Dr Sian Jones, Clinical Chair for Guildford and Waverley CCG welcomed those in attendance and member of the public to the AGM and introductions were undertaken by the panel members.

Dr Jones noted that the CCG was an opportunity to reflect on the work undertaken in the last 12 months, much of which has been done in partnership with other organisations, patients and the public to improve health outcomes for people living in Guildford and Waverley. CCGs are responsible for commissioning safe, high quality healthcare for patients, however increasingly there is growing demand for these services and the CCG continually seek to improve services we commission.

Dr Jones noted that the last 12 months had seen some exciting developments and changes at Guildford and Waverley CCG and across Surrey Heartlands:

- Joint Accountable Officer took up position across Surrey Heartlands CCGs in August 2017, helping the CCGs to work closer together.
- In December 2017, Guildford and Waverley practices voted to progress towards delegated commissioning, which provides greater control on primary care decisions.
- Focus on service transformation and re-design to improve care pathways and health outcomes.

Dr Jones outlined that the Programme for the AGM gave a flavour of some of the work carried out in the past year, highlighting some of the successes and challenges the CCG has had to face.
She highlighted to member of the public present that there would be an opportunity to ask questions at the end of the presentations.

### Looking back: Last Year’s AGM

Dr Jones provided an update on two areas presented at last year’s AGM:
- **Better Births** - Pregnancy advice line launched in April 2018 as part of the NHS Maternity Transformation Programme. At the core of this programme if the provision of sustainable, high quality health care for women and children.
- **Adult Community Health Services** - Robust procurement process for adult community health services was introduced. Focus for new service on patient-centric models of care with focus on supporting and caring for patients in the community.

