

A&E WINTER PRESSURES- RESPONSES FROM ACUTE TRUSTS

Annex 1

	RESPONSE TO Q.1	RESPONSE TO Q.2	RESPONSE TO Q.3	RESPONSE TO Q.4	RESPONSE TO Q.5	STRATEGIC BODIES
ASPH	<ul style="list-style-type: none"> Local A&E Delivery Boards (LAEDBs) dedicated to undertake exercises to test resilience, resulting in updates to the whole system surge and escalation plan. Two “Ready for Winter” days held at the hospital LAEDBs scheduled weekly during December and January. Daily system calls scheduled over weekends and bank holidays over Christmas and New Year. A number of resilience initiatives were agreed (details in annex 2) Public communications campaign, covering social media, online 	<ul style="list-style-type: none"> LAEDB interim review to identify immediate improvements required. A comprehensive review of the winter period to be undertaken in due course 	<ul style="list-style-type: none"> Increase in national communications around winter pressures, self-care information and support. National patient education programme to support the public to self-care Investment in primary care services to facilitate improved access to urgent appointments as an alternative to A&E 	<ul style="list-style-type: none"> Recruitment and retention difficulties within A&E and the wider hospital. Current A&E infrastructure is not conducive to managing peaks in attendance at current levels of demand. Managing social care demand within existing funding is extremely challenging Change in Community Services provider from 1st April 2017 likely to disrupt the system. 	<ul style="list-style-type: none"> Continued strong partnership working and engagement from all system partners. 	<ul style="list-style-type: none"> Local A&E Delivery Board-comprising senior representatives from all health system partners.

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	ads, local paper ads.					
ESTH	<ul style="list-style-type: none"> • Developed an enhanced @home service within Epsom Health & Care alliance to provide over 65s at risk of admission to alternatives to inpatient stay. • Re-designed site-specific bed meetings to ensure whole-hospital engagement • Twice daily director-led cross-site conference calls to implement actions to support effective patient flow. • Established an Urgent Care Board with wide clinical involvement • Additional consultant and junior doctor support implemented over weekend period to 	<ul style="list-style-type: none"> • Changes to managing patient flow will allow for successful management of future increased demand. • Continuing to work closely with health and social care partners to further develop existing systems to better manage admission 		<ul style="list-style-type: none"> • Likelihood of increased demand throughout 2017/18 	<ul style="list-style-type: none"> • Continued focus to further improve existing systems and processes • Continued partnership working with health and social care partners. 	<ul style="list-style-type: none"> • Epsom Health & Care-comprising of GP Health Partners, CSH Surrey, SCC & the Acute Trust. • Urgent Care Board

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	support assessment of patients for discharge.					
FPHT	<ul style="list-style-type: none"> • A number of initiatives were implemented to try to improve bed availability. • New Ambulatory Care facility opened to reduce inpatient admissions • New service introduced, working with Hants Social Care to provide packages of care 	<ul style="list-style-type: none"> • 22 additional beds at Frimley to rebalance workload and capacity • Restructure of consultant rotas to allow for improved weekend and evening cover to best match patient flow. • Integrated care teams to be implemented across Hants, which should result in a decrease of workload as more patients will be managed at home. 	<ul style="list-style-type: none"> • Implementation of 8-8 service (currently operating in Surrey Heath) across the STP and roll-out of integrated care teams in order to reduce inpatient admissions as they seek alternatives to ED. • Re-education of general public around the alternatives to A&E 	<ul style="list-style-type: none"> • Increased demand throughout 2017/18 would be a risk • Timely discharge-delays will affect bed-availability. • The availability of experienced ED doctors is low and it is becoming increasingly difficult to staff the rotas 	<ul style="list-style-type: none"> • Additional funding announced in the Budget should provide a shot in the arm for social care services. • Scope for joint venture approach in providing nursing home care • Continued partnership working across the system. 	
RSCH	<ul style="list-style-type: none"> • Extra meetings were called by the Guildford & Waverley LAEDB to determine what responses could be made to the significant increased demand. • Daily operational phone calls and 	<ul style="list-style-type: none"> • Challenge of having effective plans in place to meet the annual spikes of demand in winter (detail in annex 2) • Funding arrangements should be retrospective and 	<ul style="list-style-type: none"> • National and local regional communications informing patients of the alternatives to A&E. • Investment in community services to support people staying within the community. 	<ul style="list-style-type: none"> • Lack of community health and social care capacity to keep people in their own homes. • Lack of flexibility in patients ability to access community beds • Processes for the 	<ul style="list-style-type: none"> • Support all assessments for care outside of the hospital, including CHC. 	<ul style="list-style-type: none"> • Part of the Guildford and Waverley Local A&E Delivery Board-comprising of all local health and social care partners.

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	usual contact between practitioners.	secondary to patient safety which isn't currently the case.	<ul style="list-style-type: none"> • Assessment of need in residential homes for escalation to nursing care to prevent homes using A&E as a place to shift pressures. 	management of continuing care are cumbersome and result in delays		
SASH	<ul style="list-style-type: none"> • Active within the South East Coast System Resilience group, undertaking the assurance of service delivery and performance. • Urgent Care and Emergency Care Delivery Board has been active throughout the year, planning for capacity required to ensure delivery. • Winter plan in place (see annex 2 for component detail) 	<ul style="list-style-type: none"> • 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 • STP new priorities (see annex 2 for detail) 	<ul style="list-style-type: none"> • Easily recognisable and consistent provision and labelling of non acute care centres to discourage attendance at A&E as the relied upon default. • Better promotion by the NHS 111 service of alternative centres for minor injuries and advice (pharmacies) 	<ul style="list-style-type: none"> • Ambulance conveyancing not being centrally co-ordinated to spread demand after dispatch. • Delays to discharge that impact on flow and number of acute beds available 	<ul style="list-style-type: none"> • Discharge to assess models • KPIs should be agreed across the health and social care system that are consistent and not conflicting. • Gap analysis should drive provision. 	<ul style="list-style-type: none"> • Member of the South East Coast System Resilience Group- comprising of all local health and social care partners.