Report to February 2025 Meeting of CBC Overview and Scrutiny Committee

Summary of 28th January 2025 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 South West Ambulance Service – A Performance Update

An extensive information pack was provided by SWAST breaking down all aspects of the services work in detail. Waiting times can be found for just about every ward in the County. Unsurprisingly these are relatively good in and around Cheltenham with waits in more rural areas of Gloucestershire being much more problematic.

More comparisons with previous years would have been helpful but it's clear that demand continues to rise and despite numerous initiatives to try to reduce the problem of waiting times for handover, especially at Gloucestershire Royal these continue to be a major problem. Whilst blockages exist in the care system as described in 1.3 and 2.1 point 3 below it's difficult to image that much progress will be made in reducing these waits and freeing up ambulance time.

1.2 Gloucestershire Health and Wellbeing Board and Integrated Care Strategy

a) Gloucestershire Health and Wellbeing Board Annual Update

This year, 2025, represents the five-year point of the 10-year Gloucestershire joint local health and wellbeing strategy (JLHWS) which was issued in 2020. This report represents a mid-point review of the strategy, reflecting on progress to date and priorities over the next 5 years. This review will be published in March giving updates against each of the 7 strategic priorities:

- Best start in life
- Adverse Childhood Experiences (ACEs)
- Physical activity
- Healthy lifestyles with a focus on healthy weight
- Mental health and wellbeing
- Health and housing; and
- Loneliness and social isolation.

A summary of progress against each of the above strategic priorities across the last 5 years and a snap-short of their priorities for the next 5 years is provided in appendix 1 of the report.

Unfortunately, the Joint Health and Wellbeing Strategy dashboard- 2024 update (Appendix 2) provides statistics only at Gloucestershire and national level making meaningful evaluation of the impact of this strategy very difficult.

b) Gloucestershire Health and Wellbeing Partnership - and the Gloucestershire Integrated Care Strategy

Gloucestershire has been operating as an Integrated Care System (ICS) since 2018, This developed into an Integrated Care Partnership (ICP) under the Health and Care Act 2022. An Integrated Care Partnership is a joint committee that brings together a all organisations concerned with improving health, care and wellbeing of its population. This Committee is referred to as the One Gloucestershire Health and Wellbeing Partnership. It has a statutory responsibility under the Act to produce an Integrated Care Strategy encompassing the work happening across the system with the aim of aligning this with the ongoing work of the Health and Wellbeing Board. This strategy is laid out in full should you care to read it.

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

The pressure on beds described in more detail below (2.1 point 3) was massively impacted by the No Criteria to Reside (NCTR) position, with the number of patients with NCTR rising from under 100 in December to 192 as of the 10th January 2025. This means that on 10th January there were the equivalent of 6 wards full of patients who were medically fit to be discharged but who couldn't leave hospital because there is no suitable ongoing accommodation in the community

Diagnostic performance has declined slightly in November 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.

483,747 appointments were delivered in general practice in Gloucestershire in October 2024 – the highest appointment activity volume delivered on record. Same day appointments made up 34.0% of these – 164,519 appointments across

the month. These impressive figures do however mask an ongoing problem for many patients in many practices who find difficulty in getting routine appointments

Elective waits of more than 52 weeks have steadily declined over the last year to around 1600 but it should be remembered that the target is for patients to be seen and treated within 18 weeks. Only 67% are achieving that standard and given the massive numbers failing I have 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%.

The urology, colorectal and skin pathways continue to be most problematic. 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.

A national study revealed that over the last decade 500,000 patients had to wait longer than 62 days for their treatment. This would represent about 5000 people in Gloucestershire, about 500 a year. The report concludes that this will mean that many cancer patients will be dying, in its words, unnecessarily.

From the trend information currently available there is no evidence that significant improvement is likely in the near future which is why I have 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. Information Items

2.1 **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)

Three points of particular to note:

1) On Christmas Eve Cheltenham General Hospital's Medical Day Unit (MDU) opened in its new home on Oakley Ward, Centre Block. It has relocated from its previous site near A&E. The MDU provides intravenous (IV) therapies for conditions such as multiple sclerosis, rheumatoid arthritis, inflammatory bowel disease, osteoporosis, iron deficiency anaemia, asthma and renal issues.
2) On 5th February the new hyper-acute stroke unit (HASU) opened at Cheltenham General in a newly refurbished ward to be known as Hatherley Ward. It provides lifesaving treatment for all Gloucestershire stroke patients 24 hours a day with new state of the art equipment and a highly specialised medical and nursing team
3) On 8 January 2025 health and care services across Gloucestershire experience highly abnormal operational pressures and were forced to declare a critical incident. This system decision was taken in response to sustained pressure experienced by both acute hospitals (CGH and GRH), urgent and emergency care services, community services and South West Ambulance services over the previous week. The acute hospitals also saw large numbers of ambulances waiting outside and there had been higher numbers of patients in emergency departments, with too many experiencing much longer waiting times than normal. There had also been many patients in the acute and community hospitals who are medically fit to be safely discharged but are awaiting the right care. Declaring a critical incident allowed additional, immediate steps to create capacity, help discharge patients, relieve pressure on emergency departments and also release ambulances and their crews. Like many other parts of the country, Gloucestershire has experienced significant additional pressures due to increased flu and norovirus over the festive period and into the new year. Thankfully these pressures have now eased somewhat