### Performance Overview

Dr Jones summarised performance over the last financial year with highlights as follows:
- **Extended Access** - Additional funding had been committed to primary care to offer ways to ensure sustainability and transformation. Part of this will enable practices to extend their opening hours past ‘usual’ practice hours, e.g. for patients can book appointments after 6:30pm on a weekday evening and at weekends according to locally determined need.
- The CCG leads of a system-wide Frailty Forum where partners come together to discuss the delivery of acute to older patients, as a way to share best practice and exploring new ways of working.
- **Joint Commissioning Intentions** - This year for the first time, the three CCGs worked together with Surrey County Council to develop priorities and plans on how we would like to shape services to meet local needs.
- In Reach GPs - Programme has been developed to provide In Reach GPs to tailor care for a small number of patients who regularly attend A&E with complex health needs.
- Guildford and Waverley practices voted to proceed with *delegated commissioning arrangements*.
- The CCG has led the co-ordination of the urgent care system, including winter system planning. This year saw an improvement on the 4 hour A&E target and ambulance handovers.
- In 2016, the CCG ran the procurement for the Surrey Children’s Community Health Service on behalf of the six Surrey CCGs, NHS England and Surrey County Council. This process was challenged and following legal advice, parties agreed on an out of court settlement.
- **Advice and Guidance** services allows GPs to seek advice from secondary care consultants electronically, e.g. advice on medication, test results etc. Since December 2017, over 2,000 requested have been received across 20 specialities. Of these, only 13% of patients have been to go on to an outpatient appointment with a specialist with the remainder being seen successfully with primary care.
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|         | • **Anticoagulants for patients with Atrial Fibrillation**  
|         | Rachel Mackay, Associate Director of Medicines Management, outlined work that the team had undertaken and progress made with regards to Direct Oral Anticoagulant (DOAC) prescribing in Guildford & Waverley for patients with Atrial Fibrillation (AF). This had been highlighted as an area for review as it is predicted that in five years’ time, DOAC prescribing expenditure will equate to 20% of the CCG’s total prescribing budget.  
|         | She noted that the CCG worked collaboratively with other Surrey CCGs in a Prescribing Clinical Network and had undertaken a review on how better value for money can be obtained from DOAC drugs. It is noted that none of the DOACs are superior to others and none provide advantage over another. With this in mind, Edoxaban was identified as the lowest cost DOAC and has been agreed across the Prescribing Clinical Network as the preferred DOAC, which provides a huge saving.  
|         | The CCG was mindful of patient choice and that treatment options should be discussed with the patient by their GP. With this in mind, a patient selection tool Prescribing Advisory Database (PAD) had been formulated. The Team has seen a saving of £40,000 to date since the launch of the preferred choice in June 2017 and were predicting that in 2018/19, 70% of AF patients would be taking Edoxaban rather than previous version, which would save the CCG over £100,000. |
|         | • **Diabetes**  
|         | Genevieve Ryan, Senior Commissioning Manager for Planned Care, outlined work that had been undertaken by the CCG to transform diabetes care in Surrey following a two year funding grant totally £1.6 million. The main results included a restructured Type 1 education programme and additional sessions hosted for Type 2 (both of which had received positive feedback) and improvement in the achievement of NICE recommended treatment targets (launching 2018/19). Work had also been done with ‘at risk’ patient groups. |
|         | • **Inflammatory Bowel Disease**  
<p>|         | Genevieve Ryan also presented regarding a nurse pilot scheme had been implemented for patients with Inflammatory Bowel Disease (IBD). This included the CCG and Royal Surrey County Hospital (RSCH) working together to develop a pilot additional specialist nurse role to enhance the service based on changing needs of the patient. Feedback was overwhelmingly positive with many commenting that this service had reduced their attendance at A&amp;E and was a point of contact for advice. |</p>
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| 5       | **Finance 2017/18**  
Karen McDowell, Chief Finance Officer for the Surrey Heartlands CCGs, presented the Annual Accounts:  
- The CCG’s Annual Accounts had been prepared in accordance with NHS Act 20016 and must give a true and fair view of the CCG’s state of affairs.  
- The CCG continued to experience significant financial challenge during the year, reporting a financial deficit of £10.2 million against a plan of £8.4 million deficit. One of the causes for this was significant financial pressures within the acute sector.  
- Robust financial control and implementation of several new service transformation initiatives have enabled the CCG to deliver against some of its targets and achieve performance against 70% of the Service Transformation Programme.  
- Noted that the CCG’s external auditors, KMPG, highlighted no significant matters as part of their end of year financial audit, however they did provide a qualified opinion on Value for Money due to the breach of the CCG’s agreed financial plan.  
- The CCG’s total net expenditure was £275.7 million for 2017/18 with the largest area of spend being for the CCG’s main acute provider, RSCH, with a total expenditure of £112.9 million.  
- During 2017/18, the CCG achieved efficiency savings of £6.1 million against a plan of £8.6 million without compromising care.  
- The CCG’s budget for 2017/18 was £265.5 which equated to around £1,000 for each person living in our area.  
- Looking ahead at 2018/19, the CCG continues to face significant financial pressure with an underlying deficit carried forward from 2017/18.  
- Agreed financial plan for 2018/19 is £6.9 million deficit but this was based on an assumption that the £10.5 million QIPP target would be met. The CCG had set a 0.5% contingency in line with national planning guidance. |
| 6       | **Looking Ahead**  
Vicky Stobbart, Managing Director for Guildford and Waverley CCG, presented challenges the CCG faces in 2018/19:  
- One of the main challenges the CCG continues to face is the increasing demand for healthcare with an increasingly aging population and need to ensure that resources meet these needs.  
- The CCG is working in new and different ways with partners to improve healthcare for patients and reduce duplication, for example developing a robust programme of initiatives to work more efficiently and delivering care closer to home.  
- Decision to progress delegated commissioning provides fair greater local control for the CCG in the way it delivers primary care services. The CCG’s Primary Care Commissioning Committee has both patient and lay representation.  
- Another pressing challenge is on-going recruitment issues, particularly with regards to balancing the number of GPS retiring with the high rate of vacancies. The help to tackle these areas, the CCG was part of a successful Surrey Heartlands collaborative bid to build capacity and resilience in primary care. The CCG has established a Clinical Leadership Programme, with 12 Guildford |
and Waverley GPs participating in this in 2017.

- CCG has committed additional funding in 2017/18 to support GP practices, including Extended Access, regular GP workshops/forums to discuss and develop ideas and development of bespoke practical IT solutions.

### Surrey Heartlands Health and Care Partnership

Sarah Parker, Director Transformation for the Surrey Heartlands Health and Care Partnership provided an update on the work that this collaborative were doing to improve services in local areas and ensuring sustainability. The Surrey heartlands Health and Care Partnership covers around 850,000 people across the three CCGs, with local healthcare organisations to address bigger challenges being faced by the system.

During 2017/18, the CCG has collaborated with North West and Surrey Downs CCGs to develop procedures analysing the impact of emerging work streams, progressing towards integrated systems. The key aim of the partnership was to work together to improve health and care for the people of Surrey Heartlands by 2022.

