

**Gloucestershire Health Overview and  
Scrutiny Committee (HOSC)  
15 September 2020**

**NHS Gloucestershire Clinical Commissioning Group (GCCG)  
Clinical Chair's and Accountable Officer's Report**

**1. Introduction**

**Section A** provides a general NHS Gloucestershire Clinical Commissioning Group (GCCG) commissioner update, incorporating national consultations.

**Section B** provides a commissioner update focussing on primary medical care.

**Section C** provides Trusts' updates from: Gloucestershire Health and Care NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT).

**Integrated Care System (ICS)**

*ICS Lead Report* is provided as a separate agenda item.

**2. Section A: Local NHS Commissioner Update,  
Gloucestershire Clinical Commissioning Group  
(GCCG)**

*These items are for information and noting.*

*Please note some of the items reported below may also feature in more detail in other reports prepared for HOSC e.g. ICS Lead Report, wherever possible duplication is avoided.*

**2.1 Local Outbreak Management Plan**

As HOSC Members will be aware from the national reporting, we are currently in the phase of the pandemic where we are increasingly responding as a health service to small geographically defined outbreaks. It has been reported that at any one time there can be upwards of a 100 small outbreaks anywhere in the country which can often be contained by taking immediate action. A lot of work has been done by our local Public Health colleagues on our local outbreak management plan.

The Department of Health and Social Care (DHSC) has advised that local outbreak management plans need to be centred on 7 themes:

- Planning for local outbreaks in care homes and schools;
- Identifying and planning how to manage other high-risk places, locations and communities of interest e.g. supported housing, rough sleepers, etc.;
- Identifying methods for local testing to ensure a swift response that is accessible to the entire population;
- Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid with other Local Authorities;
- Integrating national and local data and scenario planning through the Joint Biosecurity Centre;
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, supporting with food and medication) and ensuring services meet the needs of diverse communities; and
- Establishing governance structures led by existing Health Protection Boards and supported by existing Local Resilience Forum (LRF) structures and a new member-led Board to communicate with the general public.

## 2.2 **Learning from the pandemic response**

There are a number of organisations who are interested in understanding how the system in Gloucestershire have responded to the pandemic. This includes responding to an approach made by the Care Quality Commission. They selected the Gloucestershire system to record examples of good practice and learning to capture to feed into their national reporting.

The ICS has a review underway to document the lessons learned and new ways of working developed in the months of the pandemic.

The CCG has also asked internal auditors to audit aspects of the CCG's response and identify learning. As with any major incident response, as well as identifying the things which have worked well, there is always important learning from the areas where there have been particular challenges to face and where perhaps things could be done differently in the future.

## 2.3 **COVID-19 Experience Feedback**

COVID-19 incident management has given all parts of the One Gloucestershire ICS opportunities to work differently and innovate.

Capturing and sharing the experience of patients, carers and staff is crucial so we can continue to improve as a system after COVID-19 and learn from all the incredible hard work that has been done during this time.

### 2.3.1 **Local activity undertaken: Examples of how One Gloucestershire ICS NHS partners and Healthwatch Gloucestershire have been maintaining service user and carer involvement during COVID-19**

During the pandemic all Patient Support, Advice and Liaison Services have adapted to ensure that patients, carers and families are able to access the support

they require. As well as resolving issues, these services are recording experience of local services.

Reporting of Friends and Family Test (FFT) data to NHSE/NHSI has been suspended from March 2020 onwards. However, GHT made the decision to continue to monitor FFT feedback as the Trust runs surveys electronically and could continue to use this as a Quality measure of services during COVID-19.

The GHC Social Inclusion Team has remained actively involved with over 100 people: including Experts by lived Experience, Students and Peer support Volunteers within Recovery College and Live Better, Feel Better programmes and other Patient representatives through community stakeholder groups, e.g. Inclusion Gloucestershire.

This has been achieved via a combination of:

- Holding MS teams virtual weekly meetings (with those registered on the Experts programme: Carers, Service Users and Patients)
- Email communications
- Co- production and sharing of newsletters to Student and Peer Support Volunteers
- Use and sharing of Easy Read resources developed by GHC (Coronavirus Easy Read Patient Resources for People With a Learning Disability) endorsed by NHS England
- Regular phone calls and text messages

Maintaining these connections has ensured that Experts by Experience, Patients, Service Users and Carers feel valued as part of the organisation and has provided an opportunity to test the use of technology to support involvement activity.

NHS Gloucestershire CCG (GCCG) has been collecting Patient Stories of COVID-19, inviting patients and carers to tell their story in their own words either in writing or through a telephone interview.

Healthwatch Gloucestershire (HWG) has been asking local people: *Has your health and care been affected by coronavirus?* Through an online survey, HWG has been gathering feedback from local people about their health and care experiences during the virus outbreak. HWG has also undertaken a series of online workshops.

