

Public Document Pack

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|  | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| Boston Borough Council | East Lindsey District Council | City of Lincoln Council | Lincolnshire County Council |
| North Kesteven District Council | South Holland District Council | South Kesteven District Council | West Lindsey District Council |

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Lincolnshire County Council
County Offices
Newland
Lincoln LN1 1YL

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 21 February 2018 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), Mrs K Cook, M T Fido, R J Kendrick, Dr M E Thompson, R B Parker, R H Trollope-Bellew and M A Whittington

District Councillors: P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

| Item | Title | Pages |
|------|--|---------|
| 1 | Apologies for Absence/Replacement Members | |
| 2 | Declarations of Members' Interest | |
| 3 | Minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 17 January 2018 | 3 - 18 |
| 4 | Chairman's Announcements | 19 - 20 |
| 5 | Alternative Provisions to the Walk-in Centre <i>(To receive a report from Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group, which provides the Committee with an update on the progress made in implementing plans to enhance primary care services and the CCG's public awareness campaign as to the alternative provisions to the Lincoln Walk-in Centre)</i> | 21 - 72 |

| Item | Title | Pages |
|-----------------------------|---|----------|
| 6 | <p>Non-Emergency Patient Transport Service for NHS Lincolnshire CCGs - Thames Ambulance Service Limited (TASL)</p> <p><i>(To receive a report from Thames Ambulance Service Limited (TASL), which provides the Committee with an update on service provision, and an overview of the actions being taken by the Lincolnshire West Clinical Commissioning Group (CCG). Sue Flintham, Regional Director, Thames Ambulance Service (TASL); Blanche Lentz, Chief Operating Officer, Lincolnshire, TASL; and Mike Casey, Manager, Lincolnshire, TASL will be in attendance)</i></p> | 73 - 78 |
| LUNCH 1.00PM -2.00PM | | |
| 7 | <p>Lincolnshire Sustainability and Transformation Partnership: Mental Health Priority</p> <p><i>(The Health Scrutiny Committee is focusing on four of the seven priorities being delivered as part of the Lincolnshire Sustainability and Transformation Partnership (STP). One of the four selected priorities is mental health and this item is focusing on recent progress and strategic activity in for the delivery of Mental Services in Lincolnshire, as part of the Lincolnshire STP. Representatives from both commissioners and the main provider, Lincolnshire Partnership NHS Foundation Trust, are due to attend)</i></p> | 79 - 88 |
| 8 | <p>Joint Health and Wellbeing Strategy Update</p> <p><i>(To receive a report from David Stacey, Programme Manager Strategy and Performance, which asks the Committee to comment on the proposed approach to, and the findings from the engagement from the Health and Wellbeing Board for Lincolnshire as part of developing the next Joint Health and Wellbeing Strategy for Lincolnshire)</i></p> | 89 - 96 |
| 9 | <p>Health Scrutiny Committee for Lincolnshire - Work Programme</p> <p><i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on the content of its work programme)</i></p> | 97 - 100 |

Tony McArdle
Chief Executive
13 February 2018



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
17 JANUARY 2018**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, Dr M E Thompson, R B Parker, R H Trollope-Bellew and M A Whittington

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council)

Healthwatch Lincolnshire

Dr B Wookey and Dr M Prior

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Simon Evans (Health Scrutiny Officer), Sarah Furley (Programme Director, Lincolnshire Sustainability and Transformation Partnership), Jane Green (Assistant Contract Manager, NHS England), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership), Caroline Walker (Deputy Chief Executive, North West Anglia NHS Foundation Trust), Rachel Wilson (Democratic Services Officer), Jason Wong (Chair, Dental Local Professional Network) and Jeff Worrall (NHS Improvement)

County Councillors L Wooten, R Wooten and R A Renshaw attended the meeting as observers.

53 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

There were no apologies for absence or replacement members.

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54 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs P F Watson advised the Committee that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

There were no other declarations of Members' interests at this point of the proceedings.

55 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE
FOR LINCOLNSHIRE HELD ON 13 DECEMBER 2017

Councillor M A Whittington asked that page six of the agenda pack, at minute number 47 (Chairman's Announcements), under the section "The Next Steps" be amended to include 'the East of England Clinical Senate' as follows:-

"In addition to representation from ULHT at that meeting, representatives from the CCGs, NHS Improvement and the East of England Clinical Senate would also be invited to attend."

The Chairman highlighted the following errors within the minutes:-

- The final paragraph on Page 11 of the agenda pack should read **pose** and not **posed**; and
- Paragraph two on page 12 of the agenda pack should read "*voluntary car scheme*" and not *voluntary care scheme*"

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire, held on 8 November 2017, with the amendments noted above, be agreed and signed by the Chairman as a correct record.

56 CHAIRMAN'S ANNOUNCEMENTS

The Chairman referred to the announcements circulated within the agenda pack which included the following areas:-

- United Lincolnshire Hospitals NHS Trust – Appointment of Interim Chair of the Board;
- Winter Pressure Funding for Lincolnshire;
- Psychiatric Clinical Decisions Unit – Lincoln County Hospital; and
- Non-Emergency Patient Transport Service

In relation to the Psychiatric Clinical Decisions Unit at Lincoln County Hospital, Councillor Mrs K Cook advised that she had attended the official opening and had been impressed by the unit and thought this would provide a good service for the county.

RESOLVED

That the Chairman's Announcements be noted.

57 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP UPDATE

Consideration was given to a report on behalf of the Lincolnshire Sustainability and Transformation Partnership (STP) which provided the Committee with information on the development of the Lincolnshire STP and the current position.

John Turner (Senior Responsible Officer, Lincolnshire STP) and Sarah Furley (Programme Director, Lincolnshire STP) introduced the report and advised that good progress had been made on key areas of the STP. It was also noted that the STPs had evolved over the last nine months from 'plans' to 'partnerships' with current thinking nationally describing STPs as working at a health and care system level.

There remained a strong case for change which was shared by the collective leadership, partner organisations and stakeholders in Lincolnshire. The Case for Change was published in June 2016 and, despite the excellent dedication and commitment of staff, the NHS in Lincolnshire remained severely challenged in the following areas:-

- Deteriorating Quality;
- Significant Staffing Challenges; and
- Deteriorating Finances.

The Committee was advised that the system deficit was anticipated to reach £100m and not £70m as noted within the report.

As part of the STP as a plan (rather than a partnership or system), Lincolnshire had been focussing on seven key priorities since April 2017, all of which were now starting to deliver real change for people accessing care and support across the county. The seven key priorities were noted:-

- Mental Health;
- Integrated Neighbourhood Working;
- Implementation of GP Forward View;
- Urgent and Emergency Care Transformation;
- Operational Efficiencies;
- Planned Care; and
- Acute Care Reconfiguration/Acute Service Review

The Committee was advised that there was a specific challenge within mental health as there were too many Lincolnshire residents being treated out-of-county for mental health care.

In relation to Operational Efficiencies it was noted that integrated working for back office functions would be essential in the future and could, potentially, provide a saving of £60m over five years.

As part of the STP, the future configuration of acute services was being given greater consideration. The Acute Service Review would also include all hospitals in neighbouring counties attended by Lincolnshire residents. The review would focus on the following question:-

What is the optimum configuration of ULHT services and the role of neighbouring acute trusts, in order to achieve a thriving acute hospital service in Lincolnshire and for the population as a whole and to deliver clinical, staffing and financial sustainability across the Lincolnshire NHS health economy?

The first part of the review would engage with senior clinicians and the second part would look at the analytics of 32 specialities and how these could be configured to allow the best quality of care to be delivered whilst retaining the right level of staff. Initial proposals would be identified by the end of February 2018, following which the proposals would be subject to the standard NHS England assurance processes. All this would take place prior to any formal public consultation.

The STP accepted that more engagement, communication and information was required from the public, council, district council, patient groups, etc.

There was also a requirement to consult on major service reconfigurations and the Committee would be invited to consider proposals as and when required.

It was confirmed that the STP utilised the Joint Strategic Needs Assessment (JSNA) as a key source of demographic information upon which to build the Case for Change and identify the key priorities.

During discussion, the following points were noted:-

- There had been a national directive to change from a plan to a partnership and this was intended to bring all local partners together;
- Clinical analysis and business analytics would indicate what was required in different service areas to ensure that the best quality of care could be provided. This work would highlight if services would be best concentrated to certain areas or if there would be benefit in having more local bases;
- The STP was working with One Public Estate (OPE) to address estate issues. Hospital services and specialities within the hospital estate were being reviewed to ascertain if the estate was fit for purpose;
- The Committee expressed concern that public consultation appeared to be lacking despite a number of proposals within the plan. It was explained that this concern had been noted at the last meeting and engagement with the public would increase as a result. It was further confirmed that any significant changes to services would require formal public consultation in addition to this informal engagement;
- NHS colleagues indicated that the relationship with senior executives within the County Council was strong and effective and the strength of the partnership was part of the reason why Delayed Transfers of Care (DTOC) had improved;

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- One member of the Committee noted that in December 2016 the County Council had agreed a motion that it had no confidence in the STP in its current form, and was dismayed with the NHS plans despite that decision;
- Neighbourhood teams were intended to create integration between GPs, Social Workers, Health Visitors, Mental Health, etc, to ensure joint working to provide a better service. It was reported that GPs in the south of the county were enthusiastic about Neighbourhood Teams as it was anticipated this would assist GPs in delivering the right care and the right time;
- It was confirmed that the Psychiatric Clinical Decisions Unit did accept admissions from across the county but there were no plans to have more across the county until the impact and success of this unit could be measured. 100 additional clinical staff had been recruited by Lincolnshire Partnership NHS Foundation Trust (LPFT) who were on track to recruit a further 300 wte staff by 2021;
- The membership of the Lincolnshire Coordinating Board included the chairmen of seven health organisations plus non-executive directors from East Midlands Ambulance Service (EMAS) and the Chairman of the Lincolnshire Local Medical Committee (LMC). The Chair of the Lincolnshire Health and Wellbeing Board, in addition to Chief Officers and Chief Executives of all these organisations, also attended the meetings which met on a monthly basis;
- The Committee did not see the correlation between the seven priority areas and how they would impact on the Case for Change. It was agreed that the future reports would include the staffing, quality and financial impacts for each priority;
- It was highlighted that the £100m savings required was £100m per annum and was recurrent and the Committee was keen to understand how these savings were to be made. Project plans were in place and would be made available to the Committee in addition to the information requested against the seven priorities.

RESOLVED

1. That the progress on the delivery of the Lincolnshire Sustainability and Transformation Partnership be noted; and
2. That future reports on the STP to the Health Scrutiny Committee for Lincolnshire include the project plans; and staffing, quality and financial impacts for each of the seven priorities.

58 GRANTHAM AND DISTRICT HOSPITAL ACCIDENT AND EMERGENCY DEPARTMENT

Consideration was given to a report by the Health Scrutiny Officer which invited the Committee to consider the implications of the report by the East of England Clinical Senate on the Review of Accident and Emergency Services at Grantham and District Hospital (United Lincolnshire Hospitals NHS Trust).

The Chairman welcomed Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals, NHS Trust (ULHT)), Dr Neill Hepburn (Medical Director, ULHT), John

Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP)) and Jeff Worrall (NHS Improvement).

The report by the East of England Clinical Senate contained five recommendations as précised below:-

- Recommendation 1;
 - The Panel did not support the reopening of the 24/7 A&E department at Grantham Hospital on the grounds of potential adverse impact on patient safety at A&E Departments at all three ULHT hospitals;
 - The Panel strongly recommended on the grounds of patient safety, that ULHT Trust Board reconsider the proposal to extend the current A&E service opening hours at Grantham and District Hospital; and
 - The Panel recommended that the Trust continue to provide an A&E service at Grantham and District Hospital on the current opening hours;
- Recommendation 2;
 - The Panel recommended that in order to make it clear for patients and the public the type of service available at Grantham and District Hospital A&E Department, the Trust consider relabelling or renaming the department and ensure that it communicates this message widely. It was also recommended that 'A&E Centre' not be applied to Grantham and District Hospital in any further model;
- Recommendation 3;
 - The Panel recommended that the Trust should move to a single A&E team with a focus on standardised clinical pathways and processes across the three sites;
- Recommendation 4; and
 - The Panel recommended that the Trust and CCG have clear alignment with the Lincolnshire STP, developing a system approach to urgent and emergency care, and planned care for patient and the public. The Trust and STP should move to public consultation on an agreed future model as quickly as possible;
- Recommendation 5;
 - The Panel recommended that ULHT work with the local CCG and STP to develop an enhanced communication and engagement strategy to ensure that all stakeholders, public, patients and locally elected representatives were given the opportunity to input on the development and decision regarding the final model for urgent and emergency care across the Trust's three sites;
 - The Panel recommended that the communication and engagement strategy develop plans to ensure that any changes to the designation, opening times and pathways related to emergency care provision were clearly communicated with the public, patients, stakeholders and staff both within the STP footprint and with surrounding STP footprints.

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Jan Sobieraj (Chief Executive, ULHT) confirmed that the ULHT Board had considered the report by the Clinical Senate on 15 December 2017 and resolved to heed the expert advice and accept the key recommendations to maintain the current hours at Grantham A&E.

The Chairman advised that, in accordance with the County Council's Constitution, a request to speak had been expressed by:-

- Councillor R Wootten (Lincolnshire County Council (Grantham North));
- Councillor L Wootten (Lincolnshire County Council (Grantham East)); and
- Councillor D C Morgan (South Kesteven District Council)

Following the accepted convention, speakers would be allowed up to three minutes to address the Committee.

Prior to inviting the speakers to address the Committee, the Chairman proposed the following motion, which was also circulated to Members:-

1. The Health Scrutiny Committee for Lincolnshire notes that on 15 December 2017 United Lincolnshire Hospitals NHS Trust Board acted as the 'responsible' person in considering a proposal concerning the opening hours at Grantham and District Hospital Accident and Emergency Department including a proposal to re-open Grantham and District Hospital Accident and Emergency Department 24 hours per day seven days per week; and as a result the Board was considering a proposal for a substantial development of the health service or a substantial variation in the provision of such a service (*in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013*);
2. In accordance with Regulation 23(9)(a) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, a referral be made to the Secretary of State for Health and Social Care on the basis that the Committee is not satisfied that the consultation on the decision by the United Lincolnshire Hospitals NHS Trust Board on 15 December 2017 not to re-open Grantham and District Hospital Accident and Emergency Department 24 hours per day seven days per week was adequate in both its content and the time allowed.

This motion was seconded by Councillor M A Whittington.

The Chairman invited Councillor R Wootten to address the Committee, during which the following points were noted:-

- Several campaign groups and thousands of residents had signed petitions to reinstate the department 24/7, however the decision had still been taken to continue with the reduced hours despite appointing the required number of middle grade doctors;
- Dismayed that consideration was also being given to rename the department;
- The Committee was referred to the document 'Shaping Health for Mid Kesteven' and the response from ULHT reporting that there were no plans to downgrade the A&E Department at Grantham & District Hospital further

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suggesting that Grantham had a bright future as a hub for local healthcare services;

- Having attended the Grantham Locality Forum, Councillor Wootten reported that 3000 residents had been consulted which was only 0.5% of the population of Lincolnshire;
- The Leader of South Kesteven District Council had indicated his support for both Councillors and campaign groups in this matter and had written to the Secretary of State for Health and Social Care, MPs, ULHT, the Chairman of the Health Scrutiny Committee for Lincolnshire and the Leader of Lincolnshire County Council. The letter outlined the strong feeling amongst campaign groups, residents and local councillors; and
- Councillor Wootten fully supported the motion presented by the Chairman and the action proposed.

The Chairman invited Councillor L Wootten to address the Committee, during which the following points were noted:-

- Councillor Wootten advised that she was speaking on behalf of residents of Grantham and surrounding villages;
- Councillor Wootten had also attended the Grantham Locality Forum to discuss the ULHT 2021 Strategy and reconfiguration of estates and, although this looked favourable on paper, she was aware of the current special measures of ULHT and therefore was not convinced of the content;
- Councillor Wootten felt it was demoralising for NHS staff to be constantly under surveillance and scrutiny and stated that the work of all the doctors and nurses providing care to residents was wholly appreciated and completely valued;
- The Trust Board had taken the decision to close the department on the grounds of safety without proper consultation and now residents were faced with the STP despite the Council rejecting the STP in its current form;
- If the department was not an A&E Department, it was questioned why the sign said it was;
- It appeared that this department had been downgraded 'by the back door' and that there was no clear vision of the Trust or the CCGs for a way forward;
- The principles of the STP appeared to be working against Grantham A&E even though thousands of residents, campaign groups and the Health Scrutiny Committee for Lincolnshire had voiced their concerns;
- Grantham residents could not continue with this level of uncertainty and the Committee was urged to challenge the recommendations within the report of the East of England Clinical Senate; and
- It was suggested that the Grantham estate could be reconfigured and utilised more, for example as a day care unit for elective surgery.

The Chairman invited Councillor D C Morgan (South Kesteven District Council) to address the Committee, during which the following points were noted:-

- Councillor Morgan advised that her council seat covered some of the poorest areas in Grantham which houses approximately 120k people;

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- The department had been closed initially due to staffing issues and now the recommendations were to escalate this decision and to remove or amend the current signage;
- The manner in which the work by the Clinical Senate was undertaken was questioned;
- It was suggested that ULHT was under huge pressure to keep the unit closed due to the recommendations of the Clinical Senate who had severely underestimated the need for it;
- Consultation had not taken place with local patient groups, nor did the senate challenge conflicting evidence from the Health Scrutiny Committee for Lincolnshire and ULHT; and
- SOS Grantham Hospital had submitted a Freedom of Information request to find out the number of patients treated at Grantham A&E. Contrary to the reports made by ULHT, the request indicated that 6700 critically ill patients had been admitted after they presented at the unit.

The Chairman thanked the speakers and invited Members to ask questions, during which the following points were noted:-

- The Committee had been advised previously that 21 middle grade doctors were required to enable the department to be reopened overnight. Once that level had been reached, the Committee was dismayed to learn that NHS Improvement changed the number of middle grade doctors required, following advice from the East of England Clinical Senate Clinical Review Panel;
- It was reported that it would have been irresponsible of ULHT not to act on the advice of the Clinical Senate Clinical Review Panel;
- NHS Improvement confirmed that it was ultimately the Trust Board's decision but that the Trust also worked within an accountable system and would be expected to take proper account of any safety concerns. It would be expected that any recommendations from the Clinical Senate would be heeded and, if not, NHS Improvement had powers to replace the Chair and members of the Trust Board;
- Winter pressures had been incredibly hard this year which had put the NHS under considerable strain. It was reported that plans were working, non-essential procedures had been reduced and staffing levels increased which had meant the system was relatively resilient;
- Postcode activity of Grantham patients had been tracked as a result of the overnight closure and it was reported that the number of patients presenting at Lincoln was very small. Hospitals in neighbouring counties had also been contacted and the number of patients from Grantham were so small that there had been no specific problems raised;
- It was confirmed that long-term savings as a result of the closure had not been assumed and it was stressed to the Committee that the decisions taken at Grantham A&E had never been financially driven;
- The Committee indicated that the Clinical Senate had not engaged people to enable them to consider and challenge the decision;
- It had been previously reported that the reason for part-closure was due to clinical safety and the need to reach a level of 21 wte middle grade doctors

before the unit could be reopened. It was unclear why this issue had been passed to the Clinical Senate when that level of staffing had been reached;

- The report of the Clinical Senate suggested that the situation to restore the overnight service at Grantham would result in an unsafe effect on the other units at Lincoln and Boston which could not be ignored. There was a risk that the staffing level could reduce again which would result in the part-closure being reinstated thereby destabilising the service further;
- NHS Improvement had recommended to the Trust that a Clinical Safety Review be requested, as part of which the Clinical Senate considered the change in the number of middle grade doctors required. Mr Worrall confirmed that this was not the role of NHS Improvement. Councillor Whittington asked that his dissatisfaction with this statement be noted within the minutes;

RESOLVED (Unanimously)

1. The Health Scrutiny Committee for Lincolnshire notes that on 15 December 2017 United Lincolnshire Hospitals NHS Trust Board acted as the 'responsible' person in considering a proposal concerning the opening hours at Grantham and District Hospital Accident and Emergency Department including a proposal to re-open Grantham and District Hospital Accident and Emergency Department 24 hours per day seven days per week; and as a result the Board was considering a proposal for a substantial development of the health service or a substantial variation in the provision of such a service (*in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013*);
2. In accordance with Regulation 23(9)(a) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, a referral be made to the Secretary of State for Health and Social Care on the basis that the Committee is not satisfied that the consultation on the decision by the United Lincolnshire Hospitals NHS Trust Board on 15 December 2017 not to re-open Grantham and District Hospital Accident and Emergency Department 24 hours per day seven days per week was adequate in both its content and the time allowed; and
3. That a report be brought to a future Health Scrutiny Committee for Lincolnshire to present plans for the future of Grantham and District Hospital Accident and Emergency Department.

