

## **Health Overview and Scrutiny Committee – 14 March 2023**

The reports and Minutes can be found on the Gloucestershire County Council website. Anyone with a detailed interest should access these as this is a resume from that meeting.

### **Out of Hours (Practice Plus Group) Service Report**

Feedback was given following a CQC inspection of the Out of Hours Service. The report has been published. The last five year reports have shown the service is safe but required improving. HOSC has been looking at this for a while now, including some of the Committee visiting the NHS 111 centre at Bristol.

The Gloucestershire Integrated Care Board (ICS) reported back that new ways of working have shown improved outcomes. The new leadership and closer working with the PPG has looked into each area requiring improvement and produced an improvement plan. This has involved redesigning the service in places, looking more closely at the Out of Hours services and 111. Feedback on use of these services during the pandemic has produced some valuable feedback.

Urgent and Emergency care issues identified in the general hospitals in the Newton Report, also link in with the Out of Hours services and overall improvements that need to be made.

The service aim is to provide a better, more holistic service to out populations.

NHS 111 serves as a central point to support all the areas in a co-ordination role but has struggled with demand, especially over December where there was a high prevalence of Children's respiratory disease and Strep A.

A lot of the areas requiring improvement have already shown signs of this.

It was explained that an action plan is drawn up every time there is a CQC inspection. These improvements are made, only to be given a new list of identified issues the following year. So, although the Out of Hours service has been identified as requiring improvement over the last five years, different aspects are identified each year. It is an ongoing issue. Filling the shifts can be difficult and staff shortages run at about 25%.

### **Winter Sustainability and Surge Management Plan 2022/23 Review**

This feedback reviewed performance against the plan.

The plan targeted eight specific areas which worked well, especially with the increased collaboration and working together. This produces better outcomes and was felt to be successful.

Most action planning items were delivered upon and can demonstrate good assurance.

They were particularly pleased with this, bearing in mind the extra pressures they were under with capacity, demands and strike action.

Ambulance delays at U and E are much improved.

More timely discharge is improving steadily with better working with community and domiciliary care providers.

Virtual wards are looking to grow and meet patient demands closer to home.

Streaming of patients requiring mental health support in the U and E department has improved so they can be discharged and redirected to the correct services.

Voluntary services (VCSE) - bedding used a lot.

In the debriefing, the hospitals are looking at the next steps to try to keep one step ahead of any forthcoming issues.

The key areas of focus were:-

- Virtual wards primary focus was on respiratory illness and managing people at home.
- Kingham Unit- Provide rehabilitation space to support people outside of the acute hospital. This is when they are safe to go home but need rehabilitation.
- Tewkesbury Hospital - 10 bedded short stay hospital, to assess and provide the support services required to keep them at home without an acute hospital admission. Mainly for frail and elderly whose needs are not currently met in their home or existing care facility.
- Acute hospitals have had a discharge area, that can hold up to 27 patients whilst waiting to go home, freeing up the beds earlier.
- Two social workers at Gloucestershire Royal Hospital - working to prevent admissions and speed up discharges.
- Prescott Ward - 35 bedded ward refurbished at Cheltenham General Hospital, ready to cope with winter surges.

GP appointments were discussed and the delay in obtaining a routine appointment is getting longer due to the need to bed so many urgent appointments each day with demand for this increasing.

Pharmacy contracts at present are with NHS England but from 1 April 2023 these will be delivered by the local integrated care boards.

### **Maternity (temporary services changes) update**

The CQC report highlighted that there were not enough midwives to care for the patients.

The services continue to improve, although recruitment and retention is an issue. Recruiting from abroad. This is not helped by high staff sickness and maternity leave within their own staff.

Timetable of the temporary closures and midwifery staffing absence are in the report online on Page 81.

They are maintaining the temporary closures as they do not want a yo-yo effect of units being re-opened and then having to be closed again due to a dip in staff numbers. Will re-open when they have an established workforce. A recent recruitment event saw 31 midwives showing an interest in 25 vacancies so they are hopeful that levels will improve.

The primary objective for the service is to have a 1:1 during labour, which is achieved 97% of the time. They do not want to lose this by reopening units prematurely.