Update from Councillor Clucas

Economic Development Scrutiny Committee

The Scrutiny Committee met on 9th September. It was preceded by the Gloucestershire Economic Development Joint Committee. In that meeting, there were reports from Gloucestershire's Local Enterprise Partnership, GFirst LEP, Broadband Delivery UK (BDUK) which reported on Broadband in the county, reports on rail, apprenticeships and infrastructure.

The Scrutiny Committee members are able to attend the full committee, but are not able to ask questions or put proposals forward. The Scrutiny meeting in the afternoon was able to question the LEP, BDUK and the Head of Commissioning for the County.

Issues raised at the Scrutiny Committee included:
Science, Technology, Engineering and Mathematics (STEM)
Tourism
European Structural & Investment Funds (ESIF)
Lack of diversity
Growth and hot spots
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Cheltenham Station and rail connections
Apprenticeships
Marketing the county

Issues specific to Cheltenham that were raised included tourism, its role in attracting visitors and the need for a Gloucestershire vision of this as a means of attracting investment, new business and people to live in the county. BDUK is on track to complete work in Cheltenham in the allocated time.

The Scrutiny committee will be looking in depth at a number of issues, the first of which is likely to be apprenticeships. That meeting is likely to take place in October.

Health and Care Overview and Scrutiny Committee

Since the last meeting there have been a number of visits to health providers which I have attended.

I spent half a day, with three other colleagues from the Health and Social Care Overview Committee for Gloucestershire, visiting South West Ambulance Service HQ in Bristol. There are currently some 150 vacancies for paramedics in the service. This is obviously cause for concern.

We have also followed the Stroke Pathway at the Hospitals Trust and there is a brief report on that below.

In addition, I attended the seminar on Children's and Young People's Health. I have been able to put colleagues in this service in touch with colleagues in another part of the country in relation to the creative and expressive arts.

Report on the Stroke Pathway
The visit was conducted by Dr Kate Hellier, Specialty Director for Stroke and Elderly Care. We also met Sister Sandra Attwood, Matron for Stroke and Elderly Care and Sister Sherri Cheal, Matron for Unscheduled Care.

The visit started at the Emergency Department (ED) (the first point of entry for a patient), then progressed to the Diagnostics Area and onto the Stroke clinical ward and therapy areas.

ED - Admission process. If the patient arrives by ambulance they will go directly to Resus. If by other means, the patient will be triaged by a nurse then a decision taken as to where to go

TIA (Transient ischaemic attack).The patient is examined and if a serious TIA is suspected, he/she may be admitted. If not serious, medication is prescribed.

Stroke. If this an emergency the patient is triaged in the ambulance. Initial examination checklist is employed to evaluate the condition on arrival. If a stroke is suspected, the patient is admitted to the ward. If admitted, a CT scan is done on the way to the ward. The scan will not show a stroke (clot) early in process, but will show a bleed. Scanners are available 24/7. There are three CT scanners; 2MRI – one new; one old

If a clot is confirmed, and in consultation with patient/family, thrombocytes drug given within 4.5 hours. If the patient has had a bleed thrombolytic not given - other medication is used. There is 1:33 chance if a thrombolytic drug is given that a further bleed can occur. Statistics show that although there is a risk, there is a greater risk in not giving it. If given in time, many patients avoid serious long term disability; some avoid problems altogether.

Triage. South Western Ambulance Service (SWAST) act as triage point when an ambulance is called to a suspected stroke patient. SWAST decide who will go to which hospital/admission.

Numbers. Last year 1000 patients were admitted. That is three a day, though one weekend (25/26 July 2015) 16 patients were admitted, and a serious TIA admitted.

Admission process. The patient is stabilised. A CT scan will be used if the patient is agitated as MRI scans take 20 minutes. The Hospital can admit up to 80 patients; this is a big change from 9 years ago. At that time there were no specialist wards, now there are three. Currently there are four consultants, this is not enough. A further consultant may be appointed shortly.

Care and rehabilitation on ward

Issues:– Not enough therapists (Occupational therapists; physiotherapists; speech therapists); Early discharge can be delayed;

National standard for therapy is 45m a day for patients. Currently patients are receiving 2-3 visits a week. For some patients 2/3 a week is enough. For others it is not.

A plan is in place to increase the number of consultants with on call provision for consultants 1 in every 5 week ends.

There is a system in place for access to an on call senior-consultant, with whom the patient's condition nay be discussed, if the hospital's consultant if not available in person

Prevention

Stop smoking;

Reduce alcohol consumption;

Atrial fibrillation (AF) - simple test of pulse (more information on this is available on the internet, eg.http://patient.info/health/preventing-stroke-when-you-have-atrial-fibrillation;http://www.heartrhythmcharity.org.uk/www/259/0/Know_Your_Pulse/)

I suggested this could be taught in schools by nurses to encourage self-examination, or as a game for children, who can examine their older relatives!

Important to be aware that aspirin alone won't prevent clots;

There was recognition that prevention of disability and permanent damage would save much money later;

There is a need for therapists;

Important that there is a close working relationship between agencies;

Important that there is an understanding that hospital based care is essential and costs money.

Next steps

Members asked if Dr Hellier would come to Scrutiny Committee and she agreed she would if invited.