

Health Service Circular

Local Authority Circular

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WINTER 2000/01: CAPACITY PLANNING FOR HEALTH AND SOCIAL CARE

Emergency Care and Social Care

For action by:

- Health Authorities (England) - Chief Executives
- NHS Trusts - Chief Executives
- Social Services Directors - England
- Special Health Authorities - Chief Executives
- Primary Care Trusts - Chief Executives
- Primary Care Groups - Chief Executives
- Common Council of the City of London - Chief Executive
- Council of the Isles of Scilly Chief Executive
- County Councils Chief Executives
- London Borough Councils - Chief Executives
- Shire Unitary Councils - Chief Executives
- Metropolitan District Councils - Chief Executives

For information to:

- Health Authorities (England)- Chairs
- NHS Trusts - Chairman
- Special Health Authorities - Chairs
- Primary Care Trusts - Chairs
- Primary Care Groups - Chairs
- Community Health Councils - Chief Officers
- Common Council of the City of London Chair
- Council of the Isles of Scilly Chair
- County Councils Chairs
- London Borough Councils Chairs
- Shire Unitary Councils Chairs
- Metropolitan District Councils Chairs

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WINTER 2000/01: CAPACITY PLANNING FOR HEALTH AND SOCIAL CARE

Emergency Care and Social Care

Summary

This circular:

- i) sets out arrangements for planning emergency and elective care at local level to ensure that services respond well to seasonal pressures whilst maintaining progress in reducing waiting lists.
- ii) summarises the arrangements for whole system planning with social care, intermediate care, primary care and the independent sector.
- iii) gives the actions to be taken to ensure high quality services are provided for local people throughout the year.
- iv) sets out changes to the influenza immunisation policy to require health and social service employers to offer immunisation to staff.

Action

Health Authorities should:

- re-convene Local Winter Planning Groups (LWPGs) to ensure effective service and contingency planning for winter 2000/01, including planning for emergency and elective work on a year-round whole-system basis;
- ensure LWPGs are established by 31 May 2000 and include representatives of all NHS organisations, local councils with social services responsibilities and other local partners including the voluntary and independent sector;
- nominate a senior officer to co-ordinate the work of the Local Winter Planning Group and lead on service planning for winter, notifying the Regional Office of this officer's name by 31 May 2000;
- submit with social services authorities a single agreed draft plan covering the local health and social care community for winter 2000/01 by 31 July to NHS Executive Regional Offices and Social Care Regions, with plans to be finalised with Regional Offices and Social Care Regions by 30 September;
- ensure winter plans are closely tied to waiting list plans and Health Improvement Programmes;
- ensure *NHS Direct* is fully involved from the outset in winter planning;
- maintain senior management input to ensure both effective planning and delivery.

Influenza immunisation

Immunisation against influenza of staff working in NHS and social care should be part of planning for the coming year.

NHS employers should offer immunisation to all staff involved in the delivery of care and/or support to patients. Social Service employers should also consider offering immunisation to all staff involved in the delivery of care and/or support to clients.

NHS and Social Service employers should ensure that where immunisation is offered to staff:

- arrangements are in place to evaluate uptake and the effects of immunisation on staffing arrangements over the winter.
- they secure supplies of vaccine, and arrange staff immunisation programmes through occupational health services or set up and fund arrangements with primary care contractors. Care should be taken to ensure that any arrangement employers make for their staff do not disrupt local arrangements for high-risk groups.

Intermediate Care

Intermediate care services are being developed to promote independence and independent living, particularly for older people. The aims are to prevent avoidable hospital admissions, facilitate prompt discharge and prevent inappropriate admission to long-term care because alternative facilities are not in place. Health and social care partners should:

- map and assess local need for additional multidisciplinary intermediate care teams/services focussing especially on older people and carers.
- commission/provide services so that they are available well in advance of the winter period.
- publicise and promote the availability of local services to all GP practices, community health and social care teams, and local people, particularly older people and carers.
- provide senior management support for the services from both health and social services.
- evaluate new services as a basis for further development in 2001/02 and beyond.

