

## **Gloucestershire Health Overview & Scrutiny Committee 15 September & 22 October 2020**

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

The full agenda and minutes of the two HOSC meetings will be available at  
<https://glostext.goucestershire.gov.uk/iListMeetings.aspx?Cld=772&Year=0>

Videos of both meetings are available on YouTube at

15 September 2020 <https://m.youtube/watch?v=lqIG89BmOFc>

22 October 2020 <https://www.youtube.com/watch?v=BebvtoJKL0>

### **15 September 2020**

- I raised the lack of any report on **Covid19** or local response on the agenda. The chair allowed questions on this but restated the county council's position that public health issues are dealt with by the Adult Social Care committee. The county split health and social care scrutiny last year but this will be reviewed this autumn.
- We received full answers to later questions about Covid from Sarah Scott, Director of Public Health, who said they were no working well with regional public health tracking outbreaks linked to particular employers, returns from holiday and schools, and now had better access to national data. The Hospitals Trust added that they had established '**long Covid**' clinics but those didn't yet routinely include patients never admitted to hospital.

#### **Public representation**

- A Cotswold resident raised the replacement of blood test services at Cirencester Hospital with GP services at short notice with no public engagement or equality impact assessment.

#### **Winter planning**

- The CCG gave a detailed presentation on **county preparation for a winter surge** from Covid19 and other winter pressures complicated by lost capacity caused by the pandemic. This including trying to accelerate non-Covid services in advance of the second wave, restoring community & primary care (GP) services, expanding flu vaccination, optimising hospital discharge, better data sharing through the shared SHREWD early warning database with an escalation plan called OPEL (Operational Pressures Escalation Level).
- The expansion of **flu vaccination** caused some confusion. Extension to 50-64 age groups still had to wait on the usual higher priority groups so would be achieved later in the year.
- Issues raised included the **implications of Brexit for PPE supply**, anecdotal evidence of difficulty **accessing GPs** and the quality of online consultations, and the **backlog in non-Covid admissions** - I raised this latter point and was told "the issue was being managed".

#### **Temporary service changes due to Covid 19**

- HOSC agreed with a further **six month extension to the temporary changes** made in response to the pandemic including the closure of Cheltenham A&E, centralisation of acute medical take at Gloucester, acute stroke unit moving to CGH with 'Hyper Acute' stroke unit staying in Gloucester and emergency and elective vascular services moving to GRH. But councillors expressed concern at the 'temporary' nature of the changes and asked specifically for a **plan for the return of A&E services to Cheltenham**.

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## Clinical Commissioning Group performance report

- Covid 19 has led to multiple challenges and many services missing performance targets but in most cases at levels similar to national averages. Key areas for concern were:
  - **A&E** - continued missing of 90% 4 hour wait target at Gloucester (worst data points in March 45%, and in August - after closure of Cheltenham A&E - 55%)
  - **Dementia** diagnoses had dropped significantly probably reflecting reduced patient numbers in both primary and secondary settings due to the virus
  - **Mental health** recovery performance dropped to just 37.5% finishing treatment & entering recovery in April but numbers met the national target of 50% in June.
  - **Cancer** waits recovered to 98% being seen within 2 weeks of GP referral in June but this may partly be because referrals had dropped so there may still be a "hidden" backlog. Less than 62 day waits to definitive treatment dropped to 70% (target 90%), with even diagnosed patients avoiding hospital during lockdown.

22 October 2020

### Public representation

- A Forest of Dean resident raised the loss of inpatient beds and services there following planned consolidation of community hospital provision at a new hospital in Cinderford.

### Fit for the Future

- This is the revised plan for the reconfiguration of Cheltenham & Gloucester hospital services, delayed from 2019. The publication at HOSC marks the beginning of public consultation which continues to 17 December 2020. Online consultation documents are at:

<https://www.onegloucestershire.net/yoursay/fit-for-the-future-developing-specialist-hospital-services-in-gloucestershire/>

- The rationale for these changes is that, being one trust on two sites, Gloucestershire Hospitals NHS Foundation Trust (GHT) can achieve better health outcomes, optimise staffing, reduce out-of-county referrals, cancel fewer operations and attract better staff by consolidating more and more services in centres of excellence on single sites. GHT increasingly describes itself as a 'two site hospital'. Paediatrics are already centralised in Gloucester and GHT maintains that its pilot centralisation of trauma & orthopaedics in Gloucester has also been successful although this is contested by some clinicians. Emergency care is temporarily centralised at Gloucester although ITV this week filmed **16 ambulances queued up at GRH A&E** so there is strong anecdotal evidence of problems.
- No changes are proposed to outpatient, day case or pre-pandemic A&E services (part-time A&E will be restored at CGH but not a Type 1 24 hour A&E as CBC requested). Inevitably though the proposals below will mean more emergency patients going to Gloucester.
- More details of the plan are given on the attached presentation excerpt but they include:
  - **Closure of the 24 bed acute care unit in Cheltenham**, centralising the 'acute medical take' (supervision of acutely ill but non-surgical patients such as pneumonia and asthma patients) in Gloucester.
  - **Shifting all Emergency General Surgery permanently to Gloucester** and possibly all planned general surgery apart from day cases. An option to keep lower colorectal general surgery at CGH is offered. Proposals similar to this were contested by many clinicians when they were last proposed and were shelved before the 2019 General Election.
  - **Vascular surgery would be centralised in Gloucester**
  - **A new 'IGIS' (image-guided interventional surgery) hub would be set up in GRH.**

