



NHSGGC Winter Plan 24/25

February 2025 Update

Delivering better health

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NHSGGC Board Meeting
Tuesday 25th February 2025
Scott Davidson, Medical Director
Ali Marshall, Depute Director of Planning

Current Position



27 Whole System Actions

All actions now complete or will be finalised over the remainder of February and March.



Continued pressures

Continue to work with colleagues and services across the system



Additional Whole System Winter Plan

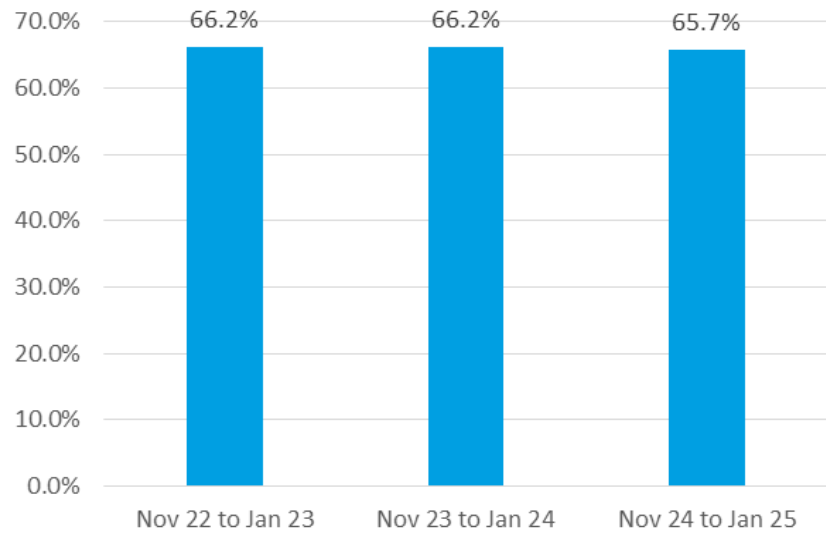
Ongoing discussions to review and refine the plan



