



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
10 JULY 2019**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), R J Kendrick, C Matthews, R A Renshaw, R Wootten and L Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), H Matthews (East Lindsey District Council), S Barker-Milan (North Kesteven District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council), Mrs A White (West Lindsey District Council) and L McWilliams (City of Lincoln Council).

Healthwatch Lincolnshire

Dr M Prior.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Simon Hallion (Managing Director Family Health), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Rachel Redgrave (Head of Commissioning for Mental Health, Autism & LD, South West Lincolnshire CCG), Michelle Rhodes (Director of Nursing, United Lincolnshire Hospitals NHS Trust), Suganthi Joachim (Clinical Director Family Health, United Lincolnshire Hospitals NHS Trust) and Dr Kieran Sharrock (Medical Director, Lincolnshire Local Medical Committee).

County Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement) attended the meeting as an observer.

12 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors M T Fido, C Matthews M A Whittington and Dr B Wookey.

It was noted that the Head of Paid Service, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had

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appointed Councillor L Wootten to replace Councillor M A Whittington for this meeting only.

It was noted further that Dr M Prior (Healthwatch Lincolnshire) had replaced Dr B Wookey (Healthwatch Lincolnshire) and Councillor L McWilliams (City of Lincoln) had replaced Councillor Bill Bilton (City of Lincoln) for this meeting only.

An apology for absence was also received from Councillor Mrs S Woolley (Executive Councillor for NHS Liaison & Community Engagement).

**13 DECLARATIONS OF MEMBERS' INTEREST**

Dr M Prior wished it to be noted that in respect of Agenda Item 9 – Glebe Medical Practice Consultation on Proposal to Close Skellingthorpe Health Centre she represented Healthwatch Lincolnshire on the Lincolnshire West Clinical Commissioning Group Governing Body; and that Healthwatch Lincolnshire had been involved with the consultation process.

**14 CHAIRMAN'S ANNOUNCEMENTS**

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

The Supplementary Chairman's announcements made reference to:-

- Care Quality Commission Letters – United Lincolnshire Hospitals NHS Trust (These letters, dated 14 June and 24 June 2019, were relevant to the consideration of the item in Minute 16 below);
- NHS Long Term Plan Implementation Framework;
- Healthy Conversation 2019 Update and Acute Services Review Consultation; and
- Retirement of Deputy Chief Executive – United Lincolnshire Hospitals NHS Trust.

**RESOLVED**

That the Chairman's announcements presented as part of the agenda on pages 17 and 18; and the supplementary announcements circulated at the meeting be noted.

**15 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE MEETING HELD ON 12 JUNE 2019****RESOLVED**

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 12 June 2019 be agreed and signed by the Chairman as a correct

record, subject to Councillor C S Macey being added to the list of Councillors in attendance.

16 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE ON CARE  
QUALITY COMMISSION INSPECTION

Consideration was given to a report from United Lincolnshire Hospitals NHS Trust, which provided the Committee with an update on progress made with the Quality & Safety Improvement Programme.

The Chairman welcomed to the meeting Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust and Michelle Rhodes, Director of Nursing, United Lincolnshire Hospitals NHS Trust.

The Committee was advised that following the Care Quality Commission (CQC) inspections made during 2018, the Trust had developed and submitted an improvement plan to the CQC at the end of July 2018 containing 12 work programmes. It was noted that the Trust's process for delivering and monitoring progress against the Quality and Safety Improvement Plan remained the same as 2017/18. It was noted further that the Director of Nursing was the Senior Responsible Officer for Quality with individual Executive Directors being held responsible for each of the work programmes. The Committee was advised that the Improvement Plan was scrutinised on a weekly basis and then presented to the Quality Safety Improvement Board every two weeks; and to the Quality Governance Committee monthly.

Attached to the report were the following Appendices:-

- Appendix A – Highlight report: Improving Quality & Safety (May 2019);
- Appendix B – Quality Safety Progress Overview Report (May 2019);
- Appendix C – Quality and Safety Improvement Plan; and
- Appendix D – Details relating to Divisional Leads and Trust Board members July 2019.