At 1.00pm, Mr B Wookey and Councillor R H Trollope-Bellew left the meeting and did not return.

59 NHS DENTAL SERVICES OVERVIEW FOR LINCOLNSHIRE

Consideration was given to a report from NHS England – Midlands and East (Central England) and the Dental Local Professional Network which provided an overview of the NHS Dental Services commissioning in Lincolnshire and an update on the current challenges and commissioning intentions to improve NHS dental services and oral health across Lincolnshire.

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Jane Green (Assistant Contract Manager, Dental and Optometry, NHS England – Midlands and East (Central Midlands)) and Jason Wong (Chair of the Dental Local Professional Network) introduced the report and explained the local context.

The Central Midlands Local Office was responsible for commissioning NHS primary community and secondary care dental services and had two locality teams who managed dental and optometry commissioning. Lincolnshire formed part of the North Locality which also covered Leicestershire and Rutland.

There were currently 72 contracts within Lincolnshire providing NHS dental services, one of whom was piloting a new prototype dental contract to test a new remunerations system. This blended activity and capitation (patient registration) and aligned to financial and clinical drivers to focus on prevention and continuing care.

The report highlighted that the following Local Authority areas in Lincolnshire had access rates below the NHS England and Leicestershire and Lincolnshire average:-

- Boston (children and adults);
- Lincoln (children and adults);
- South Holland (children and adults); and
- North Kesteven (adults)

These outcomes had been reviewed by the local office in addition to patient engagement and consultation feedback and it was agreed to commission new contracts as part of the dental procurement programme in order to improve access to general dental services in priority areas identified within the resource envelope:-

- Boston;
- Lincoln;
- Sleaford (North Kesteven); and
- Spalding (South Holland)

The Local Office were supporting the Chief Dental Officer Smile for Life initiative and had launched the 'Starting Well' programme in Leicester and Luton. The learning from this programme would be fed into the Lincolnshire area in due course.

During discussion, the following points were noted:-

- The actual figures of the regional and national averages were not available but would be provided to the Health Scrutiny Officer after the meeting;
- Access rates rather than waiting lists were used to choose new areas for practices in addition to the population rates;
- The nearest dental colleges to Lincolnshire were in Birmingham and Sheffield and trainees seemed to return to those areas following training placements in Lincolnshire. NHS England were also working on foreign recruitment of dentists so this could also be considered in improving retention;
- Smile for Life had held a launch event with eight sites commencing in Leicester City on 1 February 2018. There was not a separate dental budget as this formed part of the overall primary care budget and the difficulty had

been trying to stress the importance of this initiative. Due to funding, it was not expected that this initiative would be rolled out in the near future;

- Some schools in Lincolnshire were running initiatives in dental health and it would be helpful if more could be done to support and promote this.

The Chairman requested that a progress report be presented to the Committee in six months.

RESOLVED

1. That the report and contents be noted; and
2. That an update report be added to the Committee's Work Programme

NOTE: At 1.26pm, the Committee adjourned for lunch and reconvened at 2.15pm.

Councillors R H Trollope-Bellew, M T Fido and Dr B Wookey submitted apologies for the afternoon session of the meeting.

60 UPDATE ON DEVELOPMENTS AT NORTH WEST ANGLIA NHS FOUNDATION TRUST

The Chairman welcomed Caroline Walker, Deputy Chief Executive for the North West Anglia NHS Foundation Trust to the meeting. The Committee received an update on key areas of development at the North West Anglia NHS Foundation Trust since its formation on 1 April 2017, which oversees the running of Stamford and Rutland Hospital, Peterborough City Hospital (PCH) and Hinchingsbrooke Hospital in Huntingdon.

The Committee was advised of the following during the update:

- It was hoped that members were reassured with the developments taking place that Stamford and Rutland Hospital was still key part of the Trust's offer.
- A base for the Trust had been created which reconfirmed its commitment to that site so that services were where patients needed them. It would also be a base for the South Lincolnshire Neighbourhood Team as there was space for everyone to work from Stamford, re-affirming the commitment to treat patients locally.
- Members were advised that the merger had taken place in April 2017 and there was a 5 – 10 year plan to deliver all the benefits.
- Staff were working to deliver benefits and one of the main benefits was about maintaining clinical services across all sites. This was the main focus of a lot of the work, and there had been no deterioration in performance of any of the services as a result of the merger.
- Some clinical benefits had been delivered already, but some would take longer to deliver.
- It was reported that the hospital were working together and so some of the services could be integrated. It was noted that some of the clinical teams had been integrated so that clinicians were moving between sites instead of patients.

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- Members were also advised that workforce remained one of the biggest issues and the Trust was trying to recruit internationally as well as within this country.
- It was reported that the planned first year savings would be achieved, mainly from efficiencies to the back office function. There was a commitment to make no savings from clinical services.

The Committee was provided with the opportunity to ask questions of the officers present in relation to the information contained in the report and some of the points raised during discussion included the following:

- In relation to the minor injuries unit, it was queried how well it had performed, and members were advised that it did treat every patient within four hours 100% of the time.
- In terms of workforce, it was reported that the Trust was approximately 150 nurses short of where it wanted to be (around 2,000 nurses in all) so there was about a 10-15% vacancy rate. The Committee was reassured that shortfall was being covered through agency staff, bank staff and overtime. However, this came at a premium in terms of cost. It was also noted that there were 56 consultant posts vacant. It was noted that this was not a general shortage, as some areas were fully established, but there were some types of doctors who were difficult to recruit.
- It was commented that it was refreshing to have a positive statement coming through and there were a lot of people in the Grantham area who would opt to go to Stamford or Peterborough hospital for treatment.
- It was noted that referrals had gone up by 10% for the south of the county.
- Members were supportive of the inclusion of local people and users of the services as community representatives in the governance structures.
- In terms of finance, it was noted that when the sites merged there was £11million of debt, and it was expected that the Trust would make £9million of savings. Members were advised that every Trust had to deliver savings, and it was hoped that the £9million would be saved through changes to back office functions.
- It was noted that the total revenue budget for the whole Trust was £418 million, and a £42million deficit was expected for the year. However, members were informed that Peterborough was reducing its deficit every year, and this was one of the commitments from the Board. The aim was for the deficit to be at £32million for the following year. The costs associated with covering the vacancies were having a major effect on the budget.
- In terms of the staffing issues and the reliance on Locums, it was noted that the vacancies were not being filled due to a lack of skills, but that doctors found it more beneficial to work as locums.
- It was queried whether there was a lot of opposition to the merger, and it was acknowledged that there was some, but this was due to a misunderstanding that the Stamford site might close.
- In relation to the 62 day referral for cancer care targets which was falling marginally short of the standard, members were advised that the initial referral was always within two weeks, and it was after this that the 62 days commenced, but patients would then need to have all relevant tests,

screenings and start treatment for recovery. In the vast majority of cases this target was able to be met.

- It was queried whether Thames Ambulance Service delivered any patients to the Trust's sites and it was confirmed that it did provide non-emergency patient transport for Lincolnshire patients and that some problems had been experienced.
- It was queried what effect the repayment of the PFI had had on budgets. Members were advised that of the £20 million deficit Peterborough had, £15million of that was due to PFI. It was noted that there were another 26 years left and then Peterborough City Hospital would be owned by the NHS. It was acknowledged that there were risks and benefits to PFI.
- In relation to PFI, it was confirmed that work was underway to ensure that the cost of this was recognised in the way the Trust was funded, and it was acknowledged that some subsidy had been received.
- It was queried how the issue of it being more attractive to nursing staff to work for an agency rather than the NHS directly could be tackled. It was noted that work was underway to try and address this with a three year pay award and recruiting into training.
- It was commented that for doctors, being a locum was not always the best option as there could be significant insurance costs, as well as agency fees.

The Vice-Chairman proposed that the Deputy Chief Executive of the North West Anglia NHS Foundation Trust be thanked for her presentation and that she come back to a future meeting to keep the Committee informed of progress.

RESOLVED

That the Committee receive a further update on developments at the North West Anglia NHS Foundation Trust at a future meeting.

61 LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018 - RESPONSE OF THE HEALTH SCRUTINY COMMITTEE

It was reported that on 8 November 2017 the Committee considered a report on the process for developing the Lincolnshire Pharmaceutical Needs Assessment (PNA) and a working group was established to respond to the consultation questions in the draft Lincolnshire PNA. The consultation draft was published on 11 December 2017 and the Committee's working group met on 19 December 2017. The working group's responses to the questions were circulated with the agenda for the Committee's consideration. It was noted that the closing date for the consultation was 11 February 2018.

It was highlighted that there was a need to ensure that provision would be able to meet the needs from the growth in housing developments over the next five years. It was noted that this had been covered in the response.

RESOLVED

That the Health Scrutiny Committee for Lincolnshire approves the responses of the Committee's working group (attached at Appendix A of the report), to the questions in the consultation draft of the Lincolnshire Pharmaceutical Needs Assessment.

62 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer which enabled the Committee to consider and comment on the content of its work programme to ensure that scrutiny activity was focused where it would be of greatest benefit.

Appendix A to the report provided the work programme from 21 February 2018 to 16 May 2018.

The Committee was advised that the Lincolnshire STP item on 21 February 2018 would be focusing on one of the seven priorities in the document.

A discussion took place regarding how frequently the non-emergency patient transport item should be on the Committee's agenda and the approach that should be taken to challenge Thames Ambulance Service, as provider, and Lincolnshire West CCG, as commissioner, on the levels of performance. The Chairman advised that he would raise the concerns of the Committee on this issue with Lincolnshire West CCG. It was suggested that a way forward for approaching this issue at future meetings of the Health Scrutiny Committee would be discussed at the next agenda setting meeting.

RESOLVED

That the work programme as presented be agreed.

The meeting closed at 3.25 pm

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Agenda Item 4

| | | | |
|---|--------------------------------|---|-------------------------------|
|  | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| Boston Borough Council | East Lindsey District Council | City of Lincoln Council | Lincolnshire County Council |
| North Kesteven District Council | South Holland District Council | South Kesteven District Council | West Lindsey District Council |

| | |
|-----------|---|
| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 21 February 2018 |
| Subject: | Chairman's Announcements |

1. Grantham and District Hospital – Overnight Closure of Accident and Emergency Department

As set out in Minute 58, on 17 January 2018 the Health Scrutiny Committee for Lincolnshire decided to make a report to the Secretary of State for Health and Social Care in relation to the continued overnight closure of Grantham and District Hospital Accident and Emergency Department. I can confirm that the referral documentation was sent to the Secretary of State on 31 January 2018 and I will report his response to the Committee when I receive it.

2. Lincolnshire's Community Maternity Hubs

At the meeting of the Committee on 13 December 2017, there was a reference to a 'children's hub' in Birchwood Lincoln, and a request was made for clarification on the location of other hubs in Lincolnshire. These hubs are in fact community maternity hubs and are one of the initiatives in the *Better Births Lincolnshire* Programme.

As part of the *Better Births Lincolnshire* Programme, four community maternity hubs are being piloted across Lincolnshire in Skegness, Lincoln (Birchwood), Grantham and Boston. These four sites were chosen because public health data shows that they serve communities where women and new born children are more likely to experience poor outcomes. The aim of each pilot would be to engage with adults pre-conception so that families have seamless support services with the long term aim of ensuring that children are ready for school; they are healthy and living in a working household.

Better Births: Improving Outcomes of Maternity Services in England – A Five Year Forward View for Maternity Care, published by NHS England, sets out a national vision for the planning, design and safe delivery of maternity services; how women, babies and families will be able to get the type of care they want; and how staff will be supported to deliver such care. The *Better Births Lincolnshire* programme sets out how Lincolnshire health will meet the national vision and more information can be found on *Better Births Lincolnshire* website:

<https://betterbirthslincolnshire.co.uk/>

3. Director of Public Health – Derek Ward

Derek Ward is the new County Council's Director of Public Health. Derek began working for the County Council on 29 January 2018. Previously Derek held a joint role: three days per week as a Professor in Public Health in the Health and Social Care Research Centre at the University of Derby; and two days per week providing advice to the clinical commissioning groups in Derbyshire. He has previously worked as the Director of Public Health for Derby City Council, and has extensive experience of national and regional work, having previously been a Consultant in Public Health and a senior civil servant in the Department of Health. I look forward to Derek Ward presenting to the Health Scrutiny Committee in the future.

Councillor Carl Macey
Chairman, Health Scrutiny Committee for Lincolnshire

Agenda Item 5

| | | | |
|---|--------------------------------|---|-------------------------------|
|  | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| Boston Borough Council | East Lindsey District Council | City of Lincoln Council | Lincolnshire County Council |
| North Kesteven District Council | South Holland District Council | South Kesteven District Council | West Lindsey District Council |

Open Report on behalf of Lincolnshire West Clinical Commissioning Group

| | |
|------------|---|
| Report to: | Health Scrutiny Committee for Lincolnshire |
| Date: | 21 February 2018 |
| Subject: | Alternative Provisions to the Walk-in Centre |

Summary:

This report is provided by Lincolnshire West Clinical Commissioning Group (LWCCG) to update the Health Scrutiny Committee on the progress in implementing plans to enhance primary care services and the CCG's public awareness campaign as to the alternative provisions to the Lincoln Walk-in Centre, and to invite the Committee to review and comment.

This report includes a review in key areas of - University students, children under 5, additional primary care appointments and access for patients requiring treatment at weekends and specifically details the available appointments at practices with patients who were higher users of the Walk-in Centre.

Actions Required:

Members of the Health Scrutiny Committee are asked to consider the progress with regards improved access to General Practice, the development of alternative provisions and the communication and engagement plans of Lincolnshire West Clinical Commissioning Group. The Committee is asked to note the decision of the CCG's Governing Body on the 24 January 2018 and the arrangements associated with the phased closure of the Walk-in Centre during February 2018.

1. Background

The Lincolnshire West Clinical Commissioning Group (LWCCG) launched a public consultation on the future of the Walk-in Centre on 12th June 2017 which concluded on the 18 August 2017. A decision was reached at the CCG's Governing Body meeting on the 27 September 2017 to keep the Walk-in Centre open over the winter period and close only when the Governing Body were satisfied with evidence based reviews to be presented in November 2017 and January 2018 in the key areas of University students, children under five, additional primary care appointments and access for patients requiring treatment at weekends.

NHS Lincolnshire West CCG's Governing Body met on 29 November 2017 and 24 January 2018 and reviewed the details of the status of our alternative provision plans (Appendix 1 Alternative Provisions Plan). These plans addressed six key areas:

1. GP appointments and access
2. Urgent Care Provision
3. Clinical Advice and GP Access for Children
4. University of Lincoln Practice Plans - Students
5. Homeless and Vulnerable Patients
6. Communication and Engagement Plans.

2. Updated Information

Governing Body Decision

The Governing Body met on 29 November 2017 and 24 January 2018 to review the evidence regarding alternative provisions and the communication and engagement strategy required to progress the recommendation to close the Walk-in Centre. On 24 January 2018, Having considered the information provided, the Governing Body was assured and agreed to support the recommendation to close the Walk-in Centre by the end of February 2018 retaining weekend opening only during February 2018.

The Governing Body reviewed the progress of specific actions to strengthen primary care provision and increase capacity, which are summarised within the alternative provisions plans document (Appendix 1) together with a description of each provision in this plan (Appendix 1a). In November 2017 evidence was provided to demonstrate additional capacity of 90 appointments per day would be available across LWCCG from 1 December 2017. In January 2018 it was noted that this would further increase to a total of at least 190 from 1 February 2018. Appendices 2 and 3 provide further detail on the ongoing communication plan, communication messages and the alternative provisions engagement plan.

Communication and Engagement Campaign

The ongoing plans to strengthen alternative provisions including the communication and engagement campaign are focussed on the key groups mentioned above, and the wider

community. Messages to these groups include organising your prescriptions, where to go if your child is ill, pharmacy drop in facilities, online appointment booking and self-care. The key message, in line with the national NHS England direction for urgent care service access, supports 111 and telephone clinical assessment and treatment as the second route for urgent care provision, if for whatever reason there is no core GP availability to provide this.

Reduction in Walk-in Centre Attendances

Current attendance at the Walk-in Centre has significantly reduced in tandem with public promotion of the alternative services in place. Attendances in Quarter 3 2017/18 have seen a 25% reduction from the previous year. The attendances in September 2017 were the lowest monthly attendance of the Walk-in centre for more than 2.5 years.

The University Practice

As students are one of the higher user groups of the Walk-in Centre, LWCCG supported a targeted communications and engagement initiative by the University Practice during Freshers' week in September 2017, to encourage students to register with a GP. The University Practice saw a net increase in registrations of 3,150 students. The University Practice has also increased same day capacity at the start of this term to provide an additional 5 pre-booked daily appointments. The practice has introduced a new phone system. This means that patients do not have to wait for long periods of time to speak to someone to make an appointment. Additionally an online registration system and appointment booking system is operational. This system is also available on a mobile application that will be promoted to students shortly.

Provision at GP Practices

Given 70% of patients attending the Walk-in Centre do not currently approach their GP to check whether there is an appointment available, we have confirmed with our GP Practices that they have arrangements in place to support any potential increase in demand based on current activity at the Walk-in Centre. It is noted that not all patients attending the Walk-in Centre will require a corresponding GP appointment. Evidence is provided demonstrating the availability and provision of additional GP appointments based on the current Walk-in Centre utilisation in a Case Study Summary (see Appendix 4). This summary reports on the "top" seven practices (the practices who have registered patients that are higher users of the Walk-in Centre) where there may be a need for an additional one to two same day access appointments per day on closure of the Walk-in Centre. The data confirms that all other GP practices in the Lincolnshire West area will require less than 1 urgent same day appointment and practices have confirmed they have arrangements in place to accommodate this.

Staffing

We have been working in partnership with Lincolnshire Community Health Service (LCHS), who provide the Walk-in Centre service. Through this partnership, LCHS have confirmed that all staff have secured alternative employment. The majority of the team will be taking up posts within essential urgent care services.

Following review of the level of demand, confirmation that alternative provisions are now available and a requirement to have staff working within areas with greatest need (eg. our Emergency Departments and urgent response services). It was agreed that staffing resource will be reduced initially to provide weekend cover only in February, with full closure of the Walk-in Centre by the end of February 2018. For a short period from March to mid-April (post Easter) there will be additional GP Out of Hours provision in place (i.e. GP urgent appointments via 111) over the weekends in order to ensure the alternative service provision is working effectively.

A&E Attendances

A&E attendances will continue to be kept under careful review during this process as the numbers attending the Walk-in Centre fall. In tandem the CCG will continue the extensive public promotion of the alternative services in place. This communication reiterates that patients should only be presenting to A&E when it is an emergency, promotes the utilisation of alternative services such as pharmacies, their GP and 111. Also if they are unsure which alternative service to access that they can call 111 for advice.

Lincolnshire West's Governing Body actively monitor data and performance of A&E. In recent months the Governing Body has explicitly reviewed data to determine whether changes to the Walk-in Centre have impacted on A&E attendances. The data included an analysis of A&E attendances by age and arrival mode (see Appendix 5) for October 2017 to December 2017 (Q4, 2017) and compared this to January 2017 to September 2017 and for 2017 compared to 2016.

In summary the evidence demonstrates that the significant reduction in attendance at the Walk-in Centre has not impacted A&E attendance. The average monthly A&E attendances in October 2017 to December 2017 (Q4) have dropped when compared to average monthly A&E attendances January 2017-September 2017 (Q1-Q3), and 2017 attendances are less than 2016. There is a greater reduction in self-presenting attendance versus ambulance for these periods, again demonstrating that patients who might have attended the Walk-in Centre did not go to A&E.

The data by age shows that only under 4's attendance increased slightly Q4 on Q1-3, 2017 and other older age groups which are not high users of the Walk-in Centre. This increase in under 4's attendance is via ambulance arrival mode and not self-presentation. This ambulance conveyance (i.e. sick children needing ED) will likely be associated with winter flu virus which effects the very young detrimentally and the very frail and elderly. A&E attendance of under 4's however is reduced year on year (comparing 2017 to 2016). We will continue to monitor data and performance and work with the Lincolnshire A&E Delivery Board to ensure that any potential future impact is quickly identified and plans to mitigate are implemented.

3. Consultation

This is not a direct consultation item. The Health Scrutiny Committee for Lincolnshire responded to the public consultation on the Lincoln Walk-in Centre in August 2017.

4. Conclusion

The plan agreed by LWCCG's Governing Body on 24 January 2018 that the Walk-in Centre provides weekend cover only in February and closes at the end of February 2018, is now being implemented.