Measuring our impact and considering how we best prepare for winter 25/26

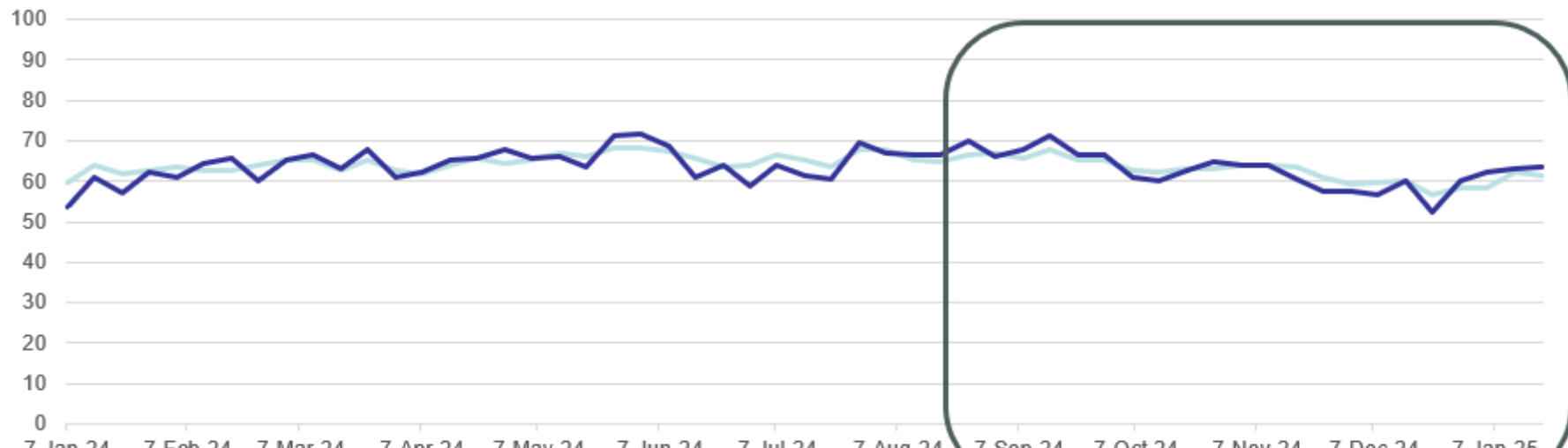
ED Attendances and Performance

ED Compliance Average

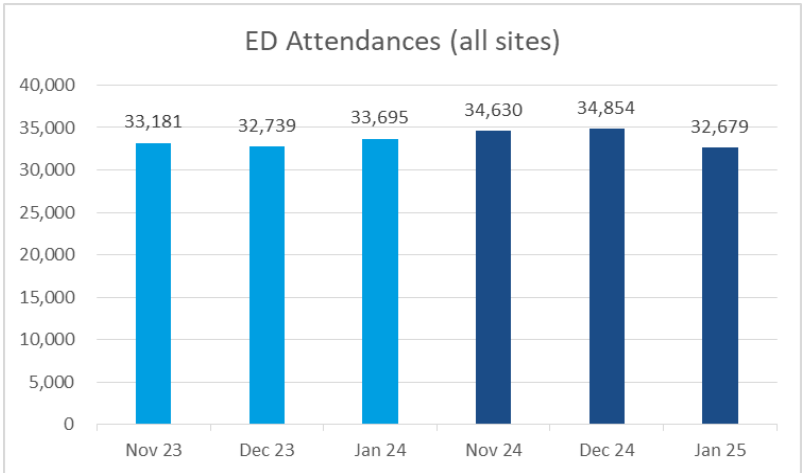


- The 4-hour performance in line with NHS Scotland performance
- Over December above the national average
- Performance against 4-hour standard within 0.5% of past 2 years

NHSGGC 4 hrs performance compared with NHS Scotland (w/e 070124 to 190125)