The Committee noted that since the February inspection in 2018, measurable progress had been made in response to the CQC's immediate concerns. Details of the progress made against the work programmes were shown in Appendix B to the report. Page 20 of the report highlighted some identified challenges relating to Safety Culture; the Deteriorating Patient and the Emergency Department at Pilgrim Hospital.

It was highlighted that a further core visit had taken place during June 2019, when five pathways had been inspected at the Pilgrim and Lincoln Hospital sites. The Committee was advised that feedback had been received for the Lincoln County Hospital site in relation to: Urgent and Emergency Care, Maternity, and Children and Young People Services; and for Pilgrim Hospital Boston for Urgent and Emergency Care, Maternity and Children and Young People Services. (Copies of the Care Quality Commission letters concerning the inspection of the Lincoln County Hospital and Pilgrim Hospital sites had been circulated to members of the Committee as part

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of the Supplementary Chairman's Announcements, as referred to in Minute 14 above).

The Committee was advised that the Trust was having a well led CQC inspection of core services in the week beginning 15 July 2019; and that the Trust was hoping that it would be moved out of special measures. It was noted that once the report was released (anticipated in September) the Trust would share the findings with the Committee.

During discussion, the Committee raised the following issues:-

- Some concern was expressed to the CQC findings of bullying of staff taking place at the Lincoln County Hospital site. The Committee was advised that the Trust had also been very concerned that bullying was taking place. The Committee was advised further that the Trust did not tolerate bullying or harassment. It was reported that a meeting had already been held with one team; and that a piece of work would be carried out with the other identified area. The Committee noted that the Trust was doing a lot of work around values and behaviours; and that when the Trust was employing new members of staff, they ensured that the individuals had the required values. The Committee noted further that sometimes bullying could be the result of a member of staff not coping very well; the Trust was therefore looking at coaching, training and support to help prevent further incidents occurring. It was highlighted that the situation would be closely monitored over the next 12 months;
- One member referred to the impact of cultural issues at the Pilgrim Hospital, Boston site, as well as low staff morale and lower rates of staff appraisals. Representatives present advised that the appraisal rates were 95% for medical staff; and 80% for nursing staff. The Committee was also advised that the Trust had published a clear strategy for each site. It was noted that the main issue for the Trust was making sure that services provided were sustainable. It was recognised that it had taken time to develop the Trust's vision, and that it would take further time to implement the vision; and the Trust was frustrated at the time it had taken. Members of the Committee who had any specific concerns were invited to speak to a Trust representative outside of the meeting;
- Appraisals – Confirmation was given that the completion of outstanding appraisals was being actively pursued, to make sure that all staff had a development plan in place. A request was made for the Committee to have a copy of the Trust's Whistle Blowing policy; and details of the rate of staff appraisals;
- The effect of the new tax rules introduced in 2016 relating to consultants. The Committee was advised that this issue was being considered at a national level. The Committee noted that some trusts had introduced a separate policy to allow consultants to opt out of the Pension Scheme following appropriate advice. Confirmation was given that the Trust would be looking forward to the Department of Health and Social Care developing a solution;

