

Gloucestershire Health Overview & Scrutiny Committee 14 July 2020

Written report from Cllr Martin Horwood to CBC Overview & Scrutiny Committee

This was the first meeting of HOSC since March and was held online. Can I record my thanks to Cllr Dobie for deputising for me at several previous meetings of HOSC.

The full agenda and minutes of the 15 July meeting are available at <https://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?CId=772&MId=9519&Ver=4>

A video of the whole meeting is available on YouTube at <https://m.youtube/watch?v=lqIG89BmOFc>

Public representation

- Our own Cllr Dr **David Willingham** raised the issue of the **high death rate from Covid19** in his neighbourhood (the ONS median super output area of Alstone & St Mark's) which was 32 in three months to the end of May 2020, the highest for any SOA in the South West. He asked HOSC to investigate the factors that contributed to this number, including the possibility of it being related to a high number of care homes in the area.

The Director of Public Health Sarah Scott reported that in general Gloucestershire had comparable death rates to neighbouring and similar counties but she acknowledged the high rate reported in Alstone & St Mark's. She did say that based on local death registrations, only two care homes reported deaths in this area but said the public health team was conducting work with PHE to try to understand the factors but explained that she did not have access at present to individual NHS and PHE data, an issue I picked up later in the meeting as it obviously limits local public health officials' ability to respond effectively to local outbreaks. It is also obviously important that we follow up on the work being done by the public health team in future meetings to understand what happened.

- **Dr Robert Arnott** of the Restore A&E at Cheltenham (REACH) campaign raised issues of **patient safety relating to the short-term changes which have taken place at Gloucestershire hospitals during the pandemic**. These include not only the closure of Cheltenham A&E but also the moving of more elective surgery during the pandemic. The key concern was that Gloucestershire Hospitals NHS Foundation Trust was not following national guidance by mixing Covid and non-Covid patients in Gloucester, and moving more elective (planned) surgery to Gloucester rather than separating it on a different site. The Trust replied that some of REACH's assertions were not accurate and that safe separate pathways for tested Covid-positive and negative patients and untested patients existed at Gloucester and that since June there had been no incidences of patient to patient Covid transmission (this was of course after the peak of the epidemic and the Trust promised to provide the figures for April and May).

Covid19 temporary service changes & Fit for the Future Update

- The Trust presented the emergency and temporary (but substantial) service changes introduced on 1 April (phase 1) and 2 June (phase 2) in response to the epidemic and specifically the pressures on staffing from shortages and extra procedures. These included **the temporary moving of Emergency General Surgery to Gloucestershire Royal from Cheltenham and the downgrading of Cheltenham A&E to a Minor Injury and Illness Unit (MIU) seven days a week, 8am-8pm**.

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There was, predictably considerable debate around these changes. the need for an emergency response was not challenged and the three month renewal of the page 1 changes was accepted by HOSC. It is clear that a second wave of the epidemic is possible this winter and that without a vaccine or more effective treatments that special measures will be required for some time.

But I and others raised the temporary nature of these changes and in particular their remarkable similarity to the initial **Fit for the Future changes for urgent and emergency care** proposed last year. Reassurance was given that the current changes were “emergency temporary” changes and that Cheltenham General A&E would be restored to a Type 1 A&E.

But this was slightly undermined by several references to the benefits of centralisation unrelated to Covid19 and the **Trusts’s plan to simultaneously review the impact of the temporary changes and realunch consultation on Fit for the Future in September**, obviously risking the confusion of the two processes and the taking of long-term decisions during an extraordinary temporary situation.

The reports presented to HOSC actually included the first concrete evidence of Cheltenham residents being disadvantaged by service changes such as these by showing the significantly increased travel times from Cheltenham if emergency general surgery was permanently centralised in Gloucester (see chart, right).

Table – impact on travel time if EGS was centralised at GRH

Locality	Impact on patients			Total
	Positive (decrease 20+ mins)	Neutral (+/- 20mins)	Negative (increase 20+ mins)	
Cheltenham	0	602	481	1083
Forest of Dean	56	3	0	59
Gloucester City	89	112	0	201
North Cotswolds	0	202	0	202
South Cotswolds	0	177	0	177
Stroud and Berkeley Vale	0	89	0	89
Tewkesbury, Newent and Staunton	9	176	0	185
Outside Glos CCG Boundary	2	191	0	193
Total	156	1552	481	2189

I would recommend that CBC strongly express now to the Trust our expectation that the restoration of a full Type 1 A&E at Cheltenham will take place as promised and continue to advocate for general surgery to be kept at Cheltenham during the consultation, and that CBC prepares to respond to detailed proposals in September - November.