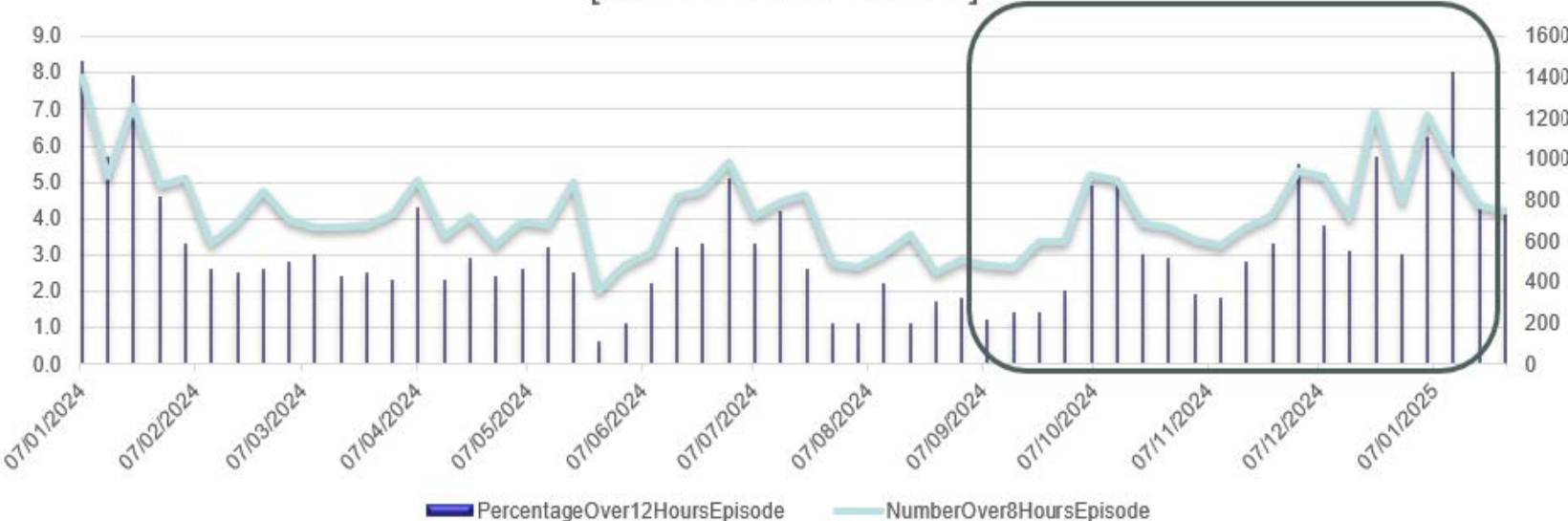


ED Attendances and Performance

