

**Health and Care Overview and Scrutiny Committee**

**Tuesday 15 January 2019 at 10.00 am**

**Council Chamber - Shire Hall, Gloucester**



**AGENDA**

<b>4</b>	<p><b>Petition - Save North Cotswold X-Ray Services</b> (Pages 1 - 10)</p> <p>To note a petition presented to Gloucestershire County Council on 28 November 2018 relating to concerns about X-Ray services at the North Cotswolds Hospital, Moreton-in-Marsh.</p> <p>The committee to receive an update on changes to the provision of radiographic services in the county.</p> <p><b>Briefing Paper circulated 10 January 2019</b></p>	Carole Allaway Martin
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**Membership** – Cllr Iain Dobie, Cllr Terry Hale, Cllr Stephen Hirst, Cllr Carole Allaway Martin (Chairman), Cllr Brian Oosthuysen, Cllr Nigel Robbins OBE, Cllr Pam Tracey MBE, Cllr Robert Vines and Cllr Suzanne Williams

**Co-opted Members** - Cllr Stephen Andrews (Cotswold District Council), Cllr Janet Day (Tewkesbury Borough Council), Cllr Collette Finnegan (Gloucester City Council), Cllr Martin Horwood (Cheltenham Borough Council), Cllr Steve Lydon (Stroud District Council) and Cllr Helen Molyneux (Forest of Dean District Council)

- (a) **DECLARATIONS OF INTEREST** – Please declare any disclosable pecuniary interests or personal interests that you may have relating to specific matters which may be discussed at this meeting, by signing the form that will be available in the Council Chamber. Completing this list is acceptable as a declaration, but does not, of course, prevent members from declaring an interest orally in relation to individual agenda items. The list will be available for public inspection.



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Members requiring advice or clarification about whether to make a declaration of interest are invited to contact the Monitoring Officer (Jane Burns Tel: 01452 328472 /fax: 01452 425149 e-mail: [jane.burns@gloucestershire.gov.uk](mailto:jane.burns@gloucestershire.gov.uk)) prior to the start of the meeting.

- (b) **INSPECTION OF PAPERS AND GENERAL QUERIES** - If you wish to inspect minutes or reports relating to any item on this agenda or have any other general queries about the meeting, please contact:

Andrea Clarke, Senior Democratic Services Adviser

☎:01452 324203/e-mail: [andrea.clarke@gloucestershire.gov.uk](mailto:andrea.clarke@gloucestershire.gov.uk)

- (c) **GENERAL ARRANGEMENTS**

- 1 Please note that substitution arrangements are in place for Scrutiny (see p88 of the Constitution).
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**Update to  
Health and Care Overview and Scrutiny Committee  
15 January 2019  
BRIEFING PAPER  
Temporary Change to the  
Radiology Service in Gloucestershire**

## **1. Introduction**

The purpose of this Update Briefing Paper is to provide information to the Health and Care Overview and Scrutiny Committee (HCOSC) about the first six weeks post implementation of the temporary changes to the provision of radiographic services in the county previously reported to HCOSC in November 2018.

The original briefing paper was considered at the Health and Care Overview and Scrutiny Committee meeting on 13 November 2018. The update is included in **Section 7 - Implementation Update**

The key driver for this temporary change was an unsustainable level of staff vacancies within the service which was jeopardising the safe provision of specialist interventional radiology services delivered from the acute hospital sites.

## **2. Summary**

Gloucestershire Hospitals NHS Foundation Trust provides routine and specialist radiology services throughout the county including provision at both acute hospital sites and seven community hospitals. Whilst local services are recognised as being of high quality, recruitment into the service has not kept pace with staff turnover and the Trust is now facing an unsustainable position whereby it cannot provide the full range of services whilst guaranteeing their safety. This shortage of radiographic staff reflects a national picture but is now more acute in Gloucestershire than elsewhere in the South West Region with a vacancy rate of 24% compared to the regional average of 17%.

In order to ensure the safety of all services, and particularly the high risk interventional radiology service, temporary changes to provision are now required. The changes planned have been carefully considered and have been developed on the basis of the impact on patient safety, patient experience and workforce impact. The proposal will result in the reduction of service hours in the community hospital settings from 252 hours per week to 177 hours (30%). Importantly, to support patients with limited access to transport, services will be provided at each location every week as a minimum. Additional capacity will also be

created, through service redesign initiatives, to ensure there is no overall loss of service capacity across the nine sites in order to ensure that overall waiting times do not increase.

These changes will ensure that the Trust is able to respond to the Care Quality Commission's (CQC) 'must do' recommendation in respect of interventional radiology services and also meet the Royal College Of Radiologists national service standards which require

## **UPDATE: January 2019**

### **Implementation Update**

A report detailing the temporary revision of X-ray services across the county was presented to HCOSC in November 2018. The changes outlined in the report were implemented almost two months ago (19 November 2018). The purpose of this update is to provide a high level progress update against these changes.