She also outlined plans for devolution or, in other words, the partnership taking on a broader range of commissioning responsibilities so organisations get more say on how services are commissioning locally. This year, the CCG had a shared budget, removing the divide between commissioning and provider organisations and therefore giving staff the opportunity to work together as part of ‘one system’.

### Questions from the public

1) **Tony Hall** – First of all I would like to applaud you for all the good work that it going on around Surrey. One of the concerns I have got How to proceed in fixing some of the challenges of partnerships especially around mental health and some of the things that we spoke about in the pack our GP’s are not aware of. So how do we get that communication and manage the expectations of individuals that live in Farnborough and look to Surrey as their main provider and the connection between the CCG’s mentioned here and excluded the CCG’s in the west how do we see it joining these up as part of the five (twelve) year plan.

**Answered by Sarah Parker**

Thank you, you are always really positive about the hard work we are trying to achieve and it is really helpful so thank you. and it is clear that we haven’t got it right yet. So we are bringing in some more communication and looking more broadly about how we get this right. No matter how many times we do it, last time I looked there were 694 GP’s there is always more one telling me they don’t know what is going on and I always look to Larisa to remind me and help us work out how we can do that. So we are really trying, we are also working really hard with the local medical council to see what that looks like and also I think we are also working closely with our citizens to say actually
this is about a general message please take it in, we can't assume people have time to read and look and send out things so absolutely it is a partnership. In terms of your concerns conversation around how we are working with anybody around our borders and edges. Wherever we've got a boundary it is never quite right, and actually on the ground how we have tackled this is to talk to everyone. So we are having regular conversations with our other health care partnerships, and a number of forums, I meet them locally, regionally and nationally. Claire had been on a roadshow nationally to see what we could do, but locally on the ground we speak regularly with our colleagues in Frimley, sister watching includes Surrey Health, and North East Hants and Farnham areas of Surrey. We are working very closely with Surrey and Sussex Partnership and are working really closely with South West London at the moment partly because we are a little bit frustrated with some of our reporting of our data our financials and flows as they go into South West London and are Epsom Patients who are in our system, this is a technical issue which we are working on.

More important thing is some of the things that we are trailing and learning like the pregnancy advice line, which I really do thank our 3 acute hospital trusts and South East Coast Ambulance Service for hosting that. It seemed like a relatively small thing but it was phenomenal all that actually they staffed that from existing resources and in one place and hosted so well. We will be able to capture a dramatic difference. On a practical level in the first month we stopped 42 ambulances being called out. In the longer term we are hoping to capture data on how we are actually reducing the number of premature births and seeing the positive impact on maternal health. We have done that locally in Surrey and Sussex knocked on our door and wanted to be part of that and wanted to join in. Our door is always open and we are very happy to roll that out, we are very happy to look at that differently. Sometimes you have to start somewhere. So are starting somewhere is to say this is our patch what can we do together how do we come together and how do we talk to others to learn from them but share about what we are doing, so that our citizens have the same chance and health outcomes.

How can we train our GP’s to use the technology because this patch is starting to justify future development in technology so how can I get the GP’s to and I was told at Mental Health Forum that they do not have the power to pass this information on, so how do I get this out to GP’s?

Just take it would be my answer. So in terms of a couple of things in that pack you are referring to. I am assuming that one is signing up our GP’s up to Surrey University to capture data differently and one more importantly is our Surrey Care Record. So how do we allow information flows that actually benefit patients and what that looks like. In terms of the second part actually we are now doing that together with the whole Thames Valley region as well as Surrey recognising that our patients flow through to Frimley, Oxford and Southampton etc. are part of that we only launched that last week and people have already said to me what about our patient that go to London and elsewhere of course these are important. As a system and as a representative and as a person out there by all means take it out there and talk to people that helps me and I am very happy with our advice line which is on the back of those websites but we still get people saying that they didn’t know about it. You are part of our champion for the conversation and communication.

Slightly different issues I will have a conversation with you afterwards and look at the pack.
2) **Heather Hullah** As point of reference of tackling loneliness and isolation I wonder how you are planning to do that. Because I see that within the local borough council wellbeing scrutiny overview report and it is very much on the same lines and I wondered how the GP’s are dealing with it.

