Report to January 2025 Meeting of CBC Overview and Scrutiny Committee

Summary of 26th November 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 Living Well and Ageing Well in Gloucestershire Urgent

The Committee was presented with a model for dealing with frailty in Gloucestershire. The focus of the model was on keeping these vulnerable patients out of hospital as much as possible.

Whilst the assessment/ diagnostic phase may require a brief hospital stay the aim would be to provide personalised care as close to home as possible with 'complex' care at home teams and virtual wards enabling clinical teams to monitor patients remotely.

2. Information Items – see presentations for full details:

2.1 **Gloucestershire Integrated Care System (GICS) Performance Report**

Diagnostic performance has plateaued after the improvement in waiting times seen in the summer. Gastroscopy, colonoscopy and echocardiography have failed to meet their recovery targets whilst most of the radiology modalities have been successful in doing so. Increasing demand for all diagnostic services shows no sign of abating. For example referrals for CT and MRI have doubled over the last 5 years.

A new provider for non-acute urgent care services is now in place. This new integrated urgent care service (IUCS) combines the provision of NHS 111, a new CAS (a GP led Clinical Assessment Service) and the GP out-of-hours service all within one organisation. It's impact on our overall emergency services is yet to be seen.

Elective waits of more than 65 weeks have fallen dramatically since my last report from over 500 to just 78 but it should be remembered that the target is for patients to be seen and treated within 18 weeks. Only 66.2% are achieving that standard and given the massive numbers failing I requested information on those waiting 6 months, 9 months as well as 12 months to get an overall picture of the scale of the problem.

The impact of the winter plan presented to the previous HOSC meeting remains to be seen. None of the figures presented to this meeting gave any clues about the effectiveness of the many proposed measures which we hope have now all been implemented.

Again, the performance against the crucial cancer 62 day wait target from referral to treatment failed to improve, remaining static at 67%, failing even to reach the interim target of 70%. It is still miles away from the national target of 85%.

Improvements have been made to the Urology pathway, which along the colorectal cancer pathway provided most of the breaches of this target. Sadly 42 or 98 patients on the urology pathway still did not reach the target.

I have previously indicated in these reports 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 which is why I requested an investigation into the harm suffered by patients subject to these long waits. A harm report is already being produced for each urology patient waiting over 104 days but this this surely doesn't appropriately represent a full analysis of harm from continuing failure to meet this target.

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)

These are reports presented for information rather than direct scrutiny, but it is encouraging to note a net increase in midwifery numbers of approximately 25 WTE in the first 6 months of the year. This has gone some way to addressing the shortfall, but the report indicates that more are required before the Aveta Birthing unit can be safely reopened.