Report to November 2024 Meeting of CBC Overview and Scrutiny Committee

Summary of 15th October 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 Gloucestershire Urgent and Emergency Care Winter Assurance Plan

Prevention and early intervention were stated as the main aim of this plan. Very laudable and something that has been the mantra of most purchaser produced winter plans for at least the last decade.

Of course, people need to be encouraged to be fully vaccinated, to seek local support, e.g. from pharmacies, use their GPs, NHS 111, community mental health support and 999 as fully as possible but the reality is that the pinch point will end up being the acute hospitals.

The report highlights many community based initiatives to prevent this (and I wish them every success) but it is thin on reassurance that capacity at the acute hospitals will have the flexibility to cope adequately with what I believe is the inevitable substantial increase in demand that it will experience.

1.2 Update on Gloucestershire CC Motion 935 – Cancer Waiting Times

15 years ago, GHNHSFT was able to hit most of the Cancer Waiting Times (CWT) targets 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.

For several years now it has not even reached 70% and is currently languishing at 65%.

I indicated in my previous report that this is a national problem which is primarily due to a lack of capacity in cancer pathways, 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) which has not been matched by a sufficient increase in resource.

The failure to achieve this target represents a great deal of anxiety for each patient as they wait for treatment, and it is inevitably the case that this will sometimes lead to worse outcomes.

From the trend information currently available there is no evidence that significant improvement is likely in the near future.

A few days before the HOSC meeting, HOSC members visited the Regional Oncology Centre at Cheltenham General Hospital. It was an excellent opportunity not just to see the fantastic treatment facilities but also to discuss with Consultant medical staff, nurses and hospital managers the issues and problems they faced. We learnt that the failure to meet the 62-day wait target was primarily a diagnostic and surgical problem not an Oncology one. In Oncology there are fortunately still no delays for urgent treatment.

There are currently no problems with many cancer pathways such as those in Breast and Skin, but significant difficulties are occurring particularly in the Urology pathway and also the Lower GI (colorectal) cancer treatment pathway and not just with delays of over 62 days. Latest figures (for August 2024) show 63 patients over 104+ days - 45 of these being held by Urology, and 9 within Lower GI.

The pressures within these specialties has developed over a significant period and there are now specific improvement plans in place for Lower GI and Urology to address the performance in these specialties. A weekly Urology working group is led by the Deputy Chief Operating Officer at GHFT with the aim of continually driving improvement. Primary care training has also been delivered to minimise repeat and unnecessary referrals.

To reflect these findings and escalate the issue as best it could HOSC endorsed the Gloucestershire CC Motion 935 regarding Cancer Waiting Times.

2. Information Items – see presentations for full details:

2.1 Gloucestershire Integrated Care System (ICS) Performance Report

I have dealt with one of the main performance issues, namely Cancer Waiting Times above so will deal in this section only with other performance problems highlighted in the ICS report.

From a diagnostic perspective waits for all modes of endoscopy have considerably improved following the introduction of extra capacity as described in my last HOSC report, waiting times and waiting numbers are at a two year low despite an ever continuing rise in demand. Waiting times for echocardiographic have however become a cause for concern and a 7-day service for this diagnostic is now being planned to try to deal with the relentless increase in demand. Finally in diagnostics, referrals for CT and MRI have doubled over the last 5 years, turnaround times for scans and scan reports have thus suffered as capacity to has not increased at the same rate. A temporary solution is outsourcing whilst additional staff and equipment are planned.

As normal for this time of year 4 hour waits in A&E have improved slightly. The ICB is confident that it is on course to reach the March 2025 target of 78%. Also on a positive note, NCTR patients, those with No Criteria To Reside (called bed blockers until very recently) have substantially reduced from an average of 184 in 2023/24 to an average of

130 this year and only 104 at the time the report was written in September. If a figure around 100 can be sustained this would represent an extra 3 wards being available for those patients who really need an acute bed and if maintained into winter will enable a very welcome improvement in performance.

Elective waits of more than 65 weeks have risen since my last report to 549 whilst the number waiting over 52 weeks is essentially unchanged at 2920. 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 the dramatic reduction in out of area referrals has been sustained with an average of only 1 patient per month receiving an inappropriate out of area referral. A thirty-fold decrease on last year's figures.

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)