

Overview & Scrutiny, 5th September

Summary of 12th July 2022 meeting of GCC Health Overview and Scrutiny Committee (Cllr. Bamford)

A full recording of this meeting is available and can be found in the “Online meetings” section of the Gloucestershire County Council (GCC) website. The public information pack which includes all power point presentations is also available on the GCC website. The minutes are not yet available but should be posted shortly. Consequently the recollections below are based on notes I took at the time and what else I have been able to remember.

1. Scrutiny Items

1.1 Introduction of the Integrated Care System (ICS) within Gloucestershire

The Gloucestershire Integrated Care System formally came into being on 1st July. On this date the NHS Gloucestershire Integrated Care Board (to be known as NHS Gloucestershire) also came into being replacing the NHS Gloucestershire Clinical Commissioning Group. This new Board (NHS Gloucestershire) will continue to commission local NHS services and be responsible for overseeing their day-to-day running. They are expected to work closely with the Integrated Care Partnership (ICP) – known as One Gloucestershire Health and Wellbeing Partnership to bring together health, social care, public health and other voluntary and community-based partners.

1.2 Local Screening and Immunisation Services

The take home message from the presentation appeared to be that screening services are recovering well post pandemic and that COVID vaccination rates in Gloucestershire are good and in all categories at or above the national average. However, it is my understanding that there is still a nationwide problem with late detection of treatable and potentially curable cancers – rates of earlier detection have yet to return to pre-pandemic levels. This may, of course be down to factors other than the screening service.

1.3 NHS Dentistry

Access to oral health in high street and community care settings is poor and getting worse. The total number of adults seeing an NHS dentist in Gloucestershire has decreased from 36.5% in December 2020 to 28.6% in December 2021. A drop of 21.55%. A key factor affecting access is workforce. The lack of dentists in the area undermines the ability of high street practices to meet their contracts. Problems returning to pre pandemic contracted activity has compounded the problem.

It is hoped that a Dental Reform Strategy established in late 2020 which brings together key stakeholders with responsibility for oral health in the region as well as public and patient voice partners will produce a programme of improvements to NHS dental services and oral health in the South West.

1.4 South West Ambulance Service (SWAST) – Delayed Response Times; Queues at A&Es

The title of the item just about summed up the presentation and the state of play outside our acute hospitals, particularly GRH and the consequent ability, or rather lack of it, of SWAST to meet its response time targets.

Modifications currently nearing completion at GRH will give some greater capacity for patients to be in a 'safe queue' for assessment and treatment within the hospital rather than in a queuing ambulance provided adequate numbers of staff are available. However, it's not clear that this will avert an ongoing crisis throughout the coming winter period as GHNHSFT are still struggling to discharge patients that are ready for care in community settings at an adequate rate, as demonstrated by the increased average length of stay and there is no sign of suitable available downstream capacity improving.

The acting Chief Exec for GHNHSFT indicated the contribution to this problem made by very high bed occupancy (continuously at 95%+). It's clear that such occupancy rates have a major impact on patient flow and the ability of the Trust to operate efficiently, however given that these rates have now been endemic for a decade or more it's not clear what role they play in the current crisis.

The issue of access to GPs was also raised in connection with this item. It was suggested that greater problems getting appointments since the onset of the pandemic had not helped keep calls to the ambulance service and/or attendances at A&E at bay.

In summary this is clearly a multi-factorial and extremely serious problem. HOSC agreed to devote a special meeting to further consideration of it in the coming weeks (mid-September currently seems the most likely time for this event)

2. Information Items – see presentations for details

2.1 NHS Gloucestershire Clinical Commissioning Group (GCCG) Performance Report

2.2 One Gloucestershire Integrated Care System (ICS) Report

2.3 NHS GCCG Clinical Chair and Accountable Officer Report