

ANNUAL MEMBERS' MEETING 2022 QUESTIONS

<p>Jonathan Cole</p>	<p>When I arrived at the hospital was asked to fill in a 5 page questionnaire - every question had been either asked by my GP or was basic data like gender age etc or stuff that's on my NHS APP.</p> <p>We hear about £bns spent on IT systems yet this simple information transfer does not seem to work or is unnecessarily duplicated and clearly wastes time.</p> <p>I would ask the question why after so much money spent on systems and management are simple issues like this not addressed?</p> <p>With our new electronic patient record, we can now share basic records and some of the more complex information. We can see GP records and they can see ours. How patients give information is always an issue, you will be able to see records, ask questions and book and change appointments. We are getting there to streamline our processes. We are reducing the use of paper</p>
<p>Dr Jan Whitby</p>	<p>Can your Cerner system link to the EPIC system at Frimley?</p> <p>They link in part at the moment, but it will do more in the future, in the next year as they are more joined up. Areas like pathology are already seamless and imaging will become so in the next year.</p>
<p>Anthony Cabral Sanders</p>	<p>Will you be able to check hospital appointments in the NHS App? Will you be able to access appointments at both St Peter's and Ashford Hospitals?</p> <p>NHS App will be the go-to App with a portal to access ASPH and Royal Surrey, hopefully in the summer of next year. Will include GP practices, ASPH, Royal Surrey and in due course, Frimley and Surrey and Borders Partnership. Yes, you can access appointments for both Ashford and St Peter's on the same screen, I'd hope you'd be able to move those so that they're on the same site.</p>
<p>Gloria Smith</p>	<p>My question is about the crisis in AED (Accident Emergency Department) and what is being done to help ease the situation.</p> <p>AED is incredibly busy, wouldn't call it a crisis. We are focusing on this area as we recognise that it's important that the public can access AED in a timely and effective way. We've put in an initiative working with other providers to ensure the right level of service is available to you when you need it. We've recruited more doctors, having an effective triage at the front door to be directed to the right care you need. You heard earlier that we're ensuring that only those that need to be in hospital will be admitted. We're being supported by social care through the North West Surrey Alliance for patients to safely leave the hospital.</p> <p>We've invested in infrastructure you heard from James earlier about the Clinical Assessment Unit and the Ambulatory and Emergency Care Unit which also houses the Urgent Treatment Centre. You also heard about the Healing Arts which is very important. We've from 6.8 consultants to 14 which is a real positive step forward. The biggest step has been the change in culture, in recognising that patients come into our emergency pathway because they need care and support, but a lot of the time, and admission is not in their best interests. We need to make sure we</p>

	<p>signpost and help them get the right care and support. The relationship we've built up within the North West Surrey Alliance is absolutely fantastic and we are leading the way in our area, showing that only when you work cohesively and collaboratively as a system can you look after people so that they can get home as quickly and safely as possible and which allows us to provide more support within the community.</p> <p>Thank you for your answer Do you still have beds in corridors? And is there anything further that can be done to get people out of the beds, discharge to assess, virtual wards and things like that? Also I wanted to ask about ambulance handovers.</p> <p>There's lots of pressure and we're meeting the pressure, but we're having to do more all the time. There are people in the corridors on occasion, we don't like it and we're working really hard to reduce this, as it's stressful for the patients and for staff. We haven't got rid of it completely, but we are doing much better than most places.</p> <p>In answer to your suggestions, discharge to assess, yes we're doing that all the time and is part of the work we're doing as part of the system. Our lead for discharge has recently held a system-wide study day including colleagues from social care, ambulance etc.to look at ways to work together to improve this.</p> <p>We do still have delays in ambulance handovers but we're one of the best hospitals in the area. We don't think it's right to have these delays, the ambulance service have an important job in the community and they can be waiting around at our hospital and can't help the people out in the community.</p> <p>We haven't solved it all, there's still a lot to do. We're doing our best and we have been doing some great stuff.</p> <p>Stats are available in our Board reports.</p>
<p>Brendra Sharma</p>	<p>In the light of the current social/political and economic upheavals some of which are man made and some through market forces, how well is Ashford & St. Peters placed to cope with the impact coupled with the ever present COVID-19 and the Winter flu.</p> <p>You have my total and profound respect for how you have performed and coped in the past</p> <p>It's all about planning and we have learnt a lot through pandemic and has helped us be more resilient and prepare for winter.</p> <p>It is all about the planning and we are starting to plan earlier each year. Planning happens at all levels from departments within the organisation, Trust level, place level, Surrey level and regional level. We work together as organisations at all those levels, playing our part in the emergency planning and response mechanism to ensure we have all those plans in place before we go into the winter period. We ensure we have our staffing rotas fully populated and we have the right amount of operational management oversight at a senior level and staff where we need them to keep the hospital moving and preventing admissions that are not needed and well as taking patients from the ambulances as quickly as possible so that they can get back out on the road.</p>