### **Background**

While the revision of X-ray services in the county was regrettable it was unavoidable in order to ensure all diagnostic services run by Gloucestershire Hospitals Foundation NHS Trust (GHNHSFT) were safe. Despite a proactive and vigorous approach to recruitment, bringing in suitably qualified staff has continued to prove challenging. The service, which is provided by GHNHSFT into community hospitals (x7) managed by Gloucestershire Care Services NHS Trust (GCSNHST), has an establishment of 143 but currently employs only 109 staff and has a 24% vacancy rate.

### **The proposal**

The temporary revision of radiographic services in the county and a reduction in the service hours of routine plain X-ray in some community settings was made in order to:

- ensure all diagnostic services run by GHNHSFT are safe (in light of recruitment challenges); and
- enable the provision of life-saving interventional radiology (IR) services around the clock seven days a week at Cheltenham General and Gloucestershire Royal Hospitals - avoiding the need for patients to travel to regional centres, or be subjected to more invasive surgical treatment.

Importantly, every community hospital retains access to X-ray provision (every week) and measures to improve the number of patients seen ensure that overall waiting times do not increase.

### **Implementation**

Services have transitioned into the new arrangements, new staff rotas have been implemented to support the changes and the provision of Interventional Radiography (IR) services (around the clock, seven days a week) at Cheltenham General (CGH) and Gloucestershire Royal (GRH) Hospitals are now in place.

The Trust has worked hard with partners to minimise the impact of the temporary change, which includes consistent opening hours to support the public understanding of availability and scheduling X-ray provision on days that are needed to support outpatient clinics. During the hours affected patients are being advised to access X-ray services at their nearest community hospital, where car parking is free and waiting times are relatively short. Should a patient be required to go to another hospital, a standard operating procedure is in place to transfer care and avoid a wait to access an X-ray.

Following the changes made in November 2018, additional short-term resource (additional 40 hours per week) has been allocated to Tewkesbury and the Vale Community Hospitals, which has meant that the total number of hours (X-ray provision) being delivered to all community hospitals in the county has now increased to 193 compared to 252 hours delivered before the revision.

## **Activity**

### **Interventional Radiology emergency cases**

Between 19 November 2018 and 31 December 2018 there have been 7x out of hours emergency interventions. The majority of cases were embolisations (performing image guided surgery) for life threatening bleeds. The provision of a more robust IR service reduces risk, morbidity and mortality for this group of patients. The provision of the latest clinical techniques in Gloucestershire has also limited the need for these patients to be transferred out of county for treatment.

### **Community Hospital Walk in patients and GP Referrals**

Table 1 shows the number of patients who have walked into community hospitals requiring an X-ray and where they access their X-ray.

For example, Table 1 shows that during the 6 week period, 87 patients attended the North Cotswolds Community Hospital Minor Injury and Illness Unit requiring an X-ray, of those 76 (87.4%) patients accessed their X-ray at the North Cotswolds Community Hospital, 10 (11.5%) patients accessed their X-ray at Cheltenham General Hospital and 1 (1.1%) patient accessed their X-ray at Cirencester Hospital.

Table 1 also shows the number of patients referred by their GP for an X-ray through the GP booking system managed by GHNHSFT. Wherever possible, patients are booked to have their X-ray at the most convenient hospital site for them; this may be close to home or close to a place of work.

**Table 1: X-ray activity Community Hospitals and GP Referrals 19 November – 31 December 2018**  
(actual numbers of patients above, % below)

**X-ray activity Community MIU and Direct access GP Referrals 19 November – 31 December 2018 (9am to 5pm)**

Referring location	Site x-ray performed									
	CGH	GRH	Cirencester	Stroud	Dilke	Lydney	Vale	North Cotswolds	Tewksbury	
Cirencester MIU	-	-	326	-	-	-	-	1	-	-
STROUD MIU	-	-	4	14	281	-	-	-	-	-
DILKE MIU	-	-	2	-	-	142	15	-	-	-
LYDNEY MIU	-	-	6	-	-	9	114	-	-	-
VALE MIU	-	-	3	-	10	-	-	77	-	-
NORTH COTSWOLDS MIU	-	-	-	1	-	-	-	-	76	-
TEWKESBURY MIU	10	14	3	-	-	-	-	-	-	54
GP REFERRALS	1535	2189	621	1091	427	525	307	345		294

**% of x-ray performed by site - referral source Community MIU and Direct access GP Referrals 19 November – 31 December 2018 (9am to 5pm)**

Referring location	Site x-ray performed									
	CGH	GRH	Cirencester	Stroud	Dilke	Lydney	Vale	North Cotswolds	Tewksbury	
Cirencester MIU			99.7%				0.3%			
STROUD MIU		1.3%	4.7%	94.0%						
DILKE MIU		1.3%			89.3%	9.4%				
LYDNEY MIU		4.7%			7.0%	88.4%				
VALE MIU		3.3%		11.1%			85.6%			
NORTH COTSWOLDS MIU	11.5%		1.1%					87.4%		
TEWKESBURY MIU	19.7%	4.2%								76.1%
GP REFERRALS	20.9%	29.8%	8.5%	14.9%	5.8%	7.2%	4.2%	4.7%		4.0%

A larger version of this table can be found at Appendix 2.