Hospital Services

NHS Hospital Trusts should:

- build capacity to meet peaks in demand by:
 - developing plans which give particular emphasis to the period from mid-December to mid-February which is likely to see a particular peak in pressures;
 - maximising flexibility in the workforce to ensure staff are available to meet peaks in emergency demand, are trained to work flexibly across disciplines, and have planned time off to ensure they can respond effectively to peaks in demand;
 - profiling elective work to take account of expected peaks in emergency pressures. A more sophisticated and flexible approach is required to profile elective work for dealing with unexpected peaks in demand for emergency care in winter and at other holiday periods.
 - establishing seven-day emergency working in hospitals so that services such as routine diagnostic tests are available at weekends.
- introduce systems to ensure that repeated cancellations of urgent operations do not occur:
 - before an urgent operation is cancelled for any reason the Trust Chief Executive is expected to be informed. If the cancellation still takes place he or she is expected to become involved in the actions being taken to set an urgent new date for the operation. The NHS Trust should also inform the Health Authority Chief Executive who will be expected to help resolve the problem if required. The Chief Executive or nominated board member should also explain to the patient or their family or carer the reason for the cancellation, the new date set, and the actions being taken to ensure this is met;
 - ensuring when, exceptionally, an urgent operation has to be cancelled more than once, the NHS Trust informs the Health Authority Chief Executive and the Regional Director who will be expected to take immediate action to help resolve the problem.

NHS Trust Chief Executives are reminded that the guidance given in HSC 1999/239 (Final Preparations on Winter and the Millennium Paragraphs 5 – 6) on patients waiting for admission is still in force and will remain in force until further notice. Where, exceptionally, the standards it laid out on trolley waits are not yet being consistently met, NHS Trust Chief Executives are expected to take personal responsibility for ensuring that:

- no patient waits on a trolley in a corridor or other unacceptable environment;
- no patient waits over 12 hours for admission to hospital from the decision to admit.

NHS Chief Executives are also reminded of the existing key standard that:

- there should be no unilateral closure of A&E Departments.

Critical Care

Critical care services must be planned and delivered systematically across the whole health system. NHS Trusts which have critical care facilities should:

- ensure a hospital-wide approach which encompasses intensive, high-dependency and post-operative care, together with support to critically ill patients on wards.
- work to build integrated networks across health economies including critical care for the range of specialities, and involving the independent sector, ensuring services for all patients within a geographical area.
- where, exceptionally, it is proposed to transfer a critical care patient outside the local clinical network, ensure transfers are agreed by the responsible consultants in both NHS Trusts and the respective NHS Trust Chief Executives. The NHS Trust from which the patient is being transferred will be expected also to inform its host Health Authority Chief Executive of the transfer.

Further guidance will be issued on critical care services shortly.

Ambulance Services

NHS Ambulance Trusts should:

- agree with NHS partners robust local protocols to ensure patients are referred to the most appropriate care with a minimum of delay. Protocols should include arrangements to spread demand between hospitals, particularly at times of peak pressure.
- ensure that transport facilities are available and support the timely discharge of patients from hospital and between providers.
- agree with critical care services transfer protocols and appropriate transport to ensure safe and timely transfer of patients between facilities, where necessary.
- introduce management systems to allow more efficient handling of 999 calls. These systems should include and address: faster activation, better resource/demand matching, dynamic as opposed to station-based cover, adequate relief levels and flexible 999 responses.

Social Care

Local councils with responsibilities for social services, together with Health Authority partners, should:

- work with other partner agencies in Local Winter Planning Groups;

- nominate a senior officer to co-ordinate the work of SSD within the Local Winter Planning Group and lead on service planning for the SSD for winter, notifying the Social Care Regional Office of this officer's name by 31 May 2000;
- submit with health authorities a single agreed draft plan covering the local health and social care community for winter 2000/01 by 31 July to NHS Executive Regional Offices and Social Care Regions, with plans to be finalised with Regional Offices and Social Care Regions by 30 September;
- work with PCTs/PCGs to minimise the risk of inappropriate hospital admission;
- work with NHS Trusts to promote timely and appropriate discharge from hospital;
- review commissioning strategies to ensure service availability particularly at peak times during the winter;
- continue to develop out-of-hours' services to support more people at home.

