Report on HOSC October 15th 2024 for O&S

The main report was on winter planning. The demand for health services is highest in the winter, key points of the current plan include

- advice to patients: Keeping well, Also Gloucestershire ASAP which gives comprehensive advice about dealing with various conditions. This includes self medication, & where to go for help e.g. pharmacy, GP, NHS 111, A&E. there is also advice for carers & people with mental health problems.
- Treasure seekers. Many patients attend A&E with acute mental health problems for which this is not the appropriate forum. Treasure seekers is an initiative where mental health professionals work alongside A&E staff too deal with those patients,
- Integrated flow hub looks at the patient pathway & there has been a reduction in 1.9 inpatient days per patient on average. This has resulted in a significant reduction of the number of patients who could be discharged but don't have the necessary care in the community set up (no criteria to reside)
- Integrated urgent care mobilisation. New clinical assessment service aims to reduce ambulance response times & waiting times in A&E & improve patient experience.
- Vaccination programme, seasonal flu & COVID programmes going well (also RSV)

Personalised care: "What matters to me." New form to help health care professionals work with patient with long term conditions, dementia, frailty & also palliative & end of life care. Liaison with voluntary, community & social enterprise sector (VCSE) to improve quality of life for patients & carers & improve communication.

Staffing: continued initiatives for recruitment & retention, including apprenticeships "Home grown" staff as well as external recruitment. Provision of support for recruits form the countries.

Quality improvement e.g. learning from patient safety episodes

Most cancer targets are achieved but certain areas continue to struggle, e.g. urology but this ia a national problem. New diagnostic techniques e.g. for prostate cancer are being introduced.

Diagnostic delays: waiting times over six weeks are a problem in colonoscopy, cystoscopy & echocardiography. The targets for reporting non urgent MRI & ST scans are not being met.

General practice. Despite continuing provision of alternative services, e.g. clinical nurse specialists, social prescribing, the demand for GP appointments continues to rise. Over 40% of appointments offered are same day, urgent appointments.

Dentists. There has been increase provision of NHS dental appointments & the number pf patients seen by an NHS dentist continues to rise. nearly 30% adults &

50% children were seen by an NHS dentist last year. I asked if there was any information about the number of people who had seen a private dentist but this information is not available.

Clearly, provision of adequate social care is crucial for improvements in the day to day functioning of the NHS. For example, If beds are occupied by patients who could be discharged, patients will be waiting in A&E for longer. If there are no beds available in A&E, patients can't be transferred from ambulances, hours of paramedic tie are lost & the ambulance response time will be increased. So there is no simple answer to improving performance & patient experience.

There continues to be an emphasis on prevention e.g. falls prevention for the frail elderly, instruct on dental care in schools etc.

Please let me know if there are any topics you would like to be included in the work plan for the HOSC