# Cheltenham General Hospital

## Services at CGH pre COVID-19

- 24/7 A&E (nurse-led 8pm–8am)
- Acute Medical Take
- Orthopaedic inpatient services (Pilot)
- Gastroenterology inpatient services (Pilot)
- Planned General Surgery: Lower Gastrointestinal (colorectal) surgery
- Planned Day Case General Surgery
- Image Guided Interventional Surgery (IGIS), including Interventional Radiology and Interventional Cardiology
- Vascular Surgery
- Emergency General Surgery (EGS)

## Temporary Changes at CGH in response to COVID-19

- CGH A&E changed to Minor Injuries and Illness Unit 8am – 8pm 7/7 at CGH
- Acute Medical Take centralised at GRH
- Acute Stroke Ward moved to CGH from GRH
- Emergency General Surgery centralised at GRH
- Vascular Surgery moved from CGH to GRH

### Preferred Options for change under 'Fit for the Future' proposals Cheltenham General Hospital (CGH)

- No Change: 24/7 A&E (nurse-led 8pm-8am)
- Orthopaedic inpatient services
- Gastroenterology inpatient services
- Image Guided Interventional Surgery 'Spoke'

# Gloucestershire Royal Hospital

## Services at GRH pre COVID-19

- 24/7 A&E
- Acute Medical Take
- Trauma inpatient services (Pilot)
- Emergency General Surgery
- Planned Day Case General Surgery
- Image Guided Interventional Surgery (IGIS), including Interventional Radiology
- Planned General Surgery: Upper Gastrointestinal
- Planned General Surgery: Lower Gastrointestinal (colorectal) surgery
- Hyper Acute Stroke Unit and Acute Stroke Ward

## Temporary Changes at GRH in response to COVID-19

- Centralised Accident and Emergency A&E 24/7 at GRH
- Acute Medical Take centralised at GRH
- Emergency General Surgery centralised at GRH
- Vascular Surgery moved to GRH
- Acute Stroke Ward moved to CGH
- Urology Emergency Front Door centralised at GRH

### Preferred Options for change under 'Fit for the Future' proposals Gloucestershire Royal Hospital (GRH)

- No change: 24/7 A&E
- Centralised Acute Medical Take
- Trauma inpatient services
- 24/7 Image Guided Interventional Surgery 'Hub'
- Vascular Surgery

## There are two options for General Surgery

### Centre of Excellence for Pelvic Resection

CGH	GRH
<ul style="list-style-type: none"><li>➢ Planned Lower GI (colorectal) General Surgery (alongside gynae-oncology and urology)</li><li>➢ Planned Day Case General Surgery</li><li>➢ Outpatients</li></ul>	<ul style="list-style-type: none"><li>➢ Emergency General Surgery</li><li>➢ Planned Upper GI General Surgery</li><li>➢ Outpatients</li></ul>

### Centre of Excellence for General Surgery

CGH	GRH
<ul style="list-style-type: none"><li>➢ Planned Day Case General Surgery</li><li>➢ Outpatients</li></ul>	<ul style="list-style-type: none"><li>➢ Emergency General Surgery</li><li>➢ Planned Lower GI (colorectal) General Surgery</li><li>➢ Planned Upper GI General Surgery</li><li>➢ Outpatients</li></ul>

- It is difficult to escape the conclusion that this would be the most significant downgrade of Cheltenham General Hospital ever undertaken and the centralisation of vascular surgery, general surgery and acute medical take in Gloucester will inevitably undermine the long-term future of an A&E department and intensive care unit in Cheltenham. Cheltenham will be a satellite site and a general hospital in name only. Given the continuing and perhaps increasing failure at Gloucester A&E to meet targets despite continued assurances from the Trust, it is also hard to accept all the reassurances now being given that GRH can actually cope with so many extra centralised services. My understanding is that cabinet have already agreed that CBC should make a response and will obviously want to access more expert medical and surgical opinion in its preparation.
- A series of councillors of all parties and from across the county, including myself, raised concerns that it was the **wrong time to launch the consultation and reconfiguration plan**:
  - We are in the middle of major pandemic with temporary services and changes in place and the future requirements for dealing with covid long-term unclear as we do not yet know how effective vaccines and treatments will prove to be, what global and national learning will need to be incorporated into future services and recruitment and what the ‘new normal’ will look like.
  - Public consultation will be difficult during the pandemic with possibly fast-changing lockdown conditions over the coming months
  - Management focus at both GHT and the partner organisations like CBC expected to respond should be on the rising second pandemic wave and linked problem

Ellen Rule, Director of Transformation and Service Redesign at GHT said in response that perpetuating uncertainty was unhelpful and that “we know a lot more about Covid19 now, we know a lot more about how we’re handling the response, we’re not in the same position we were in March”.. “**We feel we have a much more settled situation now**, notwithstanding that we recognise cases are gradually climbing” [sic - the Chief Medical Officer actually advises cases are now doubling every seven days].

- My proposal to withhold approval was not put to a vote by the chair and HOSC agreed that the changes were certainly major enough to require consultation.
- **Other items** included the consultation on the community hospital changes in the Forest of Dean and the HOSC’s future work plan which will now include children’s mental health and the situation at Gloucester A&E.

**Councillor Martin Horwood**

23 October 2020