

Report from GCC HOSC 16th July 2024 from CDC representative, Cllr Dilys Neill.

The two main topics for the recent HOSC were cancer waiting times & a report from the South West Ambulance NHS Foundation Trust.

There are three national targets for cancer waiting times.

-28 day urgent referral to diagnosis, (malignancy confirmed or ruled out)

Gloucestershire achieves 73% against a target of 75% & this is above the national average.

-31 day decision to treat to treatment commencing. Gloucestershire achieves 93.7% against a target of 96% & this is above the national average.

- 62 day referral to treatment commencing. Gloucestershire achieves 62.4% with a target of 85%. This is below the national average which is 66.6%

Urological cancers, which are mainly bladder & prostate show that the 62 day wait is breached in two thirds of cases. Lower GI cancers & some gynaecological cancers are the other areas where there are significant breaches in the target. In all the above, there are issues around staff shortages (a national problem) with delays in diagnostic procedures e.g. transperineal prostate biopsy, endoscopy accounting for much of the delay. Plans for staff training, recruitment & investing in new technology are in place.

The new cancer diagnosis centre at Gloucester Docks is now operational.

I was concerned that the current situation where investment was required to see the backlog might mean that money & staff with expertise might not be available to allow the trialling of innovative treatment such as cancer vaccines in Gloucestershire. I was assured that this is not the case. Pharmaceutical companies sponsor trials, & there is a well funded research department for cancer trials in Gloucestershire.

South West Ambulance Service NHS Foundation Trust (SWAFST) - a report was presented by the head of service for the South West, one of the doctors working for the ambulance service & an administrator. So far, there have been higher than expected call volumes, sometimes over 2,000 per week in the count. 60% of ambulance attendances can be dealt with by the paramedics without transport to hospital. For those that do need hospital referral, there is a problem with handover times which are on average 25 minutes at CGH & 1hr 24 mins at GRH. This is against a target waiting time of 15mins & has resulted in a loss of 3,298 available hours of ambulance availability.

The waiting times for ambulances from a call are all above target, over 10 minutes for a category 1 call for example. Some changes have been introduced to tackle this. Ambulance preparation vehicles are being introduced which can meet & restock the ambulances. A staff centre where crew can take their break has been introduced at Gloucester Hospital & there are two new management leads. There is an ambitious programme to improve ambulance response times but clearly, the very long handover times at the hospitals is a major problem.

There is a report every month from the integrated care board, but there were no particular issues arising from this. At every meeting, members review the work plan & can raise topics which they would like to see discussed. The topics discussed at the recent meeting will be revised at a later meeting