

Report to April 2023 Meeting of CBC Overview and Scrutiny Committee

Summary of March 2023 Meeting of GCC Health Overview and Scrutiny Committee

A full recording of this meeting is available in the "Online meetings" section of the GCC website. The public information pack which includes all 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 Report on Out-of-hours GP & NHS 111 Service Provided by Practice Plus Group (PPG)

PPG have been running these services in Gloucestershire since 2019. It is the largest provider of such services in England. The latest CQC report published in February 2023 has given an overall rating to the GP OOH service of 'requires improvement', with a similar rating with respect to the safety and governance of the services whilst NHS 111 has received an 'outstanding' rating.

The NHS 111 service is commissioned to receive `170,000 calls per annum with targets focussed on response times such as number of call answered within 60 seconds.

Despite the outstanding rating PPG introduced a number of improvements before the start of winter such as the use of alternative pathways to reduce demand on A&E. Even with this rating and the subsequent improvements one quarter of patients rated the service as poor and 30 formal complaints have been received in the last year. However, apart from the month of December 2022 when there was a massive increase in respiratory disease particularly amongst children, performance against all KPIs has remained good.

The out-of-hours GP service is much more challenged, at the time of the CQC visit 26% of shifts it needs to fill to provide the specified service remained unfilled and the CQC concluded that there were insufficient numbers of suitably qualified staff deployed to meet the fundamental standards of care and treatment expected and to ensure that care was provided safely.

In liaison with the ICB PPG have developed an extensive action plan to try to improve matters but many GPs are unwilling to work the unsocial hours required to run this service and the problem of adequately staffing such a service is a nationwide one.

However, some success has been achieved and the percentage of unfilled shifts has reduced to 22%.

Greater use is now being made of Advanced Nurse Practitioners and clinical pharmacists with those suitable patients in the queue being dealt with by these staff alone.

The action plan has now (14/3) been submitted to the CQC who have also issued a warning notice with respect to the governance of the OOH service as the 'requires

improvement' finding was a repeat of a similar finding from their 2019 visit. This means that the CQC will give a period of between 6 and 12 months to the service to complete the plan. If it fails, it could be declared in breach of the 2008 Health and Social Care Act.

1.2 Review of 2022/23 Winter Surge Management Measures

At the October HOSC meeting One Gloucestershire ICS presented a healthcare wide system plan aimed at ensuring winter 2022/23 was considerably less problematic than the corresponding period in 2021/22 for the healthcare community and its patients. As part of the plan additional investment was given to six areas with the following impact:

- Rehab. beds at Cheltenham General. Prescott Ward has undergone a £1.6M refurbishment and 35 extra beds were made available from December as surge capacity for the increased winter demand. Unsurprisingly they became fully utilised by early in the new year. As winter demand recedes, they will be incrementally closed.
- Extra Social Workers for acute hospitals. These extra staff have dealt with an average 30 patients per week and have become highly valued members of the ward teams enabling earlier planning of post-hospital care and hence earlier, safe discharge.
- A new discharge waiting area at Gloucester Royal. This has provided a dedicated, fully staffed space away from the wards for patients ready for discharge creating better flow through the hospital with beds becoming available earlier in the day on the wards.
- A 10-bed assessment unit at Tewkesbury Hospital. These beds have been re-purposed for assessment and management of frail elderly patients and have been fully used to deliver care to patients that would otherwise have ended up in less appropriate beds in the acute hospitals.
- 14 rehab. beds at the Kingham Unit in Bouton-on -the-water. These beds have been used to discharge patients from the acute hospitals with a view to assessment prior to final discharge back to the community. They have been fully occupied throughout the period and have proved an invaluable asset.
- A £2M investment in 'virtual wards' where healthcare staff give advice to and monitor patients in their own home. It is primarily focused on respiratory illnesses. At its peak 62 patients were dealt with from mid-December to early January when pressure on the system overall was at its greatest.

Initial feedback suggests that after a very challenging few weeks in December the latter part of the winter pressures period has been dealt with relatively successfully despite the additional problems created by staff shortages because of high vacancy rates, high sickness rates and strike action. Most delivery targets are now being met and whilst ambulance response times are still not meeting target they have significantly improved compared with 2022. Category 2 patients (those that are

sickest) currently being reached in an average 26 minutes compared with the target of 18 minutes.

In late April a full review is being held with all operational leaders from across the system.

1.3 Maternity Services Update – Extension of Temporary Changes

In summary a shortage of midwives has led GHFT to conclude that the Aveta birthing unit at CGH should remain closed for labour and births along with six post-natal beds at Stroud maternity unit.

The unit at CGH has been closed for labour and births since April 5 last year and six post-natal beds in Stroud have been closed since October 1. These closures were reviewed as planned in January but high vacancy and sickness absence rates had persisted so it was concluded that the closure needed to continue at least until a further review in April when a revised staffing model will also be considered.

The GHFT spokesperson indicated at the HOSC meeting that the midwifery service currently has 25 vacancies but that at a recent recruitment event 31 potential new midwives came forward. Many still had to complete their training so they won't start immediately but it is good news in the medium term though the national picture remains gloomy.

A CQC report in 2022 highlighted lack of staff in rating the maternity service as inadequate. Numbers have steadily improved since that report but staffing levels remain a challenge and midwifery staffing is still on the risk register as it is still not possible to meet the required ratio of midwives per birth 100% of the time.

The intention is to fully reopen the Aveta unit and the beds in Stroud as soon as possible but at the moment staff need to be concentrated in other areas to ensure all 6000 births in the County can happen in safe, adequately staff facilities.

2. Information Items – see presentations for full details:

2.1 Gloucestershire Integrated Care System (ICS) Performance Report

- Patients waiting for planned care still very high at 64,170.
- 1446 waiting over 52 weeks.

2.2 NHS Gloucestershire Integrated Care Board (ICB) Update (n.b. One Gloucestershire ICB now known collectively as NHS Gloucestershire – this report therefore includes updates from all NHS providers in primary and secondary care as well as a report from SWAST and the healthcare commissioner)

- The Medical Day Unit (MDU) that provides a nurse led service offering day case procedures such as infusions and biopsies to remain open at CGH for a further 9 months, until December 2023 pending the development of a long-term plan for this service.