In July HWG launched #BecauseWeAllCare campaign, calling on local people to feedback about care during COVID-19 to help services improve <https://www.healthwatchgloucestershire.co.uk/news/healthwatch-gloucestershire-launches-becauseweallcare-campaign/>

### 2.3.2 **Examples of how ICS NHS partners have been gathering feedback from staff during COVID-19**

At GHC the process for capturing lesson learned has included workshops hosted between operational / service delivery teams to capture feedback from operational service managers and professional leads.

The methods for capturing feedback from all GHC staff builds on the organisation and system wide work already underway for capturing key learning points from COVID-19 – these are as follows:

- A brief questionnaire for capturing key lesson learned has been targeted at Senior Leadership Network staff members.
- Global email requesting All Staff to share experiences and learning from COVID-19 incident management arrangements.
- Programmes and Transformation Team has facilitated de-briefing meetings to be held in district localities sites - A combination of drop in sessions in main site foyers to give direct feedback alongside facilitated sessions with Staff invited to attend ( via MS Teams)

GHT has coordinated its collection of feedback from staff under the ‘Silver Linings’ programme. ‘Silver Linings’ has facilitated the collection of feedback using the following mechanisms:

- Daily Staff Update emails
- 2020 Staff Support Hub
- A dedicated Silver Linings Mailbox
- Daily SitRep conference calls
- Emails from individuals
- CEO weekly vlog
- COVID step-down and step-up plans

GCCG has established COVID-19 staff briefings including a VLOG from a member of the Executive Team. A GCCG staff wellbeing newsletter has provided the opportunity to share ideas and provide feedback about how to cope during the pandemic and share new ways of working.

#### 2.3.4 **Local and regional activity underway**

A range of local and regional activity is planned in order to capture experience of COVID-19.

##### **Focus Groups**

GHC is capturing Service User and Carer feedback via virtual focus groups. The Trust is also exploring the potential to use the feedback mechanism in ‘Appointments Anywhere’ to capture patient feedback. The Trust has launched (w/c 8 June 2020) a *Caring through COVID-19 – Your Experience survey*. The survey was aimed at individuals who have either had experience of GHC services as a patient, service user or as an unpaid carer during the current COVID-19 pandemic.

##### **Regional COVID 19 Experience Survey**

GCCG has worked with colleagues from NHS England/Innovation (NHSE/I), Dorset CCG and Somerset CCG to develop a regional COVID-19 Experience Survey. The purpose of developing a regional survey is to identify any regional variation in patient experience of COVID-19 and to allow for comparison across systems. The survey was ‘live’ throughout July 2020.

More than 6500 people completed the survey with over 1600 responses from the Gloucestershire area. Analysis of responses is currently underway.

##### **Vulnerable People’s Phone Service**

GCCG experience and engagement staff has undertaken telephone interviews to capture the experience of individuals who have been contacted by the Vulnerable People’s Phone Service. A very positive response to this service has been recorded.

## 2.4 **Keeping CCG Staff Safe and Well**

During the past few months the CCG has continued to work with its staff on creating a safe working environment for those staff members who need or wish to work at Sanger House.

Risk Reduction Guidance from NHS England and NHS Employers has been made available to NHS organisations to help them identify those staff who might be at highest risk of infection or have adverse outcomes from exposure to the COVID-19 virus. This guidance provided a framework which NHS organisations were instructed to adopt, to ensure that organisations identified staff members who would be at highest risk to the virus. NHS organisations are required to assess staff members working conditions and to make adjustments to their working environment to reduce the likelihood of exposure to the virus. This guidance helped shape the CCG's Risk Reduction Framework, which has been used to ensure appropriate adjustments are made to mitigate the risk of COVID-19 in high risk NHS staff, particularly healthcare workers from a black and minority ethnic background and those with underlying health conditions.

## 2.5 **Gloucestershire Partnership Boards during COVID19**

Gloucestershire has had Partnership Boards for many years helping to shape and influence services and highlighting the experiences of people with "lived experience".

The Boards are established for Learning Disabilities, Autism, Mental Health, Physical Disabilities and Sensory Impairment and most recently Carers. Each board meets independently several times a year, bringing together people with lived experience, and professionals within the statutory services and the voluntary sector as a working collaboration to effect positive change.

A meeting was scheduled in March 2020 as the COVID19 crisis was unfolding and the planned meeting was held via Zoom instead of the usual face to face gathering. What became apparent in that meeting was:

- Zoom attendance was excellent as no travelling was involved so clicking in from home or office freed up significant time.
- There were common issues in each board in relation to support and needs when dealing with COVID19.
- The joint partnership boards had the ability to bring together a very wide group of people ranging from those experiencing first-hand the problems of coping with their conditions during COVID19, the many voluntary organisations working hard to support them and officials working within health and social care who were tasked with steering a path through the lockdown.
- The boards could feed into the county's emergency command structure rapidly and effectively.