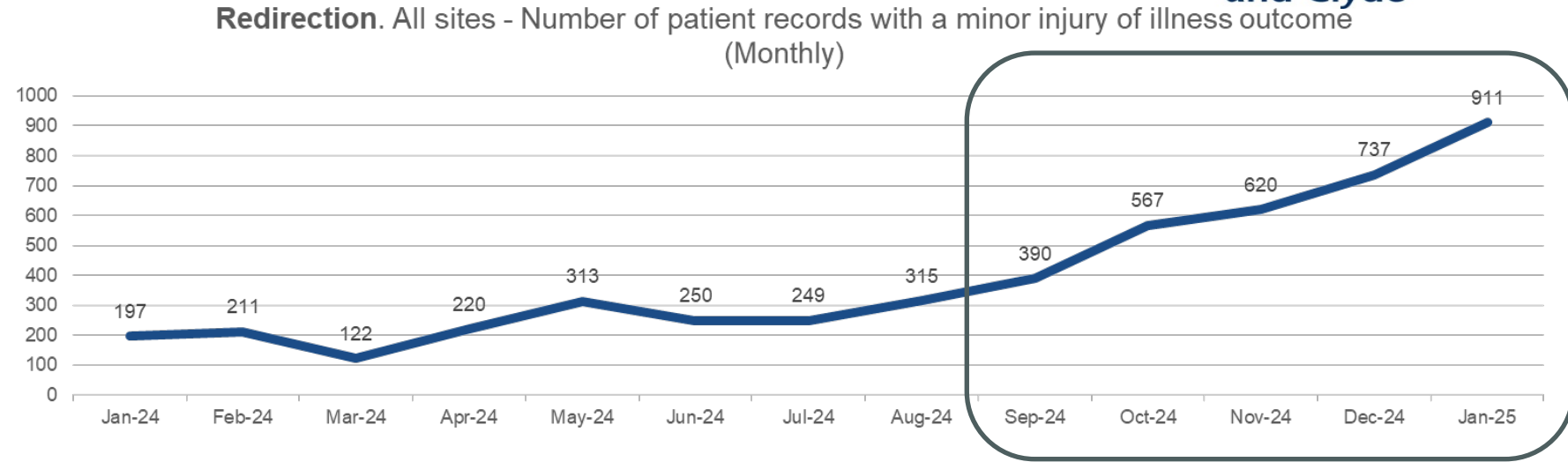
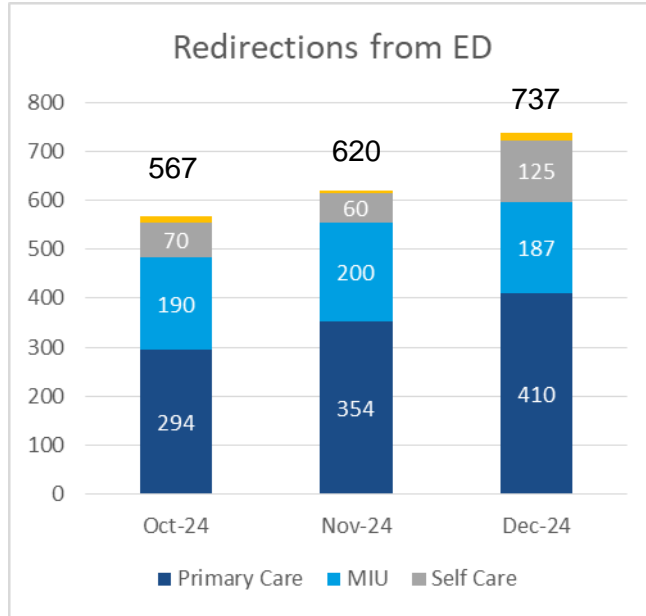


