

## **Health and Care Overview and Scrutiny Committee**

### **Accident and Emergency Waiting Times**

**15 December 2016**

#### **1. Introduction**

On 14 September 2016, full Council requested that the Health and Care Scrutiny Committee (HCOSC) debate the following motion:

#### **Motion 780 – Accident and Emergency Waiting Times**

This Council notes the recent decision by NHS Improvement to find Gloucestershire Hospitals NHS Trust in breach of its licence, as a result of a consistent failure to meet Accident and Emergency waiting times.

This Council further notes the decision, taken in 2013, to downgrade Cheltenham Accident and Emergency Department at night, attributed to a shortage of specialist doctors.

This Council calls on the Health and Care Scrutiny Committee to urgently review this situation, and in particular clarifying:

- a) What role the night-time downgrading of Cheltenham Accident and Emergency may have played.
- b) Whether its reopening could help solve the situation
- c) Whether the Gloucestershire Hospitals NHS Trust and Gloucestershire Clinical Commissioning Group are committed to fully reopening Cheltenham A&E through continuing to seek to recruit the necessary specialist doctors.

#### **2. Background**

- 2.1 In June 2013 The Health and Care Scrutiny Committee had reviewed the decision by the GCCG and the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) to reconfigure Emergency and Urgent Medical Care. These proposals included ambulances no longer dropping patients off at Cheltenham General Hospital (CGH) between the hours of 8pm and 8am.

The committee agreed to support all the service changes but with qualifications:

- a) that performance information must be provided to the committee on a monthly basis (including ambulance handover times, patient numbers etc)

- b) that there are formal reviews after 6 and 12 months to ascertain whether expected outcomes are being achieved
- c) that the reviews included looking at mortality figures
- d) that the outcome of these reviews to be received at a committee meeting

2.2 In September 2014, the Committee received the twelve month review of monitoring service changes at Cheltenham General Hospital. After a full debate, the Chairman drew the discussion to a close indicating that it was important now to move on to looking at the wider picture for Emergency Department performance in Gloucestershire.

### **3. Consideration of the motion**

3.1 The Committee met on 15 December 2016, with Cllr Harman the proposer of the motion introducing the item and the Gloucestershire Clinical Commissioning Group (GCCG) providing context and responding to members questions.

#### **3.2 The impact of the change in overnight services at Cheltenham Accident and Emergency Department on performance**

The CCG explained to the Committee that figures outlining reasons for the breach suggested that the most usual reason was due to the availability of beds. The number of beds across the trust had not been impacted by the change in service.

Following the change in service, performance had been maintained for 12 months before subsequently deteriorating. This deterioration mirrors the national position, reflecting the increase in activity.

A programme of improvement and transformation for the Emergency Care Pathway within Gloucestershire Hospitals NHS FT had been agreed with and was being monitored by NHS Improvement. The impact of this improvement programme on A & E waiting time performance has been to improve performance from 77% in February 2016 to performance ranging from 88% to 91% in the most recent reporting period.

This would suggest that other factors, rather than the 2013 service change, are to blame for the current challenges facing the service.

### **3.3 Whether 'reopening' could help solve the situation**

The Committee understands that since 2013 there has been an increase in the number of consultants, but that recruitment to middle grades and junior doctors remains challenging. To return to two fully functioning Emergency Departments would require 16 middle grade staff. With the current challenges around recruitment the CCG did not consider 'reopening' an option.

The CCG explained that given that for twelve months following the service change performance had been maintained, they did not believe that changing the service model would have any impact on performance.

Some members expressed their view that we should now focus on the future and that the Committee should not express a view on Cheltenham A&E in isolation. They felt that there was no evidence to suggest that a return to two fully functioning Emergency Departments overnight would have a positive impact on performance and noted that that this was not a viable option. They stated that any future service should be delivered with a view to the best outcomes for the people of Gloucestershire.

Despite this the majority of members commented that if those recruitment challenges were not there, or could be overcome, a model that included two fully functioning Emergency Departments would be preferable.

### **3.4 Whether the GHNHSFT and GCCG are committed to fully reopening Cheltenham A&E through continuing to seek to recruit the necessary specialist doctors**

It is important to make it clear that no commitment had been made at any time by the Gloucestershire Health Community during the consultation in 2013, or since the implementation of the changes, to consider reinstating the overnight position at Cheltenham General Hospital. Given the recruitment challenges nationally, the CCG has stated that there was no prospect of reinstating that position in the foreseeable future.

Resources were in the budget to recruit a higher number of middle grade and junior doctors in order to deliver the existing service.

The CCG made its position clear that their focus was on the need to provide a safe service and given the local and national recruitment issues to reinstate the overnight position at Cheltenham General Hospital was not going to be an option for the foreseeable future. The Committee welcomed the presentation which put the discussion in the context of the national model for Emergency and Urgent Care and recognise that developments in this area will be the focus going forward.

#### **4. Conclusion**

The Health and Care Overview and Scrutiny Committee expressed its concern with regards to Gloucestershire Hospitals NHS Trust breaching its licence as a result of a consistent failure to meet Accident and Emergency waiting times.

The Committee welcomed the opportunity to explore the factors behind this and noted that there is a programme of improvement and transformation for the Emergency Care Pathway within Gloucestershire Hospitals NHS Trust.

The Committee received no evidence to suggest that the downgrading of Cheltenham A&E was a significant factor in the failure to meet A&E waiting times.

Some members commented that a re-opening of Cheltenham A&E could potentially ease some of the pressures in this area. The Committee noted, however, that in the foreseeable future this was not a viable option.

While recognising the new national model for Emergency and Urgent Care, it was the view of the majority of the Committee that, should the challenges around recruitment be resolved, a fully doctor-led 24/7 A&E in Cheltenham should be an option 'kept on the table'.