&E. There was a significant increase in attendances and a greater proportion of these patients were being admitted. Admissions were running at 22% to 26% during the first two weeks of January. This compares to 19% overall for Q3. There was substantial pressure on critical care beds with bed availability down to zero during peak demand periods. The main reasons for the pressure on beds were

- Increased levels of swine flu which were feeding through to the hospital
- Increased levels of Norovirus which had an impact on some wards

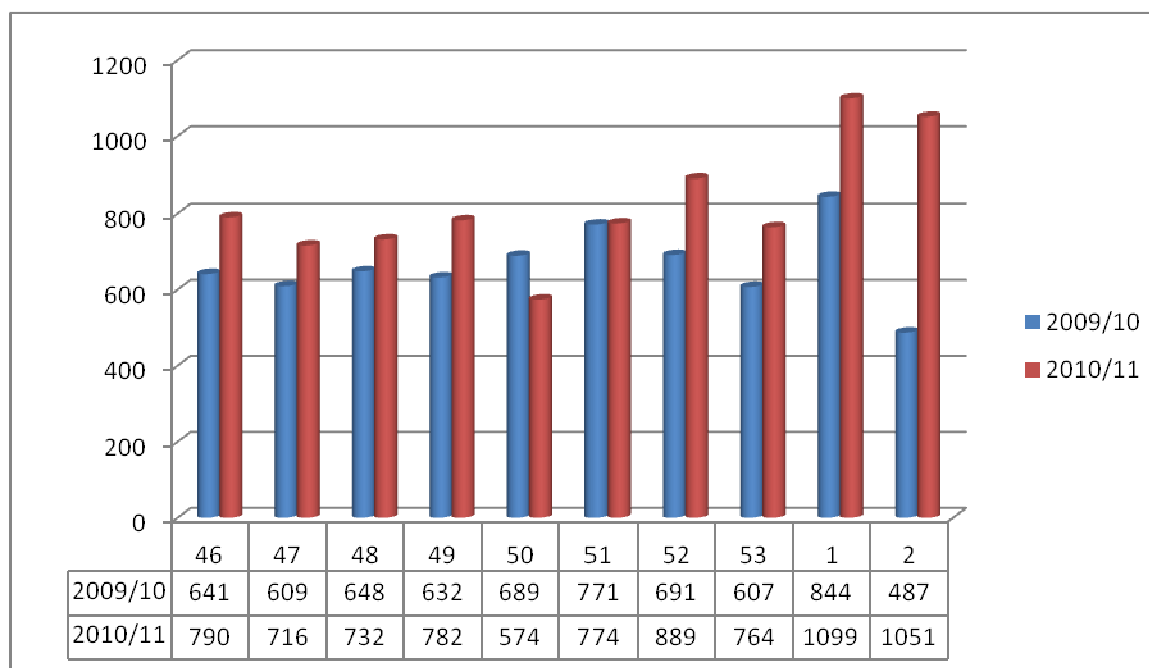
Despite being under extreme pressure at times Rotherham FT only diverted patients on 2 occasions.

#### **5. Walk in Centre**

There were significant issues with the Walk in Centre during the Christmas and New Year period. The Centre had to close on 7 occasions during the Christmas and New Year period because of spikes in demand. Figure 3 shows the levels of activity compared to 2009/10.

The activity levels for the Walk in Centre reflect those for A&E. There was a 23% increase in activity over the whole period. From Week 52 to week 2 there was a 45% increase in demand compared to the previous year. The spike in demand during early January reflects the situation at A&E. It is unclear why there was such an increase in demand during the Christmas period.

**Figure 3: WIC Activity 2009/10, 2010/11**



Details of closures at the WIC are set out below (closed indicates the service was close to new registrations).