**Answered by Vicky Stobbart**

Thank you for that question. So part of the integrated care partnerships that I talked about that is really about breaking down barriers and how we can work together as providers and commissioners. That forum that we have and that is a developing conversation includes really closely Guildford Borough Council and Waverley Borough Council. We are looking to engage with them and share all of those things with them we’ve got some ideas as commissioners and there is work going on with providers but I think the more we can do together to tackle social isolation and loneliness the better really and I think there are schemes out there, there’s social prescribing and different initiatives across Guildford and Waverley that we know about. I think what we have to do now and part of the challenge is to pull all of that together into a strategy and really get out there and deliver that and that was the shift so when we talk about care closer to home, working with local communities, I think that tackling those very issues are key and we cannot do that in isolation. It is about all of us across the system working really closely with citizens and family carers doing that together. So Sian if you want to respond from a GP point of view?

**Dr Sian Jones**

As GP’s and the CCG we have actually put in place signposting training for our receptionists with in practices so a lot of our receptionists would have had that training so they will have access to Age UK, befriending and that sort of thing. So we are trying to get that information out there so that they can pass this onto careers and patients frontline as that is often more appropriate than seeing a GP.

3) Good afternoon I’m from the voluntary sector, just a couple of points really, first one, childhood obesity – you talk about following children into education but by the time they have got there they could be well over weight is it a problem with adults as well which you haven’t mentioned.

The second point – prescriptions – As you are probably aware a lot of prescriptions can be of generic drugs instead of expensive branded drugs and I would like to a see a position where every person receiving a prescription is offered the generic drug which is a fraction of the price and does exactly the same job? Thank you.

**Dr Sian Jones** Thank you can I ask Rachel to tackle the second part of your question first and then we will tackle the first part.

**Answered by Rachel Mackay** – Yes so with regards to branded prescribing to generic that has been a piece of work that we have been undertaking for the last few years. Actually as a CCG we have the lowest rate of branded prescribing. There may be particular reasons why a patient needs to remain on a brand there may be certain percipients in the generic drug which the patient is intolerant too. We have as a medicines management team been working closely with our GP colleagues to implement a brand to generic prescribing protocol. We have a policy statement within the CCG indicating where there is no clinical reason for a patient to be on a brand then
they need to be on a generic. There are other reasons such as modified release preparations they have what we call a different bio-viability and so there is guidance with regards to if a patient is prescribed a brand they need to maintain that to make sure that the therapeutic levels remain to ensure they remain stable are maintained. So there are specific clinical reasons why patients would need a brand over generic. As I say within Surrey we have the lowest rate of branded prescribing as a result of a concerted effort over the last 2-3 years.

**Vicky Stobbart** – so in terms of obesity we heard Dr Clare Fuller talking about the health inequality and that if that exists when a child enters school at the age of 4 that very rarely goes away and it is a real issue that we need to tackle. I think it comes back to the point I made about sustainability and how we use our resources so a real focus of the Surrey Heartlands Partnership is around the first 1000 days and I think this is where partnership really comes into its own, so the partners that we saw on Sarah’s slide everybody has that responsibility and public health in particular lead on that for us locally, there isn’t anybody here from public health this evening but there are a range of initiatives and it think that the thing about a partnership is that we can all champion that. I think we need to focus more on that first 1000 days so that we prevent some of those long term health issues that we are dealing with further down the line and I think that is a priority and Sarah showed the women’s and families and children’s work stream and I am sure I do not know absolute detail of that but I do know there are initiatives out there and I am sure that would factor if we weren’t meeting with those colleagues. But thank you for that question I think it is a very real point isn’t it.

**Dr Sian Jones** added – Just to add on the end of that in partnership we are obviously involved in some of the planning meetings and they are very aware of the thought of open air spaces and spaces for children to get outside and do exercise and that sort of thing when doing new builds and obviously there is going to be quite a lot of new builds over the next few years and that is a key part of that so it is a real generic and holistic view of health rather than just coming from health.

4) **Heather Hullah** Sorry I have several questions and my next one is you mentioned international recruitment of GP’s I wondered what problems you have had with quotas…dear old home office.

**Answered by Dr Sian Jones** – I don’t think we have had any particular issues with quotas but I think we may have to take that question away and get back to you. If you can leave your name with my colleagues but it is a national thing that we have signed up to as local GP’s to look at international employment.

5) Following up Rachel on your response on prescribing generic drugs is that applied in a hospital setting as well because I am aware quite often you go in and what drugs you are taking will get changed by the hospital and when you come back from hospital GP Do you know?