### 2.5.1 Deepening Inequalities

The intelligence gathered from the weekly meetings highlighted the widening inequalities for people with disabilities and mental health conditions due to COVID19:

- Disruption and distress for people with autism who struggle with any change to their routine, anxiety about COVID19 and a lack of understanding why things had changed.
- Distress for people with mental health needs, increasing symptoms of anxiety and many reporting that their mental health was deteriorating by remaining at home, sometimes in isolation.
- People with disabilities who previously coped with living independently but were reliant on online food delivery, found it difficult to get a delivery slot. Others were reliant on elderly parents for support who could no longer visit, as they may have been shielding. This meant that they had no clean clothes, no support to read mail, pay bills etc.
- Many hospital appointments were cancelled. This led to a big impact on people's quality of life and their ability to cope with their long term conditions and pain management.
- People with hearing or visual impairments felt even more isolated than usual due to social distancing.
- For some people British Sign Language is their first language so general information about COVID19 is difficult to understand.
- The gap in services for people with complex neurological conditions deepened further. Treatment ceased as staff were redeployed. There were no funding streams, initiatives, specialist services to support this group as neurological conditions are not formally recognised as part of national or regional programmes. Individuals struggled with their very complex disabilities, raising concerns that they were not identified as "shielding" or "vulnerable".

### 2.5.2 Positive Results

The experience of the Partnership Boards' collaboration has been overwhelmingly positive and has kept Gloucestershire one step ahead of the curve in managing the pandemic.

- **Collaboration is key:** The culture established from day 1 was that everyone's views were equal.
- **Genuine co-production:** People felt listened to and positive changes happened as a result of true collaboration.
- **Attendance:** Virtual meetings facilitated much wider and consistent attendance.
- **Simplified chain of command:** This meant that issues were followed by actions quickly and effectively via the emergency planning process.
- **Impact:** Almost everyone who fell into the vulnerable people categories 2, 3 and 4 were represented at the weekly board meetings. This harnessed invaluable intelligence which fed into the emergency planning cells via the Vulnerable People Bronze Cell.

- **Reinvigorated professionals:** Collaboration enabled everyone to see that the direct effects of their work made a real difference and their creative ideas were appreciated and actioned. **Creative** responses included;
  - Issues fed in directly from the VCS or people with lived experience were escalated to relevant command structure and action implemented, either on an individual or collective basis.
  - Collaboration mapping exercise between VCS and statutory sector to assist community hub support across the county.
  - VCS helped to produce guidance for professionals, translate statutory documents and newsletters into easy read or BSL and established a COVID19 website as a place where people could go to find the latest advice <https://www.inclusiongloucestershire.co.uk/COVID-19>
  - PPE issues and solutions shared across all sectors working with commissioners and brokerage.
  - In lieu of any national guidance, we worked with colleagues in Public Health to create local guidance on the reopening day services to support small VCS organisations to re-open safely.
- **Information and Guidance** were shared widely keeping everyone informed on the latest information.
- **Newsletters:** Fortnightly bulletins kept many people in vulnerable categories informed across the county on a frequent basis and helped to simplify key messages from Government.
- **Neurology sub group:** A sub group was set up at the start of the pandemic as individuals with neurological conditions were disproportionately affected by COVID19. This brought together the acute and community health sectors, commissioners, professionals and VCS.
- **Voluntary sector and statutory services working** together sharing issues and actions in a way that had rarely happened before.

In summary, working together via the collaboration of partnership boards has been a tremendously positive experience. There has been significant learning which will shape the way we develop services in future. By combining the partnership boards, it has strengthened the voice of people with “lived experience”, brought VCS organisations together and acted as a valuable resource to the statutory services. This learning will be included within the Partnership Board Review which recommences from September 2020.

## 2.6 **Community phlebotomy services**

### Background

From the previous updates on this topic in March and July 2020, members will be aware that community phlebotomy services have historically been provided in a range of settings and locations within Gloucestershire, including ‘drop in’ hospital clinics and GP practices. Blood tests are requested by a range of clinicians: GPs and hospitals based clinical teams.

Whilst some patients have always accessed a local phlebotomy service from their GP Practice, there were also many other patients who had to travel into hospital to have their bloods taken. High levels of demand within the hospital setting led to long waiting times for many patients. On occasion, hospital services had to close earlier than scheduled in order to manage safely the number of patients waiting, with some patients then needing to come back on another date.

### Update

The CCG wanted to improve this service for patients by ensuring all patients get timely access to a safe and high quality community phlebotomy service at a location as close to their home as possible ensuring the provision of a consistent service across the county. Therefore from 1 July 2020, the CCG has funded all Gloucestershire CCG Member GP practices to provide this service to their patients in practice for GP requested blood tests.

