

Report to November 2025 Meeting of CBC Overview and Scrutiny Committee

Summary of 14th October 2025 Meeting of GCC Health Overview and Scrutiny Committee

A full recording of this meeting is available in the meetings section of the GCC website. The agenda reports pack which includes presentations is also available on this website with the SWAST report attached separately. At the time of writing this report the minutes were not yet available.

1. Scrutiny Items –

1.1 South Western Ambulance Service Update

The ambulance service are using community first responders more frequently and fire co-responders less because the former are, on average, significantly quicker at getting to an emergency.

This is particularly significant in rural areas where category 1 & 2 response times from full ambulance crews are inevitably slower on average than in more built up areas. In these rural settings community first responders are invaluable with many lives having been saved as this service has developed

There are 33 (paid) fire co-responders but the plan is to phase their use by the ambulance service out as the community first responder network becomes complete. However, this does not mean the fire and ambulance services have stopped working together as has been suggested of the local media.

2. Information Items – see presentations for full details:

2.1 Gloucestershire Urgent and Emergency Care Winter Assurance Plan

See slide presentation for high level information about plans across all health services in the county. This came across as more like a description of aspirations rather than a detailed set of actions about how these will be achieved.

2.2 Gloucestershire Maternity Services Update

The committee received an update on the current delivery of services as well as a detailed presentation on the review of services and subsequent publication of the NHS Gloucestershire Neonatal & Maternal Mortality report (published on 8th Sept 2025).

The committee also received an update on the temporary closure of the Cheltenham Aveta Centre for Births (all other maternity are still provided there) as well as some post-natal maternity services at Stroud hospital.

These closures will remain in place whilst the ICB conducts a maternity health needs assessment to inform any case for change. The needs assessment involves a review of

nationally available data and trends, and the evidence base for what works in terms of quality and safety. Initial findings from the needs assessment include that overall birth rates are down, whilst the number of women having an induction has been increasing in Gloucestershire with 39% in May 2025 compared to 31% in April 2022, which is in line with national figures. The number of spontaneous vaginal births have been decreasing over time, whilst the number of elective and emergency Caesarean sections have been increasing, both nationally and within Gloucestershire (45.27% in May 2025 compared to 34.99% in April 2022). The change in Caesarean rates has required a significant change in the resource needed, such as an increase in obstetric consultant time and an increase in theatre sessions. Other changes have been seen in national demographic trends, such as an increasing age of women giving birth, leading to more complexity. In addition, studies suggest that up to 46.2% of pregnant women have multimorbidity (two or more long-term health conditions). The intention is to align maternity needs with national and local situation to improve outcomes and experiences, particularly by tackling health inequalities that continue to be a problem.

2.3 Gloucestershire Integrated Care System (ICS) Performance Report

National rankings for acute and community NHS providers have been published, with local providers achieving above average results. Gloucestershire Hospitals Foundation Trust has been ranked 17th out of 134 NHS Acute Trusts nationally, while Gloucestershire Health and Care Trust ranked 21st out of 61 community and mental health trusts

The Hospitals Trust has also received national recognition for being the 6th most improved in respect of long waits in A&E. At a time when figures have been generally getting worse and when demand has continued to escalate, 12 hour waits reduced from 14% of attendances in 2023/24 to 8.9% currently. Clearly still a horrible experience for a very large number of patients but it is vindication for the changes made to the A&E patient pathway which have at times received adverse comment including from HOSC members.

At the start of 2024/25 there were 3000 patients waiting over 52 weeks for their procedure that figure is now down to 137 or 0.2% of the total waiting list. However, only 71% of elective patients hit the 18 week wait which represented some movement towards the interim 73% target but is still some way away from the actual target of 92%

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 78.0% of patients meeting the target in July against an interim target of 70%. The prostate pathway continues to be the most problematic with 31 of the 68 breaches in the most recent month for which information is available.

ICB and GCC are collaboratively developing the Gloucester City Dental Access Centre which will be made up of seven treatment rooms at Quayside House. The Centre will provide daytime, evening and weekend urgent care appointments for patients alongside

appointments to stabilise dental health with follow-up appointments where needed. These appointments will be accessible via NHS 111.

In diagnostics patients waiting over 6 weeks for investigations has increased from 2686 in 2024/25 to 4407 waiting now. Colonoscopy, sigmoidoscopy, echocardiography have seen the biggest rises recently. Improvement plans are in place but I'm aware of particular issues staffing in echocardiography. It should be noted that referrals for many diagnostic services have increased substantially since the pandemic, keeping pace with this growth is far from easy.

An astonishing 410,180 appointments were delivered in general practice in July 2025. Whilst the registered population has increased by 6% since 2019/20, appointment activity has increased by 26%.

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

- Section 1 an update on national and local commissioning issues focusing mostly on this occasion on the new national 10-year health plan and its implication for Gloucestershire as well as the 3 temporary changes described in the appendices.
- Section 2 an update on primary care issues from the commissioner perspective, focussing this time on dental health provision
- Section 3 an update from the 2 provider Trusts; Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire Hospitals NHS Foundation Trust (GHT)

The 4 changes detailed in the appendices are as follows :

- i. The first temporary change relating to Community Hospitals is to develop services provided at Cirencester Hospital to provide care to patients with more complex needs.
- ii. The second temporary change also relating to Community Hospitals involves using ten existing community hospital beds to provide a short stay in a community hospital for people who have deteriorated at home and need a longer assessment and review by a multi-disciplinary team.
- iii. The third change involves testing whether by bringing together specialist teams, equipment and best practice in a more focused way in fewer locations care could be improved. • Tewkesbury will continue to undertake Ophthalmology, ENT and Orthopaedic day cases • Stroud will continue to undertake Breast Surgery, Gynaecology surgery with plans to introduce urology surgery during the test period • Other specialties which are currently performed at the three community theatre sites will be centralised during the test period at Gloucestershire Royal or Cheltenham General. To make this possible, theatre activity in Cirencester will pause for six months during the test.

- iv. In order to replace the fire infrastructure system in the Tower at GRH (which is outdated and no longer sustainable) there is a need to carry out works on each ward within the Tower. The plan is to empty two wards on a floor of the Tower and to use this as a decant space, enabling the contractors to upgrade two wards, one floor, at a time. It is estimated that the work will take approx. 4-6 months per floor (overall approx. 3-4 years to complete the Tower wards). To create the decant floor it is planned to:
- a) Temporarily move Neurology services (including the Neurology Ward, Brain Injury and Neuro therapy) from GRH to Prescott Ward at CGH.
 - b) Reconfigure existing medical wards at GRH to take some general medical patients currently housed in the Tower and
 - c) create a system to support patients who are fit to leave hospital to move to the most appropriate setting, whether that's at home or in another community setting.
- Once these actions are completed, each floor in the Tower will be temporarily moved into the decant floor to enable works to be carried out. Unfortunately, this will mean a reduction of approximately 20 to 30 medical beds at GRH and will undoubtedly place additional strain on an already very stretched flow of emergency patients in Gloucestershire requiring a medical bed in an acute setting.