

## **Report to September 2024 Meeting of CBC Overview and Scrutiny Committee**

### **Summary of 21 July 2024 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 Cancer Briefing**

15 years ago GHNHSFT was able to hit most of the Cancer Waiting Times (CWTs) on a regular basis. The 62 day wait from referral to first definitive treatment was occasionally missed though performance would always be close to the 85% target unlike the current disappointing figure of 62%.

The essential problem is that resources have failed to get close to meeting the increase in demand (i.e. the number of people with cancer that is treatable) and the wider range of treatment options now available (i.e. the number of potential treatments available to any one patient). As can be seen from the summary reproduced below this is a national rather than a Gloucestershire specific problem. Nevertheless, not only does it represent a great deal of anxiety for each patient as they wait for treatment but it is clear that longer waits can and, in some cases, do lead to worse outcomes.

From the trend information currently available there is little if any indication that significant improvement is likely in the near future.

**Latest CWTs** performance (April 2024, Gloucestershire and England) is shown as follows:

- 28-day Faster Diagnosis – in Gloucestershire 75.3% of people had cancer ruled out or were diagnosed within 28 days of an urgent referral (meeting the target of 75%). This is higher than the national average of 73.5%.
- 31-day Treatment (from decision to treat) – in Gloucestershire 93.7% of people started treatment within 31 days of doctors putting in place a treatment plan (against a target of 96%). This is higher than the national average of 89.2%.
- 62-day Treatment (from referral) – in Gloucestershire, 62.4% of people received their diagnosis and started their first treatment within 62 days of an urgent referral (against a target of 85%). This is lower than the national average 66.6%

##### **1.2 Update from South West Ambulance Service NHSFT**

The biggest challenge for the Ambulance Trust across the South West over the past two years has been the increased length of time spent at acute hospitals waiting to handover patients. In the month of June, SWAST lost 3,298 hours to handover delays at Gloucester Royal Hospital and Cheltenham General Hospital, severely reducing the remaining resource hours on the road in the Gloucestershire area to respond to patients (9,739 hours lost across

the last three months in total). Average handover time at Gloucester Royal Hospital in June was 1 hour 24 minutes per patient and 25 minutes per patient at Cheltenham General Hospital compared to the 15-minute handover standard.

According to SWAST it is primarily as a result of these pressures that response times in Gloucestershire remain well above the national standards.

For the month of June 2024: ▪ Category 1 mean of 10 minutes 24 seconds (7 mins target) ▪ Category 2 mean of 40 minutes 46 seconds (18 mins target) ▪ Category 3 mean of 2 hours 10 minutes

For the 3-month period April to June 2024: ▪ Category 1 mean of 10 minutes 08 seconds ▪ Category 2 mean of 41 minutes 12 seconds ▪ Category 3 mean of 2 hours 12 minutes

Some of the rural response times are particularly worrying e.g. Bourton Vale 21.40 for a Cat 1, Kemble 22:04 for Cat 1, Northleach 21:59 for Cat 1

In terms of call answering. Over the past 18 months performance has consistently been better than the national standard. In May with a mean answer time of three seconds in May 2024.

## **2. Information Items – see presentations for full details:**

### **2.1 Gloucestershire Integrated Care System (ICS) Performance Report**

Two of the main performance issues, namely Cancer Waiting Times and Ambulance waits are discussed above in the two scrutiny items that came to committee. Despite clear ongoing problems the ICB seem confident that plans are in place to deliver improvements in cancer waiting times. Hopefully they are right, but from a scrutiny point-of-view this needs to be kept near the top of the agenda.

From a diagnostic perspective waits for all modes of endoscopy continue to be worryingly high but significant extra activity is now in place to try to meet the considerable increase in demand of recent times and overall waiting lists have reduced since their peak last winter.

As normal at this time of year 4 hour waits in A&E have improved. The ICB is confident that it is on course to reach the March 2025 target of 78%.

Elective waits of more than 65 weeks have come down to 402 but there are 2869 patients waiting over 52 weeks. A frighteningly high figure which shows little sign of improvement. Only 67.2% of elective patients hit the 18 week wait target.

Access to mental health services particularly children and adolescents remains a local and national problem but on a positive note out of area referrals reduced to only 375 in 2023/24 and analysis of referrals in April and May 2024 revealed that only 1 patient in each month received an inappropriate out of area referral.

**2.2 NHS Gloucestershire Integrated Care Board (ICB) Update – this report is now divided into 3 sections**

- Section 1 an update on national and local commissioning issues
- Section 2 an update on primary care issues from the commissioner perspective (see 1.2 above)
- Section 3 an update from the 3 provider Trusts; Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire Hospitals NHS Foundation Trust (GHT) and South Western Ambulance Service NHS Foundation Trust (SWAST)