For those patients who already access GP requested blood tests in their local GP practice, there is no change. For those patients who would have made use of hospital 'drop in' phlebotomy clinics for GP requested blood tests, the move to a new service model with phlebotomy provided from their GP practice, will result in reduced travel and waiting times and the avoidance of hospital car parking charges (at Cheltenham General and Gloucestershire Royal Hospitals). The vast majority of practices in county who had not previously provided phlebotomy to their patients commenced doing so from 1 July 2020, with all practices providing a service by the end of the summer. Patients requiring more specialist phlebotomy services such as those requiring specialist tests, those under the care of hospital consultants and those aged under 11 years will still need to travel to either Cheltenham General or Gloucestershire Royal Hospitals.

Cirencester Hospital: The arrangements for community phlebotomy were historically different to elsewhere in the county. A service for all GP requested blood tests, as well as all hospital (secondary care specialist and Cirencester Hospital requested tests) was provided at a Drop In service at Cirencester Hospital.

As a result of the change resulting in all GP requested blood tests now being provided within all practices in Cirencester; at Cirencester Hospital only blood tests requested by Cirencester Hospital staff and a reduced service solely for secondary care requested blood tests will be provided. This arrangement will be reviewed this autumn and permanent arrangements for secondary care requested blood tests will be put in place.

## **2.7 Engagement HQ**

The CCG Engagement Team is getting ready for the 'go live' of the online engagement tool: 'Engagement HQ'. The system provides a range of integrated online engagement tools, information and communication resources, as well as participant record management, reporting and data analysis capabilities. Key Features include:

- Our domain name – *Get Involved in Gloucestershire (GIG)*
- Capacity to engage in open community consultation projects or protected consultation projects; specific on-line stakeholder panels or focus groups;
- Capacity to determine, capture and manage participant demographic data and participant records;
- Accessibility via mobiles, tablets and PCs;
- Access to discussion forums to engage in and facilitate discussion

To register to join *GIG* from mid-September visit:

<https://www.getinvolved.glos.nhs.uk> and Get Involved in Gloucestershire!

## 2.8 **Healthwatch Gloucestershire Annual Report**

The HWG Annual Report 'Guided by you', shows how HWG have worked with communities across Gloucestershire to make a difference to the way health and care services are run, and to raise awareness of important health and social care issues. The report also identifies the most common health and social care concerns raised by local people and looks forward to work in 2020/21.

<https://www.healthwatchgloucestershire.co.uk/news/healthwatchgloucestershire-annual-report-listening-to-local-people-helps-make-health-and-social-care-better/>

The CCG was pleased to be invited to comment in the Annual Report on the valuable work of Healthwatch volunteers who had contributed to Engagements on the local NHS Long Term Plan and Fit for the Future last year.

## 3. **Department of Health and Social Care and NHS England Consultations**

3.1 Information regarding Department of Health and Social Care consultations is available via the GOV.UK website:

[https://www.gov.uk/government/publications?publication\\_filter\\_option=consultations](https://www.gov.uk/government/publications?publication_filter_option=consultations)

3.2 Information regarding NHS England consultations is available via the NHS England website: <https://www.engage.england.nhs.uk/>

The Department of Health and NHS England websites also include responses to closed consultations.

### 3.3 **Department of Health and Social Care**

Access to all government departments and many other agencies and public bodies have been merged into GOV.UK

Here you can see all news and communications, statistics and consultations.

Find out how government services are performing and how satisfied users are

<https://www.gov.uk/>

## **4. Section B: Gloucestershire Clinical Commissioning Group (GCCG) primary medical care commissioning update**

*These items are for information and noting.*

### **4.1 Primary Care Business Continuity**

The CCG would like to report the significant progress made by Primary Care in the response to COVID-19, with specific focus on implementation of Community Hubs, care homes support, antibody testing in primary care and workforce support.

The CCG Primary Care and Localities Directorate remain in regular two way communication with Practices, GPs and Primary Care Network (PCN) Clinical Directors to understand and alleviate any issues and concerns.

The briefing for General Practice has continued this summer and is shared with GPs, Locums, Practice Managers and the LMC from Dr Andy Seymour and Helen Goodey. The briefing, shared twice weekly, includes timely national and local updates and is shared for urgent reading by recipients.

A daily SITREP (situation report) has been undertaken with all 73 GP practices to understand workforce levels and any business continuity concerns including personal protective equipment (PPE) concerns, risk assessment audits, and support is offered quickly where required. The vast majority of appointments in practice continue to take place via the phone or using video consultations, however practices are seeing patients in practice, where appropriate. Practices and patients have embraced phone/video triage and online consultations in this period and this will help support general practice to move to a new “normal” way of working following the peak of COVID-19.

### **4.2 Community Hubs & Improved Access**

As noted in the last report to HOSC in July, the Community Hubs were located in health centres and surgeries across Gloucestershire to support patients who needed face-to-face medical support but may have had possible symptoms of coronavirus. The locations of these hubs were mapped to Place (Locality) populations.