The CCG will continue the roll-out of the entirety of alternative provisions identified through the supporting documents to this paper including the continuation of the full communication and engagement plan as outlined.

Several of the existing remaining staff will be redeployed to bolster more essential emergency and urgent care services.

The CCG will support, post closure, a period of additional General Practice Out of Hours provision at weekends (from 1 March 2018 to 8 April i.e. post Easter). This will be a safeguard to ensure that effective and safe transition to the alternative services has been achieved.

5. Appendices

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| These are listed below and attached at the back of the report | |
| Appendix 1: | Lincoln Walk-in Centre - Alternative Provisions Plan 2017 |
| Appendix 1A: | Lincoln Walk-in Centre Consultation 2017 – Alternative Provisions Description |
| Appendix 2: | Lincoln Walk-in Centre Consultation 2017 - Alternative Provisions Communications Review |
| Appendix 3: | Lincoln Walk-in Centre Consultation 2017 – Alternative Provisions Engagement Plan |
| Appendix 4: | Lincoln Walk-in Centre Consultation 2017 – GP Practice Case Study Summary |
| Appendix 5: | Lincoln Walk-in Centre Consultation 2017 – A&E (Lincoln) Activity Summary for Lincolnshire West CCG Patients |

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Sarah-Jane Mills, Chief Operating Officer, who can be contacted on 01522 513355 or Sarah-Jane.Mills@LincolnshireWestCCG.nhs.uk

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ALTERNATIVE PROVISIONS PLAN 2017

| Provision | Description | KPI's to Evidence | Milestones | STATUS | Additional Capacity per day in LWCCG |
|--|--|---|---|---|--------------------------------------|
| 1. GP Appointments and Access | | | | | |
| Responsible Person : Sarah Button | | | | | |
| 1.1 | GP Optimisation | Reduce GP admin time; create up to 6 GP appointment per day | Training to provide up to 6 Extra Appointments Per Day per GP | Completed. All GP's and Practices. | GREEN 99 |
| 1.2 | Same Day Access for Urgent Need | Arrangements to ensure patients are seen appropriately to meet their clinical need. Develop by sharing best practice. | 100% confirm arrangements for review of patients requiring urgent same day treatments when appointments are limited. | In Place | GREEN |
| 1.3 | Extending clinical skills in the Primary Care team | Includes Utilising community pharmacists for medical issues | 4 Additional Pharmacists with 1 further appointment. Additional bid for January 2018 submission for NHSE funding. | In Place | GREEN 50 |
| 1.4 | Making Every Contact Count training | Ensure practices are signposting patients to the most appropriate help and support. Will free up appointments by avoiding unnecessary ones. | 120 receptionists trained across 33 practices | Full coverage by the end of March 18 | AMBER |
| 1.5 | City Centre Practices Provision | Identified 1 GP practice that have been struggling to match local demand and service capacity. This practice have now recruited a GP and there is a plan in place to be approved by PCCC to address the outstanding issue to increase their premises' capacity. | Increase in FTE GP; premises space according to population. | Planned | AMBER |
| 1.6 | 8-8 - (Additional capacity) 7 days a week planned care | This is on top of an extra 70 hours that are already available across our practices every week. Many practices already offer additional Saturday morning sessions, evening sessions or sessions earlier in the morning to help patients see a GP sooner. GP Surgery: Hub: Group of Hubs. | 120 Additional Hours across 33 Practices | Planned Apr-18 - Mar-19; 20% Apr 18; 50% June 18 and 100% Jan 19 | AMBER |
| 1.7 | Continued action on reducing DNA rates | Practices utilising proven methods to prevent high DNA rates eg. Use of social media to promote the message to cancel appointments when not needed; pre-appointment reminder text and comms to let your GP practice know if you can't make your appointment etc | DNA rate reduction per practice | All Practices confirm best practice actions taken | GREEN |
| 1.8 | Implementation of Neighbourhood Teams | NT at each (4) localities including community nurses, mental health professionals and clinical pharmacy; Enable "homeless patients" and those supported by local third sector to better access primary care. Neighbourhood Team leads for Gainsborough; North of Lincoln and South of Lincoln have all been appointed. Recruitment of team lead for City South in progress. | A&E attendance avoidance and reduce ambulance conveyance | Gainsborough established; North and South Lincoln Federation's in place; City dates TBC | GREEN/ AMBER |
| 2. Urgent Primary Care / GP Out of Hours / WIC Transition / CAS | | | | | |
| Responsible Person : Wendy Martin | | | | | |
| 2.1 | GP Out of Hours Service | Provides Urgent medical care outside normal GP hours (evenings, weekends and bank holiday) | NQRS standards maintained | In Place | GREEN |
| 2.2 | 111& CAS | Provision of 111 and CAS capacity | A&E attendance avoidance, reduce ambulance conveyance, OOH appointment reduction, reduction of unnecessary face to face | In Place | GREEN 20 |
| 2.3 | A&E Attendance Avoidance | Including Home First; EMAS Pathfinder & See and Treat capability; CAS (Care Home Support - Advanced Care Planning; Star 6 and Pharmacist and Consultant Geriatrician support) | A&E attendance avoidance and reduce ambulance conveyance | Programmes in progress | AMBER |
| 2.4 | Emergency Medication (Prescriptions & Advice) | Community pharmacy supports 111 and CAS (via 111) | 80 participating pharmacies across Lincolnshire; Hours coverage incl. bank holiday cover | In place | GREEN 20 |
| 3. University of Lincoln Practice Plans | | | | | |
| Responsible Person : Sarah Button | | | | | |
| 3.1 | Additional clinical rooms | Plans to develop the GP practice premises | 3 Additional Consulting Rooms | In development from 1 Apr 18 | AMBER |
| 3.2 | Access to Routine Appointments | Review of clinic times and access. (Increase in student registration from last year is 3,150) | Additional appointments | From Dec 17 | GREEN 5 |
| 3.3 | Access Choice | Skype Utilisation | Skype Utilisation | Pilots Complete; Other pathways to use skype | GREEN 5 |
| 3.4 | Clinic in Bishop Grosseteste University | Deliver services at BGU campus | 1 additional consulting room | In development | AMBER |
| 4. Clinical Advice and GP Access for Children | | | | | |
| Responsible Person : Wendy Martin | | | | | |
| 4.1 | Same Day Access for Children | Ensure arrangement are in place for Same day access for Children (and Urgent) | 100% confirm arrangements for review of patients requiring urgent same day treatments when appointments are limited. | In place | GREEN |
| 4.2 | Children's Centres (Children and Maternity) | Local hubs for family support; health visitors appointments | 4 pilot Children's Centres across Lincolnshire went live from 4th December 2017. | Birchwood, Grantham, Skegness and Boston live | GREEN |
| 4.3 | Telephone Line for Children | The CCG did consider introducing a telephone line specifically for children, but thought this would cause further confusion with the nationally supported lines of 999 for emergency need and 111 for urgent health care need and advice. | 111 urgent care line in place; communication plan implemented to promote 111 for urgent care need | In place | GREEN |
| 5. Homeless and Vulnerable Patients | | | | | |
| Responsible Person : Sarah Button | | | | | |
| 5.1 | Community Clinic for Homeless / Violent Patients (<0.5% of attendance) | Opportunity to link the services provided at Nomad Trust with Primary Care by engaging their ANP's to give them access to routine GP appointments, signposting and support services access including NHT | Increased Provision | Planned | AMBER |
| 6. Comms and Engagement | | | | | |
| Responsible Person : Wendy Martin | | | | | |
| 6.1 | Comms Plans | using media, GP practices; social media channels; | Full plan underway. See Appendix 2 | Ongoing | GREEN |
| 6.2 | Engagement Plans | Including Alternative Provision Plans | Full plan underway See Appendix 3 | Ongoing | GREEN |
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Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

| | | |
|---|---------------------------------|--|
| 1. GP Appointments and Access | | Responsible Person : Sarah Button |
| 1.1 | GP Optimisation | |
| <p>GP Workflow Optimisation has been implemented across the CCG's GP Practices. The training was delivered by AT Medics. The aim of this initiative is to make the most effective use of primary care resources by transforming the way administrative tasks are undertaken within general practice. This is an innovative way of improving capacity within general practice – ultimately it release GPs to focus on clinical care for their patients.</p> <p>Members of the GP practice clerical team are trained to read, code and action incoming clinical correspondence according to a framework based on practice protocols. Each Practice has an identified GP champion for this initiative and they are supported in the key responsibilities of their role – the role is pivotal in ensuring the practice achieves a safe, sustainable and full implementation of Workflow Optimisation.</p> <p>This training has been proven to free up to 6 appointments per GP per day and will be completed for all Practices by January 2018.</p> | | |
| 1.2 | Same Day Access for Urgent Need | |
| <p>Same day access for Urgent need is currently available at all practices. This means that if a patient cannot get an appointment that day but considers it is urgent, either a nurse or GP will call back. If, following this phone conversation, it is deemed urgent, the nurse or GP will book the patient an appointment that day. This applies for both children and adults.</p> <p>If it is not urgent that person may be given a routine appointment or advice on how to self-care a condition such as a cold or hay fever or signposted to the nearest pharmacy for over-the-counter medicines.</p> <p>If patients have difficulty in getting through to their practice early in the morning and they have an urgent issue, they can ring NHS 111, where they will be diverted to the Lincolnshire Clinical Assessment Service (CAS) for an urgent clinical issue. This service has been fully established</p> | | |

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

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| <p>since April this year and sees a Lincolnshire clinician pick up calls, where necessary, to give clinical input. They are able to discuss medical needs, recommend and arrange treatment.</p> <p>There is 24/7 access to a GP or an advanced nurse practitioner via the GP Practice or the GP Out of Hours Service (OOH). The latter is accessed by calling 111. There is a GP OOH's base located at Lincoln County Hospital, meaning patients who don't need to attend A&E can still be seen locally if an out of hours appointment is indicated for their clinical condition when their GP practice is closed.</p> <p>The GP OOH's service runs between 6.30pm and 8.00am every weekday and 24 hours a day over weekends and Bank Holidays. This service can also offer home visits to those patients who would genuinely find it difficult to get to Lincoln County Hospital. There are also other out of hours units across the county which means patients who genuinely need to see a nurse or GP out of hours, can do so.</p> | |
| 1.3 | <p>Extending clinical skills in the Primary Care team</p> |
| <p>Many GP practices are employing community pharmacists which will see patients and free up GP's appointments accordingly. 4 additional Pharmacist have been employed (one more planned in April 2018) whose roles will develop to see patients where it's more appropriate than to see their GP. The Pharmacist can complete medical reviews and treat minor ailments as appropriate.</p> | |
| 1.4 | <p>Care Navigation Training and sharing best practice models</p> |
| <p>Care Navigation Training has been organised for our CCG's GP Practice staff to ensure patients are signposted to the most appropriate help and support. Sometimes the GP isn't really the best person to see a patient. Patients could be seen or treated quicker by a pharmacist, nurse or a physiotherapist for example and in some cases, the GP practice might not be the right place at all for the query. Care navigators are receptionists and admin staff who through specialist training are able to signpost patients to the right place which could free up appointments by avoiding unnecessary ones. We will have trained 120 staff across 33 practices in LWCCG by the end of March 2018.</p> | |

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

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| 1.5 | City Centre Practices Provision |
| <p>We have identified 1 GP practice that is struggling to match local demand and service capacity. The plan in place to mitigate this risk which will, if required, include a refresh of the Practice boundaries to take account of changes in demographics, local demand and service capacity. We are currently working closely with this practice to support them to secure increased capacity.</p> | |
| 1.6 | 8-8 - 7 days a week planned care |
| <p>LWCCG is following a national direction and from April 2018 to April 2019, national funding will be made available to provide an extra 120 hours access to GP practices across the area. This is on top of an extra 70 hours that are already available across our practices every week. Many practices already offer additional Saturday morning sessions, evening sessions or sessions earlier in the morning to help patients see a GP sooner.</p> <p>The national direction is to deliver extended hours through GP hubs (a group of practices) to open seven days a week – with extended hours into the evening. This will involve GP practices working together further, as many already do.</p> <p>Local practices publish their current extended hours on their website or at the surgery.</p> | |
| 1.7 | Continued action on reducing DNA rates |
| <p>LWCCG communications plan has included communication aimed at reducing DNA (do not attend) rates. Patients are being reminded to remember to let the GP Practice know if they can't attend their appointment as soon as possible and to consider signing up to the text message reminder service.</p> | |

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

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| 1.8 | Implementation of Neighbourhood Teams | |
| <p>GP's are working together as Federations to work within Neighbourhood Teams. These teams promote care closer to home and continuity of care from a Neighbourhood Integrated Team. The aim is only specialist services will need to be provided to patients outside this community health and social care support structure.</p> <p>These Neighbourhood Teams will see GP's working alongside a dedicated team of highly skilled Advanced Nurse Practitioners, Nurse Practitioners, Community Nurses, Occupational Therapists, Clinical Pharmacists, Mental Health Professionals, plus social care and voluntary sector partners. Team members will also have direct links to mental health services, physiotherapy, palliative care, chronic disease specialist nurses, social care and the third sector as well as inpatient and outpatient secondary care services and diagnostics.</p> <p>These services will increase services and capacity in the community and avoid urgent care & A&E attendance and reduce ambulance conveyance.</p> <p>The Gainsborough Neighbourhood Team is established and progressing ; the South Lincoln Federation NHT and the IMP Federation (North Lincoln) NHTs have commenced, with the City date of commencement to be confirmed.</p> | | |
| 2. Urgent Primary Care / GP Out of Hours / WIC Transition / CAS | | Responsible Person : Wendy Martin |
| 2.1 | GP Out of Hours Service | |
| <p>GP Out of Hours Service This service is provided by Lincolnshire Community Health Services. It provides urgent medical care outside normal GP hours, which is during evenings, weekends and bank holidays. The Out of Hours Service is accessed by calling 111, which is the national recommended route for accessing urgent medical care. 111 is the number to call when medical help is required urgently, but it is not an emergency. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand. In Lincolnshire the Out of Hours Service is provided from bases in Lincoln, Gainsborough, Grantham, Boston, Louth, Skegness and Spalding. The Out of Hours Service also provides for home visiting where this is indicated by the clinical need. When the walk in centre closes</p> | | |

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

the capacity of OOH provision at weekends will be monitored to ensure that there are the facilities to support any additional demand that is assessed as requiring face to face treatment by the Clinical Assessment Service or 111,
 The GP Out of Hours Service provided by LCHS was inspected in October 2017 by the CQC with a good outcome from the inspection visit.

| | |
|-----|----------|
| 2.2 | 111& CAS |
|-----|----------|

NHS 111

NHS 111 was launched in Lincolnshire in 2010 and has been in operation since that time. It is a free local single non-emergency number medical helpline operating in England and Scotland. The service is part of each country's National Health Service. The service is available 24 hours a day, every day of the year and is intended for 'urgent but not life-threatening' health issues and complements the long-established 999 emergency telephone number for more serious matters.

There is a continued national drive to have NHS 111 as the route into urgent care provision. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand. 111 was actually introduced in order to prevent public confusion about which healthcare service to access and when 111 is the number to call if a patient needs urgent medical advice or treatment in and out of hours but the health issue is not serious enough to attend accident and emergency. General Health advice can also be accessed through 111 and advice on which health service is needed and how to access that service. So the national 111 service is very important for helping people access the right care and treatment for their needs at times when the traditional routes such as GP surgeries are closed. We have had a new provider for the NHS 111 Service in Lincolnshire since October 2016: Derbyshire Health United (DHU). DHU provides NHS 111 services across the East Midlands region. The calls picked up through this service are subject to regular clinical audit, demonstrating a consistently good quality of response to calls answered.

When a patient rings 111, the call is picked up by a trained health advisor, who is often not a clinician but is supported by a team of clinicians. The health advisor will take the caller through a series of questions to determine what the best service is for that patient's needs. The algorithm of questions has been carefully designed by expert clinicians and is called NHS Pathways. This ensures navigation to the most appropriate level of care, supported by a comprehensive Directory of Services. (For non-English speaking patients there is also a translation

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service that supports 111).

From this initial call, if a patient needs to speak to a clinician the health advisor will arrange for this by either transferring the call (warm transfer) directly over to a clinician or will arrange for a clinician to call the patient back in a time frame suitable to the clinical urgency. In Lincolnshire the clinical response is provided by the Lincolnshire Clinical Assessment Service (CAS).

In addition to telephoning 111 the public will also have access to an online 111 service in 2018. Using an established national website, patients will be able to type in their concern, answer relevant questions and then receive advice on which service to access and when. There will also be the ability for the patient to access a clinician for advice if the response to the questions (a public version of NHS pathways) indicates this to be necessary.

The Clinical Assessment Service (CAS)

The Lincolnshire Clinical Assessment Service (CAS) has been fully operational since April 2017. It is an Alliance arrangement between Lincolnshire Community Health Services and East Midlands Ambulance which provides clinical assessment into 111 calls. When someone calls 111 and the health advisor picking up the initial call concludes the caller needs clinical advice and/or treatment, the call is re-directed to this service. The CAS is staffed by Lincolnshire Clinicians who will give health advice, arrange treatment if needed or refer the patient on to another required service. CAS calls are also subject to regular clinical audit and also demonstrate good quality clinical care provision. Both NHS 111 and the supporting CAS are able to arrange ambulance dispatches through EMAS when this is indicated.

2.3

A&E Attendance Avoidance

There are various initiatives in place across the county to reduce demand on urgent and emergency care provision. Just a few examples are provided below:

Home First and Neighbourhood Teams – the driver is to ensure patients can remain or return quickly to their own homes for care. Work to enable this includes consistent care needs assessment (eg. Edmonton tool), good care planning and review with the patient in conjunction with the multi-disciplinary Neighbourhood Team.

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| <p>EMAS Pathfinder, Hear & Treat & See & Treat - EMAS have done significant work in the last couple of years to increase both hear and treat and see and treat capabilities in order to reduce ambulance attendances and conveyances respectively. The EMAS Pathfinder initiative ensures that where a patient conveyance is necessary, the conveyance is to the most appropriate place, avoiding A&E units where possible.</p> <p>CAS Care Home & Health Professional Support – the Lincolnshire Clinical Assessment Service is also accessible by healthcare professionals eg. care home staff members, Ambulance staff or community nurses for advice on urgent care if they are with a patient and require additional advice on ongoing management. This often enables patients to remain in their home rather than needing to be conveyed to hospital.</p> <p>Frequent attenders/Care Planning: Where patients frequently (>10 times in a year) attend A&E, a managed care plan will be put in place by the GP and where appropriate the Neighbourhood Teams with the patient. The health and social care plan is a personalised care and support plan. It will help all involved in the patients care to understand what’s important to the patient and how best to support them.</p> | |
| 2.4 | Emergency Medication (Prescriptions & Advice) |
| <p>Urgent Repeat Prescriptions are now available through contacting 111. This service integrates with the NHS 111 service and CAS to manage requests from patients for urgent medications. At least 80 pharmacies are now signed up to provide this service in Lincolnshire whose opening hours include bank holidays.</p> | |
| <p>3. University of Lincoln Practice Plans</p> | |
| <p align="right">Responsible Person : Sarah Button</p> | |
| 3.1 | Additional clinical rooms |
| <p>Architect plans are being drawn to develop the University of Lincoln Practice premises to provide additional consulting rooms. Funding is</p> | |

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| <p>being identified for this and therefore this development would be after 1 April 2018. The Practice is providing additional appointments to correlate with the increased numbers of patient registrations it has received since September 2017. Communication and engagement initiatives have been successful in encouraging students to register with the University Practice for their Primary Care needs.</p> | |
| 3.2 | Access to Routine Appointments |
| <p>Additional appointments per week are being provided at the University of Lincoln Practice. Appointment availability has been reviewed and re-modelled to the most appropriate clinic times to best suit the patient's needs. E.g. Wednesday evening or Thursday morning after Wednesday afternoon sports.</p> | |
| 3.3 | Access Choice |
| <p>A pilot to use Skype appointments has been completed and other opportunities are being explored to further utilise Skype in this way, E.g Advice and Guidance. There has also been extensive communication and engagement initiatives particularly with students to encourage GP registration and to ensure aware of access routes to self-care, routine and urgent healthcare. See Communication & Engagement Plan details.</p> | |
| 3.4 | Clinic in Bishop Grosseteste University |
| <p>We are currently working with the University Practice and Bishop Grosseteste with the aim to provide a clinic for students at the University. We are currently assessing a potential consulting room and identifying what services and which clinic times are best suited to the patient's needs.</p> | |

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| 4. Clinical Advice and GP Access for Children | | Responsible Person : Wendy Martin |
| 4.1 | Same Day Access for Children | |
| <p>Same day access for Urgent need is currently available at all practices. This means that if a patient cannot get an appointment that day but considers it is urgent, either a nurse or GP will call back. If, following this phone conversation, it is deemed urgent, the nurse or GP will book the patient an appointment that day. This applies for both children and adults.</p> <p>If you are worried your child is ill, there are several options to consider:</p> <ol style="list-style-type: none"> 1: If there is an urgent need then a GP will see your child that day after a nurse or GP calls you back under the system described above. Practices will not refuse an appointment to a child who needs urgent medical attention. 2: Many practices actually run their own walk-in facilities – so check with your local practice about this option. 3: If you can't get through to your GP practice in the morning and it doesn't run a walk-in facility, you can ring 111. NHS 111 will put your call through to a clinician, if needed, in the Lincolnshire Clinical Assessment Service (CAS) (see 6.3 details of CAS) or direct you to the most suitable treatment option. 4: Is it a condition you can treat yourself? Colds, hay fever, and sore throats (for example) can be treated with over the counter medicine. 5: Call in at a pharmacy where trained members of staff can give you advice on health and treatment. 6: If it is a medical emergency, call 999 or visit the nearest A&E. | | |
| 4.2 | Children's Centres | |

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To enhance care for new parents and children four Community Children’s hubs have opened across Lincolnshire. The first was in Birchwood in the Lincoln City area. The Community hubs are another source of advice and guidance for parents with children under 5 particularly and

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| include health visitor advice and appointments, wellbeing services, feeding support groups etc. A further four Community Children’s hubs are planned for 2018. | |
| 4.3 | Telephone Line for Children |
| The CCG did consider introducing a telephone line specifically for children, but thought this would cause further confusion with the nationally supported lines of 999 for emergency need and 111 for urgent health care need and advice. | |
| 5. Homeless and Vulnerable Patients Responsible Person : Sarah Button | |
| 5.1 | Community Clinic for Homeless / Violent Patients (<0.5% of attendance) |
| There is an opportunity to link the services provided at Nomad Trust with Primary Care by engaging and providing practice learning time for their Advanced Nurse Practitioners with the aim to give them access to routine GP appointments, signposting and support services access including to the Neighbourhood Teams. The details of this are currently being developed between our Primary Care Team, Engagement Team and the third sector organisations. | |
| 6. Communications and Engagement Responsible Person : Wendy Martin | |
| 6.1 | Comms Plans |
| Full details and description of the communications plan is available. Summary update provided on current position in Appendix 3 | |
| 6.2 | Engagement Plans |
| Full details and description of the engagement plan is available. A summary update on the current position is provided in Appendix 4. | |

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Since the launch of the consultation on proposals to close the Lincoln Walk-in Centre, extensive work has been carried out to raise awareness of all the alternative provisions that are in place. Much of this work has been done using the CCG's website, local media, social media, Your Health magazines, leaflets, posters and other communications materials.

