

Please reply to:

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Cllr Bill Chapman
Chairman
Wellbeing & Health Scrutiny
Surrey County Council

By Email to: Andrew.spragg@surreycc.gov.uk

Dear Cllr Chapman

Re: Accident & Emergency Performance during Winter Pressures

I am writing in response to your request for our views as to how the Surrey-wide system has responded during to the recent demand of A&E winter pressures. In relation to the specific questions you posed:

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

Surrey and Sussex Healthcare NHS Trust (SaSH) continues to be a key partner member of the South East Coast (System Resilience Group) which hosts the Urgent Care and Emergency Care Delivery Board. This is the forum where all partners across the health and social care system come together to undertake the assurance of service delivery and performance.

The delivery board has been active throughout the year in planning for the capacity required to ensure delivery, and oversee the co-ordination and integration of services to support the delivery of effective, high quality accessible services. One of the main focuses of this group has been ensuring that all parts of the health and social care system have a robust winter plan. The delivery board also oversees implementation, review and monitoring of the agreed plan.

In addition to the health and social care system-wide plan, SaSH has in place a Winter Plan which has been designed by our senior clinical leadership team. The key components of our plan include:

- Ensuring we have learnt and implemented lessons from previous winter pressures (i.e. 2015/16)
- Continuing improvements from our rolling plan of “Breaking the Cycle” weeks throughout the year
- Taking stock of lessons from operational pressures from the series of junior doctor industrial action days during 2015 and 2016
- Continuing with the integrated reablement unit and identifying patients medical ready for discharge (MRD)
- Implementation of ambulatory care pathways include the new Pendleton Frailty Unit
- Embedding clinical leadership reviews of agreed acute clinical pathways

- Implementation of SAFER patient flow bundle (a standardised way of managing patient flow through hospitals. If consistently followed with minimal variation the bundle will help improve patient flow)
- SaSH escalation systems plan and the Single Health Resilience Early Warning Database (online, real-time early warning and decision support tool which is a system designed to be accessed and updated by partners within a local health system in order to share 'system critical' information)

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

- The Delivery Board has adopted the mandated initiatives as outlined by the National Delivery Improvement Plan:
- Streaming at the front door
- Ambulance response programme
- Discharge
- NHS 111

In addition in year 1 of the Sussex and East Surrey Sustainability and Transformation Plan has identified the following priorities:

- New primary and community urgent care models: networked with acute hospitals, aiming to make better use of resources
- Frailty (primary care): led by primary care, develop services for older people that respond to their complex needs;

The STP has also identified that one of the largest opportunities to solve some of the challenges faced is to maximise the number of acute beds. The Central Sussex and East Surrey Alliance (CESEA) Plan has also identified improved access to urgent care as a key priority.

Winter planning for 2017/18 will continue to be a high priority nationally and locally. With the background work already undertaken by the system through the STP all organisations should be in a better place to deliver significant improvements for winter in 2017/18.

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

- Easily recognizable and consistent 'provision and labelling of non acute urgent care centers across the health system to discourage attendance at ED being the relied upon default.
- Better promotion by the 111 service of alternative centers for minor injuries and non-emergency treatment and advice (e.g. pharmacies)

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

- Ambulance conveyancing not being centrally coordinated to spread demand after dispatch.
- Delays to discharge that impact on flow and number of acute beds available. This is best managed by an integrated system that incentivizes patient flow and is performance managed at a system wide level rather than by individual providers.

5. Do you have any suggestions as to what other partner agencies can/should be doing to alleviate the situation?
- Discharge to assess models
 - Key performance indicators should be agreed across the health and social care economy that are consistent rather than in potentially in conflict.
 - Gap analysis should drive provision i.e. more beds and less packages of care

I hope our response is helpful to the deliberations of the Wellbeing and Health Scrutiny Committee.

Thank you for your invitation to attend the Scrutiny Board meeting on 13th March 2017 at 10.30am. Either I or an appropriate member of the Executive Team will be available to attend the meeting and we look forward to being able to discuss with you further and respond to any questions from the Committee.

Kind regards



Michael Wilson CBE
Chief Executive

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