Following an audit of the Community Hubs since 23 March 2020, and due to a decrease in patient demand the CCG, Clinical Directors and Primary Care colleagues agreed to decommission many of the Community Hubs during the month of July. However, the Community Hubs have the ability to upscale should a second peak arise and patient demand requires it in the future. All practices continue to triage and see patients, where appropriate, within their practices or on a shared basis across their PCN; this is a consistent countywide approach. Improved Access (IA) models are being restarted across PCNs in the county dependent on patient needs.

#### 4.3 **Care Homes support**

In a letter of 1 May 2020 NHSE&I requested primary care and community health services help in supporting care homes as part of the COVID-19 response. Specifically GP practices have been asked to ensure support for all CQC registered Care Homes in Gloucestershire with a clinical lead and around the three elements shown below:

- Weekly check ins
- Having a process for development of personalised care and support plans in place
- Providing clinical pharmacy support including medication reviews

All CQC registered care homes, which includes older people's residential homes, nursing homes, learning and physical disability homes are now receiving weekly check-ins and have a named clinical lead from the relevant GP practice.

Personalised care planning and medication reviews are being undertaken in the majority of cases and the CCG is working with providers to expand this offer to support the COVID -19 response requests. The CCG, with GHC and PCN colleagues, are in the process of establishing an Enhanced Health in Care Homes (EHCH) working group. This group will start to work through the requirements of the Enhanced Health in Care Homes (EHCH) Network Designated Enhanced Service (DES). The aim is to agree and support a working arrangement that helps care homes but is also achievable across both providers (GHC and PCNs).

As part of the Network DES, the CCG need to finalise the alignment of all CQC registered homes, as defined by CQC. The Primary Care team has shared with Clinical Directors and Business Managers a list of care homes for the PCNs within their locality. The CCG has asked Localities to review those homes that are aligned to just one PCN, review those homes that are in the locality but not yet aligned to a PCN and review those homes where more than one PCN is currently shown as aligned.

#### 4.4 **Digital implementation in Primary Care**

The CCG has supported the enablement of remote home working for GPs and other practice staff by providing over 900 laptops and circa 300 'Away from my Desk' dongles which has enabled staff to work more flexibly around family or other commitments, as well as allowing clinical staff who are potentially vulnerable themselves to continue to work.

All 73 practices have accuRx video consult installed and online consultation capability (Total Triage, E-Consult/Footfall) is being supported for all practices. Currently there are now only 6 practices without an online consultation capability.

Those practices who want it are being provided with digital access to GHT's Electronic Patient Record (EPR) to view COVID-19 related hospital admission and discharge information.

#### 4.5 **Workforce support and development**

During the COVID 19 recovery period, the CCG has continued to support practices that are experiencing difficulties recruiting. This includes advertising the award winning Health Equalities Fellowships, based in the Inner City Gloucester PCN, for which there have been a higher number of expressions of interest in previous years. A programme of engagement is taking place for workforce planning conversations with PCNs over the summer period

In partnership with the Gloucestershire Primary Care Training Hub, planning is underway for 4 engagement programmes taking place in late summer of 2020, which includes Clinical Supervision Training for The New Roles in Primary Care, Early Career engagement for GPs and Nurses locally called the Spark programme, and a Mid-Career GP Engagement programme locally called Catalyst. The programmes will be delivered virtually providing inspiration to GPs at all stages of their careers, and support for those undertaking supervision for the Additional Roles Reimbursement Scheme.

The CCG has promoted the New to Partnership Programme (N2PP) to Gloucestershire practices, which is a funded incentive scheme from NHSE/I to encourage GPs and other Health Professionals to sign up to partnership agreements, thus hoping to lead to a stabilisation of the partnership model in general practice. This programme as outlined in the updated GP contract seeks to grow the number of Partners in Primary Care.

The Gloucestershire Primary Care Training Hub and Gloucestershire CCG are pleased to be working in partnership with the South West Leadership Academy to support GPs and Primary Care Leaders from other professions on a Leading Effectively in Primary Care Networks programme.

#### 4.6 **Primary Care Estates and Facilities**

The new medical centre in **Valley Road Cinderford** opened at the end of August 2020, replacing Dockham Road Surgery and Forest Health Care.

Construction of the new **Prestbury Road Primary Care Centre** in Cheltenham is expected to get underway this autumn. The new premises will see three town centre practices, Berkeley Place, Crescent Bakery and Royal Crescent, relocate.

The new **Quayside** development will house Gloucester City Health Centre and Gloucester Health Access Centre. The building works continues and is expected to be completed during spring 2021.

Work on the **Chipping Surgery** in Wotton-Under-Edge refurbishment and large extension and the **Highnam Surgery** extension will both be completed over the next few months.

At its meeting in August 2020 the GCCG Primary Care Commissioning Committee (PCCC) agreed the development of a new primary care centre in Coleford to

relocate a merged practice created by the joining together of **the Brunston & Lydbrook Practice and Coleford Family doctors**.