While the table below specifically focuses on the activity since November (when the last meeting of the Governing Body took place) it would be useful to note some of the key numbers and statistics since the launch of the consultation.

On social media, the CCG's posts, the majority of which are related to alternative provisions, have been seen more than 975,000 times across Twitter and Facebook. The audience on Facebook has increased by more than 450, with an extra 248 followers on Twitter.

Our website is averaging more than 6,500 page views a month, with many of those on the news channel which contains our press releases on the key messages.

We have also had numerous pieces of coverage in the local media. This includes online, print, radio and television.

48,000 posters, leaflets and printed products have been published conveying important and key messages regarding alternative provisions and services, of which 30,000 leaflets have been delivered to Lincoln households with a potential to be seen by approximately 90,000 people.

| A review of communications activity in November and December 2017 in relation to alternative provisions to the Lincoln Walk-in Centre | |
|--|---|
| Website | |
| <p>Since November, a number of articles have been published on the news section of the Lincolnshire West Clinical Commissioning Group website. These have covered a number of topics including self-care, new ways of working within surgeries to improve efficiency and free up appointments and winter communications.</p> <p>Given the time of year, many of these articles were published with a</p> | <p>KEY DETAIL</p> <hr/> <p>PAGE VIEWS</p>  |

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focus on winter pressures. These included pieces about self-care and the role it can play in improving and maintaining good health, a reminder to keep warm over the winter to prevent falling ill and another educational piece about all the services provided by pharmacists, including their confidential consultation rooms and their ability to offer medical advice and treatment for minor ailments.

Two of our surgeries also introduced new ways of working during November and December in an attempt to improve efficiency and free up the time of GPs and other clinical staff.

Articles announcing the new walk-in clinic at Glebe Practice in Saxilby and a new appointment processing scheme at Nettleham Medical Practice were published on the website.

The walk-in clinic at Saxilby offers appointment free clinics for patients with acute problems which require immediate medical attention. They will be seen by the on-call GP that day.

Meanwhile, Nettleham Surgery has trained and renamed it's reception staff as Patient Care Advisors who now ask patients more questions at the point of booking appointments so they can be signposted to the most appropriate and time efficient treatment pathway for their needs. It is hoped this will free up GPs' time, making more appointments available for those who genuinely need them.

Finally, a big campaign has been around missed appointments and did not attend (DNAs). This resulted in more than three years of wasted time for a single GP across the county in a 12 month period. The article on the website formed part of the campaign, alongside media coverage, social media promotion and other communications activity. It is hoped that by raising awareness of the impact of missed appointments, more patients who do not need booked appointments will cancel them, making them available for other patients.

November – 5,933

December – 4,222

Average – 5,077

USERS



November – 2,075

December – 1,336

Average – 1,705

ARTICLES PUBLISHED



November – 5

December – 3

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| Social Media | |
|---|---|
| <p>Social media continues to be a powerful tool for the CCG to communicate key messages to its patient population. Audiences on its main platforms – Facebook and Twitter – continue to grow on a monthly basis and interaction with patients is becoming more frequent.</p> <p>Since November, a sustained social media plan has been put into action, covering all the alternative provisions outlined when the proposal was first put out to consultation as well as additional measures put in place following the consultation period.</p> <p>These include the GP Out of Hours service, NHS 111 and the Clinical Assessment Service, self-care, the role of pharmacists and their confidential consultation rooms, first aid kits and what to stock in medicine cupboards at home, do not attends, access for young children on the same day and only attending Accident & Emergency if it is a genuine emergency.</p> <p>These key messages have been posted on both the CCG’s Twitter and Facebook accounts, often containing links to articles on either the CCG website or NHS Choices website offering more information and explanation.</p> | <p>KEY DETAIL</p> <p>REACH</p>  <p>November – 23,971 December – 372,615 Average – 198,293</p>  <p>November – 66,100 December – 44,600 Average – 55,350</p> <p>Total monthly average – 253,643</p> <p>NEW LIKES/FOLLOWS</p>  <p>November – 14 December – 113 Average – 63</p>  <p>November – 13 December – 40 Average – 26</p> <p>TOTAL LIKES/FOLLOWS</p> |

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November – 1,023
December – 1,136



November – 2,255
December – 2,295

In the press (print, online, radio)

The local media has also played an important part in getting key messages out to the patient population. We have targeted a range of media platforms including online media, printed products and radio broadcasts.

We have been successful in getting a number of articles/stories published across these media, as well as having a monthly column in the local newspaper which has previously focused on alternative provisions.

Online media

Online publications are where we have seen most of our key messages published. A number of outlets have featured our articles covering topics including new ways of working at two of our practices, self-care features and the story about the number of do not attends across the county.

The audience of the main online media outlets in Lincoln/Lincolnshire is growing continuously and ensures our messages are seen by as many patients as is possible.

Printed media

A number of articles have also appeared in the printed press across the county. These have once again covered several of our key messages, including self-care, do not attends and the role of pharmacies, especially over winter.

KEY DETAIL

IN THE PRESS
ONLINE MEDIA



November – 4
December – 2

PRINTED MEDIA



November – 1
December – 2
RADIO

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These articles have appeared in both the Lincolnshire Echo and the Gainsborough Standard newspapers.

Following the decision made at the September Governing Body meeting, the CCG's monthly column in the Lincolnshire Echo also focused on all the alternative provisions to the Walk-in Centre and was written by Dr Sunil Hindocha, chief clinical officer.

Radio

We have also had many of our stories and key messages featured on a number of different radio stations.

BBC Radio Lincolnshire covered the stories about Nettleham Medical Practice introducing the active signposting of patients as well as interviewing one of our GPs as part of a wider piece on do not attends across the county.

Meanwhile, Siren FM, who we also have a monthly slot with, covered the do not attends story and interviewed deputy chief nurse Terry Vine as part of their coverage.



**November – 0
December – 3**

Leaflets/Z-cards/Posters

The CCG has designed, printed and is in the process of having 30,000 double sided A5 leaflets distributed to households across Lincoln and surrounding areas.

These leaflets explain the alternative services available to the walk-in centre. These include pharmacies, NHS 111, out of hours, self-care and GPs themselves. These leaflets are being distributed by a professional company and many have already been sent out.

In addition to this, the CCG had 5,000 credit card sized Z-Cards printed which have been distributed via a number of routes including GP surgeries and childrens' centres. These again outline all the alternative

KEY DETAIL



Leaflets delivered to 30,000 households – potential to be seen by approximately 90,000 people

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| <p>services on offer in Lincolnshire. An additional 10,000 larger Z-Cards have also been given to the CCG as part of the wider Lincolnshire winter communications plan to distribute across our region again outlining alternative provisions and ways to keep away from Accident & Emergency.</p> <p>All GP practices have also been provided with posters outlining alternative provisions or explaining protocols such as children under 5 being seen the same day if clinically appropriate for display in waiting areas.</p> |  <p>15,000 Z-Cards to be distributed through various channels across our region</p> |
| <p>Other communications</p> | |
| <p>Since the consultation was launched, the CCG has published two editions of its Your Health magazine. The summer edition focused on all the alternative provisions previously mentioned and was distributed in hospitals, GP surgeries, gyms, childrens' centres, libraries, council offices, pharmacies and many more outlets.</p> <p>The winter edition also looked at many of the alternative provisions, but with a winter angle. Again, these were distributed across the CCG region at many different places.</p> <p>The CCG also has weekly internal communications updates which have regularly focused on the alternative provisions and how the CCG has gone about promoting them and also raising the awareness of them internally.</p> | <p>KEY DETAIL</p>  <p>3,000 copies of Your Health magazine distributed across CCG region</p> |

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ALTERNATIVE PROVISIONS ENGAGEMENT PLAN

Introduction

Following the decision by the LWCGG Governing Body to close the Lincoln NHS Walk in Centre (WIC) after the winter period, the CCG will continue to engage with high user groups of the WIC, i.e. students, parents with children under 12, etc. to prepare them for the closure. One of the requests from the governing body was that the CCG encouraged people to take more responsibility over their own health, give them the confidence to treat minor illness and conditions themselves, and give them a better understanding of which services they should access for support. A series of engagement activities have been planned with high user groups to talk to them about these topics.

Engagement aims and objectives

- Raise awareness of the importance of self-care and using NHS services appropriately.
- Increase people's understanding of what services they should be accessing if they require healthcare advice, guidance, treatment, and support.
- Build people's confidence in treating minor conditions and illness themselves and knowing what over the counter medicines to stock up on.
- Encourage people to register with a local GP or call NHS 111 if they have urgent medical need and their surgery isn't open.
- Promote some of the changes to services that have already happened since the decision to close the WIC was made and what further changes can be expected in primary and urgent care as part of the GP Five Year Forward View and Sustainability and Transformation Plan.

Stakeholders

- **Students:** University of Lincoln, Lincoln College and Bishop Grosseteste University.
- **Parents with children under 12:** Children's Centres in Lincoln city centre and surrounding areas.
- **Workers:** Lincoln city centre.
- **Homeless organisations:** Rough sleepers, homeless, and vulnerable adults.
- Patients from top 10 GP practices who frequently use the WIC.
- Lincoln NHS Walk in Centre attendees.

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ALTERNATIVE PROVISIONS ENGAGEMENT PLAN

Resources

- **Z-cards and scratch cards:** Patient information on which services to access based on symptoms.
- **Staffing:** Engagement Manager, Engagement officer, LWCCG.
- **Posters:** Promoting engagement activities to be displayed at various locations.
- **Communications:** Social media posts promoting engagement activities.

Engagement activities

Engagement activities will be held in a variety of locations and will be informal discussions between the CCG and stakeholders identified. Scratch cards (see Appendix 1) will be used as a conversation starter, followed by some questions (see samples below) and will end with stakeholders receiving the z-cards (see Appendix 2). With consent, stakeholders contact details will also be taken so we can update them with further information and health advice.

Sample questions:

- How much do you know already about treating minor conditions yourself and what services to access if you need support?
- What would help you to make better decisions about living a healthier life and taking more responsibility over your own health?
- What is the best way for us to inform you of what services are available?

Action planner:

| All Stakeholders | | | | |
|------------------|--|--|------|-----------|
| Date | Activity/Channel | Comments | Lead | Status |
| 20-Nov | Design and print z-cards and scratch cards. | Quote for printing and sign off from senior CCG | KG | Completed |
| 20-Nov | Confirm time/date for engagement activities | Liaise with contacts at each location. Check availability of Sam M | KG | Completed |
| 20-Nov | Design, print and display posters promoting engagement activities at various locations | Email posters to contacts at each location | KG | Completed |
| 20-Nov | Promote engagement activities across social media | Liaise with Sam M to confirm content | KG | Completed |
| 23-Nov | Brayford PPG Meeting | Group discussion with members. Z-card given to staff and handed out to members | KG | Completed |

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|--------|--------------------------------------|--|----|-----------|
| 28-Nov | Voluntary Centre Services Forum | Group discussion with members. Z-card given out to handed out to members for them to pass onto their clients and service users | KG | Completed |
| 30-Nov | Boultham PPG Meeting | Group discussion with members. Z-card given to staff and handed out to members | KG | Completed |
| 03-Jan | Framework Housing Association | Z-card given to staff to hand out to service users | KG | Completed |
| 03-Jan | P3 | Z-card given to staff to hand out to service users | KG | Completed |
| 04-Jan | Abbey Medical Practice | Z-card given to staff to hand out to patients | KG | Completed |
| 04-Jan | Brayford Medical Practice | Z-card given to staff to hand out to patients | KG | Completed |
| 04-Jan | Portland Medical Practice | Z-card given to staff to hand out to patients | KG | Completed |
| 04-Jan | University Health Service | Z-card given to staff to hand out to patients | KG | Completed |
| 04-Jan | Richmond Medical Practice | Z-card given to staff to hand out to patients | KG | Completed |
| 04-Jan | Newark Road Surgery | Z-card given to staff to hand out to patients | KG | Completed |
| 04-Jan | Minster Medical Practice | Z-card given to staff to hand out to patients | KG | Completed |
| 04-Jan | Lindum Medical Practice | Z-card given to staff to hand out to patients | KG | Completed |
| 04-Jan | Glebe Park Medical Practice | Z-card given to staff to hand out to patients | KG | Completed |
| 04-Jan | Brant Road Surgery | Z-card given to staff to hand out to patients | KG | Completed |
| 05-Jan | St Giles Neighbourhood Board Meeting | Group discussion with members. Z-card given out to handed out to members for them to pass onto their clients and service users | KG | Completed |
| 05-Jan | Community Chaplain | Z-card given to Community Chaplain to hand out to service users | KG | Completed |
| 05-Jan | YMCA/Nomad Trust | Z-card given to staff to hand out to service users | KG | Completed |
| 09-Jan | Birchwood Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 09-Jan | Lincoln Central Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 09-Jan | Double Impact | Z-card given to staff to hand out to service users | KG | Completed |
| 09-Jan | ACTS Trust | Z-card given to staff to hand out to service users | KG | Completed |
| 10-Jan | Witham Family Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 10-Jan | Branston PPG Meeting | Group discussion with members. Z-card given to staff and handed out to members | KG | Completed |

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|--------|--|--|----|-----------|
| 11-Jan | Lincoln North Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 12-Jan | Washingborough PPG Meeting | Group discussion with members. Z-card given to staff and handed out to members | KG | Completed |
| 15-Jan | Gainsborough Market Arcade Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 15-Jan | Sturton by Stow Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 16-Jan | Gainsborough North Marsh Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 17-Jan | Welton Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 17-Jan | Willingham by Stow PPG Meeting | Group discussion with members. Z-card given to staff and handed out to members | KG | Completed |
| 18-Jan | Bracebridge Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 20-Jan | Lincoln Walk in Centre & Lincoln High Street | Discussions with patients at WIC and general public on near Lincoln Stonebow and Waterside Centre. Z-cards handed out to patients and public | KG | Completed |
| 22-Jan | Carholme Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 22-Jan | University of Lincoln | Stand at Refreshers Fayre. Z-card handed out to staff and students | KG | Completed |
| 23-Jan | Washingborough Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 30-Jan | North Hykeham Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 31-Jan | Lincoln College | Group discussion with students. Z-card given to staff and handed out to students | KG | Completed |
| 31-Jan | Abbey Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 01-Feb | Waddington Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Completed |
| 02-Feb | Lincoln Toy Library | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Planned |
| 06-Feb | Cherry Willingham Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Planned |
| 13-Feb | St Giles Children's Centre | Group discussion with parents. Z-card given to staff and handed out to parents | KG | Planned |
| TBC | Bishop Grosseteste University | Group discussion with students. Z-card given to staff and handed out to students | KG | Planned |

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Engagement feedback

Following the latest phase of engagement activities, the CCG spoke to over 300 people, the majority of who were parents with children under 12 and students, two groups identified as high users of the Walk in Centre.

On the whole people spoken to were less anxious about the closure of the WIC than expected given the views expressed during the consultation, and they felt reassured once the alternative services available had been explained to them in detail. The role of pharmacies was a particular topic of conversation as many people didn't appreciate what services they offered. A number of people were also not aware of the Out of Hours GP service.

Many people's experiences of the alternatives were positive, particularly parents who were happy that their children could access urgent appointments when needed, and students who had seen an improvement in access to the University Health Centre in recent months. NHS 111 was also praised for reassuring people and offering advice that saved them a trip to their GP or A&E.

On the whole people said they were making a conscious effort to use NHS services appropriately however a number of people still expressed concern about the variation that these services offered, particularly advice and treatment given by pharmacies and access to appointments at their GP practice. People also felt frustrated with NHS 111, as often they would be asked what was perceived as inappropriate questions, or people were told someone would call them back within two hours when in fact this often would be four to six hours later.

Whilst people felt they were seeing more information about the NHS, particularly how to treat certain conditions, they felt more needed to be done, and information could be even more specific and tailored to certain groups of people, for example, common illnesses for children during winter months and what medicines can treat them.

Although people were less anxious than expected, and reported positive experiences of the alternative services, people were concerned what impact the closure would have on these services and whether they would be able to cope with the extra demand.

The variation in people's experience of the alternative services was also something that people felt needed to be addressed quickly, particularly pharmacies and NHS 111, otherwise people would become frustrated and revert to only choosing to access their GP or A&E.

A full breakdown of feedback from engagement activities can be viewed below.

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Students

- Some students still not registered with a local GP practice;
- Overall people were impressed with how access to University Health Centre has improved over recent months;
- People felt reassured by the different NHS services available locally and felt less anxious about the WIC closing because of this;
- Very few people spoken to had used NHS 111 or considered speaking to a pharmacy but would do so now that they are more aware of what services are available;
- People would like more health information displayed across campus and on social media;
- People did feel annoyed that the WIC was closing as they think it is a valuable service that provides a safety net for students.

Parents with children under 12

- Most people felt reassured that alternatives to the WIC were already in place and felt less anxious about the closure;
- Mainly positive experiences of children being able to access urgent appointments when needed, however often the parents would struggle to get urgent appointments with their GP practice;
- Many people felt that they found it difficult to see a health visitor and didn't really know what was happening with this service;
- Although people said they had positive experiences of using NHS 111, people felt frustrated that often they were told someone would call them back within two hours, but they did not receive a call back until four to six hours later, by which point their poorly child was asleep so they had to wake the child up and carry out various checks;
- People would like more health information displayed across children's centres, nurseries, and schools, and on social media;
- People did feel annoyed that the WIC was closing as they think it is a valuable service that provides a safety net for young parents, particularly those that do not have family or friends to ask for advice.

Homeless organisations

- Mainly clients and service users still struggle to attend appointments both with the hospital and their GP practice, often because of the time of day in which appointments are offered don't fit in with their lifestyles, or because their lives are so chaotic and lack structure;
- Organisations often have to act on "good will" and go beyond their own remits to make sure clients attend appointments, something they are not properly resourced to do. Homeless people are unlikely to access pharmacies or call NHS 111 which is why the WIC is seen as such a valuable service;

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ALTERNATIVE PROVISIONS ENGAGEMENT PLAN

- General public will often call 999 if they see homeless person who appears to need medical attention, but often when the ambulance arrives the person does not require any treatment.
- Homelessness in Lincoln is spiralling out of control and NHS would benefit from a dedicated homeless health service that ran clinics from various locations within the city familiar to the homeless community. This service could ensure people have regular health checks and medication reviews to prevent them from reaching crisis point and being admitted to either mental health services or frequently presenting at A&E;
- There were general concerns about the WIC closing and how the cohort of people they support would access treatment, often when it is urgently needed.

