**Public Questions put to the CCG’s Governing Body 2020/21**

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| **Date 28 January 2021**  As the CCG will be meeting on Thursday and on the agenda is the Forest of Dean report of the recent consultation outcomes, I would like the board to be aware of our petition that I attach and would like to ask the board the following question please:  "As we are aware from the results of the consultations the majority of people in the Forest of Dean strongly disagree with your proposals to replace 2 hospitals with one and taking into account our petition which has now reached over 1000. We urge the CCG to reconsider because we believe it is in the best interests for everyone that this decision is reviewed, the consultation outcome document doesn't show the figures for the number of patients from the Forest of Dean that are inpatients in other hospitals around the county. Please can the board address these issues for us and explain if they will review the healthcare provision, as we have not yet been told what will happen with these two existing hospitals? | **CCG Response**  The decision to develop a new hospital for the Forest of Dean was made in January 2018, as was the decision on where to locate the new hospital. The NHS has already made significant progress towards this development, including investing in the purchase of a site for the new hospital. It is our intention, as we have previously stated, that this new hospital will be a replacement for the existing Lydney and Dilke hospitals, both of which are no longer ‘fit for purpose’ facilities to deliver modern NHS services. This fact has been further highlighted during the recent COVID-19 pandemic when a significant proportion of services previously operating from these sites had to be closed as the facilities could not meet the required infection, prevention and control standards. For these reasons, we do not intend to reopen the decision to build a new community hospital for the Forest of Dean.  With regards to admissions for Forest residents to other hospitals in the county, we have made a range of bed modelling information available on our website www.fodhealth.nhs.uk/consultation/ throughout the consultation and engagement processes that we have undertaken on the Forest community hospital. We enclose a table from our bed modelling, which is updated with further data for 2018 and 2019.  The data shows that the number of Forest of Dean residents receiving care in other community hospitals is very low. There was a small increase in the last year measured (2018/19) which reflects the change in pathway that has resulted from the opening of the new specialist Vale Hospital Stroke Rehabilitation Unit. Patients who need to receive care in the Vale Stroke Rehabilitation Unit require specialist care and support, would not be suitable for admission to either Lydney hospital, the Dilke or in future the new Forest Community Hospital.  We have not included data from 2020 given that COVID-19 has led to significant service disruption across our county. Since March 2020, many of the community hospital beds in the Forest of Dean hospitals have been closed as the services delivered from the ageing estate are unable to meet the required infection prevention and control standards.  Table 1: Data on admissions for Forest residents to community hospitals   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Sep-14-Aug-15** | **Sept-15-Aug-16** | **Sept-16-Aug-17** | **Sept-17-Aug-18** | **Sept-18-Aug-19** | | **Number of Direct Admissions to Lydney and the Dilke (no. of Forest Residents)** | 131 | 126 | 92 | 86 | 70 | | **Transfers from Gloucestershire Hospitals Trust to Forest Hospitals (Number of Forest Residents)** | 310 | 271 | 235 | 252 | 282 | | **Total Forest Residents in Forest Hospitals both Direct Admissions and Transfers** | **441** | **397** | **327** | **338** | **352** | | **Direct Admissions to Other Community Hospitals (Number of Forest Residents)** | 16 | 7 | 6 | 3 | 4 | | **Transfers from Gloucestershire Hospitals Trust to other Community Hospitals (Number of Forest Residents)** | 22 | 19 | 7 | 7 | 23 | | **Total forest Residents in Other Community Hospitals both Direct Admissions and Transfers** | **38** | **26** | **13** | **10** | **27\*** | | **Total Forest Residents in All Community Hospitals in Gloucestershire** | **479** | **423** | **340** | **348** | **379** | |
| **Date: 30 July 2020**  **Public Question**  **Along with many others, I am suffering from the recent guidance of the CCG to GPs to discontinue B12 injections, even for those diagnosed with Pernicious Anaemia and therefore unlikely to benefit from oral medication.   What is the cost saving projection for discontinuing injections and does this take into account of the cost of treating these patients for their symptoms by other means?  (For example, I have been put on three new medications since injections were stopped to deal with new symptoms)."** | **CCG Response**  In January 2020, the CCG published its guidance for primary care practitioners on the management of B12 deficiency. This guidance was developed by a working group, which included local GPs, pathologists and haematologists who frequently support patients with B12 deficiency. The working group considered the available evidence as well as guidance from national bodies and other healthcare trusts, along with local expert opinion. The guidance was then approved for publication by the appropriate internal CCG committees.  In developing the guidance, the working group acknowledged and considered the wide range of opinions on treatment options. The recommendations within the local guidance are considered a pragmatic approach and offer a starting point for clinical decision making.  For some patients the local guidance recommends changing from vitamin B12 injection to oral B12 tablets. In most cases, the tablets can be purchased relatively inexpensively by patients from pharmacies and health food shops, without the need for a prescription. Based on clinical circumstances, there are some patients for whom B12 injection remains the recommended first choice.  Any changes from B12 injection to tablets, as a result of the implementation of the Gloucestershire guidance, are not expected to result in significant prescribing cost savings, as the prescribing costs of B12 are less than £20 per year, per patient. However, reducing the use of injections, where clinically appropriate, offers additional benefits, namely reducing the administration time of nurses spent providing the injections. In addition there is less inconvenience to patients from only having to take tablets rather than have injections.  For any patient who experiences specific symptoms as a result of a change from B12 injection to tablets, the patient should consult the clinician involved in their care. |