<p>Week 51: 18 Dec – closed 6:40pm(171 pts seen) last pt registered 8.50pm</p>
<p>Week 52: 20 Dec – closed 7:45pm to 8:50pm (150 pts seen)</p>
<p>Week 53: 27 Dec – closed 12:15pm to 1:25pm (241 pts seen) 28 Dec – closed 2:35pm to 4.00pm (194 pts seen) 30 Dec – closed 5:55pm to 6:35pm (148 pts seen)</p>
<p>Week 1 6 Jan – last person registered 8:00pm (147 pts seen) 8 Jan – last person registered 6:40pm (145 pts seen)</p>

Reasons for closure were:

- Volume of patients in the waiting room.
- Volume of patients registering within close timescales.
- Backlog of patients.
- Health and Safety issue around amount of people in the building and the space of waiting room.

NHS Rotherham worked with Care UK to reduce the incidence of closure. Care UK revised the advice /options given to patients when they arrived at the Centre. Patients were where appropriate advised to ring their own GP visit their GP the following day. Patients were also given a leaflet regarding minor ailments that could be dealt with at a pharmacy.



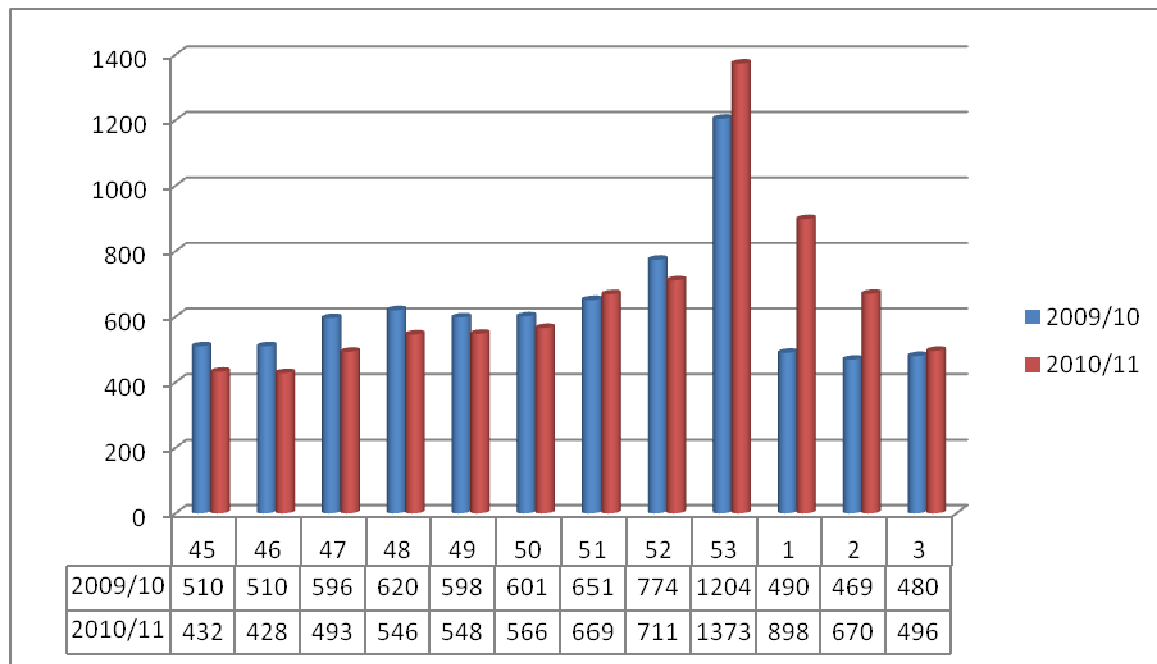
All patients that were not registered to be seen were spoken to by a nurse to assess their medical need as it appeared at the time. Most attendances were with cold and flu symptoms. Care UK also staffed the WIC until 10.00pm so that it could clear backlogs after 9.00pm. Additional doctors were drafted in to provide extra capacity, although this was restricted by the number of consultation rooms available.

Concerns highlighted by Care UK were a high number of patients being diverted to the service by NHS Direct and issues with patient attending the WIC without apparently contacting their own GP first.