Walk in Centre attendees

- Visited WIC during a Saturday morning session. 44 people had been seen or were waiting to be seen. Checked with WIC staff and during the same time period 31 people were also being treated at OOH;
- Majority of people seen received treatment or prescribed medication;
- A large number of people spoken to had been advised to attend the WIC, either by NHS 111, pharmacies or A&E;
- Many people spoken to didn't think about ringing 111 or going to see a pharmacist;
- General concern about the WIC closing, especially how the alternative services would cope outside of GP and pharmacy opening times.

APPENDIX 3

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS ENGAGEMENT PLAN

Appendix 1 – Scratch card

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What do I choose?

| | | | |
|-----------------------------|-----------|------------|------------|
| Day 1 or 2 with upset tummy | GP | Pharmacist | Call 111 |
| In pain after a bad fall | Call 111 | Self Care | Pharmacist |
| Severe earache | Self Care | GP | Pharmacist |

1.1 Scratch card front answers concealed

What do I choose?

| | | | |
|-----------------------------|---|--|--|
| Day 1 or 2 with upset tummy | GP Wrong! This can be treated by a Local pharmacist | Pharmacist Correct! Get professional advice and medication without an appointment | Call 111 Wrong! This can be treated by a local pharmacist |
| In pain after a bad fall | Call 111 Correct! Specialist advisors can help 24/7 | Self Care Wrong! Call 111 for specialist advice | Pharmacist Wrong! Call 111 for specialist advice |
| Severe earache | Self Care Wrong! Your GP can provide specialist advice | GP Correct! Your GP provides a range of health services | Pharmacist Wrong! Your GP can provide specialist advice |

1.2 Scratch card front answers revealed

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS ENGAGEMENT PLAN

Which **NHS** service is best for me?

| | |
|--|---|
| Sore throat, cough, grazed knee, hangover? | Self Care: A lot of illnesses or symptoms can be treated by stocking up on over the counter medicines, getting plenty of rest, and drinking lots of fluids. |
| Diarrhoea, runny nose, painful cough, headache? | Pharmacist: Your local pharmacist is a highly trained professional and can give you advice on common illnesses and the medicines you need to treat them. |
| Vomiting, ear pain, sore belly, backache? | GP: If you have an illness or injury that won't go away, make an appointment with your GP surgery. If you are not registered with a local GP you should do so asap. |
| Unwell, unsure, confused, need help? | NHS 111: Call 111 when you need to access medical help fast but it is not an emergency. It is free to call and available 24 hours a day, 7 days a week, 365 days a year. |
| Need to see a GP urgently when your surgery is closed? | Out of Hours GP: If you have an urgent medical need that can't wait until your GP surgery re-opens, call 111 who, if required, will direct you to the out of hours GP. |
| Heavy bleeding, broken bones, burns, heart attack, stroke? | A&E or 999: Accident and emergency departments and the 999 ambulance service should only be used in a serious or life threatening situation. |

1.3 Scratch card back

APPENDIX 3

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS ENGAGEMENT PLAN

Appendix 2 – Z-card



2.1 Z-card front folded

Useful Information

My GP's name and telephone number:

My NHS number:

2.2 Z-card back folded

APPENDIX 3

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS ENGAGEMENT PLAN

Useful Information

My GP's name and telephone number: _____

My NHS number: _____

Self-Care

Symptoms: Sore throat, cough, blocked nose, cold, upset stomach, grazed knee, hangover.

Stock up on: paracetamol, aspirin, ibuprofen, anti-diarrhoea medicine, re-hydration mixtures, indigestion remedies, plasters and a thermometer.

Pharmacist

Symptoms: Diarrhoea, minor infections, headache, toothache, general aches and pains.

Pharmacists are a great source of professional advice and treatment for a range of common illnesses and complaints. Many pharmacies are open in the evenings, weekends, and bank holidays.

GP

Symptoms: Feeling unwell, child with fever, vomiting, ear pain, backache, persistent cough, general concerns, concerns about child health.

GPs can provide a wide range of family health services. Nurses and healthcare assistants often work alongside the GPs to support patients' everyday health.

NHS 111

Symptoms: Unwell, unsure, confused, need help, minor injury or illness, not sure where to go.

NHS 111 makes it easier for people to find the right local service. You can talk to a fully trained advisor supported by a team of local healthcare professionals.

Call 111 24 hours a day, 7 days a week, free of charge from both mobiles and landlines.

Out of Hours GP

Symptoms: You have an urgent medical need that can't wait until your GP surgery re-opens.

Call 111 for assistance. If required they will direct you to the out of hours GP.

The service is located at Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY and offers telephone advice, face-to-face consultations, or home visits for patients who are housebound.

It is available 6.30pm to 8am weekdays, and 24 hours a day at weekends and Bank Holidays.

A&E or 999

Symptoms: This is for life-threatening accidents and emergencies only such as: Suspected heart attack or stroke, loss of consciousness, heavy bleeding, severe breathing difficulties, severe burns or fits that are not stopping.

The A&E is located at Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY.

READY FOR A NEW YOU?

Making small changes to your lifestyle can improve your health and increase your chances of staying healthy as you get older. Take the free **One You** health quiz and see how you score. www.lincolnshire.gov.uk/oneyou

Which NHS service is best for me?

| Sore throat cough grazed knee hangover? | Diarrhoea Runny nose Painful cough Headache? | Vomiting Ear pain Sore belly Back ache? | Unwell Unsure Confused Need help? | Need to see a GP urgently when your surgery is closed? | Heavy bleeding Broken bones Burns Heart attack Stroke? |
|---|---|--|--|---|--|
| <p>Self-care</p> <p>Self care at home is the best choice for most minor illnesses, ailments and injuries. Normally with things like coughs, colds, stomach upsets, sore throats and headaches, the right medicine, plenty of fluids and proper rest are enough to help you feel better within a day or two.</p> <p>Make sure you have a well stocked medicine cabinet and first aid kit including pain killers, cold and flu remedies, plasters, cleansing wipes, thermometer, etc. If you're a family with young children, make sure you've got the right medicines according to their age.</p> | <p>Pharmacist (Chemist)</p> <p>Pharmacists can:</p> <ul style="list-style-type: none"> Give advice on treating minor illnesses, ailments and injuries and sell you the right treatments Provide advice on whether you should see a GP Dispense prescriptions and provide advice on how to take them Help you manage long term conditions Give advice on sexual health and contraception Give advice on staying healthy, including stopping smoking and getting active | <p>GP (Doctor)</p> <p>GP surgeries are normally the first point of call for non-urgent, on-going illnesses when self care has not relieved the symptoms.</p> <p>The types of healthcare services provided by GP surgeries include:</p> <ul style="list-style-type: none"> Examinations Treatment of minor injuries Prescriptions and repeat prescriptions for medicines Vaccinations Mental health and emotional wellbeing Advice on any health problems or concerns Advice on, and referrals to, other health and social care services | <p>NHS 111</p> <p>Call 111 when you need to access medical and dental help fast but it is not an emergency.</p> <p>When should I call 111?</p> <ul style="list-style-type: none"> If you, or someone with you, is unwell and you are unsure what to do or where to go If you need medical help and advice or urgent dental care but your GP/dental surgery is closed If you think you might need to go to A&E or call 999 for an ambulance but you are not sure If you need any information or advice about a health issue | <p>Out of Hours GP service</p> <p>If you need urgent medical advice or treatment out of hours (when your own GP surgery is closed) call 111.</p> <p>If your condition requires the need for out of hours care you will be transferred to the clinical assessment service, where you will either be given advice or asked to attend an appointment at the Out of Hours GP service.</p> <p>If it is thought appropriate, a visit from a doctor will be organised based on clinical need.</p> | <p>A&E or 999</p> <p>Accident and emergency departments and the 999 ambulance service should only be used in a serious or life threatening situation.</p> <p>A&E provides immediate emergency care for people who show the symptoms of serious illness or are badly injured. If you telephone 999 the telephone advisor may send a response vehicle to your location.</p> <p>Please remember: Emergency services are very busy. They should only be used in very serious or life-threatening situations.</p> |

2.3 Z-card front folded out

2.4 Z-card back folded out

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Lincoln Walk-In Centre Consultation 2017

GP Practice Case Study Summary

Patients from these seven practices are the “higher” users of the Walk-in Centre. Three to seven patients per day attending the Walk-in Centre are from each of these practices.

Clinical audit of the Walk-in Centre attendances confirm all treatment is for a primary care need and one third require same day access to a GP or Nurse.

One to three appointments per day at these Practices need to be available when the Walk-in Centre closes.

Same day access for Urgent need is currently available at all practices. This means that if a patient cannot get an appointment that day but considers it is urgent, either a nurse or GP call back. If, following this phone conversation, it is deemed urgent, the nurse or GP book the patient an appointment that day. This applies for both children and adults.

This document summarises the current available capacity to accommodate these needs. The information was gathered on Wednesday 31st January 2018 and Thursday 1st February 2018 at each practice.

1. University Health Centre

How many of your patients are currently attending the WIC?

On average 7 of our patients currently attend the Walk-in Centre a day, 2 of which would need a same day appointment. The practice has seen an 8% reduction in average daily WIC attendances in the period between October and December 2017.

Can the practice accommodate same day appointments?

Yes, at the time of audit there were same day appointments available within 45 minutes.

What availability is there for pre-bookable appointment?

HCA appointments: Under 4 hours; Practice nurse: >24 hours; Nurse practitioner (not same day)> 48 hours; GP: 24 and 48 hours and >5 days.

GP Practice Case Study Summary

What other provisions have you put in place?

The practice has increased same day capacity at the start of this term to provide an additional 5 pre-booked daily appointments.

The extended hours are in the process of being changed to match demand. Current extended hours in place are Monday 07:30 to 08:00; Tuesday 07:30 to 08:00; Wednesday 07:30 to 08:00; Thursday 07:30 to 08:00 and 18:30 to 19:45 and Friday 07:30 to 08:00.

A new phone system has been introduced which mean that patients do not have to wait for long periods of time to speak to someone to make an appointment. Additionally an online registration system and appointment booking system is operational. This system is also available on a mobile application that we will be promoting to students shortly.

2. Abbey Medical Practice

How many of your patients are currently attending the WIC?

On average 6-7 of our patients currently attend the Walk-in Centre a day, 2 of which would need a same day appointment. The practice has seen a 34% reduction in average daily WIC attendances in the period between October and December 2017.

Can the practice accommodate same day appointments?

Yes, all patients requiring a same day appointment are triaged and if clinically appropriate are seen. The practice can accommodate the additional patients needing a same day appointment through triage.

What availability is there for pre-bookable appointment?

The next pre-bookable GP appointment is available is 7 days (as of day of audit).

GP Practice Case Study Summary

3. Portland Medical Practice

How many of your patients are currently attending the WIC?

On average 4-5 of our patients currently attend the Walk-in Centre a day, 1-2 of which need a same day appointment. The practice has seen a 10% reduction in average daily WIC attendances in the period between October and December 2017.

Can the practice accommodate same day appointments?

Yes, all patients requiring a same day appointment are triaged and if clinically required are seen. The practice can accommodate the additional patients needing a same day appointment through triage.

What availability is there for pre-bookable appointment?

The next pre-bookable GP appointment is available is 7 days (as of day of audit).

Extended hours are Monday 18:30 – 20:15; Tuesday 07:30 – 08:00 and Saturday 09:00 – 11:15.

4. Lindum Medical Practice

How many of your patients are currently attending the WIC?

4-5 of our patients currently attend the Walk-in Centre a day, 2 of which need a same day appointment based on clinical evidence. The Practice has seen an 18% reduction in average daily WIC attendances in the period between October and December 2017.

Can the practice accommodate same day appointments?

Yes, any patient that clinically requires an urgent same day appointment are seen. Two additional appointments per day have been made available for 111 and urgent same day appointments.

GP Practice Case Study Summary

What availability is there for pre-bookable appointment?

The next pre-bookable Nurse appointment is next day. The next pre-bookable GP appointment available is 16 days (as of day of audit).

Extended hours are Monday 18:30 to 20:15; Tuesday 07:00 to 08:00 and Saturday 09:30 to 11:15.

5. Cliff House Medical Practice

How many of your patients are currently attending the WIC?

On average 3-4 of our patients currently attend the Walk-in Centre a day, 1-2 of which need a same day appointment. The Practice has seen a 40% reduction in average daily WIC attendances in the period between October and December 2017.

Can the practice accommodate same day appointments?

Yes, patients that clinically require an urgent same day appointment are seen. The additional one to two patients that need an urgent appointment can be accommodated and appointments are currently available for next day.

What availability is there for pre-bookable appointment?

The next pre-bookable GP appointment is available is 48 hours (as of day of audit). Nurse Triage appointments are available from 24 hours and other bookable nurse appointments are available from 12/2/18.

Extended hours are available Monday 18:30 to 20:00.

GP Practice Case Study Summary

6. Brayford Medical Practice

How many of your patients are currently attending the WIC?

On average 3-4 of our patients currently attend the Walk-in Centre a day, 1-2 of which need a same day appointment. The Practice has seen a 5% reduction in average daily WIC attendances in the period between October and December 2017.

Can the practice accommodate same day appointments?

Yes, any patient that clinically requires an urgent same day appointment are seen. The additional one to two patients that need an urgent appointment can be accommodated.

What availability is there for pre-bookable appointment?

There is a minor illness "book on the day" service available each day for patients. The next pre-bookable GP appointment is available in 6 days (as of day of audit). The next pre-bookable Nurse appointment is in 2 weeks.

Extended hours are Wednesday 07:00 to 08:00 to Wednesday 18:30 to 21:00.

7. Newark Road Surgery

How many of your patients are currently attending the WIC?

3 of our patients currently attend the Walk-in Centre a day, 1 of which would need a same day appointment based on clinical evidence. The Practice has seen a 6% increase in average daily WIC attendances in the period between October and December 2017.

GP Practice Case Study Summary

Can the practice accommodate same day appointments?

Yes, all patients requiring a same day appointment are triaged and if clinically required are seen. The practice can accommodate the additional 2 patients needing a same day appointment through triage.

What availability is there for pre-bookable appointment?

The next Nurse practitioner routine appointment is in 24 hours and HCA 48 hours. The next pre-bookable GP appointment is available in 21 days (as of day of audit). The next pre-bookable Nurse appointment is in 9 days.

Extended hours are Wednesday 06:30 – 08:00 and Friday 07:00 and 08:00.

Lincoln Walk-In Centre Consultation 2017

PART 1: A&E (ULHT Lincoln) Activity Summary for Lincolnshire West CCG Patients (excludes Urgent Care Streaming)

Please note for the purposes of this report, Q1 2017 is January 2017 to March 2017; Q2 2017 is April 2017 to June 2017; Q3 2017 is July 2017 to September 2017 and Q4 2017 is October 2017 to December 2017.

SECTION 1 : A&E Attendance By Patient Age

Comparing Q4 of 2017's, average monthly attendance by age with Q1 to Q3 of 2017, the following table shows the average increases or (decrease in attendance) by age.

Only under 4's; 55-59; 80-84 and 90+ year olds have increased (by on average 32 patients per month) in A&E attendance in Q4 from prior year quarters Q1-Q3. (See Table 1)

When comparing 2016 and 2017 data by age there is a reduction in attendance in all ages including under 4's except 55-59; 70-74; 80-89 and 95+ (See Table 2)

Table 1: Average monthly A&E Attendance by Age comparing Q4, 2017 to Q1-Q3, 2017

| Row Labels | AVG Monthly Q1-Q3 | AVG Monthly Q4 | AVG PER MONTH VARIATION |
|--------------------|-------------------|----------------|-------------------------|
| 00 - 04 | 319 | 331 | +12 |
| 05 - 09 | 177 | 132 | -45 |
| 10 - 14 | 202 | 183 | -19 |
| 15 - 19 | 271 | 257 | -14 |
| 20 - 24 | 352 | 299 | -53 |
| 25 - 29 | 289 | 243 | -46 |
| 30 - 34 | 237 | 219 | -18 |
| 35 - 39 | 200 | 176 | -24 |
| 40 - 44 | 186 | 160 | -26 |
| 45 - 49 | 204 | 178 | -26 |
| 50 - 54 | 230 | 204 | -26 |
| 55 - 59 | 193 | 204 | +11 |
| 60 - 64 | 168 | 167 | -1 |
| 65 - 69 | 180 | 172 | -8 |
| 70 - 74 | 210 | 192 | -18 |
| 75 - 79 | 186 | 186 | 0 |
| 80 - 84 | 203 | 208 | +5 |
| 85 - 89 | 175 | 172 | -4 |
| 90 - 94 | 93 | 95 | +2 |
| 95 - 99 | 29 | 29 | 0 |
| 100+ - 104 | 5 | 7 | +2 |
| Grand Total | 4109 | 3813 | -296 |

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Table 2: A&E Attendance by Age, by Year 2016 and 2017

| Age | 2016 | 2017 | Diff |
|--------------------|---------------|---------------|---------------|
| 00 - 04 | 4,293 | 3,864 | -429 |
| 05 - 09 | 2,278 | 1,989 | -289 |
| 10 - 14 | 2,511 | 2,365 | -146 |
| 15 - 19 | 3,520 | 3,214 | -306 |
| 20 - 24 | 4,726 | 4,065 | -661 |
| 25 - 29 | 3,668 | 3,326 | -342 |
| 30 - 34 | 2,908 | 2,789 | -119 |
| 35 - 39 | 2,568 | 2,332 | -236 |
| 40 - 44 | 2,517 | 2,157 | -360 |
| 45 - 49 | 2,705 | 2,370 | -335 |
| 50 - 54 | 2,837 | 2,682 | -155 |
| 55 - 59 | 2,347 | 2,354 | 7 |
| 60 - 64 | 2,036 | 2,008 | -28 |
| 65 - 69 | 2,353 | 2,136 | -217 |
| 70 - 74 | 2,429 | 2,461 | 32 |
| 75 - 79 | 2,486 | 2,231 | -255 |
| 80 - 84 | 2,341 | 2,454 | 113 |
| 85 - 89 | 2,069 | 2,094 | 25 |
| 90 - 94 | 1,187 | 1,124 | -63 |
| 95 - 99 | 333 | 345 | 12 |
| 100 - 104 | 36 | 39 | 3 |
| N/given | 29 | 25 | -5 |
| Grand Total | 52,177 | 48,424 | -3,753 |

SECTION 2: A&E Attendance by Arrival Mode

Comparing arrival modes (Ambulance V's Self-presentation) year on year (2017 from 2016) the following table shows both Ambulance and Self-presentation reduced by 7% and 16% respectively in 2017. (See Table 4). When comparing Q4 in 2017 to Q1-Q3 2017, self-presentation reduced by 11% and Ambulance conveyance increased 1% in the 4th quarter. (See Table 5).