**Answered by Rachel Mackay** -I think that is a really valid point Tim. Actually since November last year the CCGs medicines management team have been working really closely with the Royal Surrey County Hospital’s pharmacy department to look at those types of issues whereby for example there may be a procurement deal on a particular drug which may not transcend into the best value for money out in primary care. As a
result of us coming together and identifying those issues we have developed a joint plan so we can see where those priorities are so we can actually work on them together. We have already had a couple of instances since coming together in November whereby the decision to prescribe a particular product out in primary care was not necessarily the hospitals first choice but they have changed their contract as a result so there is a net health economy benefit. We anticipate future meetings with the pharmacy department and the plan is to continue year on year with these joint plans so we can identify where these issues are.

Following on from that does this apply to all 3 CCG’s within the STP?

 ANSWERED BY RACHEL MACKAY – At the moment I think Guildford and Waverley are the first to have a formalised terms of reference joint CCG and hospital transformation group meeting. As with anything sharing what we have done with others. I am in regular dialogue with the other Associate Directors of medicines management in the other areas. There is representation from medicines management teams within the drugs and therapeutic committee meetings at the other trusts by the CCG medicines management team, but we have just taken it one step further with regards to developing a joint plan to see where the trust needs to make savings and the CCG needs to make savings to and actually how do we blend that to make a net saving and as I said that started back in November and I have just come from a meeting with them today and that relationship is just getting stronger and stronger.

6) HEATHER HULLAH – I want to ask a question about care packages for patients being discharged from hospital. I can see that there is a multi-disciplinary team approach great – but my own personal experience a few years ago now I’m not sure the extent to which care planning includes helping patients to return or improve their physical fitness. Now given that so many of us are not really good at exercising and doing more things that we should to maintain strength in our bodies. I think this is really critical and I just wonder what efforts are being made in this particular way.

 ANSWERED BY VICKY STOBBART I’ll respond initially and then Ben you may want to chip in on specific work so we have got colleagues here from the Royal Surrey as well but we are really delighted that there is a discharge strategy that is being protocolled that has been launched at the Royal Surrey and what we have been doing as system partners is really focussing on discharge. So as much as we focus on A&E targets and the 4 hour target we know that at the back end of the hospital it is extremely important that people are going home at the right time and being safely discharged and where possible going back to their own homes. So there has been a lot of work and you talk about the multi-disciplinary team approach and there has been a lot of work within the hospital and now having Royal Surrey as the Acute and Community provider I think that link up has greatly improved actually over the last few months. I think that is a real opportunity there. I can’t comment specifically on maintaining physical fitness, I actually agree with you I think that is extremely important and I think it links back to prevention where possible I can’t talk about Specific s I don’t know Ben if you would be able to cover anything on that?

Ben Added – Yes I’m Ben Hill Head of Urgent Care at the CCG and Surrey Heartlands. One of the key schemes that we have done over the last 8-9 months is the ‘Home First’ scheme from the hospital. So we had a discharge assess pathway that we wanted to
rejuvenate and reenergise and it was a collaboration of not only the then community provider which was Virgin Care, Royal Surrey and Adult Social Care came together and looked at the entire process of discharging people from hospital. The best place to get physical fitness and rehabilitate someone is in their own home. So how can we facilitate that and allow people to recover from their stay in hospital in their homes supported to then provide further assessments later on. When they have recuperated to then decide what packages of on-going care they then require. This is a journey that we are going on and we are still looking at new ways of working with the new integrated community care pathway which we have at the Royal Surrey. So it is quite an exciting time ahead because we have seen that the team is really coming together and providing a more comprehensive service. Over winter it was probably one of our key schemes which helped us get through winter.

Giles Mahoney Added - Hello I’m Giles Mahoney I’m one of the directors at the hospital involved in a lot of this work. One of the things that we have done is the ‘get up and get home’ scheme which is getting people up and out of their pyjamas and getting up and dressed every day. Especially if they are waiting for assessments. The objective is to spend the time to get people home to get them assessed. But when they can’t be assessed easily in their own home lets model the hospital environment on being at home and that makes a massive difference. A number of us all dressed up in our pyjamas to launch that a few months ago.