- ED Attendance at all sites Nov 24 to Jan 25 is similar to previous year
- Increase in the number of patients waiting over 12 hours over Nov/Dec > Decreasing through Jan
- GGC average **3.2%** of total ED presentation
 - lower than the national average of **3.8%** and
 - Lower than **7.3%** when compared to the average of similar boards

NHSGGC Patients Waiting Over 12 hours (number & % of total ED attends)
[w/e 070124 to 190125]



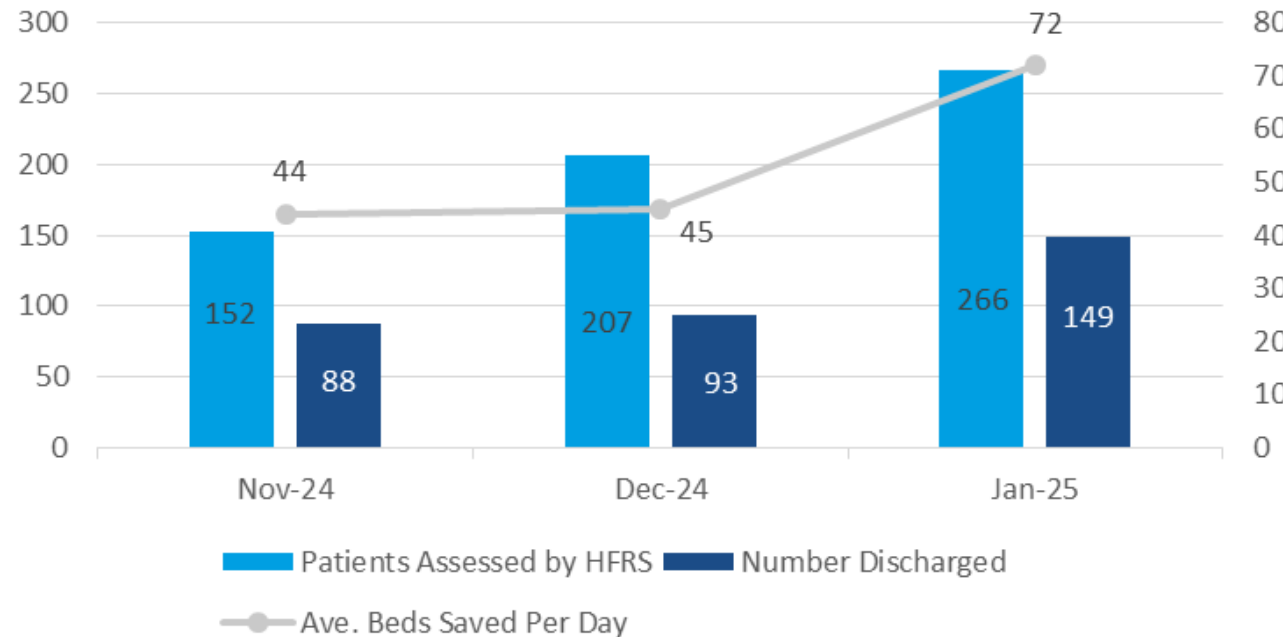
Reducing Conveyance and ED Attendance



- Increasing number of patients recorded with an agreed redirection outcome
- 68% of these records show an off-site redirection, i.e. self-care, community pharmacy, or primary-care with Increasing % of patients directed to self care
- Focussed work to improve consistency of processes and data continue in QEUH, GRI and RAH
- Board comms campaigns supporting public messaging

