NHS
Guildford and Waverley
Clinical Commissioning Group

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17th August 2015

Councillor Bill Chapman
Chairman, Surrey Wellbeing and Health Scrutiny Board

Dear Councillor Chapman

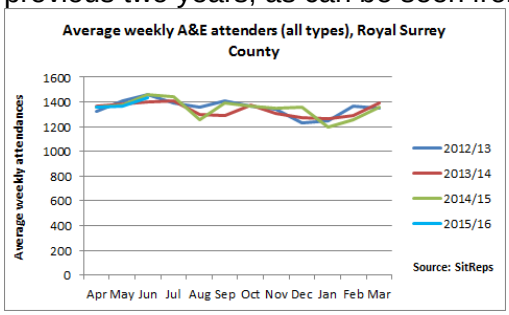
I am writing in response to your enquiry dated 21st July. I have consulted colleagues in partner organisations, and am responding for the health system. You asked some specific questions, and I have attempted to answer these in turn.

1. How did you work with partners in health and social care to manage the increased demand in A&E in December 2014 and January 2015?

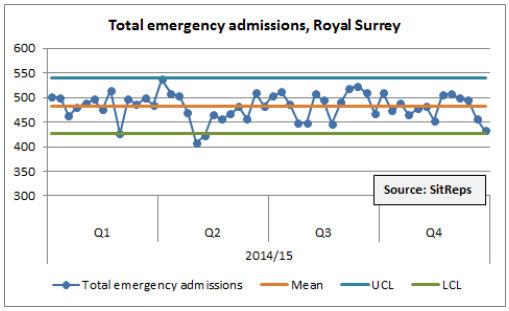
Guildford and Waverley health and social care economy meet monthly at the System Resilience Group that work collectively to ensure that the health and social care system has the resilience to manage the peaks of activity experience during the winter months.

Supported by NHS England, daily conference calls were held to identify blocks and opportunities in the system.

Total A&E attendances experienced during December and January largely mirrored the previous two years, as can be seen from the chart below:



Total emergency admissions were also stable during the period, as can be seen from the chart below:



However:

- The proportion of patients admitted via A&E increased during this period, creating pressure for the A&E department
- Respiratory conditions increased during this period, with a particular virus that appeared to not be controlled by the vaccination programme
- Admissions for patients aged 65+ increased during this period, with a much greater impact on hospital beds and supporting services than younger patients.

The Royal Surrey had advice from the Emergency Care Intensive Support Team during 2014, with interim support across the Clinical Commissioning Group and Acute Trust helping to implement their recommendations. Whole system "reset weeks" were also implemented July, November & March), where a large number of key clinicians and managers across the whole system focus intensively on blockages and issues for all emergency patients in the Acute Trust for a whole week. Alongside this there was also "community reset weeks" in November and March, applying the same principle to community hospitals.

Although the period was very difficult, the Royal Surrey was able to achieve the 95% A&E target for the year 2014/15 as a whole, meeting the target for 3 out of 4 quarters.

2. What plans are in place in your area to manage such a spike in demand should it re-occur in 2015/16?

The Acute Trust is leading a redesign project to improve the Emergency Floor (ie Accident & Emergency and the Emergency Assessment Unit), to improve in-hospital processes. The Clinical Commissioning Group is actively supporting this project. The early focus is around 3 key actions, ie:

- Ambulatory Care (ie care that is not provided within the traditional hospital bed base or within the traditional outpatient services). Other Trusts have been able to convert 20-30% of traditional admissions to ambulatory care, there is an opportunity to improve the already good performance at the Royal Surrey.
- Rapid Assessment and Treatment within Accident & Emergency (ie where a Senior Doctor and Nurse provide an early senior review, ideally within 15 minutes of arrival at A&E)
- Extended psychiatric liaison cover for Accident & Emergency

The Trust is also leading work to improve in-hospital patient flows, through a length of stay programme, involving partner organisations in work that includes an integrated discharge team.

The Clinical Commissioning Group is leading an Integrated Care Programme, integrating partners from different agencies around the needs of the patient. There are a number of strands to this work, including:

- In-hospital discharge processes, supporting the Royal Surrey work, particularly the Integrated Discharge Team.

- Discharge to assess process – ie supported discharge to enable an assessment of ongoing needs within a patient's own home
- Locality based teams, focusing on an identified cohort of the most vulnerable patients with multidisciplinary team review and support
- Care home reviews and support to help avoid referral to A&E

3. What, in your view, needs to be done to ensure that A&E is used appropriately in the future?

The Clinical Commissioning Group is leading work to reduce reliance on A&E, including:

- The Integrated Care Programme, as described above
- Community-based DVT services in place of the current A&E reliance
- Co-located out-of-hours GP services
- Community respiratory support and advice (for COPD)
- Review of the falls pathway

4. What are the risks to A&E performance in your area?

The biggest challenge is maintaining A&E performance while at the same time removing costs as part of the national efficiency requirements. Evidence shows this is achievable, but requires considerable redesign of services, which can take time. "Quick wins" have been identified in projects to ensure early delivery of sufficient change.

5. Do you have any suggestions as to what other partner agencies can/should be doing to alleviate the situation?

The Clinical Commissioning Group leads a System Resilience Group which meets monthly to review issues and pressures and provide opportunity for both challenge and support across agencies.

I hope these responses give you the detail you need, but please do not hesitate to contact me again if you need any further clarification.

Yours sincerely

Leah Moss

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