| **Date 26 November 2020**   1. *In the report summarising the changes to the Gloucestershire County Council's Health Overview & Scrutiny Committee (HOSC) in March 2020, the CCG reassured the committee that "We want to improve this service for patients by ensuring all patients get timely access to a safe and high quality community phlebotomy service". It currently appears that there is no means of monitoring either the wait times for blood test appointments or the quality of service provided (following an increase in wait times for blood tests from pre-bookable next day at the hospital in August 2020, to currently 3-4 weeks at most Cirencester GP practices [please note the same COVID-19-related operational challenges existed in providing the hospital service in August 2020 as they do now]) and over £160,000 in funds has been passed to South Cotswold area GP practices with no means of assessing the quality of service delivered nor if further funds are needed.* ***Can the CCG please outline what measures are either already in place or being introduced to monitor what additional resources GP practices are providing (e.g. number of nurses in post instead of positions being advertised) and the quality of this service to ensure their promise of earlier this year will be fulfilled and commit that these will be publicly available and also done so at a level of detail (to include appointment waiting times) that allows the performance and issues experienced in the Cirencester area to be examined specifically as opposed to only on a County-wide basis?*** | **Answer to question 1 – CCG Response**  All services which the CCG commission, including those commissioned from primary care providers are monitored via contract reviews. The phlebotomy service in primary care forms part of an Enhanced Service which is monitored at an individual practice level.  The phlebotomy service delivered within primary care is not a discrete, stand-alone service but one that is delivered as an integral part of the range of clinical services offered by each practice.  We are living currently in exceptional times with practices experiencing a 30% increase in the volume of activity compared to the same period last year. Part of this additional activity is driven by changes to ways of working during our response to Covid-19, for example the impact of outpatient appointments taking place virtually.  However, other increases in activity are driven nationally, for example an expectation of an uptake of 75% for flu vaccinations this year and vaccinating patients between the ages of 50 to 64 years old against flu.  In the case of phlebotomy activity taking place in practices, the CCG is now considering introducing coding which would enable Practices and the CCG to distinguish between the different sources of phlebotomy activity and to better understand the types of demand.  Gloucestershire Local Medical Committee (LMC) supports local practices and patients by raising issues to the CCG, for example concerns about workload or remuneration. In the case of phlebotomy the CCG is in regular conversation with the LMC regarding the monitoring of activity and whether or not the CCG needs to provide additional funds to primary care to match the aforementioned increase in demand. |
| ***Question 2***  *Following the changes to phlebotomy services in Gloucestershire implemented in summer 2020, while the other two affected areas (Gloucester & Cheltenham) have retained ready and nearby access to blood testing for children and those requiring more "complex tests" at the two towns hospitals, such patients, including younger people in the Cirencester area no longer have access to these facilities.*  *As a result these patients (most if not all of them will need to be accompanied by an adult) will face return journeys of 40 miles (or 60 miles from Lechlade, including no direct public transport link to GRH even from Cirencester) to access such services. The recently re-introduced part-time secondary care blood testing service at Cirencester hospital states it is only available to those over-16 and there seems to be a range at GP practices, with certainly no patient under 11 able to have their blood tests undertaken at the surgeries.*  *Please can the CCG commit to urgently correcting this newly created inequality in access to phlebotomy services and detail how and when this will be achieved?* | ***Answer to Question 2 CCG Response***  The numbers of children requiring a blood test is significantly lower than the number of adults.  Data over a yearly period shows that in one recent year, 191 children aged between 6-11 years of age were directed to a GHFT phlebotomist by their GP across all of Gloucestershire (approximately 16 per month across all 70+ GP Practices).  Undertaking phlebotomy on a younger patient requires specific expertise and to gain and maintain this expertise, individual phlebotomists will need to see a sufficient number of children per month to ensure the service provided is high quality.  The same principle applies to the management of more complex adult patients too.  The decision was therefore made for GPs to direct all children aged 6-11 years of age and complex patients to a GHFT provided phlebotomy unit that would see these patients in the volumes required to ensure a safe and high quality service. The approach of centralising the phlebotomy services for younger people applies consistently across the whole county.    *T*he secondary care based service recently reintroduced in Cirencester is no longer provided by GHFT. The decision to offer this service to patients over the age of 16 was again based on the current levels of expertise within the service.  It is however anticipated that as the service gets more established it can begin to widen their offering but decisions to do so will only be made if it is felt it is clinically suitable to do *so.* |
| ***Question 3***  *When discussed at the HOSC meeting on 17th November, Dr Andrew Seymour, the Clinical Chair of the CCG disclosed that prior to the change in phlebotomy services a number of GP practices in the Cirencester area flagged concerns that they did not have the capacity (both in terms of resource and physical space) to accommodate phlebotomy services.*  *These are the same practices today who have some of the longest wait times for access to these services in the County. While Dr Seymour continued to insist the length of these wait times were purely due to COVID-19 related restrictions (which I wish to reiterate were also in place at Cirencester hospital in its last months of operation where it could still offer next day appointments) many believe there are more structural underlying issues that will cause these lengthy wait times to persist for some time.*  *Please can the CCG commit to examining the capacity constraints faced in the Cirencester area (and sharing the results of these publicly) and providing additional capacity (through extra appointments for primary care initiated blood tests too at Cirencester hospital if necessary) until wait times for blood tests at GP surgeries are reduced to an acceptable duration comparable with the hospital-based service?* | ***Answer to Question 3 CCG Response***  The CCG commissions a phlebotomy service from practices however, as providers of a service; it is up to individual Practices to determine how and when they deliver the service using the funding envelope provided and as a part of their overall range of clinical services. We are aware that some of the Cirencester practices have reorganised the way they deliver services to accommodate phlebotomy.  To support overall demand for phlebotomy in the Cirencester Gloucestershire Health ad Care provide a service for Consultant generated blood tests at Cirencester Hospital which currently operates three mornings a week with plans to extend to a five day a week service in the near future. |

***NB. There are six meetings of the CCG’s Governing Body each year. For May and September 2020 there were no questions.***