## 6. Out of hours GP Service

There is a similar demand pattern for the GP Out of hours Service, with significant increases occurring in early January. Figure 4 shows the level of activity compared to 2009/10. Over the Christmas period there was a reduction in OOH activity compared to last year. There was a 43% increase in OOH activity from week 53 to 3. This is consistent with the demand profile for A&E.

**Figure 4: OOH Activity - 2009/10 2010/11**



## 7. Mitigation Activity

The period of heaviest demand for the Rotherham health community was during the first two weeks of January. There was unprecedented pressure on A&E, the Walk in Centre and GP Out of Hours Service. The main cause of this pressure appears to be a surge in swine flu cases during a bank holiday period.

NHS Rotherham worked closely with all stakeholders during this period to mitigate the impact of increased demand. The following activities assisted in ensuring that the local health community worked effectively together.

### ***Initiation of Surge Plan***

The Director of Public Health initiated the NHS Rotherham Surge Plan on 5<sup>th</sup> January. The plan supports health care organisations to manage significant increase in demand in the event of a surge. The plan is invoked when:

- A service is so severely affected that it is unable to maintain its key functions without support from other service areas.
- The business interruption has affected more than one service and has potential to severely affect the overall key functions of the local health and social care community.

Initiation of The Surge Plan enabled the following actions to be taken;

- It immediately reduced the threshold for admission to intermediate care, facilitating the discharge of patients who are medically fit but unsafe to return home
- It triggered interventions by RCHS to support to the hospital on expediting discharge
- It placed the Continuing Care Team on standby to carry out fast track social care assessments for patients waiting discharge
- It triggered the delivery of extra support from Rotherham MBC to fast track social care assessments, place patients in respite and initiate home care packages

Initiating The Surge Plan did assist Rotherham FT on hospital discharges. Rotherham MBC did raise concern that the Surge Plan had not gone through proper approvals in the Council. Despite there was full co-operation from all of the local authorities support services.

### ***Emergency Bed Management Meetings***

Throughout the first two weeks of January Rotherham FT co-ordinated multi-agency bed management meetings. These provided an update of the current bed status, specifically relating to critical care, paediatrics and A&E. The main aims of the meeting were to;

- Ensure there was significant capacity in intermediate care and Breathing Space
- Enlist the support of community health services on supporting secondary care
- Anticipate future pressures on the system such as staff sickness and hospital infections

- Identify patients who were fit for discharge and reasons for delays

These meetings provided a useful interface between service providers. There was good sharing of information and a breaking down of organisational boundaries. This multi-agency team was effective at ensuring that the hospital remained operational.

### ***Daily teleconferences***

NHS Rotherham co-ordinated daily teleconferences which brought together key stakeholders in the local health community. The main aims of the teleconferences were to;

- Inform stakeholders where there were pressures in the system
- Enlist community services support on maintaining secondary care services
- Ensure that community services focused on preventing hospital admissions

These conferences had a wider representation than the Emergency Bed Management meetings. They provided a useful source of information and helped commissioners to identify where support was required.

### ***Local Sitrep Reports***

As well as the regional Sitrep reports MHS Rotherham produced local daily reports for the Rotherham Health Community. This included information on;

- Bed availability for RFT, Breathing Space and Intermediate Care
- Any staffing issues within service
- Daily activity figures for A&E, YAS, WIC and OOH

## **8. Future Work**

The LMC Liaison Group has suggested that commissioners consider three scenarios which will help address some of the lessons from the recent snow and Christmas surge pressures. For each of these scenarios we have considered what NHS Rotherham will do and how it will be communicated.

### ***Scenario 1: Situation where there is disruption to primary care delivery eg snow***

NHS Rotherham will ensure that GP Practices have in place Business Continuity Plans which are responsive to severe weather disruption. We will, through Clinical Governance visits and the Annual Contract review process check whether plans are in place. Where Practices are concerned that their Business Continuity Plans are not robust NHS Rotherham can offer individual advice and guidance.