#### 4.7 **Care Quality Commission (CQC) for General Practice, mergers and changes to Primary Care Networks**

There have been no new CQC reports issued since the last report to HOSC. Four GP Practices in Gloucestershire have a CQC overall rating of “Outstanding”, the majority (67) have a rating of “Good” and two have a rating of “Requires Improvement”.

There have been no new contractual mergers to report since the last report to HOSC. However, following the previous report where Gloucester City Primary Care Network (PCN) configuration changes were shared, the merger of Rosebank and Bartongate surgery is now going through appropriate approval process. This will add resilience and sustainability of inner city general practice in Gloucester.

#### 4.8 **The GP Patient Survey (GPPS)**

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across the UK. The results show how people feel about their GP practice.

Why the GPPS matters:

- It is good for patients; patients have the chance to share their experience of their GP practice
- It is good for practices; GP practices can use the results to improve patient experience
- It is reliable; sound data on every GP practice in the country is available.

Fieldwork for the 2020 GP Patient Survey (GPPS) came to a close on 6 April 2020. Ipsos MORI and NHS England colleagues are working closely on mitigating and understanding the impact of COVID-19 on the survey. As the pandemic was announced very late into the survey, it was possible to keep fieldwork open until early April as originally intended. The GPPS Survey results were published on schedule in early July 2020.

As in previous years, combined GP practices across Gloucestershire have performed above the national average. The top rated practice in Gloucestershire this year is Mitcheldean Surgery in the Forest of Dean. Results can be found at the GPPS website: <https://gp-patient.co.uk/> The slide-pack with the summary results for all Gloucestershire practices can be found at: <https://gp-patient.co.uk/Slidepacks2020#G>

## **5. Section C: Local Providers' updates**

This Section includes updates from Gloucestershire Health and Care Services NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT),

*These items are for information and noting.*

### **5.1 Gloucestershire Health and Care NHS Foundation Trust (GHC)**

#### **5.1.1 COVID Response – Update**

The Trust continues to focus on recovering services or delivering them differently, following the disruption and changes caused by COVID, while at the same time maintaining a state of readiness to respond to any potential 'second surge'. Among the main priorities are ensuring the supply of Personal Protective Equipment (PPE) to teams, ensuring buildings are 'COVID-secure' and supporting staff with their health and wellbeing. The Trust is working with system partners on winter planning, which incorporates extensive work to ensure colleagues are vaccinated against the flu as well as the significant vaccination programme for children countywide which is being delivered differently this year due to COVID. The Trust has maintained its 'Pillar 1' testing services based at Edward Jenner Court in Brockworth to ensure early access to testing for health and care staff and enable a swift return to work following a negative test.

#### **5.1.2 Immunisation Catch Ups for Children**

The Trust's immunisation team has been offering 'catch up' clinics for children who missed their school-based vaccinations due to lockdown, or were absent from school at the time of their immunisations. Drive-through appointments have been running at Edward Jenner Court in Brockworth, Gloucester, throughout the summer, as well as clinics at community venues across Gloucestershire, to catch up with as many of the 7,000 vaccinations missed this school year as possible.

The service has been focussed on providing 'catch ups' for Year 9 pupils, as well as vaccinations for Human Papilloma Virus (HPV) for Year 8 boys and girls and Year 9 girls only. If a child has not caught up with their missed vaccinations by September 2020, they will receive them in the new academic year.

#### **5.1.3 Oliver McGowan Mandatory Training on Autism and Learning Disabilities**

Mandatory training for all social care and health staff in learning disabilities and autism moved a step closer with the announcement of the partners including GHC who will design, develop, trial and evaluate the training with the partners.

The training is named after Oliver McGowan whose sad death shone a light on the need for health and social care staff to have better training that offers a greater understanding and will help improve their skills and confidence when delivering

care to people with learning disabilities and autistic people. Oliver's mum Paula McGowan led a campaign for more training. In 2019 the government set out their commitment to mandatory training in their consultation response in 'Right to be heard'. This was in response to recommendations made in the second annual Learning Disabilities Mortality Review (LeDeR) report.

In July 2020, Health Education England, Skills for Care and the Department of Health and Social care announced that they had selected the British Institute of Learning Disabilities (BILD), Gloucestershire Health and Care NHS Foundation Trust, Royal Mencap Society/National Autistic Society and Pathways Associates CIC as trial partners and the National Development Team for Inclusion have been selected as the evaluation partner. Gloucestershire is one of the trial sites for the training, which will be delivered through a partnership of Gloucestershire Health and Care NHS Foundation Trust, Inclusion Gloucestershire and Family Partnership Solutions.