	<p>We are lucky to have Ashford hospital to be able to continue with our elective programme.</p> <p>We have provided Covid booster jabs and are now offering flu jabs, we aim to get all our frontline staff vaccinated and a large proportion of non-frontline staff have already been vaccinated.</p> <p>There is a lot of urgent and emergency care being provided outside our hospital by our place colleagues and encourage people to make use of that: walk in centres, primary care, acute illness clinics and 111.</p>
Dr Jan Whitby	<p>Are you seeing a rise in the numbers of flu cases?</p> <p>We haven't seen any spikes for flu, but we've seen on the paediatrics a lot of respiratory illnesses.</p> <p>We're not seeing high numbers of flu coming into the hospital, but that doesn't mean you shouldn't get your flu jab and we continue to encourage everyone to get their flu jab if they are eligible. We are seeing Covid numbers creeping up a little bit. Paediatrics have been under a lot of pressure with Respiratory Syncytial Virus infections. Ensuring basic hygiene processes are in place to stop the spread of these infections. In our hospitals we're still asking people to wear masks which not only helps prevent the spread of Covid but other infections.</p>
Bea	<p>Standards of hygiene between CAU (new and sadly bad) and BACU (old ward, very clean) were starkly different. Question to Andrea Lewis is if infections are to be kept low how will you measure equal standards on both wards?</p> <p>Your observation highlights that this issue is multifaceted and reflects our IPC strategy as there is an element around environment and its cleanliness, an element around people and the people's practices such as hand washing, being bear below the elbow, their processes when dealing with patients and then what they wear for protection. Our IPC team and matrons on the wards carry out regular audits. In light of your comments, we'll be visiting CAU and having a look at what their last audit was like and see what's going on there.</p> <p>What you've highlighted is really important as good cleanliness and hygiene should be every time. What would be helpful that if anyone walks around our hospitals and sees this, please flag it so that it can be looked into and learning can be put in place as soon as possible.</p>
Allan Witts	<p>Re IT developments, I'm happy with the use of the NHS app for communication with GP and local hospital services etc. but there will be some (eg some older people) who are not able to access such facilities? I hope you will be able to communicate with them with traditional means?</p> <p>Yes all the traditional means will be maintained, but we would hope that automating certain patient contacts will release more time to support those patients less able to us the tech approach. We spend a lot of time booking and rebooking appointments and trying to answer phone calls, so we can use digital to reduce some of the pressure to enable our normal services to be better and more responsive and have more time to deal with those who need more time.</p>

Bea	<p>I personally believe GPs are unnecessarily referring people to A&E. How much communication is there with the hospital and GPs?</p> <p>Our work on Urgent and Emergency Care and how we work with GPs is at the forefront of all the work we're doing to support patients access the care they need and we do work with our GP colleagues and primary. We've all referenced North West Surrey Alliance and how we're trying to get patients to be seen closer to home and in the community, at the GP surgery, in the neighbourhood.</p>
Tony	<p>Thank you to panelists for being open and honest about the situation. Now have hope for the future.</p>
Richard and Philomena	<p>This not from personal experience but have heard from a number of people who have been discharged from St Peter's and have an issue with medication that has been prescribed at the hospital not being transferred to the GP and are then not able to get repeat prescription as this often happens over a weekend as they haven't been given enough medication. Need to streamline this process.</p> <p>All patients are discharged should be given two weeks worth of medication. All patients are given a discharge summary given to the patient and a copy to the GP practice. We did have some issues with Cerner which has in the main, been sorted out but there are still a few issues with it. It would be helpful to hear from those individuals to find out exactly what's happened so that we can understand where the breakdown in communications has occurred. We do have joint pharmacists who work in the community and in the hospital so if we can more information we can look into this.</p>
Ann Ooms	<p>I wanted to thank you and your teams/staff for the fantastic work you do at ASPH</p>
Cllr Chris Howorth	<p>Thank you for a very interesting and informative session</p>
Bea	<p>Thank you for a good meeting</p>