

## **QUARTERLY MEETING BETWEEN SCRUTINY AND THE CLINICAL COMMISSIONING GROUP.**

**FRIDAY 18 FEBRUARY 2022 – 9.00 am – 10.00am**

Present: Cllr Ian Wilkes, Cllr Julie Cooper, Andrew Bird, Denise French, Tracey Shewan CCG

### **Covid update**

Tracey Shewan gave an update on the current situation with Covid. Cases were decreasing in all age groups. Week commencing 14 February had seen a 30% decrease. There were currently 150 patients in Royal Stoke Hospital with Covid and an average of 3 – 6 patients in ITU due to Covid. Patients were not necessarily admitted due to Covid but when tested, were found to be Covid positive. The majority of patients in ITU were unvaccinated or had only received one vaccine.

It was expected that the Government would release its 'Living with Covid' Strategy the following week setting out national policy. Once the strategy was published the NHS and social care could then plan a response within the national policy parameters. The current rules required patients to wear a mask in NHS settings and maintain social distancing, it was not yet known if this would continue. The Coronavirus Act would end on 24 March.

The biggest pressures on the NHS at present continued to be workforce pressure.

The future regarding Lateral Flow Tests was not known but there was lobbying around keeping tests free of charge.

Vaccines were now available for 5+ year olds and current plans for Staffordshire were to test over the Easter holidays, children would be given one vaccine to start with. The long term strategy regarding the vaccination programme was awaited. There were still some people getting their first vaccine and anyone wanting a first vaccine was encouraged to attend.

### **Operation Anzu**

This was a police investigation into a Doctor who had worked at 2 hospitals including Royal Stoke. A letter had been sent out to relevant individuals and a helpline had been set up.

### **Royal Stoke Hospital**

The main pressures remained at ambulance handovers. There were issues with discharging patients to Care Homes; if a Care Home had a case of Covid it would shut for 14 days. There were also pressures on Domiciliary Care.

There were now around 300 people attending A&E per day. Patients could no longer be offloaded into corridors due to infection control. Anyone with Covid had to be kept separate which caused logistical issues. Some hospitals were looking at introducing a cohort area in A&E to release ambulance crews.

There were measures to try to address backlogs including use of the independent sector. There continued to be pressure due to not enough people training for careers as a nurse or doctor; international recruitment was an option but there was a lot of competition.

## **111 Online**

This was a service that was an alternative to phoning 111. Patients would go online and be triaged by answering a series of questions, they would then be phoned by a nurse or a Doctor, whichever was most appropriate. Tracey said there had been lots of positive feedback about this service. There were also kiosks in hospitals where patients could be signposted to alternate sources of help, such as pharmacies, which may be considered preferable to waiting hours in A&E.

## **Transformation Programme**

This would be subject to scrutiny by Staffordshire County Council. CCGs would end on 1 July to be replaced by Integrated Care Boards (ICB). An interim Chief Executive Designate had been appointed to the ICB who was now in the process of recruiting 4 x Executive Directors. There had been a detailed presentation to the meeting of the Staffordshire Health and Care Overview and Scrutiny Committee on 31 January; this had included information about Integrated Care Hubs, one of which was planned for Bradwell. There was a long process prior to introduction and scrutiny would be able to have an input.