#### **5.1.4 NHS Providers Report Shines Positive Light on GHC**

NHS Providers has published a new report which calls for immediate action to tackle the stigma and historic underfunding of services for people with learning disabilities and autism. The report, titled 'Getting it Right for Everyone: Meeting the Needs of People with a Learning Disability and Autistic People in NHS Services', states that the longstanding inequity in the development, commissioning and delivery of these services has harmed the health and wellbeing of these vulnerable groups.

However, the report also highlights the fact that most learning disability and autism services are providing people with good care, according to the Care Quality Commission, and there are some services rated as outstanding. A key objective of the report is to share examples of high-quality care across the NHS.

Gloucestershire Health and Care was consulted about the production of this report, and the Trust features positively, with mention made of its collaborative work with Inclusion Gloucestershire, Family Partnership Solutions and Gloucestershire County Council to develop the national Oliver McGowan mandatory training on autism and learning disabilities for all health and social care staff.

The Trust also receives mention for its emphasis on the positive outcomes achieved by partnership working, reflected by One Gloucestershire's status as an Integrated Care System, which brings together expertise, experience and commitment from health and social care services with lived experience from service users and their families and carers.

The report also talks positively about the Trust's involvement with, and organisation of, the annual Big Health and Wellbeing Open Days, as well as its response to the challenges presented by COVID-19, working with Gloucestershire County Council to make positive behaviour support consultation clinics available to staff teams and families.

### **5.1.5 Heart Service Noted for Effective Use of Telehealth**

The Trust's Heart Failure Service has been using Telehealth for many years to monitor, advise and titrate specialist medicines for its very complex patients. This has been especially valuable during the pandemic.

The service has now been noted nationally for the use of this digital platform and is regularly presenting to other heart failure services, as well as commissioning colleagues, about the benefits of using Telehealth during the pandemic. Novartis, technology suppliers, organise forums to enable clinical networking where discussions on adopting Telehealth as a post-pandemic option for service delivery have been very well received. This demonstrates how GHC is one of the forerunners nationally in safe, effective clinical care delivery for a high-risk patient group.

## **5.2 Gloucestershire Hospitals NHS Foundation Trust (GHT)**

### **5.2.1 Our digital journey**

In August 2020 the Trust took another huge step towards its vision of an electronic patient record with the launch of electronic ordering. This means that doctors and nurses working in Gloucestershire's acute hospitals, can now order pathology tests and radiology images on the Trust computer system and no longer rely on paper forms. The benefits to this are huge, clinicians can now see their patient's tests on one system and it reduces the risk of lost paperwork and ordering the same test many times. We know this system will save lives and reduce costs.

This is in no small part due to the work of the Digital Care Team and the engagement from clinical leaders and digital champions on the ground. Roll out across more services will continue into September 2020.

This follows the successful rollout of the new digital system at the start of the year (2020) across all adult inpatient wards, which are now using the Electronic Patient Record (EPR) - meaning nursing staff can now carry out checks and update patient notes on mobile computers at the patients' bedsides rather than in paper format at nursing stations. Studies carried out before and after the system was implemented have shown that nurses are now spending up to 20% more time at the patient bedside. Since moving patient observations to the system, clinicians can immediately see where the sickest patients are on arrival at a ward, no longer relying on individual paper notes at each bedside.

As well as freeing up more nursing time to care for patients, the EPR is supporting better clinical decision-making, enhancing patient care and improving patient experience.

The EPR has provided Trust staff with essential information throughout the COVID-19 pandemic, giving access to real time inpatient information and helped

manage flow through hospitals. It also enabled clinicians working remotely or in isolation, to keep track of their patients from home. Working closely with the CCG, the Trust was able to give GPs access to Sunrise EPR (software that allows GPs to access patients' electronic hospital record) during the peak of the pandemic, helping discharges to be planned more effectively and ensuring patients could be fully supported when they arrived home. The Trust is now working with adult social care, to see how access to the Trust's EPR can support the work they do.

In due course all the patient records at Gloucestershire Royal and Cheltenham General Hospitals will be available digitally and accessible to all authorised health and care professionals including GPs and other community health and care professionals.

### **5.2.2. Plans to transform hospitals**

Exciting plans to transform Cheltenham General and Gloucestershire Royal Hospitals as part of a £39.5m investment have taken a step forward after planning applications were submitted at the end of June 2020.

Under the plans Cheltenham General Hospital (CGH) would benefit from two additional theatres and a new day surgery unit. If approved, the development would provide additional operating capacity in purpose built facilities that would improve patient and staff experience, enable more efficient ways of working, reduce waiting lists and result in fewer planned operations being cancelled.

Gloucestershire Royal Hospital (GRH) would benefit from an improved Emergency Department and Acute Medical Unit facilities designed to improve diagnosis, assessment, treatment and patient flow. These changes would also include a redesigned orthopaedic outpatients area, additional x-ray capacity and improved ward facilities.

