

Royal Surrey County Hospital

NHS Foundation Trust

Councillor Bill Chapman
Chairman
Wellbeing and Health Scrutiny Board
Surrey County Council

Egerton Road
Guildford
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9 February 2017

Dear Councillor Chapman

Thank you for your letter of 25th January 2017 in recognition of the impact of demand on the hospital during the winter months.

I have answered each of your questions in turn:

1. How did you work with partners in health and social care to manage the increased demand in A&E in December 2016 and January 2017

We are part of the Guildford and Waverley Local A&E Delivery Board, which is a forum that meets regularly to address the issues associated with A&E; for example this might include the impact of social care provision on discharge out of the hospital and occupancy in the hospital, which in turn would have a knock on effect on the front door of A&E. This forum has attendance from all local partners involved in health and social care and when demand in the system was really significant in December and January extra meetings were called to see what responses could be made. This process is in addition to daily operational phone calls and the usual contact between practitioners.

2. What plans are in place in your area to manage such a spike in demand should it re-occur in 2017/18?

I believe that one of the biggest challenges for the health and social care system is to have really effective plans in place to meet the annual demand in winter with its spikes. This planning needs to take place on three levels:

- Strategic – linked to the STP
This level of change will take more than one year and some change in investment
- Annual
The Annual plan for winter needs to be agreed and signed off in local systems as early as possible in the year to allow for commissioning and providing of additional capacity. Additional capacity will be needed through the peak months of winter and should be ready to deploy when needed, in preference to scrabbling around for additional capacity and staffing at premium rates when the spikes emerge.
- In crisis
Linked to the point above reserving some funding and having identified additional capacity, accessible when a crisis is reached should be part of the planning process. Equally the Operational Pressures Escalation Levels Framework should be followed and adhered to with actions genuinely resulting in resources being deployed to

Annex 2

mitigate any risks to patient safety. Funding arrangements should be retrospective (a mechanism for retrospective agreements can be drawn up in advance) and secondary to patient safety. This isn't the case at the moment.

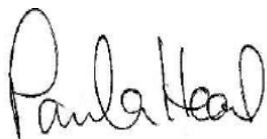
3. What, in your view, needs to be done to ensure that A&E is used appropriately in the future?

National, local regional communication to patients in advance of, and through, the winter months. Alternatives to A&E for example walk in centres or urgent care centres. In Guildford there are no other access points like this apart from the hospital. Investment in community services to support people remaining in the community. Assessment of need in residential homes for escalation to nursing care to prevent homes using A&E as a place to deal with patients increasing needs.

4. What are the risks to A&E performance in your area?
Lack of community health and social care capacity to keep people in their own homes:
Lack of flexibility in patients able to access community beds: Needs and demand not matched to capacity: Space in the unit needs matching to capacity (underway).
Processes for the management of continuing care are cumbersome and result in delays.
5. Do you have any suggestions as to what other partner agencies can/should be doing to alleviate the situation?
Support all assessments for care outside of the hospital, including CHC.

I hope this information helps with your review of winter and I am more than happy to talk more about this at any time

Kind regards



Paula Head
Chief Executive