Whole Systems Working

To maximise local capacity, NHS organisations may enter into partnership agreements with independent healthcare providers where this offers demonstrable value for money and clear standards for patients.

NHS organisations should work with local government to ensure housing strategies are in place which complement objectives of supported community living, and should also promote initiatives to combat fuel poverty including the DETR's new Home Energy Efficiency Scheme aimed at providing vulnerable households with complete packages of insulation and heating improvements.

NHS organisations should work with local councils to ensure that all services involved in the disposal of bodies: medical certification, registration, coroners, funeral directors and burial or cremation services are in place and that adequate out-of-hours services are available.

NHS Trusts should ensure that mortuary capacity is adequate to meet peaks in winter deaths and take steps to provide additional facilities where this is likely to be required. Temporary mortuary facilities must meet minimum standards to respect patients' dignity. Refrigerated vehicles or trailers must not be used.

Primary Care

Primary Care Trusts/Groups should:

- support single-handed GPs who may not have the infrastructure required to meet surges in demand;
- ensure that all out-of-hours' GP services meet the standards arising from the current review (due to report in August), including out-of-hours' services in hard-to-reach rural areas;

- ensure there are agreements for seamless handling between *NHS Direct* and out-of-hours' providers;
- ensure GPs provide suitable support to nursing and residential homes to avoid unnecessary admissions to hospitals. HSC 1999/107 (Allocation of DDRB £60m to GPs) contained details of a model local development scheme for persons in nursing and residential care homes and the very dependent elderly at home;
- work with pharmacists to ensure they are fully engaged with local winter planning;
- consider with Health Authorities, the role of *NHS Direct* in providing at-risk groups with advice on 'flu immunisation.

Human Resources

NHS organisations should:

- continue to recruit and retain more staff. NHS Trusts should liaise closely with their education consortia to attract as many returners as possible and work with the Regional Improving Working Lives taskforces to introduce more flexible and supportive family friendly working and training patterns. Extra effort is required in those areas with particular recruitment and retention difficulties (for example, London and the South East), and advantage should be taken of the work being done by the Nurse Housing Co-ordinator.
- maximise capacity to meet peaks in pressures by flexible deployment and contingency arrangements and extending the use of annual hours contracts;
- plan with partner service provider agencies human resource strategies to ensure continuity of service provision during anticipated peak periods maximising the contribution of part-time and recently-retired staff. The NHS Executive will be issuing guidance in the summer about maximising the use of staff who are nearing retirement or who have recently retired.

Communications

NHS and social services organisations should:

- follow and support the national winter campaign guidelines and themes;
- work together to develop plans for communicating with their local populations on prevention and self-care and making appropriate use of services, ensuring corporacy with the national campaign on branding and messages;
- collect and publish information about services in local areas over holiday periods.
- ensure robust out-of-hours' arrangements for media handling.

Further guidance will be issued in due course.

Background and other information

Ministers attach a high priority to delivery of their objectives on waiting lists and emergency care. Successful preparation for winter is one of the elements to be considered for payments under the incentive scheme announced on 16 May 2000.

The Millennium Executive Team within the Department of Health is being reconstituted as the Winter and Emergency Services capacity planning Team (WEST) and will work closely with the National Patients' Access Team (NPAT).

Public information campaigns to promote good health, prevention, and accessing services at the right level, including self-care, are also being reconsidered.

NHS Direct, which will be a national service from October, will also have a role in helping take up of 'flu vaccine and promoting appropriate use of services. *NHS Direct on-line* will carry information and advice on winter health problems and by the autumn on local health services. *NHS Direct Healthcare Guide* will be available through pharmacies.

Further guidance, including criteria for the assessment of local plans, will be available at www.doh.nhsweb.nhs.uk/winter or www.doh.gov.uk/winter from 1st June 2000.

This circular has been issued by:

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