Reducing Conveyance and ED Attendance:

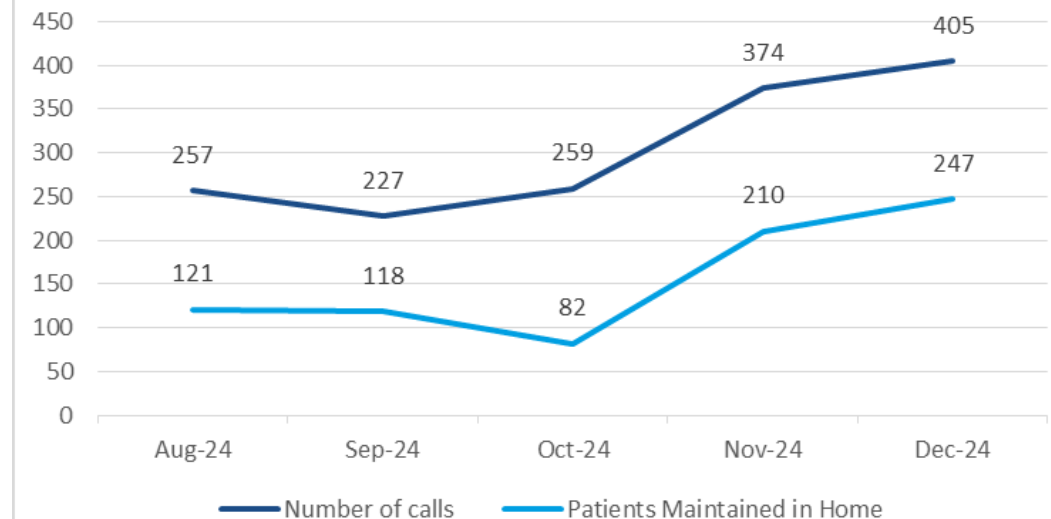
Home First Response



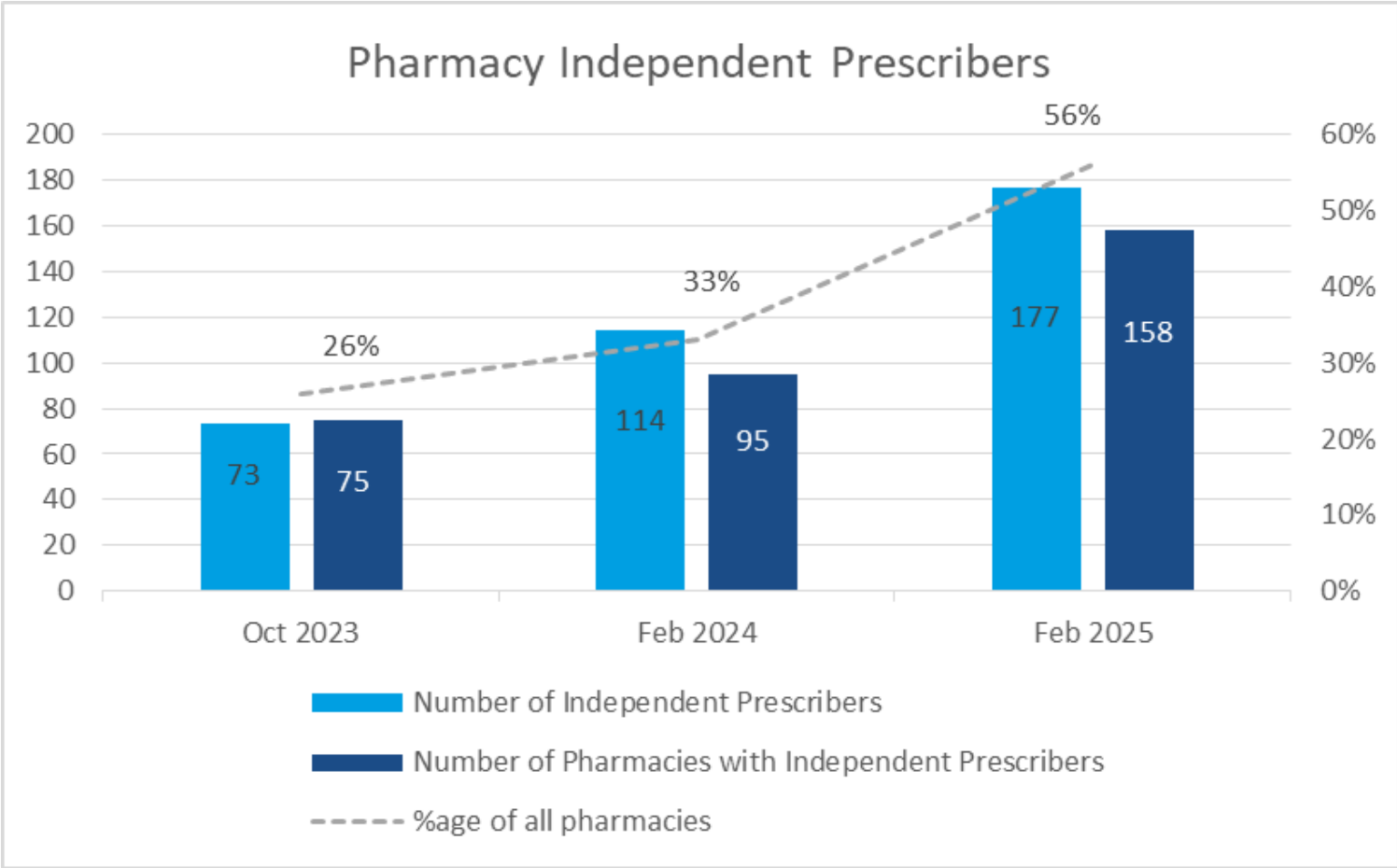
- On average >50% of patients referred to HFRS are discharged

- Maintaining the % of patients accessing Care Home CBYC to be cared for in their Care Home

Care Home CBYC

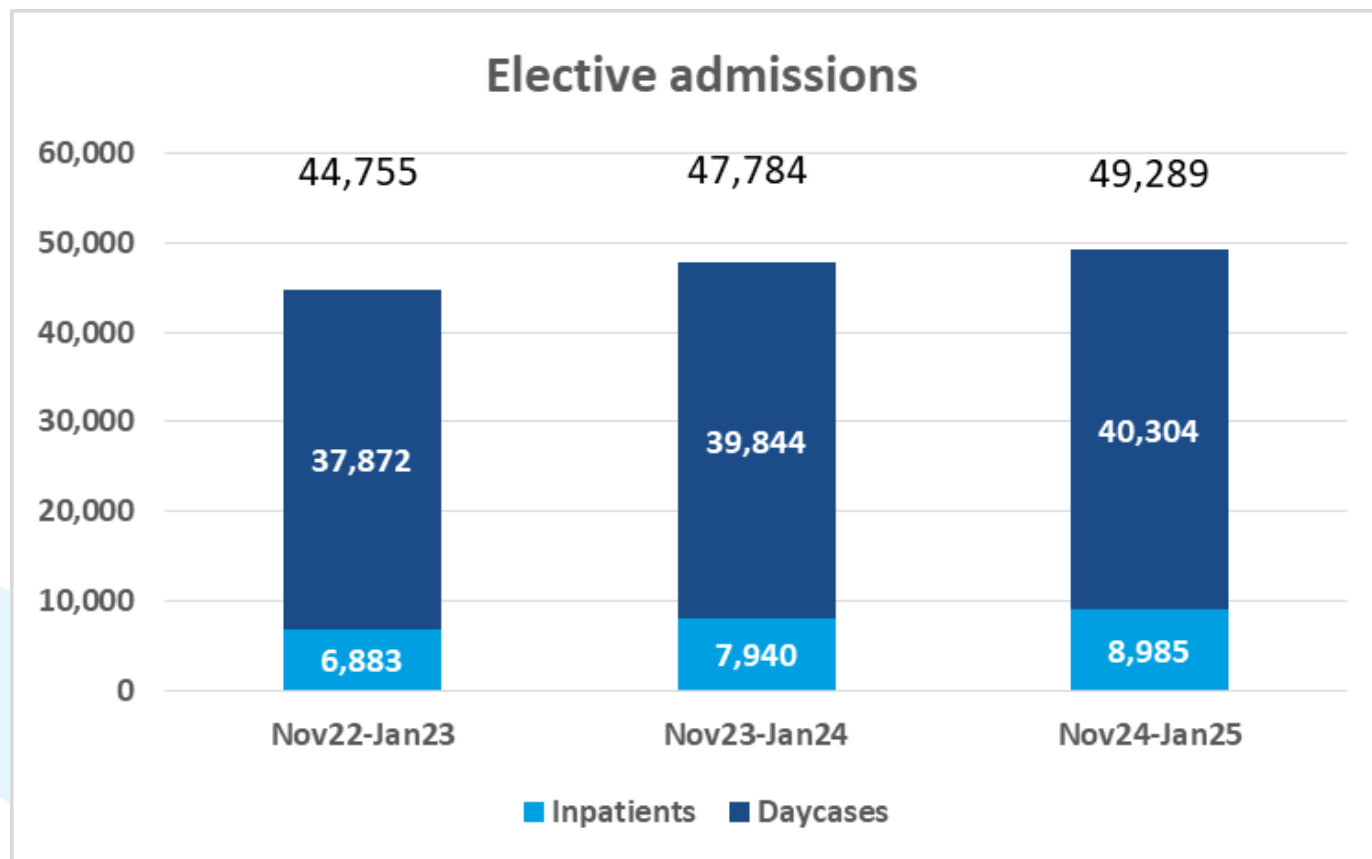


Reducing Conveyance and ED Attendance



- 56% of pharmacies in GGC now have at least one IP

Maintaining Elective Capacity



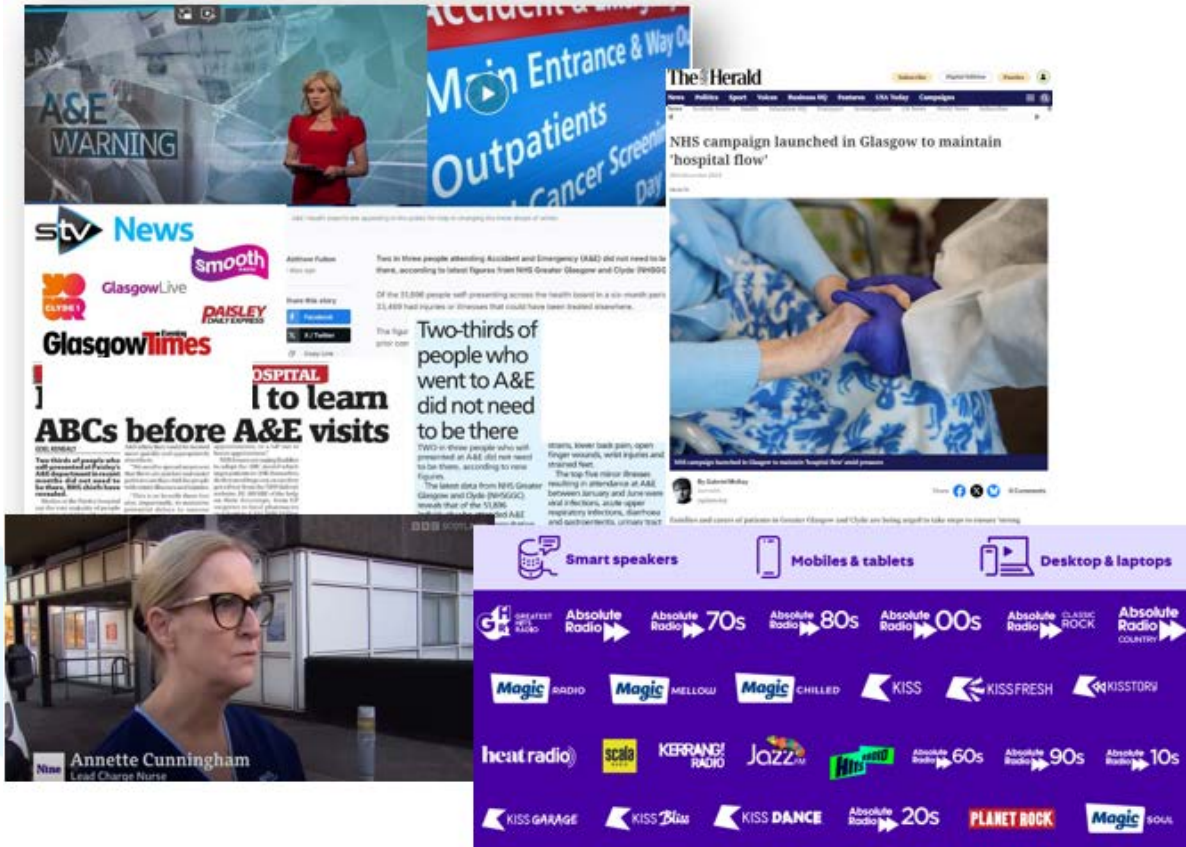
Compared to 23/24 year:

- 1045 more inpatients
- 460 more daycases

Key Impacts

ED Attendance and Admission Avoidance	Capacity
<ul style="list-style-type: none">• Vaccinations programme: >150k Covid, 180k adult flu vaccinations• Independent Prescribers: increased from 139 to 177 covering 56% of community pharmacies• Care home prof to prof pathway: resulted in >95% of patients being supported in the care home and not conveyed to hospital• FNC: Maintained high discharge rate via FNC - 43-45%, against target 40% & 98% patients reporting they would use again• SAS Call Before Convey: ~ 90 fewer ED attendances per month• Home First Response: service turning around c. 50% of patients seen, ~110 admissions avoided• Redirection from ED: ~ 250 minor injuries redirected from ED per week• MHAUs - Average 1300 referrals p/m	<ul style="list-style-type: none">• Maintained planned care activity• Acute Surge Capacity 48 additional surge beds opened Jan to March• Boarding teams established – benefits to patient experience, continuity of care, patient safety• Average 61 patients per week accessing OPAT service, saving ~ 420 bed days p/w, ~60 beds per week

Comms & Public Messaging



- ABC before A&E
- Meet your NHS Heroes showcasing specialist alternatives to ED
- Radio campaign
- Home for Lunch and Power of Attorney

Lessons Learned so far from Winter 24/25



Earlier planning

- Plans were agreed & actions ready for implementation from September 24



Whole System Engagement and Involvement



Action Planning and Monitoring Impact

- Focussed on impact & use of data
- Supported prioritisation & meaningful reporting

Summary

- Winter 2024/25 has been incredibly challenging
- 27 Whole System Actions - now complete or will finalise by March
- Data shows that our winter actions helped us to avoid a significant number of additional presentations and supported patients to access urgent care via the most appropriate pathway.

Next Steps

- Re-Group and Consider how best prepare for 25/26 Peak Winter Pressure
- Debrief, lessons learned and Impact from 24/25 - Local and whole system
- Priorities for 25/26 - Set in context of Reform and Urgent Care Transformation Plan