

## Report by Giles Mahoney, the Director of Strategy and Partnership at the RSCH to the League of Friends of Milford Hospital AGM, 22/6/18

Giles Mahoney outlined an exciting future for community services delivery by the new partnership between RSCH and ProCare, a consortium of 18 out of 21 GP practices in Guildford and Waverley. The remaining 3 practices – Witley and Milford Doctors, the Mill, and Two Rivers in Milford – are also working with the RSCH separately from ProCare. 283 staff moved across under the RSCH umbrella on April 1<sup>st</sup> and many adjustments are now underway. One of the biggest is the introduction of the EMIS digital system across the board so that GPs, community hospitals, outreach teams and the RSCH can all access patients' records.

The existing rapid response team's work with patients, based at Milford, is to be expanded into a single point of access for rapid engagement with patients in a crisis situation. Initially the plan is for an administrative hub phone service from 8am to 8pm with the administrator directing the call to the appropriate health professional. There will be 3 tiers of response depending on the assessed urgency, with the patient seen within 30 minutes, 3 hours or 24 hours. The aim is to prevent unnecessary acute hospital admissions. In future some patients who are not well enough to be at home but not ill enough to merit acute admission may be directed to community beds. These beds are seen as a halfway house and there will be a review in July to ascertain what types of bed are required at which location. Some community beds may also be used before admission to an acute hospital as well as for rehabilitation after acute treatment. The review will be led by clinicians, not managers, and Giles emphasised that there was no intention to reduce the overall number of beds but their designation may change.

The Day Assessment and Treatment Centre is also set to expand with more clinics held there. The first of these is the Parkinson's clinic with the specialist nurse now located at Milford. Considerable effort is being made to make all areas treating the elderly dementia friendly as Alzheimer's is now the 3<sup>rd</sup> largest cause of death. The consortium is exploring the possibility of using the new apprenticeship scheme in health care to develop 'care teams at home,' made up of NHS employees rather than commercial carers and the trust would work with the Surrey county council adult social care teams to look at this. He acknowledged that it was increasingly difficult to put care packages together, especially for complex discharges and dementia patients, or to find suitable residential places and this was causing patients to be stranded in community beds. He hoped the new scheme would help to address this as the apprentices would have the prospect of a good career in the NHS.

Prevention is another area of growing importance. The consortium is working with local councils on Health and Wellbeing committees to address the problems of poor housing, stress from financial difficulties, alcohol abuse and other factors that are responsible for 80% of health problems. The emphasis throughout is to prevent hospital admissions whenever possible and then to arrange a safe discharge as soon as possible: hospitals are not the best place to be once the initial period of illness is resolved. There are new technologies for passive surveillance coming on stream that help keep people at home. One is the 'internet of things' pilot where technology is put in to a person's home that enables their vital signs to be monitored. Some areas around the country have a sensor in the fridge that sends a message when it is opened and something taken out so that relatives or health professionals know that food has been eaten.

The consortium values the work done by Leagues of Friends at the community hospitals although Giles was aware that Milford's constitution explicitly states that funds raised can only be used to benefit staff and patients at Milford Hospital and cannot go to any other hospital or service.

He mentioned that the land and buildings at Milford are owned by NHS Property Services so the consortium has no control over the speed of response to requests nor the charges made for work done, a situation they find frustrating.

The contract runs for 2+7 years: their performance is reviewed after two years and if satisfactory the contract will run for a further 7 years. They have ideas for future reviews of community services and developments over the long term as acute hospitals get smaller and health services change at such a pace. Any future proposed changes will be clinician led and will be discussed fully with local people.