

Report to January Meeting of CBC Overview and Scrutiny Committee

Summary of December 2022 Meeting of GCC Health Overview and Scrutiny Committee

A full recording is available at the “Online meetings” section of the GCC website. The public information pack which includes all power point presentations is also available on this website. The minutes are not yet available, so this paper is based solely on notes I took at the time.

1. Scrutiny Items

1.1 NHS Dentistry

It had been hoped that a Dental Reform Strategy established in late 2020 which brought together key stakeholders with responsibility for oral health in the region would produce a programme of improvements, particularly in terms of access, to NHS dental services and oral health in the South West. Instead, access has continued to get worse with the total number of adults having access to an NHS dentist in Gloucestershire decreasing to below 30%.

A key factor affecting access is workforce. The lack of dentists in the area undermines the ability of high street practices to meet their existing commitments/contracts. Difficulty returning to pre pandemic contracted activity have compounded the problem, but it's clear now that simply emerging from the issues created by the pandemic will not solve the problem of lack of access. Not one practice in Gloucestershire is currently taking on new NHS patients and NHS England have struggled in 2022 to even purchase blocks of access to patients not already signed up for a practice.

There is no longer a school dental service, and the reality is that many children will never see a dentist unless their parents can afford private dental care for them. It is currently estimated that 20% of our 5 year-olds are suffering with significant tooth decay.

From April 1st 2023 the commissioning of dental service is transferring from NHS England to NHS Gloucestershire but it's not anticipated that any new money will be available and its not clear how this transfer will help to improve the service.

1.2 Mental Health Update

Demand overall has increased dramatically post pandemic, particularly in child and adolescent services which are still set up to only deal with the volume and complexity of cases being experienced in 2019, pre-pandemic.

Crisis Care services attempt to respond within 4 hours and focus on keeping people at home if possible. Admission rates per 100,000 population in Gloucestershire are 132 pa compared with a national average of 188 pointing to the value of our Crisis Team. This team also services the Maxwell centre where police take those they have found in mental health crisis.

Eating disorder services have recently experienced a huge increase in referrals right across the age spectrum. Waiting List initiatives are being run for adolescents to try to catch up with the backlog that has developed.

Community mental health services are currently undergoing a transformation to create locality teams aligned with primary care networks. Currently 12 WTE mental health workers have been recruited to these roles with a further 3 staff are planned for 2023/24.

A transformation programme is also underway in child and young people services. A target of 95% of referrals progressing to assessment within 4 weeks has been set with current performance having improved to 91.5%. The young minds matter initiative has now been rolled out to 118 schools and the aim is for 2000 young people to have access per year from 2023/24 onwards.

1.3 Brief Report from Gloucestershire Hospitals NHS Trust (GHT) on Robotic Surgery

The Chief Executive of GHT had been invited by the Chair of the Committee to elaborate on press reports about robotic surgery services now available within GHT. She confirmed that robots (and the staff with the skills to operate them!) are now in place to carry out Upper GI and oesophageal cancer surgery. GRH is the first site in England offering this surgery for oesophageal cancer.

2. Information Items – see presentations for details

2.1 Gloucestershire Integrated Care System (ICS) Integrated Performance Report (IPR)

The most striking data I found to be that 65,537 people are on waiting lists for planned care with 1,446 waiting over a year and 7 over 2 years

On the upside there have been no further 'never' events since my last report 3 months ago and as described below ambulance waits at A&E have improved.

Cancer waiting times, particularly the 62-day target from referral to first definitive treatment are poor compared with those seen historically, however GHT waits are broadly in-line with the national averages. I have requested a breakdown of the 62 day waits by cancer site as the overall figure presented could hide problems in particular specialities.

2.2 NHS Gloucestershire Integrated Care Board (ICB) Update

- General Commissioner update including national picture
- Commissioner update focussing on primary care
- Update from provider Trusts, GHT, Gloucestershire Health and Care Trust (GHC) and South-west ambulance service (SWAST). These encouragingly showed that the average number of ambulance handovers per day taking more than 4 hours has declined from 21.3 in April to 0.5 in November.