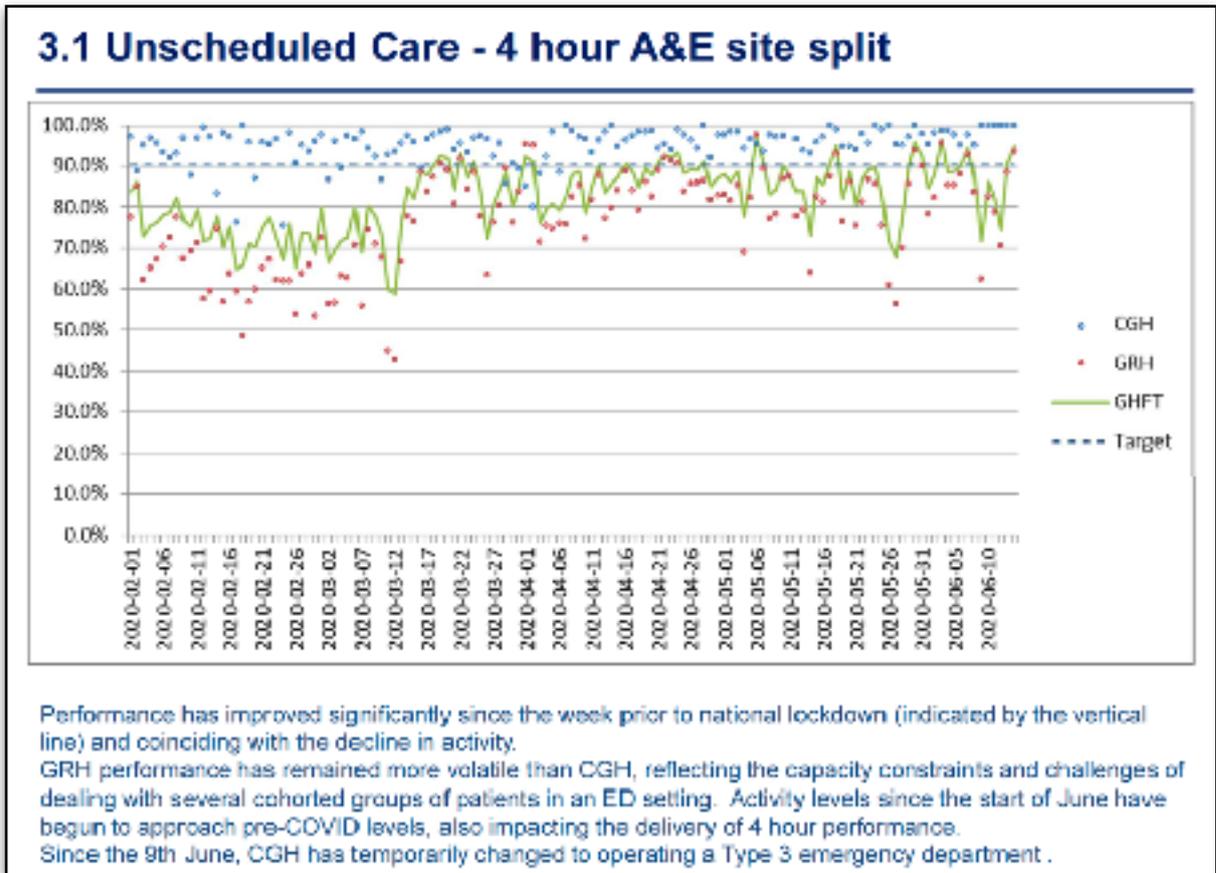
HOSC will receive the ‘pre-consultation business case proposals’ at the meeting on 15 September 2020.

Clinical Commissioning Group report, Gloucestershire ICS & accountable officer reports

- The full CCG report is available online at the link given at the beginning of this report but there continue to be a number of worrying trends.
- Although there are signs of the situation improving, many **cancer** targets continue to be missed frequently during the period under review - including first definitive treatment within 62 days and first treatment within 31 days of cancer diagnosis - and the pandemic has wrought havoc with referrals into oncology services with GP referrals continuing to be significantly down. These are obviously difficult times for Trust services across the board but HOSC needs to keep the situation relating to cancer targets and treatments under close review going forward.

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- There continued to be differentials between Cheltenham and Gloucester A&E performance in terms of the four hour wait target for patients to be seen and either admitted or discharged with Gloucester consistently falling far below Cheltenham and below the former national 90% target (see chart below). I raised this issue and it remains to be seen how Gloucester A&E will cope as a single A&E under the temporary emergency changes



- Under the accountable officer's report, I raised an issue arising from Cllr Willingham's public representation which was to highlight any **systemic failures in the treatment of patients with Covid19 resident at care homes**, and particular any national policy on discharge back to care homes and that while it was good to hear that there had been no shortage of PPE in Gloucestershire, issues such as language appropriate training had caused further concern.
- I also raised again the issue of national **PHE data on individual patients** not being shared with local public health teams and we were promised a further report on attempts to resolve this failing which has obvious implications for the implementation of an effective track & trace process.

Martin Horwood
 27 July 2020