Table 4: A&E Attendance by Arrival Mode 2016 to 2017

| | 1: Ambulance | 2: Self-presentation | Grand Total |
|------------------------------------|--------------|----------------------|-------------|
| Change Year 17 from Year 16 | -7% | -16% | -23% |

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Table 5: A&E Attendance by Arrival Mode by Quarter

| | 1: Ambulance | 2: Self-Presentation | Grand Total |
|----------------|--------------|----------------------|-------------|
| Q1 -3 2017 AVG | 1,253 | 2,856 | 4,109 |
| Q4 2017 AVG | 1,260 | 2,540 | 3,813 |
| Change | 1% | -11% | -7% |

SECTION 3 : A&E Attendance by Arrival Mode and Age Comparing Q1-3 and Q4 of 2017
 Comparing arrival modes (Ambulance V's Self-presentation) in Q4 in 2017 to Q1-Q3 2017 by Age shows an increase in Ambulance conveyance for under 4's and a reduction in self presentation in all age groups but 55-59; 85-94;s in the 4th quarter. (See Table 6)

Table 6: A&E Attendance by Arrival Mode and Age Comparing Q1-3 and Q4 of 2017

| AGE Groups | 1. Ambulance | 2. Self Presentation | TOTAL |
|--------------------|--------------|----------------------|-------|
| 00 - 04 | 30% | -2% | 3% |
| 05 - 09 | -3% | -28% | -26% |
| 10 - 14 | 4% | -10% | -9% |
| 15 - 19 | -6% | -5% | -5% |
| 20 - 24 | -5% | -18% | -16% |
| 25 - 29 | -18% | -16% | -16% |
| 30 - 34 | -21% | -6% | -8% |
| 35 - 39 | 11% | -17% | -12% |
| 40 - 44 | -8% | -16% | -14% |
| 45 - 49 | -6% | -16% | -13% |
| 50 - 54 | -3% | -15% | -12% |
| 55 - 59 | 14% | 2% | 5% |
| 60 - 64 | 3% | -4% | -1% |
| 65 - 69 | 6% | -12% | -5% |
| 70 - 74 | -7% | -11% | -9% |
| 75 - 79 | 7% | -10% | 0% |
| 80 - 84 | 6% | -6% | 2% |
| 85 - 89 | -6% | 11% | -2% |
| 90 - 94 | 2% | 1% | 2% |
| 95 - 99 | 5% | -29% | 0% |
| 100 + | 20% | 200% | 33% |
| Grand Total | 1% | -11% | -7% |

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PART 2: A&E (ULHT Lincoln Site) Activity Summary including Urgent Care Streaming (UCS) and Out of Hours (OOH)

Table 7: 2016/2017 A&E, UCS and OOH (A&E) Activity by Week

| week number>> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Category | 10/04/16 | 17/04/16 | 24/04/16 | 01/05/16 | 08/05/16 | 15/05/16 | 22/05/16 | 29/05/16 | 05/06/16 | 12/06/16 | 19/06/16 | 26/06/16 | 03/07/16 | 10/07/16 | 17/07/16 | 24/07/16 | 31/07/16 | 07/08/16 | 14/08/16 | 21/08/16 | 28/08/16 | 04/09/16 | 11/09/16 | 18/09/16 | 25/09/16 | 02/10/16 |
| 16/17 A&E Type 1 (excl UCS+OOH) | 1323 | 1354 | 1443 | 1351 | 1313 | 1429 | 1431 | 1384 | 1338 | 1391 | 1314 | 1383 | 1360 | 1437 | 1389 | 1407 | 1256 | 1317 | 1292 | 1321 | 1328 | 1349 | 1393 | 1310 | 1451 | 1404 |
| UCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Out Of Hours A&E Diverts | 65 | 82 | 73 | 36 | 75 | 58 | 58 | 70 | 60 | 56 | 57 | 65 | 37 | 48 | 55 | 73 | 59 | 54 | 52 | 54 | 55 | 46 | 57 | 44 | 66 | 76 |
| 16/17 Overall Total | 1388 | 1436 | 1516 | 1387 | 1388 | 1487 | 1489 | 1454 | 1398 | 1447 | 1371 | 1448 | 1397 | 1485 | 1444 | 1480 | 1315 | 1371 | 1344 | 1375 | 1383 | 1395 | 1450 | 1354 | 1517 | 1480 |
| week number>> | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
| Category | 09/10/16 | 16/10/16 | 23/10/16 | 30/10/16 | 06/11/16 | 13/11/16 | 20/11/16 | 27/11/16 | 04/12/16 | 11/12/16 | 18/12/16 | 25/12/16 | 01/01/17 | 08/01/17 | 15/01/17 | 22/01/17 | 29/01/17 | 05/02/17 | 12/02/17 | 19/02/17 | 26/02/17 | 05/03/17 | 12/03/17 | 19/03/17 | 26/03/17 | 02/04/17 |
| 16/17 A&E Type 1 (excl UCS+OOH) | 1390 | 1387 | 1372 | 1415 | 1371 | 1377 | 1430 | 1408 | 1405 | 1363 | 1382 | 1223 | 1245 | 1323 | 1291 | 1227 | 1325 | 1328 | 1263 | 1295 | 1293 | 1342 | 1332 | 1458 | 1371 | 1397 |
| UCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Out Of Hours A&E Diverts | 55 | 49 | 62 | 61 | 45 | 59 | 46 | 49 | 45 | 70 | 60 | 49 | 69 | 67 | 44 | 43 | 34 | 54 | 57 | 51 | 42 | 57 | 60 | 32 | 52 | 37 |
| 16/17 Overall Total | 1445 | 1436 | 1434 | 1476 | 1416 | 1436 | 1476 | 1457 | 1450 | 1433 | 1442 | 1272 | 1314 | 1390 | 1335 | 1270 | 1359 | 1382 | 1320 | 1346 | 1335 | 1399 | 1392 | 1490 | 1423 | 1434 |

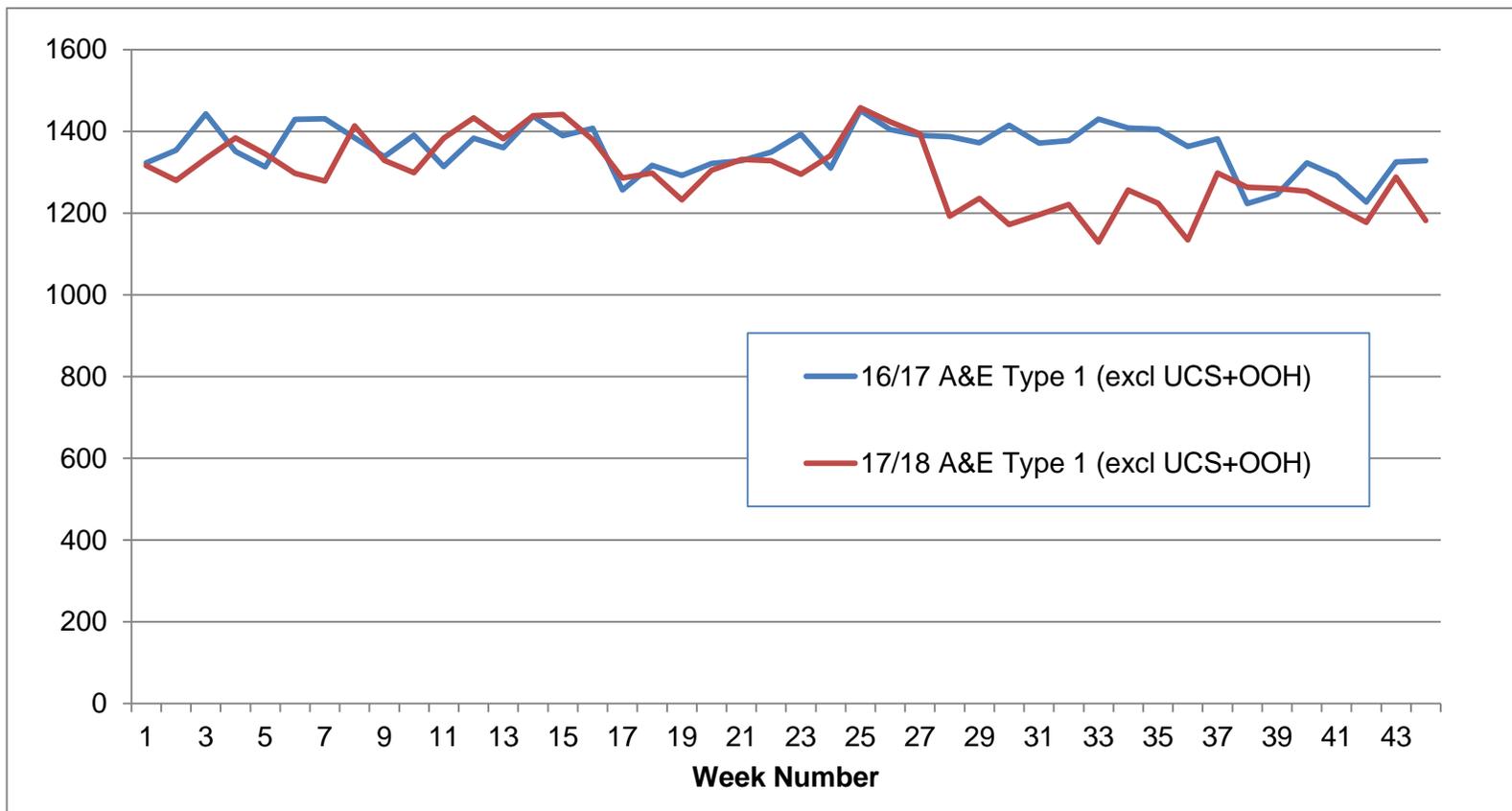
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Table 8: 2017/2018 A&E, UCS and OOH (A&E) Activity by Week

| week number>> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|---------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Category | 09/04/2017 | 16/04/2017 | 23/04/2017 | 30/04/2017 | 07/05/2017 | 14/05/2017 | 21/05/2017 | 28/05/2017 | 04/06/2017 | 11/06/2017 | 18/06/2017 | 25/06/2017 | 02/07/2017 | 09/07/2017 | 16/07/2017 | 23/07/2017 | 30/07/2017 | 06/08/2017 | 13/08/2017 | 20/08/2017 | 27/08/2017 | 03/09/2017 | 10/09/2017 | 17/09/2017 | 24/09/2017 | 01/10/2017 |
| 17/18 A&E Type 1 (excl UCS+OOH) | 1316 | 1280 | 1333 | 1384 | 1345 | 1297 | 1278 | 1413 | 1329 | 1299 | 1383 | 1433 | 1382 | 1438 | 1441 | 1379 | 1286 | 1298 | 1232 | 1305 | 1331 | 1328 | 1295 | 1341 | 1458 | 1423 |
| UCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Out Of Hours A&E Diverts | 38 | 35 | 50 | 27 | 40 | 19 | 19 | 42 | 62 | 51 | 55 | 60 | 39 | 52 | 47 | 44 | 43 | 25 | 45 | 33 | 46 | 51 | 36 | 42 | 36 | 34 |
| 17/18 Overall Total | 1354 | 1315 | 1383 | 1411 | 1385 | 1316 | 1297 | 1455 | 1391 | 1350 | 1438 | 1493 | 1421 | 1490 | 1488 | 1423 | 1329 | 1323 | 1277 | 1338 | 1377 | 1379 | 1331 | 1383 | 1494 | 1457 |
| week number>> | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
| Category | 08/10/2017 | 15/10/2017 | 22/10/2017 | 29/10/2017 | 05/11/2017 | 12/11/2017 | 19/11/2017 | 26/11/2017 | 03/12/2017 | 10/12/2017 | 17/12/2017 | 24/12/2017 | 31/12/2017 | 07/01/2018 | 14/01/2018 | 21/01/2018 | 28/01/2018 | 04/02/2018 | 11/02/2018 | 18/02/2018 | 25/02/2018 | 04/03/2018 | 11/03/2018 | 18/03/2018 | 25/03/2018 | 01/04/2018 |
| 17/18 A&E Type 1 (excl UCS+OOH) | 1394 | 1192 | 1236 | 1172 | 1196 | 1221 | 1129 | 1256 | 1224 | 1134 | 1298 | 1263 | 1260 | 1253 | 1216 | 1177 | 1288 | 1182 | | | | | | | | |
| UCS | 0 | 187 | 183 | 183 | 179 | 183 | 240 | 224 | 224 | 251 | 128 | 100 | 180 | 134 | 142 | 147 | 144 | 143 | | | | | | | | |
| Out Of Hours A&E Diverts | 23 | 6 | 5 | 5 | 3 | 8 | 12 | 12 | 9 | 22 | 28 | 15 | 34 | 12 | 3 | 9 | 11 | 2 | | | | | | | | |
| 17/18 Overall Total | 1417 | 1385 | 1424 | 1360 | 1378 | 1412 | 1381 | 1492 | 1457 | 1407 | 1454 | 1378 | 1474 | 1399 | 1361 | 1333 | 1443 | 1327 | | | | | | | | |

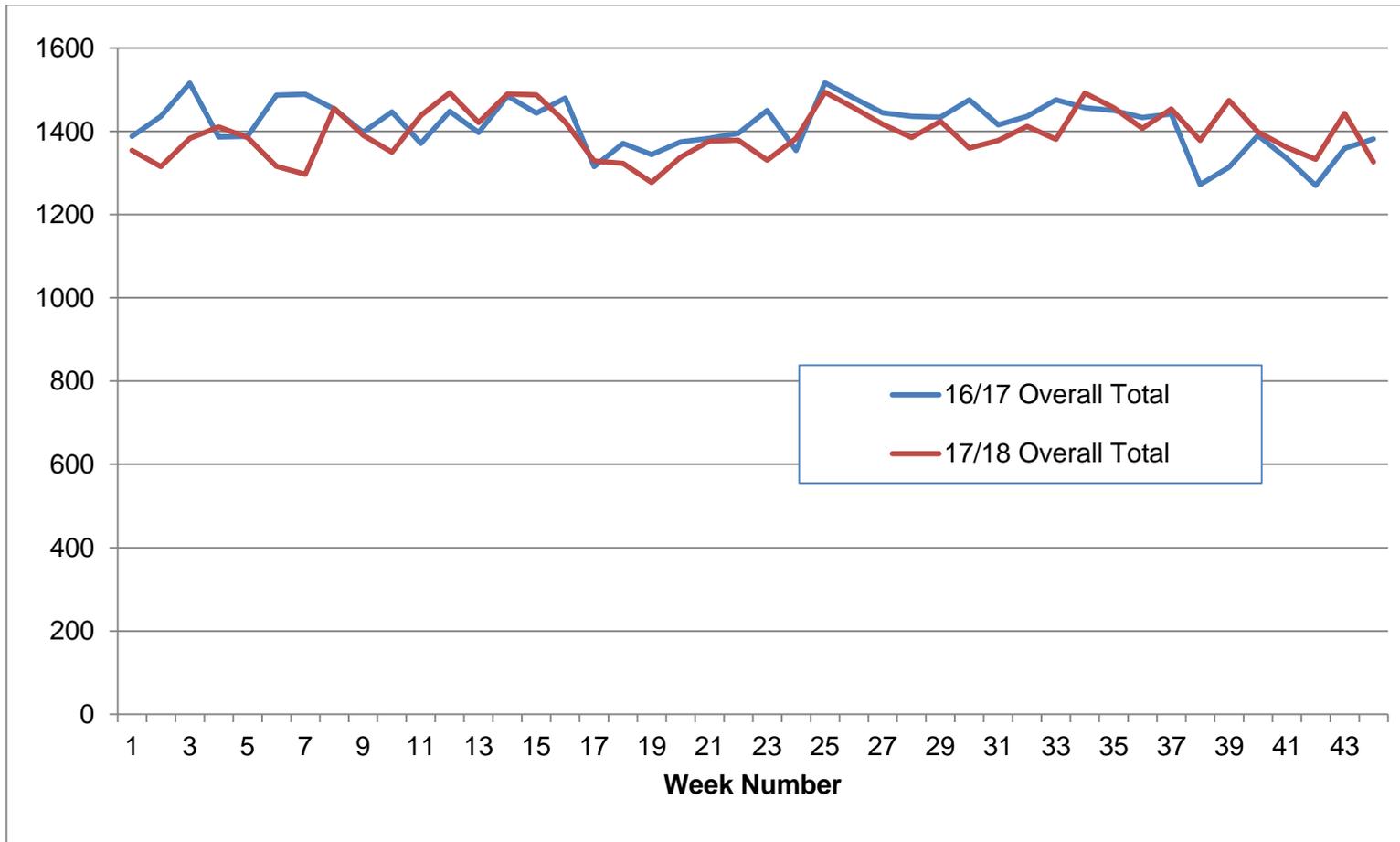
Lincoln Walk-In Centre Consultation 2017

Table 9: 2016/2017 and 2017/18 A&E (excluding UCS and OOH) Activity by Week



Lincoln Walk-In Centre Consultation 2017

Table 10: 2016/2017 and 2017/18 A&E (including UCS and OOH) Activity by Week



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Agenda Item 6

| | | | |
|---|--------------------------------|---|-------------------------------|
|  | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| Boston Borough Council | East Lindsey District Council | City of Lincoln Council | Lincolnshire County Council |
| North Kesteven District Council | South Holland District Council | South Kesteven District Council | West Lindsey District Council |

Open Report on behalf of Thames Ambulance Service Limited (TASL)

| | |
|-----------|--|
| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 21 February 2018 |
| Subject: | Non-Emergency Patient Transport Service for NHS Lincolnshire CCGs – Thames Ambulance Service Limited (TASL) |

Summary:

Thames Ambulance Service Limited (TASL) took over as provider for the non-emergency patient transport service on 1 July 2017 following a competitive tender process. Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioner for non-emergency patient transport services on behalf of the four Lincolnshire CCGs. TASL is a national company with a number of contracts, and had been already been delivering services in Hull, and in North and North-East Lincolnshire. Northamptonshire went live at the same time as LWCCG; and Leicestershire and Rutland went live in October 2017.

A number of concerns have been raised with the TASL (Risk Summit) led by NHS England on behalf of Lincolnshire, Leicestershire and Northamptonshire CCGs, as well as a vote of no confidence in the service by Health Scrutiny Committee for Lincolnshire (Dec 2017), this report has been written to provide an update on service provision and an overview of the actions being taken by the CCG.

Actions Required:

The Health Scrutiny Committee is asked

- (1) To consider this report and hold to account Thames Ambulance Service Limited through its influence ensuring essential improvements in the quality of the services provided to patients are continued to be delivered.
- (2) To consider what future reports the Committee would like to receive in order to maintain oversight of performance of non-emergency transport services from TASL.

1. Background

Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioning for non-emergency patient transport services on behalf of the four CCGs. Thames Ambulance Service Limited (TASL) took over as provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process. TASL is a national company with a number of contracts, and had been already been delivering services in Hull, and in North and North-East Lincolnshire. TASL began a contract in Northamptonshire at the same time as in Lincolnshire. TASL began a contract in Leicestershire and Rutland in October 2017.

A number of concerns have been raised with the provider (Risk Summit) led by NHS England on behalf of Lincolnshire, Leicestershire and Northamptonshire, as well as a vote of no confidence in the service by Health Scrutiny Committee for Lincolnshire, this report has been written to provide an update on service provision and an overview of the actions being taken by the CCG.

The main concerns from the previous committee meeting and NHS England:

- Call handling. The call centre is currently receiving approximately 70 calls every 15 minutes but has capacity to answer approximately 50% of that number. This has led to a number of complaints from patients and other providers concerning the difficulty in getting through.
- Journey planning. There is evidence that planning of jobs is not effective and can lead to unnecessary mileage. In turn this leads to reduced capacity and missed or delayed arrival at appointments, delayed or failed discharges and some refusals to accept bookings.
- Not collecting patient at booked time, leading to long waits which has meant missing appointment times, or delays in being collected for the home journey. There have also been a number of journeys that have not been fulfilled at all due to the ambulance not turning up.
- Delays in discharge from ULHT and community hospitals due to journeys not being fulfilled. This has led to ULHT booking private ambulance support to facilitate improved management of emergency flow.
- Increased complaints received by the CCG, other CCGs and direct to provider.

LWCCG continues to work very closely with the management team at TASL. Concerns in Lincolnshire CCGs and the failure of TASL to achieve each of the contract key performance indicators at the end of September led to the issue of a Contract Performance Notice on 7 November 2017, and an Exception Notice for failure to achieve the agreed trajectory in the Recovery Action Plan (RAP) in January 2018, all in line with the NHS Contract.

Due to the failure of TASL to achieve the outputs in the RAP, there are now weekly conference calls measuring performance and actions detailed in the RAP.

Across the East Midlands, it has been agreed that the lead commissioners will work more closely together to secure improvements from the provider with Leicestershire and Rutland CCG taking a lead role with NHS England.

Management Sustainability

TASL has recognised the significant pressures within its management structure, since the departure of the Chief Executive in November 2017. In February 2018 a new Chief Executive was appointed, LWCCG and Leicestershire and Rutland CCG kindly provided valuable insight in assisting the organisation to choose the right person.

There has been significant involvement from the Parent Company of TASL, HTG. This includes a stronger internal governance structure and direct support for the leadership of the organisation.

Other appointments include a new Chief Operating Officer for Quality with significant ambulance background (Appointed October 2017). A new Performance Director with significant NHS Chief Executive experience (LLR) (Appointed January 2018), a new Interim Manager for Lincolnshire with significant ambulance background (Appointed January 2018).

Existing staff who managed the Lincolnshire contact have been maintained within the organisation preserving the organisational memory of service delivery.

NHS England

Following reporting to the Quality Surveillance Group, NHS England called a Risk Review Meeting on the 20 November 2017. This meeting was attended by the three lead CCGs Executive Nurses (or deputy), NHSE, CQC, NHSI, Healthwatch and provider representatives. After agreeing a number of actions predominantly for the provider, a follow up meeting was held in December 2017 and January 2018.

In January 2018 NHS England agreed progress had been made and agreed to move from monthly reporting to two monthly reporting, indicating improvements had been made, but further work was required.

This supportive framework works in conjunction with contracting process securing improvement from TASL.

TASL is aware and positively working with Commissioners in the event TASL are unable to deliver improvements. These arrangements will be targeted at supporting discharge from hospital, renal patients and cancer patients attending for radiotherapy and chemotherapy.