NHS Rotherham will develop a "Situation Report" template for GPs. It is proposed that , rather than phone round GPs during periods when primary care delivery is disrupted, NHS Rotherham will

request Situation Reports from each Practice by email. These reports will be collated at a dedicated post box with a named officer identified to pick up and analyse data.

NHS Rotherham will continue to issue communications during periods of disruption. We will issue local daily Sitrep reports and early notification of potential weather events.

NHS Rotherham will also carry out the following activities during the next few months in preparation for future severe weather events;

- Ensure that all managers have a complete list of staff details including phone numbers
- Develop an internet page which staff can access during severe weather
- Establish a list of organisations who can provide 4x4 vehicles
- Establish a list of sites that need roads outside their premises clearing and gritting by RMBC
- Ensure additional key holders are identified for Oak house
- Develop a clear procedure for access to controlled drugs

***Scenario 2: Surge affecting the system eg flu where primary care capacity may not be affected***

During periods of surge NHS Rotherham is able to initiate the Emergency Plan and/or The Surge Plan.

The Emergency Plan is triggered when any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations. The Emergency Plan sets out command and control arrangements. It identifies the lines of accountability, responsibilities of partner organisations and potential actions.

The Surge Plan is intended to support Health Care Organisations to manage significant increase in demand in the event of a surge. Each Health and Social Care Organisation should already have well developed business continuity plans which deal with surge. The NHS Rotherham Surge Plan sets out how the local health community can manage demand, the responsibilities of individual organisations and how they can best work together.

To be able to monitor the impact across primary care there is a FluCon reporting system that could be adopted for other events. This monitors capacity and demand across Rotherham GP Practices, Pharmacies, Walk in Centre and Out of Hours Services. For familiarity across partners the report will continue to be called FluCon but will be reporting on any other outbreaks or incidents that result in a significant surge in workload.

Practices have organised 'buddy' arrangements that enable them to offer cover and support across practices. Where possible GPs will primarily provide cover in their buddy groups. However there may be occasions where a GP supports a practice outside of these arrangements due to exceptional surge in a particular area. On triggering the Surge Plan NHS Rotherham will nominate an officer responsible for setting up buddy arrangements with alternative practices. If effective buddy arrangements are not in place or if all practices within a buddy network are affected by the surge then NHS Rotherham will co-ordinate an alternative buddy arrangement.

NHS Rotherham holds an up to date GP locum list. These locum GPs can be called upon to provide additional support to primary care.

To support the RAID process practices will be notified of patients that undergo accelerated discharge from hospital. Practices are advised to flag these patients, so in the event that if the patient contacts them within 72hrs of discharge they are triaged as a priority by a doctor.

***Scenario 3: Strategy to cover two consecutive 4 day bank holidays over Easter***

The current arrangements for providing cover during bank holiday periods are adequate for most local health organisations. Commissioners have considered strategies for ensuring that the Walk in Centre is able to remain open throughout the bank holiday period. The following measures have been put in place to ensure service continuity;

- The WIC will operate an appointments system during periods of high demand. This will enable the Centre to manage patient flow and improve patient experience
- Work with the WIC to increase patient flow by more effective use of triage and shorter GP appointment times.
- Care UK are already meeting with managers and IT/business managers to review the holiday period and plan for the Bank Holiday periods in April 2011.
- Care UK has also recently sent out a mail-drop to patients to explain the role and function of the WIC to try and address public education about appropriate use of the service.

NHS Rotherham has considered commissioning a GP Practice in the town centre and one in the south of the borough to run surgeries during the bank holidays. The town centre GP Practice would have acted as an overspill for the WIC. The GP Practice in the south of the county would have been a referral point for patients who have been referred by the OOH service. However it is recommended that these options are not adopted for this bank holiday period. The measures put in place to control patient flow at the WIC are believed to be sufficient to ensure service continuity.

NHS Rotherham intends to conduct an exercise (Exercise Hornblower) under the Civil Contingencies Act 2004. This which will ensure that each Directorate can contact its commissioning staff. It will test new staffing structure contact details and consolidate the lessons learned from the severe weather incident in Nov/Dec 2010.