### Recruitment and retention

The Trust continues to explore options to improve recruitment while ensuring retention of the best and most talented staff. Initiatives include:

- recruitment open days;
- working with the University of the West of England on improving conversion rates of students (radiography) to full-time professionals;
- improving and enhancing the roles on offer making them more attractive to potential recruits;
- establishing a career ladder and structure to enable individuals to progress;
- developing opportunities for training and professional development; and having flexible rotas in place to meet individual needs.
- Revised pay incentives to increase uptake of additional sessions in the short term

### Community response to the temporary changes

Under the temporary changes four community hospitals have been affected: The Vale, North Cotswolds, Tewkesbury and Stroud. In the North Cotswolds more than 7,000 residents have signed a petition which seeks to maintain/revert back to the previous provision of X-ray services. A number of local town councils have registered their opposition to the temporary changes. In addition a small number of letters have been received in which residents raise concerns over the temporary changes.

Themes that emerge focus , although not entirely, on transportation and time to travel to neighbouring services and the associated hardship this will cause. The system accepts and acknowledges that as part of the new arrangements some patients may have to travel for an X-ray and notes that for GP referrals for an X-ray, patients may be eligible to access NHS funded Non-Emergency Patient Transport (NEPTS).

**Next steps**

In terms of next steps, the Trust's goal remains the recruitment of additional radiographers while retaining the excellent staff in post so that the Trust can restore services in the community as soon as possible. A specific work stream, with Executive Director oversight, has been established to look at more sustainable solutions to the workforce challenges.

The Trusts (GHNHSFT and GCSNHST) continue to make progress on developing a new model of care, which would involve re-skilling, retraining and recruiting the best possible staff.

Mark Walkingshaw, Deputy Accountable Officer/Director of Commissioning, NHS  
Gloucestershire Clinical Commissioning Group

Simon Lanceley, Director of Strategy & Transformation, Gloucestershire Hospitals NHS  
Foundation Trust

Candace Plouffe, Chief Operating Officer, Gloucestershire Care Service NHS Trust  
January 2019

## **Appendix 1: Partner organisation roles as set out in The Joint Working Protocol 2017**

<https://www.england.nhs.uk/publication/joint-working-protocol-when-a-hospital-services-or-facility-closes-at-short-notice/>

### **Commissioning body:**

The commissioning body (Clinical Commissioning Group) will take the lead in the following actions:

- Ensure appropriate interim measures are put in place to keep people safe after the identification of concerns or issues.
- Decide on a single commissioning body to lead the process (when multiple commissioning bodies are involved)
- Establish a team with the specialist skills to oversee the closure, including assessment
- and communications staff, and lead on arranging meetings/consultations with all system partners
- Undertake assessments of the people using the service to ascertain their needs and preferences, this should be done by individuals know to the patient or by those brought in for their specialist skills.
- Provide details of alternative providers who could provide services, including any details on the quality of the service and make contact with them
- Maintain ongoing consultative relations with people using the service, their families and other system partners to ensure they are kept informed at each step of the process
- Commission new services and arrange people to move and resettlement, including a review of the placement after a reasonable timeframe
- Identify a lead to coordinate communications

### **Local Authorities:**

Councils will not be involved as commissioners as they do not commission hospital services. However they will have safeguarding responsibilities and may be involved with individuals before, during or after admission through social work services or the assessment for care. They will:

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns if appropriate
- Assist the commissioning body with staffing the specialist team overseeing the closure if appropriate
- Assist the commissioning body and other partners in fully evaluating any proposed moves for people if appropriate
- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families if appropriate



**Provider/Service:**

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns.
- Assist the commissioning body with the assessment of and communication with residents and their families to ascertain their needs and preferences
- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families
- Assist the commissioning body with arrangements helping people to move

**Care Quality Commission:**

- Provide any information held about the quality of the current service
- Provide any information held about the quality of alternative services being considered, including the model of care used
- Provide any information on other providers likely to be involved in the provision of care to people at the new service
- Consider bringing forward inspection or other evaluative activities for alternative providers where only limited quality information is available (lead role)

**Other local Health and Social Care providers currently involved with the service or likely to be involved with future provision to people currently using the service: in this case: Gloucestershire Care Services NHS Trust**

- Assist the commissioning body and other partners in fully evaluating any proposed moving of people, including what other providers need to be involved the care of the people moving and the capacity to provide this at the new service

## Appendix 2

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