

Gloucestershire Health Overview & Scrutiny Committee 17 November 2020 & 12 January 2021

Written report from Cllr Martin Horwood to CBC Overview & Scrutiny Committee 18 January 2021

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

Videos of both meetings are available on YouTube at

17 November 2020 <https://www.youtube.com/watch?v=6K64pFIKKek>

12 January 2021 <https://www.youtube.com/watch?v=yOt31oQ2i6s>

The next HOSC meeting is on 2 March 2021 as well as a joint HOSC/Adult Social Care meeting on 26 January.

At both meetings there was praise for the continuing efforts of frontline staff NHS and care, other staff and management facing a stressful and dangerous situation.

17 November 2020

Public representation & community phlebotomy services

- A Cotswold resident once again raised the lack of consultation about the replacement of **blood test services** at Cirencester Hospital with GP services and the resulting lack of access, increased travel times and deteriorating service, as well as lack of monitoring. I raised the need for better quantitative data to enable HOSC to assess changes.

I'm not aware of comparable issues facing patients trying to obtain blood tests via Cheltenham GPs under the new system (instead of hospital 'drop in') but would welcome any feedback from CBC colleagues.

Covid 19

- This meeting took place as the 'second wave' was accelerating and Director of Public Health Sarah Scott presented up to date data which I won't repeat here as events have obviously moved on since November. At the time, issues raised included:
 - The **backlog in cancer services** following the first Covid-19 wave including media reports of urgent treatments delayed and thousands of appointments cancelled which had not been clearly reported to HOSC. Mary Hutton of the Clinical Commissioning Group recognised there was a "huge problem" but emphasised that referrals and waiting times had recovered to 90% of pre-Covid levels while Deborah Lee accepted that 2,500 more routine operations had been cancelled and the hospital was trying to bring many of those back in but believed high risk cases were dealt with.
 - The risk of infection to **drivers taking symptomatic people for tests** being told to keep their car windows shut, putting them at much higher risk than staff who were wearing full PPE, only in briefest proximity and in the open air. We were told this was the national standard operating procedure but concern would be fed back.

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Temporary service changes due to Covid 19 / Clinical Commissioning Group performance report

- Hospitals Trust were setting up '**virtual** Covid wards' (these have now been set up) with patients staying at home but with daily monitoring by oxymeter to trigger admission when necessary.
- I raised the **serious A&E delays** involving queues of up to 18 ambulances at Gloucestershire Royal even at the low point in the pandemic in July and August. Glos Hospitals Trust replied that they were then at 90% capacity, including more non-Covid patients than in the first wave (including much higher emergency admissions), so beds were very hard to find and this caused the backlog in EDs regardless of service configuration. I asked for comparable data from similar trusts or localities to enable HOSC to make a fair comparison.
- **Mental health** services have had to adapt, including sexual assault and abuse service and an anticipated rise in **young peoples' mental health** problems - there has already been a sharp rise in eating disorders. I asked about the Trailblazer school programme and the need for holistic support to schools, ie school environment, meals, bullying etc not just access to a chatline. Gloucestershire Care Services would report further. A specific report on **eating disorders** was also requested.
- A new **Carers' Board** is being developed to improve focus on carers' wellbeing

12 January 2021

Covid 19

- There was a **very significant rise** in cases, as have been widely publicised. There were 219 C+ inpatients on the day of HOSC compared to 148 at the peak of the first wave and with worse to come. There is enormous pressure on NHS services, but with 'virtual wards' and other changes in patient pathways in areas like 'home first' discharge support, cancer and dermatology, local trusts are trying hard to work around Covid and keep services up to speed.
- '**Long Covid**' clinics in Gloucestershire are now starting to include patients who have not been hospitalised in line with other areas.
- **Vaccination** is proceeding fast in Gloucestershire with 48,000 in the four highest priority groups vaccinated out of a total target of 129,000. Councillors reported positive anecdotal evidence of the vaccination experience but queried why this data wasn't routinely public.
- Concerns were raised about:
 - relatively safe activities like **walking in the countryside** again attracting more attention from the media and others than social distancing in supermarkets and other indoor venues. More public awareness work was planned.
 - avoiding vulnerable groups like those with **dementia or learning disabilities** slipping through the appointment/vaccination net. This brought reassuring answers.
 - 'Anti-vaxxing' and genuine nervousness about the vaccine in some communities

South West Ambulance Services NHS Foundation Trust update

A lot of snapshot performance data was presented verbally and a technical hitch then took the SWAST representative out of the meeting. A written report was requested allowing HGOSC to sensibly compare data over time with other regions and localities. The Gloucestershire average response time is 8.2 minutes and performance was under pressure as pressure was expected to deteriorate as pressure increased and handover problems continue at Emergency Departments. Questioning focussed on differential performance in rural areas.

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Fit for the Future

- An update was provided on the Fit for the Future consultation and proposed changes to acute hospital services in Cheltenham and Gloucester. The public consultation had finished with over 700 survey responses. I asked for disaggregated data showing how these responses differed between different parts of the county. The output report was published the day before HOSC but the initial findings (some very obviously leading questions notwithstanding), suggested:
 - **68% support for an acute medicine 'centre of excellence' in Gloucester** (although the implication of closure for the 24 bed acute care unit in Cheltenham was not spelled out in the survey) but with a significant 25% minority objecting.
 - **68% support for an Emergency General Surgery 'centre of excellence' in Gloucester** (23% against)
 - **79% support for a lower GI general surgery 'centre of excellence'** and preferences for the location were as follows:
 - **Cheltenham 51%**
 - **Gloucester 20%**
 - **60% support for shifting all vascular surgery to Gloucester** (9% against)
 - **67% for a new 'IGIS' (image-guided interventional surgery) hub at GRH.**
 - **76% for two trauma and orthopaedic 'centres of excellence', at CGH and GRH**
- I once again questioned the appropriateness of the timing of managing and planning such major change while we are still in the throes of a pandemic which might demand a complete rethink of hospital services, as well as the accuracy of some representations in the consultation (specifically the 'success' of the Trauma & orthopaedic pilot)
- The next stage is a '**Citizens' Jury**' planned for later in January and February, followed by decision-making in March and implementation in April.
- In the discussion, several councillors supported resolving the long-term issue with a brand new capital investment in a **new super-hospital** between Cheltenham and Gloucester.

Other items

- Forest of Dean community hospital reconfiguration
- National consultation is underway on the future of Integrated Care Services (ICS) - the broad integration of local NHS Trusts into more local collaborative structures. Our Trusts have responded that they would prefer any **future ICS structure to be Gloucestershire-based** and not reconfigured into some larger region.
- The changes in **non-emergency public transport** and whether ambulance services had had to step in to help. An update was promised for a future meeting on performance, cost and contracts. The current contractor is E-zec.

Councillor Martin Horwood
18 January 2021