Tony Hall – can I just add again there is a lot of work going on at this moment in time but again that is in Frimley Park. Two years ago with public health started a campaign to get people to be empowered to get more active and we started that through Active Surrey and the Surrey Coalition of Disabled People that is now being relaunched from the 1st April so I would say nag your councils and sort of say well what are you doing as borough to help us to get more active. It is the start of our journey moving forward. So there is good work out there just let people manage their expectations. Keep them in the picture, even if we can’t change some of those values. We need to work together to address them and it is all about partnership and that includes, parents of the child of the next generation for the future.

One last point – bed blocking. I’ve been working in the voluntary sector for decades now and this has always been a problem. It has got worse over the last few years. Hopefully now it is getting better. One of the problems traditionally was transferring a patient from hospital to home. When the patient was discharged it should have run smoothly but usually it was adult social care saying that they haven’t got the budget to put a care package together. Hopefully that is all changing but quite a few years ago I suggested to Jeremy Hunt my MP that we had a pooled budget and I need to get the smelling salts out you know, shock horror but slowly it is getting better and I hope you are working on it as hard as adult social care is because this is a vital thing and another thing I suggested was that we had what used to be called years ago ‘lying in hospital’ in other words there not fit to go home but they can leave the hospital bed and have lessor care in say one of the local hospitals maybe that’s been closing down. If you have got 15-16 beds where people are being looked after at a lighter level. You have 15 or 16 vacant beds in an acute care hospital. So I think this is something that you could seriously look at now they have combined together. Thank you.

Answered by Dr Sian Jones - Sorry we weren’t quite sure whether you were just agreeing or wanted us to respond to that
Well I was waiting to see how you have progressed so I would like a reply now.

**Answered by Vicky Stobbart** – So I will respond and may handover to my trusted assistant Ben as he is our lead in this area. You mentioned about bed blocking as we know the NHS terms have changed and they are now known as stranded patients, or super stranded patients and we really closely work so we have what we call an A&E Delivery Board where we look at DETOC there is always a lot of acronyms in the NHS ‘Delayed Transfer of Care’ we analysed those and we keep a close hand on them and have to do a returns to the systems nationally and there is quite a lot of scrutiny about that so we have quite a good handle on where we now those detocs are and there is a lot of work and I think it comes back again to the importance of partnership working so you mentioned about Adult Social Care and they are around the table when we have our A&E Delivery Board analysing all of this and this is part of us working at bits of the system so it would be easy to say the issue is with Adult Social Care but the reality is that we have to tackle all of this as a system and there are various challenges. We also have the better care fund where we focus particularly on care packages and improving that discharge home for patients so there is an awful lot of work going on and there are teams focussed on this. And I think as Ben mentioned the home first stuff all of that comes together. So it is not just us as a CCG, but we are around the table having those conversations very closely with our partners. Ben don't know if you want to add anything?

**Ben Hill Added**: Yes another few bits so our Adult Social Care colleagues have a social worker at the hospital seen days a week all year round apart from Christmas Day. That is the only day that they are not in the hospital. The Royal Surrey themselves have introduced some new technology where they track and monitor a patients mental state in the hospital, to make every day in hospital count and they make sure that whilst they are in hospital things are happening and that is managed through a case management team at the Royal Surrey who work very closely with Adult Social Care in-fact they share the same office and work really as one team. Over winter this year we focussed on stranded patients over 7 days and 21 days and the over 21 days length of stay are the focus for this year and the national ambition for this year is to reduce that by 25% across the NHS. This is so that we can create over 4,000 beds across the NHS for next winter.

Across Surrey Heartlands in fact last winter we did really well we actually reduced our stranded patients of 21 days or more by 10.8% and that was largely down to work that was going on in Guildford and Waverley and we saw a marked reduction in length of stay at the Royal Surrey and that is down partly to the ‘home first’ programme and Adult Social Care working on site 7 days a week working collaboratively with the case management team within the Royal Surrey. So yes things are definitely improving for bed blockers. We also have a continuing health care nurse assessor who works at the Royal Surrey as well as part of that team so she works in collaboration with Surrey Downs CCG, one of our neighbouring CCGs. So she provides assessment and support to make sure that we are getting patients who need continuing health care assessments done in a timely manner.

**Dr Sian Jones** – Right just one more question if there is anymore? Or if not I will let everyone go and enjoy this gorgeous sunny evening. Has anybody got any final questions?
Thank you everyone for coming. Sorry could I just ask the lady in the green top to provide your contact details and we will answer your question.

Heather Hullah Thank you very much.

Dr Sian Jones – Thank you very much everyone.