This is a huge milestone in the Trust's journey to deliver better care for patients and an improved working environment for staff. Subject to planning permission and the approval of the final business case, work could begin on site next year and the possibility of the buildings being open to patients in early 2023. Not only would these developments provide additional space across both sites, which is much needed, but they would also ensure the Trust can provide care in a modern environment, more befitting the quality of the clinical services provided.

### **5.2.3 NHS 72<sup>nd</sup> birthday celebrations**

This year marks 72 years since the NHS came into being and in July 2020 the Trust celebrated in style with partner organisations across the county.

It was a moment for everyone to reflect on the outstanding achievements of the local NHS and its partners and the ability of health service staff to rise to the challenge, innovate and come together for patients in the face of adversity.

NHS buildings were illuminated as part of the overall celebrations and staff and public tributes were broadcast across social media on Sunday 5 July 2020 including a live event at Gloucestershire Royal Hospital as part of the 'clap of claps' to say the biggest thank you yet to colleagues and everyone who has helped through the pandemic so far.

#### 5.2.4 **Nursing Times Awards**

The Trust is proud to have been shortlisted for the prestigious Nursing Times Awards in the 'Respiratory Nursing' (The Yellow Lanyard Respiratory Skills Team) and 'Infection Prevention and Control' (PPE Safety Officers) categories. This year the awards will take place on 14 October 2020 will mark the 30<sup>th</sup> Anniversary of the awards as well as the International year of the Nurse and Midwife. This year's awards will be an incredible opportunity to promote the hard work and dedication of the nursing profession.

#### 5.2.5 **Speaker of the month: Ethel Changa**

The Trust's Equality and Diversity Network invited Ethel Changa, South Region Lead, a member of the Chief Nursing Officer's Black and Minority Ethnic Strategic Advisory Group to be their keynote speaker in August 2020.

Ethel is a registered Mental Health Nurse and Cognitive Behavioural Therapist. Some of the many things Ethel is passionate about are: patient risk management; suicide prevention; evidence based person-centred care; workforce wellbeing and development. She has been involved in promoting equality and inclusion and championing the workforce race equality standards across the regions.

#### 5.2.6 **COVID-19 research trials**

Despite the reduction in the number of cases locally, COVID-19 research remains the priority for the Trust's Research and Development Team, which continues to be busy especially now studies are coming through that are looking at immunity, impact on staff and, in the not too distant future, vaccine studies.

The NHS COVID-19 vaccine research registry is now live and helping people across the UK sign up for information on the new COVID-19 vaccine trials. It is anticipated that regional vaccine studies will be starting in September/ October 2020.

The Trust has also successfully reopened a number of studies that were paused during COVID-19 and have opened one new commercial study - NHS CHECK – share your COVID-19 experience. The aim of this research project is to understand the impact of the pressures resulting from the COVID-19 pandemic and to provide the support our staff need.

The aim of the SIREN Study is to determine whether having antibodies for COVID-19 reduces the risk of a second infection. Following soft launches in both Gloucester and Cheltenham Hospitals of the SIREN study, the Trust has now fully opened recruitment to all Trust staff. 62 staff members have already been for

their baseline visits, with about the same number booked in. The research delivery teams are working flat out to get other staff who have registered interest booked in as quickly as possible.

#### **5.2.7 Youth Ambassador update**

Following the first online meeting of the Gloucestershire Hospitals Youth Group, the Trust Youth Ambassadors are starting to focus on projects across hospitals that will benefit from the feedback of young people. These include the rebranding of the Children's Centre and the transition from children's services to adult services. The next meeting of the group will be in September 2020 - if you or if any young people you know are aged 11-24 and would like to join - please get in touch.

#### **5.2.8 Governor elections**

Nominations closed on Thursday 20 August 2020 for Trust staff and public Governor elections. Nominations were open for staff governors in all staff groups and for the Cotswolds, Forest of Dean, Gloucester, Stroud and out of county public constituencies. The statement of candidates goes live soon.

#### **5.2.9 Ministry of Defence Employers Recognition Scheme**

The Trust is delighted to have been revalidated for the prestigious Gold award as part of the Ministry of Defence's Employer Recognition Scheme this year – one of only 14 NHS organisations to have been awarded Gold.

The awards celebrate the fantastic work that organisations demonstrate as committed employers of members of the Armed Forces community and the advocacy to this agenda.

#### **5.2.10 Cervical screening update**

The Trust's colposcopy service was highlighted in August 2020 for its fantastic patient response, both in its service planning and the commitment and hard work shown by all colleagues involved. The colposcopy service has continued throughout COVID-19. Furthermore, Public Health England has commended the service during this time compared to national data. Going forward, the team continue to monitor the demand and capacity and have contingency plans for potential raised demands or a second wave of COVID-19.

## **6. Recommendations**

This report is provided for information and HCOSC Members are invited to note the contents.

**Dr Andrew Seymour**  
Clinical Chair  
NHS Gloucestershire CCG

**Mary Hutton**  
Accountable Officer  
NHS Gloucestershire CCG

7 September 2020