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3rd March 2017

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Bill Chapman
Chairman
Wellbeing and Health Scrutiny
Surrey County Council

Dear Councillor Chapman

Further to your letter dated 25th January requesting information on how we are managing Accident and Emergency performance during winter pressures, we have set out below our answers to your individual questions. As you will know, managing A&E performance and its associated impact on other health and care services is a system issue and thus our responses are on behalf of the local health system in North West Surrey.

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?

The North West Surrey system has managed well over the winter period so far. Significant planning and preparation was undertaken prior to the winter period, building on the learning from the previous two winters.

In preparation for the winter period the Local A&E Delivery Board (LAEDB), consisting of senior representatives from all system partners and the wider system undertook a number of actions to support going into winter in the best possible position and to ensure resilience. Key actions undertaken were;

- Two LAEDBs dedicated to undertaking exercises to test preparedness resilience. Updates were made to the whole system surge and escalation plan as a result.
- Two 'Ready for Winter' days at the hospital – a whole system, collaborative approach to timely discharge, maximising patient flow and minimising length of stay. The aim of these days was:
 1. To discharge as many medically fit patients as possible within 24 hours
 2. To have a concrete timed discharge plan for the remaining medically fit patients
 3. To identify trends of delays within our services and use this information to help plan the actions required for winter across our system.
- LAEDBs were scheduled weekly throughout December and January.
- Daily system calls were scheduled over weekends and bank holidays proactively over the Christmas/New Year period.

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- Chief Executive level Cabinet calls were triggered, as planned, when the system moved to OPEL 3 and continued until de-escalation to OPEL 2.

A number of resilience initiatives were agreed, these included;

- Provision of GPs in nurse-led Walk-in Centres at weekends and bank holidays from 1st December 2016, due to continue until the end of March 2017.
- GP support to community hospital wards at weekends and bank holidays from 1st December 2016 and due to continue until the end of March 2017.
- Provision of a weekend X-ray service at the WICs from 1st December 2016, due to continue until the end of March 2017.
- Extended Rapid Response In-reach to A&E in the evenings and at weekends from 1st December 2016 until the end of March 2017.
- Additional funding for packages of care through Alpenbest (70 hours) and Adecco from mid-December to mid-February.
- Additional on-site management presence at St Peter's Hospital to support patient flow.
- Phased opening of escalation bed capacity.

In addition, a public communication campaign to advise people on where to seek most appropriate care was undertaken and is scheduled to continue throughout the winter period. This has included social media (including two dedicated videos), online advertising, distribution of information on urgent care services, and local paper advertising.

A key difference from last year is the implementation of the Discharge to Assess (D2A) programme which aims to enable patients to be discharged from hospital in a safe and timely way with support from an integrated Health and Social Care Team, without having to wait for longer term support options to become available. As part of this collaborative initiative, the establishment of an Integrated Care Bureau (ICB) has enabled a joint response between the Rapid Response and Adult Social Care Re-ablement services - via the ICB - sharing capacity to meet supported discharge demand.

Overall, strong partnership working and break planning has resulted in a number of areas of improvement on last year and have sustained flow through a period of increased demand. Although not achieving the 95% standard, resilience has been demonstrated. The LAEDB reflected that partnership working this year was improved and had a positive impact on system performance and flow.

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

As a system, we will continue to work collaboratively to support A&E recovery and ensure resilience as a system. As an LAEDB we have done an interim review of the Christmas/New Year period to identify any immediate learning and improvements required. A more comprehensive review of the winter period will be undertaken as an LAEDB in due course.

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

It is important to ensure that A&E performance is recognised as a whole system issue, and that all areas of the health and social care system contribute to ensuring we keep A&E free for those patients who really need it. To facilitate this, we feel the following would support;

- Increase in national communications around winter pressures, access to urgent care services and self-care information and support.
- National patient education programme or communication to support the public to self-care and to enable them to make the most appropriate decisions in accessing urgent care services.
- Investment in primary care services to facilitate improved access to urgent appointments, providing an alternative to A&E.

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

A&E performance is whole system issue, and therefore wider health and social care system challenges impact on local performance. As a system we face the following challenges;

- Recruitment and retention difficulties within A&E and the wider hospital, therefore reliance on expensive locum and agency staff, make the sustainability of effective processes in A&E a challenge.
- The current A&E environment and infrastructure is not conducive to managing the peaks in attendance at current levels of demand.
- Managing the social care demand within existing funding is extremely challenging, especially when competing with the strong private funder market.
- On-going independent sector market challenges within Surrey – availability of placement and complex packages of care – particularly prominent over the holiday periods.
- Recruitment and retention affecting all providers across North West Surrey, contributory factor is the London weighting available if working for other local providers.
- Change in community services provider from 1st April 2017 (from Virgin Care to CSH Surrey) which will understandably disrupt the system. However, at the same time this also presents a great opportunity to build new relationships and improved pathways for our patients.

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

There has been strong partnership working and engagement from all system partners, with social care and community providers contributing significantly to the management of the winter pressures experienced and the recovery efforts.

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I trust this response will give the Committee a good understanding of the pressures facing the North West Surrey system and the progress we are making; in the meantime, we look forward to discussing this in more detail on 13th March.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Suzanne Rankin', written in a cursive style.

Suzanne Rankin

Chief Executive