

Addendum to FHF Chair's Report of 010322

Members will not be surprised to learn that the Emergency Care system has been having a very difficult time, due to a range of interlinked, complex circumstances.

The key driver to overcoming difficulties is the management of patient 'flow' getting into hospital and then backout again. Some patients now have 'reside' status.

Ambulance performance is not what the service desires, but long waits to get patients into ED have their impact. On arrival at ED patients are triaged in the ambulance and monitored by the crew. If a patient deteriorates they are rapidly 'escalated' to priority status.

All is not all gloom and doom as only some 33% of patients attended by the ambulance service, get taken to hospital. They are treated at home with paramedics having access to specialists, to assist their diagnosis and treatment.

Now in ED in Gloucester doctors are utilising Artificial Intelligence (AI) to analyse arrived patients to direct them onto the right/best pathway.

Every effort is being made to alleviate delays and reduce hospital admissions.

Virtual wards have been established and are being added to. A Pilot scheme is considering how to reduce waiting times at ED for ambulances, with a maximum wait less than one hour, 95% within 30 mins. And 65% within 15 mins, 'back to the future', but not quite. More Urgent Treatment Centres (HTCs) are being planned, involving specialist paramedics. Locally this could quite readily become a model for the planned new medical centre in Lydney.

The CQC has visited the hospitals trust and responded positively to its efforts.

Digital awareness, capability and access is increasingly at the forefront of clinical affairs and patient experience, not without its own set of difficulties. Within the system there is, currently, a lack of digital maturity. Patient information does not flow electronically in an even manner. This is being addressed. At an individual level not all patients are digitally efficient or have access to smart phones or computers, so digital disadvantage looms, unless perceived difficulties are managed so that a level digital playing field prevails.

Albert Weager Chair 040322