

Accident and Emergency

1. As of April 2010, the total number of Accident and Emergency beds within the Trust (including predecessor Trusts)
 2. As of March 2011, the total number of Accident and Emergency beds within the Trust (including predecessor Trusts)
 3. As of April 2017, the total number of Accident and Emergency beds within the Trust
- Please split the figures for questions 1-3 into overnight beds and day-only beds. This request includes beds that were temporarily unavailable.
4. Please list any Accident and Emergency wards or units that have been permanently closed since April 2010. Please state how many A&E beds they included at point of closure.
 5. Please provide the business case or management report/review underpinning each closure listed in response to question 4
 6. Please list any Accident and Emergency wards or units that have been permanently opened since April 2010. Please state how many A&E beds they include.

In this request, Accident and Emergency beds, wards and units are those whose primary usage is for Accident and Emergency cases.

The Royal Surrey County Hospital NHS Foundation Trust does not have beds in the A&E Department, therefore cannot provide information to the questions raised above. The A&E Department is open 24/7 days per week, 365 days a year and has a 'Majors', 'Minors', 'Resus' and Paediatric areas for patients presenting to A&E who are seen within a 4 hour period. For further information, please visit: <http://www.royalsurrey.nhs.uk/service-list/accident-and-emergency/>

Upfront charging of non-residents

7. What is the Trust's policy on treating overseas patients who are eligible to be charged upfront for care but are not able or willing to pay upfront? An invoice is always raised, discussion is had with patient about a payment plan. Invoices are chased for payment by Finance and, if not paid, are referred to Debt Collectors.
8. What is the Trust's policy on upfront charging for overseas patients where it is not possible to establish the cost of care upfront? If the patient has been admitted to a ward, the Overseas Manager will speak with the Consultant in charge and determine if the treatment can wait until the patient returns home. If not, the medical coding office will code the patient's notes so an HRG can be determined. The patient is then charged a deposit. This Trust has been doing this for the last 7 years.

9. What is the Trust's policy towards clinical staff who refuse to enforce upfront payment? The Royal Surrey County Hospital NHS Foundation Trust clinical staff have excellent communications with the Overseas Manager who they support.

10. What is the Trust's policy on identifying which patients need to be asked for proof of residency in relation to upfront charging, and what form does that proof take? All new patients are asked for ID, not particularly a passport as a passport does not prove ordinary residency.