SUMMARY OF MAIN POINTS OF HOSC MEETING HELD ON TUESDAY 14TH NOVEMBER

O&S – 27 November 2017

There were 5 items on the agenda in the section for Scrutiny and three items for Information. As I have previously reported, I will summarise the main points of discussion in the Scrutiny section. Cllr Tim Harman, GCC Cabinet Member for Public Health was in his usual attendance sitting with his Director for Public Health Sarah Scott.

WINTER PLANNING – GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP (GCCG)

This was a meaty topic and covered the contingency planning for this winter. The discussion and debate lasted nearly 90 minutes. Key themes included

1. Flu jabs for all staff. News from health Australia suggested that a flu pandemic was likely to hit the northern hemisphere this winter. The Acute Trust reported that last year only 58% of staff had taken up the offer of flu jabs, already this year that figure was 76%.
2. Orthopaedic Trauma, the pilot scheme to transfer this discipline from CGH to GRH for the winter period 2017/18 had started on 20 October. This was the plan that was raised in the local media after it was leaked. Committee Members were assured that plans for this were open and transparent, yet HOSC members were only made aware of the initiative by the media coverage, an email explaining the rationale came later. It was noted that the presentation given to the HOSC omitted the word 'pilot' and on seeking assurance members were told that it was a pilot. Cllr Iain Dobie asked how the pilot would be measured and was told 'patient experience'. The Acute Trust were, even at this early stage, hopeful of dividends with the 'pilot' scheme as early indications saw less cancelled elective operations, but when queried by Cllr Dobie about the rate of success for unelected operations (e.g. from accidents and emergencies) I cannot recall if he received a satisfactory reply.
3. Cllr Dobie asked about the provision of a Mental Health suite at CGH A&E, GRH already had one, and was told that a Capital investment scheme had been applied for and that the Trust awaits an answer. Given that CGH was a much smaller unit, it was uncertain whether the bid would be successful.
4. The Acute Trust now used the O P E L suite of crisis level management codes, Operational Pressure Escalation Levels 1 through 4.
    a. OPEL 1 was GREEN, normal working
    b. OPEL 2 was AMBER, getting tricky
    c. OPEL 3 was RED, we are struggling
    d. OPEL 4 was BLACK, call in any cavalry you can find
5. The Stroud District rep raised an issue from a resident who worked as a Paramedic for the South West Ambulance Trust. Recently there was confusion at CGH A&E about ambulance admissions, hospital staff were aware of a recent initiative, but no one appeared to have informed the Ambulance staff, some patients either waited a long time for admission or were turned away. The Acute Trusts CEO assured the HOSC that everyone should have been aware and asked for more details so she could investigate further.

6. The Acute Trust were quizzed on reports that Emergency Dept staff levels had increased and the question was asked, should the A&E at CGH return to a full Level 1 consultant led unit. The Trust CEO replied that middle ranking doctors were the issue, and that they were still in short supply, so no, there were no plans to reopen CGH as a full Level 1 A&E. Note. No plans. Full stop.

I find this not only disappointing, but I have doubts that clinical reasons are behind the motivation. The Trust appears only to recruit for one site working, GRH, and given that the decision to downgrade CGH A&E to a Minor Injuries Unit between 2000-0800, was taken by the Trust in 2013, little or no progress has been made since then to recruit middle rank Emergency Doctors for CGH. It also concerns me that questions about the locations of Urgent Treatment Centres were met with our planning is not that progressed yet. It was revealed however, that a UTC would be in both GRH AND CGH, but the precise nature and level of care were not disclosed. For me, there is still too much semantics around CGH A&E being 'closed' or not. Clearly is it not yet 'closed', but the transfer of ancillary emergency care group like Orthopaedic Trauma could only mean one thing IMHO.

GCCG PERFORMANCE REPORT

The Stroud District HOSC rep raised an issue that had been brought to her attention. Apparently there had been a 'leak' that the Acute Trust was to transfer up to 900 staff to a 'private company'. Several questions were asked of the Trust and I asked for more information because this was the first I had heard of this and I made that point. The Trust CEO replied that her priority was to inform the staff concerned BEFORE she brought this to HOSC and she wouldn't change this. She commented further that it was not possible to second guess what the HOSC would be interested in. My response was that transferring staff out of the NHS to a private company was an easy issue to consider raising with HOSC as clearly some staff members would seek advice from elected representatives, not their soon to be non employer. Given TUPE and other sensitivities the matter was dropped but it does concern me that more and more events are happening and as a Scrutiny Committee we seem to hear about it after the fact. The recent merger of the 2Gether NHS Foundation Trust and the Gloucestershire Care Services NHS Trust was another example of the HLOSC finding out AFTER the fact.

Perhaps we should be renamed the Health and Care Overview and Hindsight Committee. The issue of moving 900 staff, referred to as 'retail' and 'catering' to another body will come back to HOSC.

Cllr Steve Harvey CBC rep to GCC HOSC