Performance

| | | | | | | | | | | Prelim | | | | | | | | | |
|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|---------------|-------------|-------------|--------|--------|--------|--------|-----------|--|--|
| | | | | | | | | | | Week 5 | Week 6 | | | | | | | | |
| | | | | | | | | | | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Total YTD | | |
| Contracted Journeys | | | | | | | | | | | | | | | | | | | |
| Year 1 Baseline | | 16010 | 16010 | 16010 | 16010 | 16010 | 16010 | 16010 | 16010 | 112070 | 3685 | 3685 | | | | | | | |
| Actual Activity | | 13074 | 14496 | 13898 | 14419 | 13495 | 11154 | 12800 | | 80536 | 2800 | 3337 | | | | | | | |
| Monthly Variance | | -2936 | -1514 | -2112 | -1591 | -2515 | -4856 | -3210 | | -15524 | -885 | -348 | | | | | | | |
| % Variance | | -18.34% | -9.46% | -13.19% | -9.94% | -15.71% | -30.33% | -20.05% | | -13.85% | -24% | -9% | | | | | | | |
| Contract Activity Mobility Breakdown | | | | | | | | | | | | | | | | | | | |
| Walker | C/C1 | 5762 | 6651 | 6235 | 6125 | 5644 | 4804 | 5420 | 40641 | 54.50% | 1179 | 1197 | | | | | | | |
| Ambulance crew 1 person | A1 | 1321 | 1417 | 1203 | 1385 | 1425 | 1342 | 1419 | 9512 | 12.50% | 307 | 305 | | | | | | | |
| Ambulance crew 2 person | A2 | 465 | 548 | 532 | 552 | 525 | 527 | 602 | 3751 | 4.60% | 150 | 123 | | | | | | | |
| Ambulance crew 4 person | A4 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 4 | 0.00% | 0 | 0 | | | | | | | |
| Bariatric Vehicle | BV | 28 | 56 | 47 | 44 | 57 | 42 | 45 | 319 | 0.40% | 6 | 11 | | | | | | | |
| Stretcher | STR | 823 | 865 | 802 | 827 | 807 | 752 | 758 | 5634 | 7.70% | 197 | 157 | | | | | | | |
| Wheelchair 1 Person | WC1 | 1511 | 1638 | 1671 | 1728 | 1751 | 1398 | 1718 | 11415 | 14.40% | 382 | 365 | | | | | | | |
| Wheelchair 2 Person | WC2 | 345 | 424 | 363 | 329 | 317 | 253 | 310 | 2341 | 3.50% | 64 | 70 | | | | | | | |
| Child | CH | 0 | 0 | 0 | 2 | 0 | 7 | 0 | 9 | 0.00% | 0 | 2 | | | | | | | |
| Non Patient | NPT | 13 | 8 | 10 | 10 | 11 | 5 | 0 | 57 | 0.10% | 0 | 0 | | | | | | | |
| Other Activity | | 0 | 0 | 4 | 0 | 0 | 0 | 15 | 19 | 0.00% | 4 | 1 | | | | | | | |
| Total Patient Journeys | | 10270 | 11607 | 10867 | 11004 | 10537 | 9130 | 10287 | | 63415 | 2289 | 2231 | | | | | | | |
| Aborts | | 1076 | 796 | 649 | 1119 | 773 | 602 | 694 | 5709 | 4.98% | 125 | 158 | | | | | | | |
| Escorts – Medical | | 977 | 608 | 781 | 930 | 819 | 571 | 792 | 5478 | 4.21% | 174 | 142 | | | | | | | |
| Escorts – Relative | | 751 | 1485 | 1601 | 1366 | 1366 | 851 | 1027 | 8447 | 5.94% | 212 | 200 | | | | | | | |
| Total Activity | | 13074 | 14496 | 13898 | 14419 | 13495 | 11154 | 12800 | | 80536 | 2800 | 3337 | | | | | | | |
| Cancelled Journeys | | | | | | | | | | | | | | | | | | | |
| Cancellations | | 6795 | 3255 | 2508 | 2650 | 2367 | 2424 | 2741 | | 22740 | 566 | 568 | | | | | | | |
| Total Activity (inc. cancellations) | | 19869 | 17751 | 16406 | 17069 | 15862 | 13578 | 15541 | | 100535 | 3366 | 3905 | | | | | | | |
| Key Performance Indicators | | | | | | | | | | | | | | | | | | | |
| | | Target | | | | | | | | Total YTD | | | | | | | | | |
| KPI1 | Calls answered within 60 sec. | 85% | % | 77% | 66% | 56% | 42% | 44% | 38% | | 40% | 72% | | | | | | | |
| KPI2 | Journeys cancelled by provider | 99.50% | Total | 16642 | 17751 | 16406 | 14557 | 13677 | 12156 | 14305 | 105494 | 3107 | 3092 | | | | | | |
| | | | Within KPI | 361 | 97 | 92 | 245 | 62 | 172 | 148 | 1177 | 26 | 43 | | | | | | |
| | | | % | 2.17% | 0.55% | 0.56% | 1.68% | 0.45% | 1.41% | 1.03% | 1.08% | 0.84% | 1.39% | | | | | | |
| KPI3a | Same day journey collections within 150 mins | 95% | Total | 870 | 907 | 900 | 1111 | 816 | 808 | 1107 | 6519 | 273 | 220 | | | | | | |
| | | | Within KPI | 653 | 744 | 820 | 872 | 606 | 546 | 862 | 5103 | 221 | 197 | | | | | | |
| | | | % | 75% | 82% | 91% | 78% | 74% | 68% | 78% | 83% | 81% | 90% | | | | | | |
| KPI3b | Same day journey collections within 180 mins | 100% | Total | 870 | 907 | 900 | 1111 | 816 | 808 | 1107 | 6519 | 273 | 220 | | | | | | |
| | | | Within KPI | 681 | 761 | 840 | 913 | 650 | 585 | 912 | 5342 | 233 | 202 | | | | | | |
| | | | % | 78% | 84% | 93% | 82% | 80% | 72% | 82% | 85% | 85% | 92% | | | | | | |
| KPI4a | Renal patients collected within 30 mins | 95% | Total | 910 | 1148 | 1171 | 1162 | 1146 | 1147 | 1168 | 7852 | 256 | 263 | | | | | | |
| | | | Within KPI | 478 | 607 | 764 | 608 | 704 | 728 | 882 | 4771 | 182 | 188 | | | | | | |
| | | | % | 53% | 53% | 65% | 52% | 61% | 63% | 76% | 57% | 71% | 71% | | | | | | |
| KPI4b | Non-Renal patients collected within 60 mins | 95% | Total | 3377 | 3829 | 3702 | 3627 | 3642 | 2906 | 3424 | 24507 | 759 | 749 | | | | | | |
| | | | Within KPI | 1785 | 2308 | 3031 | 2388 | 2642 | 1966 | 2597 | 16717 | 533 | 545 | | | | | | |
| | | | % | 53% | 60% | 82% | 66% | 73% | 68% | 76% | 65% | 70% | 73% | | | | | | |
| KPI4c | All patients collected within 80 mins | 100% | Total | 4287 | 4947 | 4852 | 4753 | 4762 | 4028 | 4592 | 32221 | 1015 | 1012 | | | | | | |
| | | | Within KPI | 2535 | 3157 | 4113 | 3365 | 3741 | 3152 | 3860 | 23923 | 806 | 817 | | | | | | |
| | | | % | 59% | 64% | 85% | 71% | 79% | 78% | 84% | 70% | 79% | 81% | | | | | | |
| KPI5 | Fast Track journeys collected within 60 mins | 100% | Total | 20 | 20 | 39 | 41 | 27 | 36 | | 183 | 346 | | | | | | | |
| | | | Within KPI | 17 | 19 | 31 | 29 | 14 | 21 | | 131 | 245 | | | | | | | |
| | | | % | 85% | 95% | 79% | 71% | 52% | 58% | | 85% | | | | | | | | |
| KPI6a | Renal patients to arrive no more than 30 mins early | 95% | Total | 1031 | 1201 | 1182 | 1201 | 1184 | 1253 | 1214 | 8266 | 15501 | 266 | 271 | | | | | |
| | | | Within KPI | 427 | 468 | 657 | 505 | 519 | 678 | 818 | 4072 | 7717 | 177 | 168 | | | | | |
| | | | % | 41% | 39% | 56% | 42% | 44% | 54% | 67% | 45% | 67% | 62% | | | | | | |
| KPI6b | Patients to arrive no more than 60 mins early | 95% | Total | 3417 | 3795 | 3675 | 3633 | 3495 | 2711 | 3310 | 24036 | 44655 | 722 | 715 | | | | | |
| | | | Within KPI | 1607 | 1964 | 2785 | 2126 | 2288 | 1767 | 2923 | 15460 | 29313 | 609 | 581 | | | | | |
| | | | % | 47% | 52% | 76% | 59% | 65% | 65% | 88% | 58% | 84% | 81% | | | | | | |
| KPI7 | Journeys to arrive on time | 85% | Total | 4448 | 5023 | 4887 | 4878 | 4713 | 3989 | 4588 | 32526 | 1001 | 999 | | | | | | |
| | | | Within KPI | 2317 | 2921 | 3934 | 3326 | 3410 | 3104 | 3630 | 22642 | 779 | 765 | | | | | | |
| | | | % | 52% | 58% | 80% | 68% | 72% | 78% | 79% | 64% | 78% | 77% | | | | | | |
| KPI8 | Patients time on vehicle should be less than 60 mins | 85% | Total | 9877 | 11181 | 10867 | 11004 | 10537 | 9130 | 10287 | 72883 | 2289 | 2231 | | | | | | |
| | | | Within KPI | 5935 | 6782 | 6740 | 7271 | 7260 | 6552 | 6515 | 47055 | 1419 | 1383 | | | | | | |
| | | | % | 60% | 61% | 62% | 66% | 69% | 72% | 63% | 61% | 62% | 62% | | | | | | |

During February 2018 there has been performance improvement. There are still significant performance improvements to make, and TASL are clearly sighted on the work ahead. Call answering has been improved significantly, this is a direct result of more staff being deployed within the control room and a new call routing process. Other performance gains have been achieved by a successful recruitment campaign managing vacancies more proactively. Other improvements include a rota review and consultation with front line staff.

An active more positive approach to voluntary car drivers (VCS), and the active use of third party crews, including the introduction of the High Dependency Crews and Discharge Crews, alleviating discharge delays.

Quality improvements include a review of the eligibility criteria, which will have a real and positive impact on activity levels. The complaints process has been centralised and significant work to deal with issues raised and lessons learnt have now started to become embedded within the organisation.

Daily planning reviews will ensure the utilisation of the vehicles and crews is monitored and improved. This will ensure that patients are collected on time from appointments and returned home within contract KPIs.

A full and open data review will ensure that the model of delivery is fit for purpose, governance measures such as dedicated staff to complete journeys times has been introduced. This will ensure that all data is capture and accurate reporting is provided to commissioners and to detail the model of delivery going forward.

TASL are very clear, whilst there has been significant work done to improve the current position, there is still much more to do. Our Patients and Staff are the key focus for driving change and service improvement.

2. Conclusion

TASL completely recognise the current organisational pressure they are under in regards to service delivery and contractual commitments. The appointment of the new management structure, including a new CEO, the current recovery action plan, and the support from the parent company, HTG, TASL are expecting the current improvements to service delivery seen in the first few week of 2018, to continue and becoming sustainable and delivering contract KPIs from April 2018.

3. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Mike Casey, Interim Manager TASL, who can be contacted on:
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Agenda Item 7

| | | | |
|---|--------------------------------|---|-------------------------------|
|  | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| Boston Borough Council | East Lindsey District Council | City of Lincoln Council | Lincolnshire County Council |
| North Kesteven District Council | South Holland District Council | South Kesteven District Council | West Lindsey District Council |

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership (STP) and Lincolnshire Partnership NHS Foundation Trust (LPFT)

| | |
|-----------|---|
| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 21 February 2018 |
| Subject: | Lincolnshire Sustainability and Transformation Partnership: Mental Health Priority |

Summary:
The Health Scrutiny Committee is focusing on four of the seven priorities being delivered as part of the Lincolnshire Sustainability and Transformation Partnership (STP). One of the four selected priorities is mental health and this item is focusing on recent progress and strategic activity in relation to the NHS direction for delivery of Mental Health Services in Lincolnshire.

Actions Required:
To consider and comment on the content of the report.

"Mental health accounts for almost a quarter of NHS activity but only around 11% of the total expenditure. Poor mental health is known to contribute to existing inequalities and can result in negative outcomes for those in need, particularly in relation to education, employment, housing, substance and alcohol dependence and the criminal justice system. The cost to the economy is estimated at £105 billion a year. This demonstrates the financial implications of not taking mental ill-health seriously."

Lincolnshire JSNA, 2017

1. Background

Lincolnshire Partnership NHS Foundation Trust

Lincolnshire Partnership NHS Foundation Trust (LPFT) is the specialist, regulated NHS Mental Health Care Provider for Lincolnshire providing a range of mental health crisis, inpatient and community services across a range of services in over 56 locations in Lincolnshire, to over 65,000 patients per year.

Implementing the Mental Health Forward View

The Government published “*Implementing the Mental Health Forward View*” in July 2016 to set out clear deliverables for putting the recommendations of the independent Mental Health Taskforce Report into action by 2020/21. NHS Operational planning guidance for 2018/19 makes clear a continued drive to meet those ambitions. The ambitions are underpinned by significant additional funding for mental health care from NHS England, which is provided to Mental Health Commissioners with the stipulation that this funding should not be used to supplant existing spend or balance reductions elsewhere.

Mental Health Investment Standard

Each Clinical Commissioning Group (CCG) must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. CCG auditors will be required to validate the 2018/19 year-end position on meeting the MHIS. There are 18 months remaining to deliver the unprecedented programme of change required to ensure that Lincolnshire meets national expectations. This is in the context of a system wide financial deficit in Lincolnshire. This paper explains some of the progress to date and the future proposals.

2. Successes to date through the Sustainability and Transformation Partnership

LPFT is a partner in the STP and has been successful in delivering/planning the following service improvements for Lincolnshire patients: -

- Learning Disability service transformation (currently subject to targeted engagement as advised by the Lincolnshire Health Scrutiny Committee)
- Older adult transformation plans (stakeholder engagement being undertaken)
- Investment in Early Intervention Services (funding confirmed)
- Community Mental Health service redesign is underway and the service has eradicated historical lengthy waits for psychology
- Acute inpatient pathway developments (as referenced in the table below)
- Community CAMHS redesign and development of the Healthy Minds emotional well-being service

3. Aligning National Priorities (NHS Operational Plan 2018/19) with Local Mental Health Sustainability and Transformation Planning

As a member of the Lincolnshire Sustainability and Transformation Partnership (STP), LPFT is in the process of negotiating health system priorities for transforming NHS delivery, to make the best use of public resources for maximum impact on our population; including mental health services. This paper has been submitted prior to those local priorities (for 2018/19) being finalised. As the work programme for mental health is aligned with the National Key Deliverables for Mental Health, the priorities for LPFT as a regulated NHS provider organisation will not change.

STP local priorities for 2018/19 will be weighted through a “confirm and challenge” process by System Leads against a system agreed scoring matrix. This has been devised to support investment decisions; fast tracking those with the biggest system impact on finance, quality, performance and access; subsequently enabling savings to be re-invested in other work programmes.

Lincolnshire’s position against future Mental Health and Learning Disability Service ambitions for 2018/19 is set out in Appendix A.

4. Conclusion

The Lincolnshire Sustainability and Transformation Partnership is facing the challenge of finding investment for purposes of nationally directed mental health development and transformation of new services, within a system with collective forecast deficit of circa £110m.

These are examples of the difficult choices that have to be made by Lincolnshire NHS colleagues. These programmes are clearly the right things to do, but may have to be deferred or delayed. It is therefore imperative that one of the key priorities within the STP, the Acute Services Review, is completed and implemented to help create the financial environment for these and other out of hospital programmes.

An additional pressure for LPFT funding comes from regulators, regarding the standard of existing mental health estate. The Care Quality Commission has recommended that the Trust replaces any inpatient facilities still providing dormitory bedroom accommodation. The cost of meeting this recommendation is estimated to be up to £30m. Capital monies were spent on the introduction of the Psychiatric Intensive Care Unit, which resulted in significant system financial savings as well as a quality benefit to patients, carers and families. It allowed Lincolnshire to develop a new service.

The current national profile of Mental Health and Learning Disability services is unparalleled. The national strategic vision for better accessibility and improved quality is founded on good evidence. The Lincolnshire system has a great opportunity to implement these proposals, but at a time of considerable financial challenge. The recent NHS Planning Guidance for 2018/19 has re-emphasised the need for systems to ensure these services are in place in the timescales described. The STP is working hard at identifying how this can be achieved given the challenges identified above.

5. Consultation

The Health Scrutiny Committee is asked to consider its role in relation to the Government's commitments to Mental Health as a strategic oversight committee of the Lincolnshire System.

6. Appendices

| | |
|---|--|
| These are listed below and attached at the back of the report | |
| Appendix A | Lincolnshire's Position Against Future Mental Health and Learning Disability Service Ambitions for 2018/19 |

5. Background Papers

The following background papers were used in the preparation of this report:

NHS England Five Year Forward View for Mental Health [available here: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>]

Lincolnshire Joint Strategic Needs Assessment 2017 [available here: http://www.research-lincs.org.uk/UI/Documents/JSNA%20Summary%20Report_Final_v1.5_070817.pdf]

NHS Planning Guidance 2018/19 [available here: <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>]

This report was written by Claire Darbyshire, who can be contacted on 01529 222207 or Claire.Darbyshire@lpft.nhs.uk

Lincolnshire's position against future Mental Health and Learning Disability service ambitions for 2018/19 is detailed in the table below.

