

# Evaluation of the Eclipse Planning Process for the Health Sector in Cornwall



*"Enlightening the Process"*

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## INTRODUCTION

In September 1999 the NHS Executive South West (NHS(E)SW) commissioned a project to evaluate how the National Health Service (NHS) coped with the additional pressures brought about by the effect of the total eclipse in Cornwall during August 1999. The project was to be primarily concerned with the effect on health from additional tourism and how the various organisations of the health sector put into place appropriate planning procedures. It is expected that any operational lessons learnt from the various health sector organisations' handling of the eclipse could be integrated into the winter planning processes for the millennium.

## AIMS

*The aims of the project as specified by NHS(E)SW were:*

- **to assess how effectively Health and Social Services planned for potential problems arising out of the eclipse**
- **to assess the effectiveness of strategies established to cope with the anticipated increases in service demand**
- **to identify operational strategies that can be incorporated into winter/millennium plans**

## METHODOLOGY

The main focus of the project was on face-to-face interviews with key stakeholders in Cornwall plus one Plymouth Trust. An agreed number of key individuals were identified by the NHS(E)SW and were chosen to represent a broad spectrum of health care organisations. The period covered was the three weeks of the eclipse, with the midpoint being the eclipse. This was considered to be the potential period of peak demand. A questionnaire was developed that identified the key issues that arose during the planning period in the various health sectors (primary, including the ambulance service, secondary and community). Individual interviews took place with key stakeholders (Appendix 1) and the information was analysed and collated with the main points highlighted.

**The project consisted of three main phases.**

## Phase 1

Phase 1 consisted of two stages. Stage 1 involved reviewing eclipse planning documentation and planning processes that occurred prior to the eclipse. (Appendix 2 contains a list of the planning documentation.) This stage also identified changes that were made to existing service delivery in order to cope with the expected increase in demand. Stage 2 then used the material from stage 1 to form the basis of a questionnaire.

*The questionnaire was divided into five main sections that covered:*

- A. The nature of anticipated problems**
- B. The extent to which the anticipated problems occurred**
- C. The planning process**
- D. Lessons learnt**
- E. Planning for the millennium**

The questionnaire was designed to be sufficiently broad to be relevant to the organisations involved whilst allowing the interviewer enough scope to cover the issues pertinent to individual organisations. The questionnaire covered the three-week period of the eclipse. Week 1 was August 1<sup>st</sup> – 6<sup>th</sup>, Week 2, August 7<sup>th</sup> – 15<sup>th</sup> and Week 3, August 16<sup>th</sup> – 21<sup>st</sup>. The final version was approved by the NHS(E)SW. A copy of the questionnaire is contained in Appendix 3.

## Phase 2

Phase 2 consisted of seven face-to-face interviews and two telephone interviews and took place over a two-week period. Prior to the interview letters were sent to the identified key individuals requesting that the appropriate staff attend the interview, and if possible, a member of social services. The interviews were semi-structured and allowed the interviewers to explore issues in greater depth where appropriate. The interviews took approximately 1.5 to 2 hours to complete.

## Phase 3

Phase 3 consisted of analysing and collating the results of the interviews. The initial analysis did not always group the responses by different types of organisations but where appropriate the replies have been grouped into Primary Care, Secondary Care, Ambulance Service and Purchaser/Administrator.

## RESULTS

*The results of the analysis are presented in the same order as the questionnaire. These are:*

 **The Nature of Anticipated Problems and the Planning Process**

 **Lessons Learnt**

● **The Extent to which the Anticipated Problems occurred**

● **Planning for the Millennium**

● **The Planning Process**

Each section starts with a summary of the main points which is followed by a more detailed analysis of the responses. For ease of reading the questions have been shortened and are not reproduced as they appeared in the questionnaire.

**THE NATURE OF ANTICIPATED PROBLEMS AND THE PLANNING PROCESS**

*Summary of Main Points*

- **The potential problem of insufficient Primary Care services across all three weeks of the eclipse was identified as a major concern**
- **70% of respondents thought that A & E attendances would be a problem during the week of the eclipse**
- **Lack of integration between the organisations was not perceived to be a major problem**
- **Health service providers were concerned with potential financial losses**
- **The greatest risks identified were lack of staff and an infection outbreak**
- **All organisations believed they planned appropriately, although some believed they left it late**
- **Earlier planning with more co-ordination between the organisations would have assisted the planning process**
- **Primary Care information (e.g. availability of surgeries, GPs for prescribing etc) would have been helpful**

## *Analysis of Responses*

### **Question 1 - Potential Problems and Planning Procedures**

**Table 1** shows the responses to Question 1 on potential problems for all organisations. For example six of the respondents thought that road blockages were a potential problem for week 2.

