Gloucestershire Health and Care Overview and Scrutiny
9 January 2018
Update for O&S

There were 3 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.

Prior to the items above there was a "CONSULTATION ITEM" which was the results of the community consultation on the future of the two 'cottage' or community hospitals in the Forest of Dean, entitled 'Health and Wellbeing for the future: Community Hospital Services in the Forest of Dean, Consultation Outcome Report'.

The consultation was about GCS Trust plans to amalgamate both existing hospitals in the FOD and replace them with one, purpose build new hospital, at a site yet to be determined. The purpose of HOSC seeing the report today was to note the contents and comment on whether the consultation process was "appropriate" and whether there were any issues the HOSC required that the Clinical Commissioning Group and GCS Boards take into account in their decision making as to whether to amalgamate when they meet later this month.

Despite the fact that the HOSC was only taking the item above as I have summarised, there was great public concern in the Forest at the possible closures and upwards of 60 Foresters came to the meeting to protest outside Shire Hall, and watch the proceeding inside from the public gallery. The press gallery was also full. Apparently, they had also started a petition, which had not been given to any authority, and which was outside of the 3 months consultation period anyway, which also included an extension to take into account the snow and Xmas snail mail.

Several councillors asked questions re the process, the relative small sample size and how could a decision be made when in answer to question #1 do you agree with our preferred option to invest in a new community hospital in the FOD replacing the two current ones, over 3400 residents submitted a reply with NO winning by 21 votes. When asked about the small sample replies, HOSC Members were told that the national recognised formula for responses received in order for a sample to merit looking at was, in the case of the FOD, with a population of 85k people, the required response rate was 383. 3400 easily surpasses that. For anyone that asks, eg John Payne, the name of the mechanism/formula wasn't given and I forgot to ask. This topic lasted nearly 100 minutes, and we received some polite heckling throughout, until the public realised that any decision to close or otherwise was not in our gift and not what we were there today to do. I can't help but suspect the usual political whip the public up into a frenzy about an issue and aim them at councillors, usually too late or the wrong platform, as in today.

Healthwatch Gloucestershire commented that they had been consulted throughout the period and that they were content that the consultation was very good, and that they had no other comment to make.

The Forest of Dean District rep was unable to attend, and her substitute did not turn up. A County Councillor born and bred in the Forest stated that he supported the single site,

wherever, working and that most Foresters did, which was met with some disdain by the Foresters in the public gallery who clearly did not think he spoke for them

The District rep from Stroud, very able substitute Cllr Skeena Rathor, asked numerous questions for clarification and pointed out that any negative comments made by Cllrs today were not aimed at NHS staff at all but were made in a genuine concern for the poor funding of the NHS.

I commented that I thought this was another tail wagging dog exercise, whereby the clinicians wanted what was best for their operational needs to support residents, an 80/20 solution, whereas residents and their elected councillors, wanted something else, all hospitals to remain fully open and functioning etc, the 100% solution. I also cited the example of Prestbury We were all effectively singing from the same hymn sheet but that we were in the same poo because, as the Member for Stroud District said, the white elephant in the room was the chronic underfunding and mismanagement of the NHS by the Government.

Before the vote was taken, the Chair reminded HOSC Members what they were voting on, the consultation process, not the end result, or any closure. I urged all Members, and members of the public gallery, to reflect on that and be mindful that in June 2013 when HOSC "agreed" to the downgrading of Cheltenham A&E, it was on a marginal vote (CBC Rep at the time voted to downgrade), and that many councillors had argued robustly against a downgrading, this included the County Member for Winchcombe who was now the county Cabinet Member for the Well Being Board , but that ever since then the Acute Trust Board had cited the narrow HOSC decision in answering questions re Chelt A&E. Once the vote criteria had been understood and I thanked the Chair for making it obvious, all members voted in agreement that they approved the consultation process.

SCRUTINY ITEMS

We took reports from both the South Western Ambulance Service NHS Trust and the Adult Social Care 2nd Quarter Performance Report. Both reports were taken as read and there were no substantive questions to share.

The third and last Scrutiny report was from the GCCG and the most relevant points to share were around the winter planning that had been put in place.

As I reported after the November HOSC, detailed planning for winter took place. I will insert my highlights with updates from this HOSC meeting.

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%.
    a. UPDATE. Both the 2together and Acute Trusts reported their highest uptake of flu jabs ever, resulting in less days sick for staff.
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.

    a. UPDATE. Whilst some operations had been cancelled the Trust was visited on 2 Jan by Prof Tim Briggs the National "Tsar" on Ortho Trauma who was impressed byt the fact that operations were actually taking place on 2 Jan.

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.
    a. UPDATE: none, no decision, news yet
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
        i. UPDATE: level OPEL 4 called by all of the Trusts at the same time at some points during the period Nov-8 Jan. The system coped, there is no bad news A&E over run news to report. Note, time yet, winter goes on til Feb/March
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.
    a. UPDATE. Nonce discussed
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.

UPDATE TO 6. Early winter days yet, watch this space.

Cllr Steve Harvey CBC rep to GCC HOSC