| National Priority (NHS Operational Plan 2018/19 - 2021) | Local Initiative | Local Status | Workforce (WTE) | Quality Impact | Financial Impact |
|--|--|--|-----------------|---|---|
| <p>Reduce all inappropriate adult acute out of area placements by 2020/21, including increasing investment for Crisis Resolution Home Treatment Teams (CRHTTs) to meet the ambition of all areas providing CRHTTs resourced to operate in line with recognised best practice by 2020/21.</p> <p>Review all patients who are placed out of area to ensure that have appropriate packages of care. Keep patients and families close to home and keep Lincolnshire funding in the county.</p> | <i>Psychiatric Intensive Care Unit (Males)</i> | <i>Complete</i> | <i>41.05</i> | <i>Opened in August, bring patients back from out of area as part of a staggered plan.</i> <i>0 out of area male placements consistently since October 2017</i> | Realised significant cost savings to the system |
| | Bed Managers 7 day working to ensure best use of bed based service | Commenced. Recurrent funding under negotiation | 2.00 | Prospective <ul style="list-style-type: none"> ➤ Alignment with national quality standards (year one) ➤ Alignment with best practice (Year one) ➤ Regulatory alignment ➤ Patient experience: co-produced and evaluated improvement for Lincolnshire Patients | Under review |
| | Psychiatric Clinical Decisions Unit to prevent admissions | Commenced. Recurrent funding under negotiation | 31.50 | | |
| | Crisis Resolution and Home Treatment (24/7 Lincoln & Boston) | Commenced. Recurrent funding under negotiation | 13.84 | | |

| National Priority (NHS Operational Plan 2018/19 - 2021) | Local Initiative | Local Status | Workforce (WTE) | Quality Impact | Financial Impact |
|--|--|---------------------|------------------------|-----------------------|-------------------------|
| | Community Rehabilitation pathways to bring patients back to Lincolnshire currently travelling out of county for their care | Under negotiation | c80.0 | | |
| | Revision of female service model to provide service in county for females | Under negotiation | c 40.0 | | |
| Ensure evidence of local progress to transform children and young people's mental health services is shared to inform refreshed joint agency Local Transformation Plans. | Underway in collaboration with Lincolnshire County Council | Underway | tbc | tbc | tbc |

| National Priority (NHS Operational Plan 2018/19 - 2021) | Local Initiative | Local Status | Workforce (WTE) | Quality Impact | Financial Impact |
|---|---|---------------------|------------------------|-----------------------|-------------------------|
| Make further progress towards delivering the 2020/21 waiting time standards for children and young people's eating disorder services of 95% of patient receiving first definitive treatment within four weeks for routine cases and within one week for urgent cases. | CAMHS inpatient service under review in Lincolnshire, with Specialist Commissioners | Under discussion | tbc | tbc | tbc |
| Deliver against regional implementation plans to ensure that by 2020/21, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds. | CAMHS service under review in Lincolnshire | Under discussion | tbc | tbc | tbc |

| National Priority (NHS Operational Plan 2018/19 - 2021) | Local Initiative | Local Status | Workforce (WTE) | Quality Impact | Financial Impact |
|--|---|------------------|-----------------|---|--|
| Continue to increase access to specialist perinatal mental health services, ensuring that 9,000 more women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%. | Redesign of existing small service to meet National Scale (National Transformation Funds available from NHSE) | Under discussion | 12.5 | Prospective <ul style="list-style-type: none"> ➤ Alignment with national quality standards (year one) ➤ Alignment with best practice (Year one) ➤ Regulatory alignment ➤ Patient experience: co-produced and evaluated improvement | National: £784,041 (Yr1) NHSE fund through CCG Baseline: £792,505 (Yr2) £801,064 (Yr3) £809,717 (Yr4) |
| Continue to improve access to psychology therapies (IAPT) services to a minimum of 19% (2018) for people with common mental health conditions. Approximately two-thirds of the increase to psychological therapies should be in new integrated services focused on people with co-morbid long term physical health conditions and/or medically unexplained symptoms, delivered in primary care. | IAPT service expansion within Long Term Conditions services | Under discussion | 38.0 | Current service achieving some of the highest outcomes in UK Achieving target of 15% access (current local contractual obligation) Prospective <ul style="list-style-type: none"> ➤ Alignment with national quality standards (year two) ➤ Alignment with best practice (Year one) ➤ Regulatory alignment ➤ Patient experience: co-produced and evaluated improvement for Lincolnshire Patients | <i>Refresh business case underway</i> Cost pressure c. £3.8 p.a Cost savings (from year 2) £6.4m |

| National Priority (NHS Operational Plan 2018/19 - 2021) | Local Initiative | Local Status | Workforce (WTE) | Quality Impact | Financial Impact |
|--|---|---------------------|------------------------|--|------------------------------------|
| Deliver mental health crisis and liaison services by 2021 that can meet the specific needs of people of all ages including children and young people and older adults; Deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals. | Increase current service to align with National Requirement | Under discussion | 24.0 | Prospective <ul style="list-style-type: none"> ➤ Alignment with national quality standards (year one) ➤ Alignment with best practice (Year one) ➤ Regulatory alignment ➤ Patient experience: co-produced and evaluated improvement for Lincolnshire Patients ➤ Will contribute significantly to the diversion and de-escalation of patients from A&E and crisis management | Cost pressure c£1.3m p.a |
| Ensure that 50% of patients requiring early intervention for psychosis receive NICE concordant care within two weeks. | Early Intervention in Psychosis Team | Investment secured | 6.2 | Service currently achieving early intervention within 2 weeks in 78.0% of cases (ytd) | £762,000 per annum |

| Additional Sustainable Transformation Partnership Priorities | Local Initiative | Local Status | Workforce (WTE) | Quality Impact | Financial Impact |
|---|--|---|------------------------|--|-------------------------|
| Increase dementia diagnosis rates in primary care | Component of primary Care Liaison Worker Project | Review / options in development | c.50 | Key NHS primary care deliverable | tbc |
| Increase employment support services by 100% | IPS project with Lincolnshire County Council | options in development | c9.0 | Macroeconomic gain through reduction of reliance on welfare and reduced dependency on publically funded services | tbc |
| Increase mental health self-care and prevention offer by 100% | Aligned with STP Self Care & Prevention Strategy | options in development alongside STP prioritisation programme | - | Longitudinal impact – decrease in reactive care costs Reduced dependency on professional health services | tbc |

Agenda Item 8

| | | | |
|---|--------------------------------|---|-------------------------------|
|  | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| Boston Borough Council | East Lindsey District Council | City of Lincoln Council | Lincolnshire County Council |
| North Kesteven District Council | South Holland District Council | South Kesteven District Council | West Lindsey District Council |

Open Report on behalf of Derek Ward, Director of Public Health,
Lincolnshire County Council

| | |
|-----------|---|
| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 21 February 2018 |
| Subject: | Joint Health and Wellbeing Strategy Update |

Summary:

Local Authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty under the Health and Care Act, 2012 to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) through the Lincolnshire Health and Wellbeing Board.

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire is due to end 2018 and the Health and Wellbeing Board for Lincolnshire has been engaging on the development of a new JHWS based on the evidence included within the newly refreshed JSNA for Lincolnshire.

There was a high degree of commonality across the different engagement stages. As well as commonality in the JSNA topics which were prioritised across the engagement process there was also a significant level of overlap in the reasons and rationale as to why people chose the priorities they did.

Following a report presenting the findings of the JHWS engagement at the Health and Wellbeing Board for Lincolnshire meeting on 26 September 2017, it was agreed that further work would be undertaken on the priorities. This work included consideration of the thematic areas as well as JSNA priority areas.

This further work has recently concluded and the findings were presented back to the Health and Wellbeing Board for Lincolnshire on 5 December 2017. In December the Health and Wellbeing Board for Lincolnshire also agreed to the governance arrangements required for further developing the final JHWS and the subsequent delivery of it.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is asked to:

- Receive and consider this report and comment on the proposed approach to and findings from the engagement by the Health and Wellbeing Board for Lincolnshire as part of developing the next Joint Health and Wellbeing Strategy for Lincolnshire.

1. Background

Local Authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty under the Health and Care Act, 2012 to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) through the Lincolnshire Health and Wellbeing Board.

The purpose of the JHWS is to set out the strategic commissioning direction for the next five years for all organisations who commission services in order to improve the health and wellbeing of the population and reduce inequalities.

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire is due to end 2018 and the Health and Wellbeing Board for Lincolnshire has been engaging on the development of a new JHWS based on the evidence included within the newly refreshed JSNA for Lincolnshire.

The approach to this engagement has previously been presented to the Health Scrutiny Committee and can be summarised into a number of key stages as follows:

| Stage | Engagement Approach |
|------------------|--|
| April – May 2017 | Six workshops with member organisations of the HWB (applying the agreed prioritisation framework to the evidence included in the JSNA) |
| June – July 2017 | Seven countywide public engagement workshops and an online survey to identify the views and priorities of people who live and work in Lincolnshire (based on the JSNA evidence base) |
| July 2017 | Health Scrutiny Committee Working Group to obtain the committees views and priorities |
| August 2017 | Reference Group to gather views & insight from groups representing people with protected characteristics regarding their key priorities for the new JHWS for Lincolnshire |
| September 2017 | Feedback has been provided to an informal session of the HWB (on 5 September 2017) where the initial findings from the various stages above have been presented and attendees given the opportunity to reflect on the outcome of the engagement as well as discuss the possible approach to the next stage of development for the JHWS |

Analysis of engagement

A full analysis report on the outcome of the engagement is available on the Joint Health and Wellbeing Strategy page within the Lincolnshire County Council website. This sets out the detailed analysis of the findings from each of the engagement stages above both regarding the priorities that each stage identified as well as a thematic analysis of the reasons for these decisions; a full draft Equality Impact Assessment for the work to develop the new JHWS and some proposals regarding the potential impact of this on the decisions of the Health and Wellbeing Board for Lincolnshire regarding developing the new JHWS.

Engagement outcomes - JSNA based priorities

There was a high degree of commonality across the different engagement stages and in summary the overall emerging priorities identified from the engagement are:

- Adult Mental Health
- Mental Health and Emotional Wellbeing (Children and Young People)
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

Engagement outcomes - Thematic responses

As well as commonality in the JSNA topics which were prioritised across the engagement process there was also a significant level of overlap in the reasons and rationale as to why people chose the priorities they did. The most common of these were:

- Strength of evidence that taking a preventative approach could have an impact on people's health and wellbeing;
- The scale of need within the population both now and in the future for the area of need;
- That the prioritised need had a high degree of overlap and impact on a number of other areas of need within the JSNA;
- The scale of impact not just on health and wellbeing outcomes but also on the quality of life of individuals, carers, families and communities;
- That the evidence showed that the prioritised need was affected by inequalities and so it was felt that this could be impacted by addressing the need;
- The prioritised need was having an impact on multiple partner organisations and service provision/pathways and so addressing the need as a priority would drive forward closer partnership working to improve people's health and wellbeing.

Recent development

Following a report presenting the findings of the JHWS engagement at the Health and Wellbeing Board for Lincolnshire meeting on 26 September 2017, it was agreed that further work would be undertaken on the priorities. This work included consideration of the thematic areas as well as JSNA priority areas.

In discussing the key themes for each priority area the Public Health team first undertook analysis to find out what the JSNA says regarding:

- What we should be doing next
- Local Strategies and Plans
- Sustainability and Transformation Planning objectives

JSNA topic leads and sponsors were contacted and face to face meetings held with each to identify potential areas of focus for the next JHWS as well as the governance and accountability requirements for delivery of the new JHWS.

This further work has recently concluded and the findings were presented back to the Health and Wellbeing Board for Lincolnshire on 5 December 2017. The full set of slides presented is available on the Joint Health and Wellbeing Strategy page within the Lincolnshire County Council website.

- Need for better integration with STP plans/priorities including **embed prevention in Integrated Locality Teams across all priority areas**;
- **Build prevention into all pathways** across health, care and education, particularly focusing on inequalities through co-commissioning across partners;
- **Development of joined up intelligence and research** to identify needs and target prevention activity where it is most needed (equitable service provision)
- **Support the workforce** through workplace wellbeing and upskilling to recognise opportunities for taking preventive action to improve health (such as through MECC and self-care)
- **Harness digital technology** to provide solutions to support self-care across the priority areas

Additionally to this the Health and Wellbeing Board also supported the need to include safeguarding as a cross cutting theme based on the opportunity for the JHWS to also act as the Children and Young People Plan for Lincolnshire.

Taking it forward

In December the Health and Wellbeing Board for Lincolnshire also agreed to the governance arrangements required for further developing the final JHWS and the subsequent delivery of it. As such the discussions noted the following key proposals:

- The Health and Wellbeing Board for Lincolnshire will develop a robust delivery plan formalised through the proposed new governance structures (proposed structure and governance of the final JHWS are set out in the diagram at Appendix A to this report)
- Align to JSNA as a continuous process with periodic review so that the Health and Wellbeing Board for Lincolnshire is not restricted to focusing only on priorities which require delivery within a short timescale.
- Identify specific groups to develop their delivery plans linked to the themes identified (including further engagement between January and February 2018 with stakeholders and patients on what should appear in the final JHWS as objectives, deliverables and outcomes)

- These same groups will be accountable to the Health and Wellbeing Board for Lincolnshire to ensure their plans are delivered.
- Align engagement to the proposed continuous review process for the JHWS to ensure latest JSNA evidence is considered through effective engagement with residents and people who work in Lincolnshire.

'Next Steps' and Timescales

| Action | Timescale |
|---|-------------------------|
| Further engagement, through identified delivery groups, with stakeholders on the latest findings and proposals presented to the Health and Wellbeing Board for Lincolnshire | January - February 2018 |
| Final Draft JHWS presented to Health and Wellbeing Board for Lincolnshire (including delivery plans developed through further engagement). | March 2018 |
| JHWS published and monitored by Health and Wellbeing Board for Lincolnshire on an ongoing and regular basis. | March 2018 onwards |

2. Conclusion

The engagement on the development of the next JHWS for Lincolnshire has been extensive in seeking and obtaining the views of over 400 people directly representing over 100 organisations and groups across the county as well as individual members of the public.

There has been a high degree of commonality across the engagement in terms of both prioritising the JSNA evidence as well the reasons for these decisions and some associated thematic areas for the Health and Wellbeing Board for Lincolnshire to consider as part of developing the JHWS further.

The Health and Wellbeing Board for Lincolnshire has undertaken further targeted engagement work to identify the potential priority topics and themes for the new JHWS and these will now be worked up into a full draft JHWS including specific delivery plans for each area of the JHWS.

The next stage of development will, where necessary, include further engagement with key stakeholders and people who live and/or work in Lincolnshire.

The final draft JHWS is due to be considered by the Health and Wellbeing Board for Lincolnshire in March 2018.

3. Consultation

Over 900 people have been directly contacted as part of this engagement process as well as wider communications and press releases to include members of the public in the engagement.

Level of engagement at each stage is detailed below:

| Stage | Engagement Type | Level of Engagement |
|------------------|--|--|
| April – May 2017 | Six workshops with member organisations of the HWB | 10 attendees per workshop |
| June – July 2017 | Seven countywide public engagement workshops | 220 attendees (representing over 60 organisations and groups as well as members of the public) |
| | Online survey | 180 responses |
| July 2017 | Health Scrutiny Working Group | 6 attendees |
| August 2017 | Reference Group | 6 attendees (representing approximately 40 networked organisations) |

The seven countywide public engagement workshops were held in Lincoln, Sleaford, Gainsborough, Pinchbeck, Spilsby, Grantham and Louth. The total cost of these events was £1,084 at an average of £155 per event and just under £5 per person attending.

4. Appendices

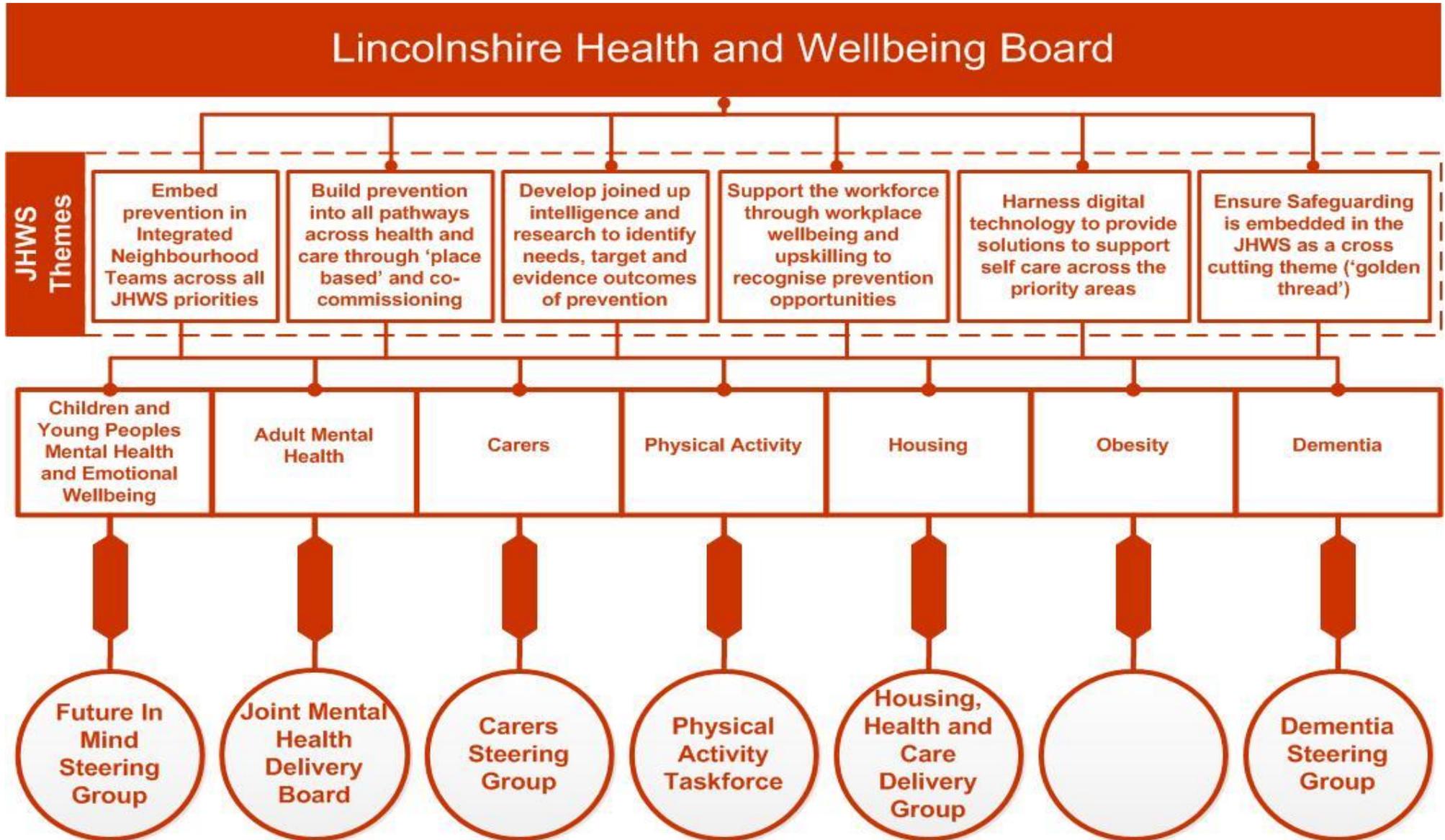
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|---|--|
| These are listed below and attached at the back of the report | |
| Appendix A | Proposed Structure and Governance for new JHWS |

5. Background Papers

| Document Title | Where can the document be viewed |
|--|---|
| Joint Health and Wellbeing Strategy 2018-2023 – Engagement Plan (Report to Health Scrutiny Committee, 15 March 2017) | http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=137&MId=4780&Ver=4 |
| Joint Health and Wellbeing Strategy Prioritisation (Report to Health Scrutiny Committee, 19 July 2017) | http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=137&MId=5127&Ver=4 |

This report was written by David Stacey, Programme Manager Strategy and Performance, who can be contacted on 01522 554017 or david.stacey@lincolnshire.gov.uk

Appendix A – Proposed structure and governance for new JHWS



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Agenda Item 9

| | | | |
|---|--------------------------------|---|-------------------------------|
|  | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| Boston Borough Council | East Lindsey District Council | City of Lincoln Council | Lincolnshire County Council |
| North Kesteven District Council | South Holland District Council | South Kesteven District Council | West Lindsey District Council |

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

| | |
|-----------|--|
| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 21 February 2018 |
| Subject: | Health Scrutiny Committee for Lincolnshire - Work Programme |

Summary:

This item enables the Committee to consider and comment on the content of its work programme, which is reviewed at each meeting of the Committee so that its content is relevant and will add value to the work of the Council and its partners in the NHS. Members are encouraged to highlight items that could be included for consideration in the work programme.

Actions Required:

The Health Scrutiny Committee is invited to:

- (1) review, consider and comment on the work programme set out in the report; and
- (2) highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

1. Work Programme

Planned items for the Health Scrutiny Committee for Lincolnshire are set out below:

| 21 February 2018 – 10 am | |
|--|--|
| <i>Item</i> | <i>Contributor</i> |
| Lincoln Walk-in-Centre | Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group |
| Non-Emergency Patient Transport | Sue Flintham, Regional Director Thames Ambulance Service Blanch Lentz, Chief Operating Officer Thames Ambulance Service Mike Casey, Manager, Thames Ambulance Service |
| Lincolnshire Sustainability and Transformation Partnership: Priority – Mental Health | Representatives from commissioners and the main provider, Lincolnshire Partnership NHS Foundation Trust |
| Joint Health and Wellbeing Strategy Update | David Stacey, Programme Manager (Strategy and Performance) Adult Care and Community Wellbeing, Lincolnshire County Council |

| 21 March 2018 – 10 am | |
|---|--|
| <i>Item</i> | <i>Contributor</i> |
| Lincolnshire Sustainability and Transformation Partnership: Priority – Operational Efficiencies | <i>Contributors to be confirmed</i> |
| Annual Report of the Director of Public Health | Director of Public Health, Lincolnshire County Council |
| Arrangements for the Quality Accounts 2018-19 | Simon Evans, Health Scrutiny Officer |
| Non-Emergency Patient Transport | Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG |
| East Midlands Ambulance Service NHS Trust Update | Richard Henderson, East Midlands Ambulance Services NHS Trust |

| 18 April 2018 – 10 am | |
|---|---|
| <i>Item</i> | <i>Contributor</i> |
| Lincolnshire Sustainability and Transformation Partnership – Update (including Acute Services Review) | John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership |
| Lincolnshire Sustainability and Transformation Partnership: Priority – Neighbourhood Teams | Contributors to be confirmed |
| Lincolnshire Sustainability and Transformation Partnership: Priority – GP Forward View | Contributors to be confirmed |
| Non-Emergency Patient Transport | Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG |

| 16 May 2018 – 10 am | |
|----------------------------|--------------------|
| <i>Item</i> | <i>Contributor</i> |
| | |
| | |

| 13 June 2018 – 10 am | |
|-----------------------------|--------------------|
| <i>Item</i> | <i>Contributor</i> |
| | |
| | |

Items to be Programmed

- Lincolnshire Sustainability and Transformation Plan Consultation Elements:
 - Women's and Children's Services
 - Emergency and Urgent Care
 - Stroke Services
 - Cancer Care
- Specialised Commissioning
- Lincolnshire East Clinical Commissioning Group Update
- Lincolnshire West Clinical Commissioning Group Update
- South Lincolnshire Clinical Commissioning Group Update

- South West Lincolnshire Clinical Commissioning Group Update
- Commissioning of Continuing Health Care
- Adult Immunisations

2. Conclusion

The Committee's work programme for the coming year is set out above. The Committee is invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

3. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk