

Report for Overview & Scrutiny Committee on 31st March 2025 from Cllr Dilys Neill, HOSC March 11th 2025.

A constant theme running through all the items discussed at the HOSC was the need to focus more on preventing illness “staying well” & delivering more care in the community rather than a secondary care setting.

Winter plan 2024/25.

A publicity campaign was launched to advise people how to keep well during the winter months, & also offering advice on how to access the most appropriate advice & treatment for common illnesses. For example, local pharmacies can offer advice & issue treatment for a number of ailments. Details were also given of a helpline service for carers & where to go for mental health support. “Helping the public to access the right support at the right time & in the right place.” The “Click or call first” campaign signposts people to appropriate health care.

The Integrated Urgent Care Service was launched in November 2024. This brings together NHS 111, a local GP Clinical assessment service, & primary care out of hours service. Paramedics can contact a rapid response lead who can refer if appropriate to a clinical assessment service GP who may be able to arrange treatment & avoid hospital referral. Paramedics can also speak to a team of hospital consultants to ask for advice which again may prevent the need to have the patient assessed in hospital.

Many people attend the emergency department because of mental health conditions which is not the most appropriate place to seek help. Gloucester A&E now operates a support system, Kingfisher Treasure Seekers, which offers patients a chance to talk about their problems & they can be signposted to appropriate further support services. A total of 2,275 people were helped by this service between July 2024 & January 2025.

There was a huge spike of patients admitted with flu, Covid, RSV & norovirus, significantly more than last year, & a Critical Incident was declared at the Trust in January because of pressure on beds.

One innovation which has been carried forward with success from the pandemic is the use of virtual wards. This allows patients to be treated at home with the provision of appropriate technology. This is now known as “Hospital at Home.” Some patients treated in this way are not admitted to hospital & some are able to be discharged home early, for example after surgery.

The performance of the urgent & emergency service during this past winter will be evaluated using the following headlines:

- What would good look like?
- How can we achieve this?
- What are our patients & population telling us?

Improvements outlined include an acute assessment area within the acute medical unit which has reduced the length of stay in the AMU.

Improved use of digital technology including the use of electronic patient records had improved the speed decision making processes & the flow of patients through the hospital.

Elective care:

The number of patients waiting more than 52 weeks for elective treatment has declined but is still well over 1,000. ENT waits account for 40% of these.

Cancer diagnosis & treatment. Most national targets are met, or very close to being met. The high volume specialties, prostate, lower GI & skin are the specialities where most breaches occur.

Diagnostics, the aim is that patients should have access to diagnostic tests within six weeks of referral. The modalities where significant breaches occur are: colonoscopy & flexible sigmoidoscopy, gastroscopy, cystoscopy & urodynamics, peripheral neurophysiology, echocardiography. In some cases, extra evening appointments have been made available.

Mental health services including services for children & young people are meeting targets. Suicide prevention is major focus for the ICB (see below)

General practice. 364,453 appointments were delivered in December 2024. Same day appointments accounted for 44% of these. There are initiatives in place to increase the number of NHS dental appointments including the establishment of three new dental training practices

A report from the Integrated Care Board (ICB) described some initiatives to prevent ill health: healthy lifestyles, including activity & healthy weight, diagnosing & treating high blood pressure, improved screening, & planning for frailty & falls prevention. There is an understanding of the link between health, employment & education & housing & the ICB works with other partners.

The ICB is contributing with One Gloucestershire to the discussions around the emerging ten year plan for the NHS.

Three community wellbeing & fun days were organised across the Cotswold, two in Cirencester & one in Stow on the Wold, between them attracting nearly 2,000 people. The days include input from local sports organisations as well as blood pressure monitoring & advice about diet, exercise & mental health.

GHNHSFT continues to invest in new technologies & equipment, for example image guided interventional surgery, new radiotherapy linear accelerator, & the new hyper acute stroke treatment units been opened at Cheltenham General Hospital, to provide rapid assessment & early treatment as well as rehabilitation.

South West Ambulance Service Foundation Trust currently has 250 apprentices working as paramedics & in support services. Ambulance response times are still above target across the county especially at busy times of the year. Handover delays at the emergency department contribute to this - in January, the average handover times 65 minutes but this

had improved to 35 minutes in February. We were told that a local standard operating procedure (SOP) has been developed to manage handover delays & that across the region, SWASFT & the regional hospitals are working on a timely handover process. I asked for details but didn't get a clear answer, however some of the measure outlined above to speed the movement of patients through the emergency department, as well as measures to reduce the number of patients with "no criteria to stay" in a hospital bed clearly contribute to improving handover times. In addition's described above, paramedics now have hotline to senior medical staff who may be able to offer advice which means that patients can be treated at home rather than being brought to hospital.

We discussed the workplace for the year ahead. I asked that we review the use of community hospitals, which I suspect are an underused facility.

The next HOSC will be in July.