

Report to April 2025 Meeting of CBC Overview and Scrutiny Committee

Summary of 11th March 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 Review of NHS Winter Assurance Plan 2024-25

This plan was presented to HOSC in October 2024 and the report gave an update on how the ICB considered how effective the plan had been in the early part of the winter.

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.

The plan had sought to encourage people 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 to prevent bed shortages in acute hospitals bringing flow of emergency patients through the system to a halt.

The new medical pathway which established a network of support for patients in their own homes (called a virtual ward) was reported as having played a crucial role in preventing the need for acute hospital admissions.

However, in January a critical incident was declared. This is now normal for this time of year. There were 192 patients with NCTR (no criteria to reside) i.e. over 6 wards full of patients who were ready to be discharged but could not be found suitable accommodation in the community.

Worse than normal outbreaks of flu and norovirus were cited as the main cause.

A winter debrief is planned for April.

1.2 NHS Integrated Urgent Care Update

This was billed as an executive summary of the outcomes of the Working as One programme launched in 2023. Unfortunately, it contained no outcome measures and appeared to me to simply describe a few of the initiatives that have been launched under this umbrella such as the Acute Assessment Area with the Acute Medical Unit at Gloucester Royal.

2. Information Items – see presentations for full details:

2.1 Gloucestershire Integrated Care System (ICS) Performance Report

From a diagnostic perspective waits for all modes of endoscopy have continued to improve following the introduction of extra capacity as described in the autumn. Waiting times and waiting numbers are at a two year low despite an ever-continuing rise in demand.

However, patients waiting over 13 weeks for other investigations has increased to 651 at the end of December with particular issues in echocardiography and MRI. It should be noted however that referrals for the latter have more than doubled since the pandemic.

Performance against all the Cancer Waiting Times (CWTs) is good with the ongoing exception of the 62-day target from referral to first definitive treatment but even in this area there has been notable improvement with 72.7% of patients meeting the target against an interim target of 70%. It's the first time the figure has been above 70% for some time.

General Practice appointments reached an all-time high in December of 364,453 with 44% of them on the same day.

As normal for this time of year the A&E 4 hour wait performance has been poor but for the ICB as a whole it is now (February) at 77% and on course to reach the March 2025 target of 78%. Ambulance handover times were very poor in early January but by early February were back down to 35 minutes on average. Ambulance response times are relatively stable but still well adrift of targets.

Elective waits of more than 65 weeks have dropped down to only 26 patients from over 500 a few months ago and the number waiting over 52 weeks is down to 1378 about half the number being reported last autumn. However, only 67% of elective patients hit the 18 week wait target with no movement toward the interim 72% target and miles away from the actual target of 92%

Access to mental health services particularly children and adolescents remains a local and national problem but on a positive note the out of area referrals remain very much lower than in previous years.

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 such as the national 10-year health plan
- Section 2 an update on primary care issues from the commissioner perspective
- 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).

The GHT report includes details of the new Hyper-Acute Stroke Unit (HASU) on the new Hatherley Ward at CGH along with the new Linac (Linear Accelerator) in the Oncology Centre. Two very large investments in our local hospital.