**Table 1**

<b>Potential Problem</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>
<b>Road blockage</b>	<b>2</b>	<b>6</b>	<b>2</b>
<b>Increase in A &amp; E attendances</b>	<b>5</b>	<b>7</b>	<b>5</b>
<b>Infection outbreak</b>	<b>3</b>	<b>6</b>	<b>3</b>
<b>Eye injuries</b>	<b>1</b>	<b>5</b>	<b>4</b>
<b>Breakdown in support services</b>	<b>4</b>	<b>6</b>	<b>3</b>
<b>Lack of integration between organisations</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>Insufficient Primary Care services</b>	<b>7</b>	<b>7</b>	<b>7</b>
<b>Potential financial loss</b>	<b>5</b>	<b>5</b>	<b>5</b>

**The other potential problems identified were:**

- **The adequacy of public health messages**
- **Perceived lack of interest from the Department of Health**
- **Accommodation of patients' relatives**
- **Staff access to hospitals and staff sickness**
- **Hospital bed shortages**
- **Delivery of goods and supplies to hospitals**
- **Accessibility of calls-identification off-site (mobile phone use can confuse location)**
- **Access to pharmacies**
- **NHS Direct being overloaded**

### **Question 2 - Groups of People most at risk from Potential Problems**

**Table 2** shows the responses to Question 2 on vulnerable groups.

**Table 2**

<b>Vulnerable Group</b>	<b>No Risk</b>	<b>Normal Risk</b>	<b>Increased Risk</b>	<b>Not Applicable</b>
<b>Elderly</b>		<b>2</b>	<b>4</b>	<b>1</b>
<b>Mental Health</b>			<b>6</b>	<b>1</b>
<b>Children</b>		<b>2</b>	<b>4</b>	<b>1</b>
<b>Pregnant Mothers</b>			<b>6</b>	<b>1</b>
<b>Disabled</b>		<b>4</b>	<b>2</b>	<b>1</b>

Other groups of people considered vulnerable were renal patients, addicts, those with learning disabilities and those without transport.

### **Question 3 - Risks to the Organisations**

As expected the risks varied by organisation. Of all the organisations only the DHA considered a breakdown in communication between the organisations a risk.

For the providers the greatest risks were lack of staff, equipment and facilities as well as a possible infection outbreak. Although most organisations expressed concern about potential financial loss some had managed to broker deals with their respective funders to cover any losses.

**Table 3 shows the responses of all interviewees to identified risks.**

**Table 3**

<b>Risk Area</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>
<b>Communication Breakdown</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Financial Loss</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>Lack of Resources</b>			
<b>Staff</b>	<b>5</b>	<b>6</b>	<b>5</b>
<b>Equipment</b>	<b>3</b>	<b>5</b>	<b>4</b>
<b>Facilities</b>	<b>4</b>	<b>5</b>	
<b>Public Utilities Breakdown</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>Major Incident</b>			
<b>Infection Outbreak</b>	<b>5</b>	<b>6</b>	<b>5</b>
<b>Trauma</b>	<b>5</b>	<b>5</b>	<b>5</b>
<b>Eye Injuries</b>	<b>3</b>	<b>6</b>	<b>5</b>

Other risks identified during the interview included the possibility of being overloaded by large numbers of patients, a gridlock in the transportation system preventing supplies getting through and a major accident such as a plane or boat disaster.

#### **Question 4 - Appropriate Planning**

All of the organisations thought that they had planned extensively and appropriately.

There was some concern that some aspects were left too late and that the exercise was treated as a major incident whereas it should have been a service planning issue. There was also concern at the lack of an overall framework that should have been provided by district or region.

#### **Question 5 - What could have been done differently to assess Potential Problems?**

Overall most organisations thought that there was nothing major that could have been done that would have improved the planning process. However a number of points were made on how some aspects could have been improved,

- **The conflict between the needs of tourism and health needs should have been acknowledged. Conflict seemed to exist between the financial needs**

of tourism ('maximise incomers') and planning needs (managing incomers)

- Local Authorities and city councils did not include the health sector early enough in their planning
- Establishment of a team early in the process to examine all the issues
- Greater guidance from District and Region as to what they expected

### **Question 6 - Supporting Vulnerable Groups**

A number of health service providers made operational changes to their service delivery to support vulnerable groups in the community. These were:

#### *Primary Care:*

- Personnel placed in remote areas on a full time basis for the duration of the eclipse.
- GPs encouraged to prescribe repeat prescriptions in advance.
- No appointments taken and all routine work cancelled for the week of the eclipse.

#### *Secondary Care:*

- Psychiatric arrangements enhanced with staff accommodated on site. Neonate policies were modified to cope with any potential traffic problems.
- In Derriford Hospital two GPs were recruited to work in A & E over the eclipse week. These were recruited from a locum agency outside the area.
- At risk elderly were admitted to community hospitals.
- Mental Health and midwifery service provision was amended.

### **Question 7 - Information That Could Have Assisted the Planning Process**

Most of the replies to this question centred on estimates on the influx of visitors to Cornwall. Suggestions were made that this information could have been obtained through surveys. Other types of information that would have been useful were:

#### *Primary Care*

- The number and location of GP surgeries that were available to provide a service.
- The number and location of pharmacies that would be open all day.
- Whether meals on wheels would continue to provide a service.
- Whether there were enough drug supplies, as the demand for prescriptions would increase with the influx of drug users and normal

visitors (1 in 20 seeks GP advice- personal correspondence with member of local LMC in Cornwall).

- More historical analysis on health needs and demands of visitors to Cornwall

### *Secondary Care*

- Information on what would happen in the worst case scenario, i.e. what would happen if all hospital beds were full, roads gridlocked, primary care overloaded, and half the staff absent? Plans were in place to prevent this occurring but there were no plans to deal with a failure in the planning strategy.
- A governmental resource list of organisations (and individuals) that could be contacted for information and assistance in the planning and implementation of policies.
- Information from local authorities and councils on numbers and locations of approved campsites. Earlier understanding of which campsites were going to be approved by the local authorities.

## **The Extent to which anticipated Problems occurred**

### *Summary of Main Points*

- Hardly any of the anticipated problems occurred as expected
- Although there were fewer than anticipated problems some departments experienced increased pressures. These were:
  - \* Accident & Emergency Departments
  - \* X-Ray Departments
  - \* Ambulance Trust
- Festivals proved more difficult than expected, especially where lack of funds closed some private medical centres
- Most of the anticipated problems did not occur due to a combination of low numbers of visitors, good planning, effective pre-event education and Public Health education
- One aspect that was not expected were problems arising from some festivals getting into financial difficulties

### *Analysis of Responses*

#### **Question 8 - Whether Anticipated Problems Occurred**

Tables 4, 5 and 6 show the responses to Question 8 for the three-week period.

**Table 4 – Week 1 (Pre Eclipse)**

<b>Problem</b>	<b>Didn't Occur</b>	<b>Less Than Anticipated</b>	<b>Occurred as Anticipated</b>	<b>Greater Than Anticipated</b>	<b>Couldn't Say</b>
<b>Road Blockage</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Increase in A &amp; E</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Infection Outbreak</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Eye Injuries</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Breakdown in Support Services</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Lack of Integration Between Organisations</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Insufficient Primary Care Services</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Potential Financial Loss</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>

**Table 5 – Week 2 (Eclipse Week)**

<b>Problem</b>	<b>Didn't Occur</b>	<b>Less Than Anticipated</b>	<b>Occurred as Anticipated</b>	<b>Greater Than Anticipated</b>	<b>Couldn't Say</b>
<b>Road Blockage</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Increase in A &amp; E</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>Infection Outbreak</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Eye Injuries</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Breakdown in Support Services</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Lack of Integration Between Organisations</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Insufficient Primary Care Services</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Potential Financial Loss</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>3</b>

**Table 6 – Week 3 (Post Eclipse)**

<b>Problem</b>	<b>Didn't Occur</b>	<b>Less Than Anticipated</b>	<b>Occurred as Anticipated</b>	<b>Greater Than Anticipated</b>	<b>Couldn't Say</b>
<b>Road Blockage</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Increase in A &amp; E</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Infection Outbreak</b>	<b>4</b>	<b>2</b>			<b>1</b>
<b>Eye Injuries</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Breakdown in Support Services</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Lack of Integration Between Organisations</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Insufficient Primary Care Services</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Potential Financial Loss</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>2</b>

From the responses the overall picture was that the majority of anticipated problems did not occur. The one problem that persisted which was not dependent on the number of visitors was potential financial loss and this was judged to have been as expected or greater than expected for the provider section of health care.

The issue of festivals was raised again with problems associated with finance and water supplies. In some events replacement medical teams had to be found after those on site experienced financial difficulties while on other sites extra resources were needed.

It was noted that calls to the NHS Direct Line increased by about 25-30% over normal following the day of the eclipse (NHS Executive Eclipse Monitoring Unit).

### **Question 9 - Reasons why anticipated Problems did not occur**

The main reasons given for the lack of anticipated problems were the combination of low numbers of visitors and effective planning. Advice on staggering journeys was effective in reducing road congestion and operational changes in hospitals prevented problems arising.

### **Question 10 - Unanticipated Problems and Reasons why they occurred**

The main issue raised was problems with festivals, especially those that ran into financial difficulties, and the associated breakdown of medical services. This was especially a problem for Primary Care.

At one acute hospital the neuro-surgery take increased for no apparent reason.

### **Question 11 - Departments/Sections which experienced the greatest Pressures**

A & E departments experienced increased activity as well as X-Ray and clinical imaging.

# THE PLANNING PROCESS

## *Summary of Main Points*

### Successful Aspects of Planning

- **The Public Health message was effective in reducing demand**
- **The eclipse was a catalyst for improved communication and co-operation between the organisations.**
- **People within organisations felt involved with the process and multi-agency working improved**
- **Frequent reviews on progress and feedback to staff**
- **Operational changes e.g.**
  - **Ambulance logistics cell created to deal with non-patient related issues, e.g. ambulance breakdown**
  - **Establishment of a control centre to facilitate communication and improve decision making**
  - **Change in staff rotas**
  - **Supply of repeat prescriptions**

### Less Successful Aspects of Planning

- **The need for integration with Primary Care needs to be appreciated**
- **Lack of communication between Primary Care and other organisations**
- **The inflexibility of planning arrangements to switch resources if potential demand did not occur**
- **Perceived lack of response by regional bodies to the financial implications caused ill feeling and breakdown of trust**
- **Worst case scenarios not taken into account (all beds full)**

### Other

- **Interagency collaboration went very well**
- **Organisations have to be involved early on to be of any use**
- **Telephone conferences highly rated**

## *Analysis of Responses*

### **Question 12 - Successful Aspects of the Planning Strategy with Explanations**

#### *Primary Care*

The Public Health message worked well and resulted in reducing demand below that which was expected. Operational changes to Kernowdoc (reduced service) meant there was never any overload to Kernowdoc at evenings or weekends but the GPs had to provide additional cover (this was not well received by the GPs).

The strategy of a supply of repeat prescriptions took the pressure off pharmacies and GPs' in-house prescribing.

#### *Secondary Care*

In Plymouth a new system was introduced which expanded the role of A & E into other departments. This resulted in dramatic reductions in patients' waiting time and improved staff morale as they enjoyed the experience of working in new areas.

The process of planning also involved all staff through internally led groups and sub-groups. This was manageable and ensured that all staff felt involved and part of the process.

Multi-agency communication allowed links to be strengthened and improved.

In Cornwall the introduction of a Control Centre was very successful. This provided a conduit for all information to flow in and out and, importantly, was manned by staff who were senior enough to ensure that action was taken when necessary.

The provision of additional medical cover in A & E changed the hospital from a five day to a seven day service. All facilities were available for seven days and therefore blockages were avoided.

Facilities for minor injuries were also extended. Four wards were turned into receiving wards of mixed speciality and these were flexible enough to revert to normal service on August 12<sup>th</sup>.

For Mental Health the involvement of staff in planning a 'bottom up' approach worked well. This enabled local areas to make local plans to suit local needs.

#### *Ambulance Services*

For the ambulance service aspects of communication both internally and externally were seen as very successful. Inter-agency communication, particularly in terms of the NHS, was perceived as being 'better than ever before'. The planning process brought agencies together around one table producing a seamless planning strategy.

The creation of a Logistic Cell to deal with non-patient issues was viewed as successful. This worked in association with the central ambulance control and reduced its burden. This was seen as being so successful the ambulance service is considering its use (where appropriate) for control services in the future.

### ***Purchaser/Administration***

Three aspects of the planning process that were successful for the Cornwall & Isles of Scilly Health Authority were the early co-ordination between the various health organisations, the joint working with the local medical council, and also their ready acceptance that they had to provide financial and organisational support.

At the regional level NHS(E)SW were successful in co-ordinating the various planning processes and providing an overall framework through the major incident plan, albeit this was perceived by some respondents as being somewhat late in its finalisation.

## **Question 13 - Aspects of Planning that were less successful**

### ***Primary Care***

The planning process was inflexible which did not allow the effective use of resources when demand was low. Inter-service working was central to the success of the planning process but GPs had less ability to be able to do this in addition to their routine work.

There was concern over the "commercial" telephone answering service being overloaded and that there was no control over this (it was not explained why this was a concern).

### ***Secondary Care***

Because the expected number of visitors did not materialise some of the secondary care providers found it hard to answer this question as their planning was not fully tested. However, communication with Primary Care was a weakness and aspects of the plan dealing with psychiatric patients could have increased their vulnerability.

### ***Ambulance Service***

Using the Voluntary Aid Society (VAS) to man first aid posts on major roads was not as useful as imagined. Mobile VAS units would have been better than static sites. A knock on effect of using VAS to complement the ambulance service was that there were less VAS staff to attend festivals.

In assessing festivals the ambulance service did not expect the problems caused when the festivals ran into financial difficulties. Medical advisors had assured planners that they were being paid "up front".

### ***Purchaser/Administration***

The Health Authority had difficulty in persuading regional and national planners to accept the potential scale of the problem and the associated financial risks.

At a regional level it was acknowledged that the Primary Care issue was first ignored and then picked up too late. This was partly due to historically leaving Primary Care out of planning processes, and the existing tensions between Primary Care and SW Region. It was also acknowledged that SW Region did not make their expectations of what needed doing, and by whom, clear enough.

### **Question 14 and 15 - Circulation of Planning Strategies**

In general most of the key organisations disseminated their plans in either verbally or in written form. Some relied on formal links whilst others achieved dissemination through the informal liaison process. It was noted that both the SW Region and Cornwall & Isles of Scilly Health Authority did not produce any formal plans. The Health Authority relied on verbal dissemination. In most cases the local council was not involved in sharing planning strategies.

Secondary care providers claimed they did not receive Primary Care plans although this differed from what was claimed by Primary Care.

### **Question 16 - Receiving Assistance in Planning from other Organisations**

All of the organisations received assistance from other organisations.

Most of the assistance came from attending meetings and the sharing of plans. This allowed a free exchange of information and a sharing of ideas.

The strategic joint planning meetings (Health Emergency Liaison Planning Group) provided a good forum for this exchange of information.

The visit by ESAT was not considered to be helpful, as it was too late in the process and was not in a position to offer additional financial resources.

### **Question 17 - What Aspects of Planning would have caused most difficulty if they had failed**

One of the major problems identified by this question was the reliance on Primary Care. If Primary Care had been overloaded this would have had knock on effects on the rest of the health service. These effects included pressure on beds, increases in A & E attendances and minor injury units. Traffic gridlock would also have caused major problems.

### **Question 18 - Trigger Mechanisms**

The majority of the organisations had trigger mechanisms in place to monitor and deal with any escalation of potential problems. These trigger mechanisms consisted of regular monitoring of various sites and situations with plans being implemented if certain crisis points were met. In some cases these 'crisis points' were specified ( e.g. levels of bed occupancy) and in others it was left to the discretion of the operational manager. The Primary Care plan consisted of a twice-daily telephone communication with each surgery. This information was fed back to the health authority, which advised the Emergency Planning Team. In problem areas the media would be informed and local advice would be given to divert patients from the problem area.

## **LESSONS LEARNT**

### *Summary of Main Points*

- **It is essential to have early inter-agency planning with clear indications of resource and financial implications**
- **The eclipse was an opportunity to review how current services were provided and to improve them. It was also an opportunity to update the major incident plan**
- **All staff need to be involved early in the planning process**
- **Detailed and early knowledge of the location, numbers, duration and medical care provision of any festivals is essential**
- **Availability of extra funding. A transparent mechanism to negotiate for funding (especially at the Primary Care level) is required**
- **More time for planning, early information and the inter-agency availability of plans is essential**
- **Introduction of a control centre in the Royal Cornwall Hospital worked well**

### *Analysis of Responses* Question 19 - Key Lessons Learnt

#### *Primary Care*

Any extra costs must be identified and obtained upfront from the NHS. In this instance a failure to organise and plan might have then resulted in extra funding being provided to initiate such planning (but this would then have occurred late). However, agencies "behaved responsibly in acting as they did" and had expectations that funds would be provided subsequently.

Liaison with other organisations is vital and will continue after the eclipse event.

The Home Office 'Purple Guide' on festivals must ensure that large-scale campsites and other temporary accommodation are covered by their own medical services.

If possible a restriction on the proliferation of campsites should be negotiated.

### *Secondary Care*

It was recognised that multi-agency and internal planning were very important. A co-ordinated approach is necessary for the communication of messages, which need to be disseminated as widely as possible. The concept of training and using staff to work in areas and departments other than their specialities was useful and should be continued.

It is important to include as many staff as possible and as early as possible in the planning process. An early start to planning was a consistent message.

An appropriate member of staff should be seconded to the role of co-ordinator.

An overall framework should be provided within which each department has the responsibility of planning for the event.

The introduction of a control centre at Royal Cornwall Hospital worked well and it is likely that it will be used again during the millennium celebrations.

Planning for the eclipse provided an opportunity to review and update the major incident plan.

### *Ambulance Service*

Any planning must be done on an inter-agency basis. It must be recognised that any specific planning action can produce knock on effects elsewhere, especially to other organisations.

### *Purchaser/Administration*

Good planning requires close co-operation from all NHS bodies as well as statutory and emergency services. Good personal relationships are essential to facilitate this co-operation. The difficulty in getting national financial support should not be underestimated.

Time and effort needed for Primary Care needs to be appreciated. Better links need to be established with the new Primary Care Groups (PCGs).

The process of licensing events needs improvement. This will involve building better links with other governmental organisations.

Ensure that clear views are given on what is expected from each organisation.

## **Question 20 - With Hindsight what would have been done differently**

### *Primary Care*

Early identification of any potential problems arising from the event and early communication of these to the NHS Executive with an indication that they would not

proceed with any service changes without an undertaking to meet reasonable excess costs.

### ***Secondary Care***

Raised the profile of the problems faced by other organisations. For example, social services budgetary constraints limited any actions they might have been able to make.

There were no major flaws in the planning process or the execution of the plans but the issue of funding should have been resolved with a clear message about what funding was available.

### ***Ambulance Service***

The managerial structure of the Logistic Cell was changed by putting more experienced people within the Logistic Cell and this ensured greater operational consistency.

Audio-conferencing every day should be arranged for NHS organisations.

Greater efforts should have been made to ensure that funding was sorted out earlier in the process.

### ***Purchaser/Administrators***

Would have planned for the event earlier and with a smaller, more coherent, team.

## **Question 21 - What would have made the Planning Process easier**

### ***Primary Care***

Primary Care required more time and resources to do the planning effectively. Any time set aside by working GPs to go to meetings was only partially funded by the LMC and DHA.

### ***Secondary Care***

Better information from external agencies was required as to what would be available in terms of services and resources. The absence of responses made the planning process difficult.

Better information is required on major events. This should have been provided through planning applications. Less interference from the DHA

### ***Ambulance Service***

Consistency in the Local Authorities' management of planning applications for public entertainment licences would have been useful. Accurate and detailed information on events is essential for the ambulance service.

Earlier publication and dissemination of all organisations' plans would have helped.

Regular audio-conferencing between the NHS organisations would improve the process.

### ***Purchaser/ Administrators***

A clearer picture of what was going to happen would have been valuable. This was not helped by the information provided by the Cornish Tourist Board.

Greater involvement of the PCGs in the process was necessary.

The SW Region should have been more pro-active in communicating with other organisations.

## **Question 22 - Help from other Organisations in the Planning Process**

### ***Primary Care***

Once initial risk assessments had been made infrastructure support from outside the County should have been made available.

The visit by the Emergency Services Action Team was too late and only served to confuse the issue and they made suggestions that were impractical due to the time frame.

### ***Secondary Care***

It was thought that having early access to other organisations' plans (especially festival planning applications) with assurances that they would be able to fulfil them would have helped planning.

Improved communication with the police and Local Authority and knowing who was responsible for what would have helped in a similar way.

# PLANNING FOR THE MILLENNIUM

## *Summary of Main Points*

- **The development of a consensus view on the possible implications to health of the millennium celebrations is essential. This should involve all relevant organisations and have leadership from SW Region and the DHA**
- **Early and inter-agency planning is essential**
- **The range of problems will be different from the eclipse event (e.g. Alcohol related problems and public disorder issues in hospitals are thought to be likely)**
- **Staffing issues will be a major concern with sickness, leave and absenteeism**
- **Involvement of Primary Care is essential**
- **Festivals (or similar events) could cause major problems- an early information system is necessary**
- **There will be risks to support services from computer breakdown due to the millennium bug**

### **Question 23 - Lessons Learnt that are useful to Planning for the Millennium**

#### *Primary Care*

A strong infrastructure should be provided along with financial support.

Once involved with planning good and friendly working relationships between organisations are essential. To achieve this, trust and understanding from all parties is essential provided there are reasonable expectations concerning extra workloads.

Managing the Primary Care workload effectively can prevent a cascade of problems that could overwhelm secondary care and the ambulance service.

#### *Secondary Care*

The establishment of a control centre along with extra resources/staffing in A & E, and making sure there are plenty of beds available.

Inter-agency co-operation and communication plus the sharing of information and plans.

Staff involvement in the process and early planning.

#### *Ambulance Service*

Inter-agency planning is essential, especially within the NHS.

Internal and external strategic and tactical briefings should be held on a daily basis.

Access to planning applications with regard to festival events is extremely useful.

Educating the public can be successful in reducing demand for services.

The Logistic Cell concept worked well and will be used again.

### ***Purchaser/ Administrators***

The involvement of Primary Care is essential, as is the acknowledgement that time and effort is needed for this to happen effectively.

The NHS(E)SW was disappointed in the quality of the daily situation reports that were received from some hospitals. This gave the impression that the Trusts were reluctant to inform the regional office what was occurring on the ground.

## **Question 24 - Potential Problems for the Millennium Celebrations**

The motivation of some GPs (especially in Cornwall) to work extra hours will be minimal. The personal financial losses sustained by GPs across the county in responding responsibly to the eclipse are a disincentive to further co-operation over the millennium celebrations.

Although it is not anticipated that there will be a large migration of visitors there will be the normal winter pressures on hospitals. In addition to these there is the issue of finding extra staff (and funding) for the four day event. It is expected that there will be surges in emergency admissions and possible bed shortages (especially if there is a 'flu epidemic).

Overall the hospitals are expecting similar winter/New Year's Eve problems to normal albeit for a longer period and possibly with increased demand. This could result in the cancellation of routine services to cope with emergencies.

A major concern is the breakdown of any support services due to computer failure.

With the longer holiday than usual some groups of vulnerable and isolated people may be at greater risk.

A higher than normal level of substance misuse is expected.

With a large number of events and festivals planned it is expected that there will be problems associated with large numbers of people in one place.

All organisations are expecting problems with staffing levels over the period of the millennium celebrations.

## **Question 25 - Greatest Risks to Health Services of the Millennium Celebrations**

The greatest risk to Primary Care is overload. If this happens the flow-on effects to the secondary care sector will result in overloaded A & E departments and associated bed shortages. It is therefore vital to have sufficient Primary Care capacity. In Cornwall the capability to identify Primary Care staff to work extra hours is limited after the eclipse experience.

A 'flu epidemic would cause serious problems.

Staff absenteeism is a potential major problem coupled with the likelihood of cold weather that could increase the number of medical emergencies. There is also a risk that internal and external systems may not be available because of the long holiday and computer malfunctions.

The reduced availability of GPs could cause an increase in demand through self-referral to A & E departments.

Alcohol abuse could cause public disorder disturbances in hospitals.

Finding spare beds will be a problem as hospitals will also be experiencing normal winter pressures and emptying wards will not be as easy as during the eclipse.

Suicide rates increase over the winter holiday period and with the extended holiday this could be another risk.

## **Question 26 - Good Planning Links**

**There was a mixed response to this question:**

- **There appeared to be poor links between the Hospital Trusts and the DHA but not between the DHA and Hospital Trusts**
- **There appeared to be poor links were perceived between Primary Care and the South West Executive**
- **The Ambulance service has good links with all organisations.**

## **Question 27 - Anything else that would help Plan for the Millennium**

Nothing new was noted.

## **Question 28 - Any Other Comments**

One individual was obviously disappointed in the role of central government and went as far as stating that "The failure of central government or the NHS(E)SW to involve themselves in the eclipse process in anything but a token and slightly unhelpful way does not inspire confidence or ensure co-operation for the millennium".

The local planning between Primary Care, Trusts and the DHA was effective and efficient. If this is the chosen planning method for the millennium celebrations then it will be supported unequivocally as long as reasonable financial support is available.

It was noted that the NHS Executive considered that all the Trusts involved in the process had planned comprehensively and effectively for the event but there was some concern over the level of co-ordination from the health authority.

It is important to debrief staff so that any 'good things' can be taken forward.

## **DISCUSSION**

**1. One fact that stands out is the lack of input from social services in this project. This could be due to one of three reasons: either social services were not invited by the identified key individuals (they were requested to invite a representative from social services to attend the interview), representatives from social services declined to attend, or the tight timescale of the project restricted the number of people who could attend the interviews. Whatever the reason this could indicate a lack of integration between social services and the health sector in Cornwall.**

**2. From the interviews it became apparent that at the planning level there is only partial inter-agency involvement. This is most notable in Primary Care. It was acknowledged that this must be improved, especially at the regional level, and it is hoped that the recently established PCGs will provide a framework for this to happen. Within the NHS organisations planning links were good.**

**It was noted that there is some tension between the Hospital Trusts and the DHA. There appears to be a lack of faith in the DHA from the Trusts and they make their own plans accordingly.**

**3. A recurring theme throughout the project has been the lack of funding to assist the planning and additional staff and services required. This has caused some ill feelings and lack of trust between some organisations. For some organisations this was not a problem as there was a framework in place which allowed them to broker a deal with their purchaser to cover any additional resources required. However, for Primary Care the existence of a similar framework was not apparent. For most of the organisations it was too early to say whether or not they were going to run into financial difficulties.**

**4. Draft figures supplied by one of the acute hospitals indicated that the total number of admissions increased by 19% in the first two weeks of August, and that admissions from A & E rose by 159% during eclipse week. This increase may, however, be due to reduced provision elsewhere in the system. Conversely, data from the Department of Health's Eclipse monitoring team reported no significant increases in A & E attendances.**

Although the numbers of visitors seemed to be less than anticipated, figures released by the local councils in Cornwall have shown that the predicted numbers did arrive in the county, but rather than being spread over a three week period they were concentrated in the eclipse week itself.

5. Aspects of the planning process that worked so well that organisations are considering using them again or implementing them into the service were:
  - The ambulance Logistics Cell to deal with non patient operational problems
  - The Control Centre at the Royal Cornwall Hospital
  - Changes to Staff Shift Patterns and Rotating Staff to Work in Other Departments
  - Accident and Emergency Placements

As these were aspects that worked well these are outlined in greater detail.

### *Ambulance Logistics Cell*

The Cell was located in the Central Ambulance Control Complex and was staffed by a minimum of one duty officer and one support administrator. Its specific functions were to:

- Liaise with operations regarding health, safety and staffing issues
- Co-ordinate recovery, repair and/or replacement of defective vehicles
- Assist in locating and transferring operational supplies to supplement temporary shortfalls
- Co-ordinate the availability and replenishment of medical gases
- Co-ordinate estates department responses to urgent estates issues
- Hold information with regard to multi-agency strategic and tactical controls and to provide intelligence to senior officers as appropriate
- Support the officer-in-charge of the motorcycle team, both in-house and visiting

A detailed description of the function and contact route for the logistics cell can be obtained from the Westcountry Ambulance Service NHS Trust.

### *Control Centre*

A senior manager and a senior nurse staffed the control centre from 8.00am to 8.00pm, with overnight on-call responsibility. The control centre fulfilled a number of functions. It provided the focus for internal communications and monitored the response of individual directorates and departments. It provided the link between the various sites of the Trust. It also established contacts with external agencies and other healthcare providers, and initiated the hospital's response to external factors likely to impact on the hospital's service provision. Finally, it was able to adjust the Trust's eclipse plan to ensure that the hospital

provided the best service possible under the prevailing conditions; and provided a means of communication to the Trust's executives if it was considered that the hospital was unable to take further admissions.

### ***Changes to Staff Shift Patterns and Working Arrangements***

At the secondary care level a number of operational changes were made to staff rotas and placements which were considered an improvement. At the Royal Cornwall Hospital nursing and medical staff switched from a short day shift to a long day shift (8 hours to 12 hours) which resulted in three-day working as opposed to four. This gave staff adequate time to travel to work and was so successful that some departments (physiotherapy) are considering permanent changes. However not all departments welcomed the change.

### ***Accident and Emergency Placements***

In terms of placements some suitably trained doctors in the medical directorate worked in A & E, whilst outpatient staff were retrained in minor injuries and used to staff a minor injuries unit. A key aspect of this was having a skilled tutor available to provide skill-training packages.

In Plymouth a new concept of working in A & E was introduced for the duration of the eclipse. Two GPs were used in A & E to triage patients only requiring primary care treatment. These GPs were recruited from a locum agency outside the area and this worked so well that one of the locum GPs is returning for the millennium celebration period. The Plymouth Daycase Unit was turned into a minor injuries unit where patients arriving in casualty with minor injuries were treated. Directorates were asked to nominate casualty trained doctors who could be released to support A & E in addition to using the existing daycase unit staff and theatre nursing staff. A training program was implemented in advance for suitable staff, which was essential. The opportunity of working in a different speciality was welcomed by the staff, especially the nursing staff.

1. Anecdotally it appears the primary care workloads have increased post eclipse and this is perceived as being a direct consequence of the operational changes introduced to cope with expected increases in demand. Similar problems could also be occurring in the secondary care sector. This may also be a consequence of the millennium celebrations, which could have an impact greater than the normal end of year problems.
2. The changes in the role of Primary Care over the last decade means that they may require a more central place in the health agency planning process. This would be true nationally as well as in Cornwall.
3. Many agencies are producing in-house eclipse debriefing documents and these will be an invaluable repository of information when they become available. Where possible these should be accessed in conjunction with this report.

4. It is worth noting that during this project it became clear to the interviewers that at the Primary Care level there is less understanding of how the political agenda can effect what the NHS(E)SW can and cannot do. This appears to lead to much frustration which has manifested itself in some of the replies to the questionnaire. This was not so evident with the Health Authority and Trusts as these organisations are more aware of how the political agenda can constrain the NHS(E)EW in its actions.

In conclusion the planning process seems to have been successful. The absence of major problems could equally well be associated with excellent planning as with reduced visitor numbers. A true quantitative interpretation of the effects of the eclipse both in terms of service provision and finance remains to be performed.

## **APPENDIX 1**

### *List of Organisations and Individuals Interviewed*

<b>Organisation</b>	<b>Individual</b>	<b>Position</b>
<b>Department of Health</b>	<b>Dr Val Chrishty Roberta Wallis</b>	<b>Senior Medical Officer Policy Manager</b>
<b>NHS Executive South West</b>	<b>Trevor Neatherway</b>	<b>Strategic Planning Manager</b>
<b>Cornwall &amp; Isles of Scilly Health Authority</b>	<b>Dr David Miles</b>	<b>Director of Public Health</b>
<b>Royal Cornwall Healthcare Trust</b>	<b>Denise Samuels</b>	<b>Director Patient Services</b>
<b>Cornwall Healthcare Trust</b>	<b>John Sumnall</b>	<b>Assistant Director of Information</b>
<b>Plymouth Hospital Trust</b>	<b>Miriam Smith Chris Taylor</b>	<b>Operational Continuity Planner Logistics Manager</b>
<b>West Country Ambulance Trust</b>	<b>Paul Westaway</b>	<b>Emergency Planning Officer</b>
<b>Cornwall Local Medical Council</b>	<b>Dr Matthew Stead</b>	<b>General Practitioner</b>

## APPENDIX 2

### *List of Documentation Reviewed*

<b>1. <i>Managing Patients Services During the Eclipse</i></b>	<b>Royal Cornwall NHS Trust</b>
<b>2. <i>1999 Eclipse Event Contingency Plan</i></b>	<b>Cornwall Healthcare Trust</b>
<b>3. <i>Eclipse Contingency Plan</i></b>	<b>Westcountry Ambulance Service</b>
<b>4. <i>Eclipse Operational Plan</i></b>	<b>Plymouth Hospitals NHS Trust</b>
<b>5. <i>Eclipse Planning for August 1999</i></b>	<b>South &amp; West Devon Health Authority</b>
<b>6. <i>Notes of the ESAT Visit to Cornwall</i></b>	<b>NHS Executive South West</b>