Forest Health Forum ---- Chair's Mid Year Report, 22nd May 2021

All meetings have been MST or Zoom.

There have been two meetings of the countywide PPG.

Initial concerns were around lack of consistency in getting vaccines to the ten hubs. There also appeared to be variations between practices, in the call up for vaccination. National guidelines say call up in DoB order. All care homes will have had vacc. offers by mid- February. It is not possible for the CCG to have a central control for vaccs call ups, as CCG cannot access patient records. Some joined up thinking is needed for cross border patients.

Mention was made of the new Forest hospital. I stressed the need for a continued focus on the South Forest. A later meeting said discussions on S. Forest would take place soon.

It has become apparent that PPGs are set up in varying ways. They should be owned and managed by patients, in conjunction with the practice, for logistical support for Zoom and interested, patient, information. This does not happen everywhere. Some practices seem to function as Practice Participation Groups.

Within the world of Urgent an Emergency Care it was pleasing to learn that Covid 19 admissions were reducing, but that social distancing rules were affecting patient flow, inducing pressure on the Emergency Department and the ambulance service. This contributed to a lower level of overall patient experience. Discussions about reducing handover delays were ongoing to avoid queuing and corridor waiting. A Hospital Ambulance Liaison Officer (HALO) was in situ to help overcome the congestion and see the release of ambulances back into service.

My overall impression was that the system was working well and I complimented them all for their collaborative working. GPs now have access to something called CINAPSIS which allows them to consult a growing range of clinical expertise, when considering to send a patient to hospital.

Admissions –discharges – patient flow—social care all crucial links in the system. Home first is the discharge motto. I asked about the role of public health and was told that Sarah Scott Public Health Director had now merged role and was leading the Directorate for Public Health and Social Care.

By the time of the next Urgent/Emergency Care meeting much had been done to enhance the patient experience and reduce handover delays. ED had been re-configured and there were now fifteen, additional, treatment

cubicles. There was a zero tolerance policy for handover delays greater than thirty mins and zero tolerance of patients waiting in corridors.

There was concern that NHS 111 was directing too many patients to ED. It was not clear whether these were for illness or injury, although throughout the pandemic the prevalence for MIIUs attendances, has been patients with injuries, more so than illness.

The concept of a ‘Pit Stop’ was presented, where, during peak times, there was a senior triage process in place, averaging nine minutes. This led to good outcomes for the patients.

An early discharge scheme across the system was working well, but complicated because different parts of it used the same words but not necessarily having the same meanings (shades of Eric Morecambe!) The early booking of PTS was essential for those needing it, day before if possible.

Partnership working is VIP to avoid admissions and ensure timely discharges. The possibility of a single integrated hub, for Gloucestershire was being discussed. There used to be one in the ’old days!

There have been a number of committee meetings and a newsletter will hopefully come your way telling about these.