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- Some concern was expressed to the Children and Young People's Services Governance systems not being very well established. The Committee was advised that governance had improved across the two sites with the establishment of multi-disciplined governance meetings, which had clear objectives; and with regard to clinical governance the Committee was advised that more staff were being trained. Confirmation was also given that certain guidelines were being updated;
- One member expressed concern that consultant staffing was not in line with RCPCH standards. The Committee was advised that Lincoln County Emergency Department did not see enough children to warrant having a separate children's emergency department. It was noted that there had been some improvement at the Emergency Department at Pilgrim Hospital, Boston;
- NHS Annual Staff Survey – One member enquired whether the annual staff survey had highlighted any bullying issues. The Committee was advised that the Trust had seen an increase in staff response rates, as 43% of staff had completed the last survey. It was noted that the results from the survey had been mixed; and that plans had been put in place to address the concerns raised;
- There was a need to concentrate on early intervention and prevention more;
- Page 23 – QS04 Pilgrim ED – A request was made for more supporting evidence being submitted to the Committee in future reports, once actions/milestones had been completed. The Committee was advised that the Pilgrim Hospital Emergency Department Improvement Plan was currently being revised and would be including Lincoln Emergency Department going forward. There was recognition that there was more to be done, however, it was highlighted that there was now better leadership in place, which the CQC had recognised on their last visit;
- Some disappointment was expressed to the management of the 'deteriorating patient' at the Lincoln County site, particular reference was made to the fact that some patients had not been screened for sepsis in a timely way in line with national guidance, and there had been delays in patients receiving antibiotics. The Committee was advised that 88% of 'at-risk' adults had been screened within one hour; and that the national standard was over 90%. The Committee noted that due to information technology issues, some instances of screening had not been recorded. Reassurance was given that the rate for screening would be at 90% for the next month;
- Waiting times for ambulances – The Committee was advised that the position had improved at Pilgrim Hospital but not at Lincoln County. The Committee was advised that an Improvement Plan was in place to help the system. Confirmation was also given that 'Fit to Sit' was used at all sites when it was appropriate; and that ambulatory care was operating when the CQC visit took place;
- One member from personal experience expressed thanks to the fantastic staff at Pilgrim Hospital, Boston for the brilliant service received;
- Complaints between day and night shift staff – Confirmation was given that some complaints were received between the two shifts. To help prevent some complaints, the Trust endeavoured to block book agency staff to ensure some

continuity. It was also noted that agency staff received an induction programme;

- Response of the ULHT Board to the letters issued by the CQC. The Committee was advised that letters had been considered by the Trust Board at their meeting held on 2 July 2019; and that the letters had been sent to the clinical divisions involved and action plans would be developed. In some areas action had been taken immediately;
- One member enquired when projects rated as 'amber/green' would move into the green category. The Committee was advised that work was on-going now to move the projects to green and that evidence was being checked. The Committee was advised that the next report would show that a lot more projects had now moved into the green category;
- Page 30 – Safeguarding Project - A question was asked why this had been rated as green, when it was forecast to be 'amber/green'. The Committee was advised that final pieces of work were being completed regarding 'conscious sedation'; and that learning disabilities policies within the diagnostic department were nearing completion;
- Page 20 – Paragraph 1.3 – Identified challenges - One member requested the action plan including timescales for the achievement of the milestones. The Committee was advised that the Safety Culture milestone had been completed; the 'deteriorating patient' milestone would take approximately six months to complete; and that the ED Pilgrim Hospital, Boston was work on-going. A request was also made for a plan with timescales for the November meeting;
- Correlation between the CQC's additional findings and those projects reported by ULHT. The Committee was advised that the project overview report would be updated to reflect recent CQC findings, and where work had been completed, these milestones would be removed; and
- Recruitment strategies – The Committee was advised that recruitment was conducted in accordance with the Trust's recruitment strategy and that going forward there was a focus on the values of the Trust and that all new members of staff were made fully aware of those values. It was further highlighted that the top 200 managers/leaders at the Trust had to undertake a development programme. The Committee was advised that workforce was a significant issue for the Trust; and that national and international recruitment was being considered.

The Chairman on behalf of the Committee extended thanks to the presenters for their open and honest report. The Committee also thanked Michelle Rhodes for all her work with the Committee and extended their best wishes to her for the future.

## RESOLVED

1. That the United Lincolnshire Hospitals NHS Trust – Update on the Care Quality Commission Inspection be received.

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2. That an update to include a response plan to the CQC findings be presented to the Committee meeting scheduled to be held on 13 November 2019.
3. That information relating to the rate of appraisals conducted; and a copy of the Whistle Blowing policy be presented to 13 November 2019 meeting.

17 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - CHILDREN AND YOUNG PERSONS' SERVICES UPDATE

Consideration was given to a report from United Lincolnshire Hospitals NHS Trust, which provided the Committee with an update on Children and Young Persons' Services.

The Chairman welcomed to the meeting Dr Neill Hepburn, Medical Director ULHT, Suganthi Joachim, Clinical Director, Family Health Division and Simon Hallion, Managing Director, Family Health Division.

The Committee were reminded that the inpatient service for children and young people at Pilgrim Hospital, Boston had been suspended from August 2018 and replaced by an interim service model, which included a Paediatric Assessment Unit (PAU).

The Committee noted that the interim model had been introduced as a result of concerns raised by senior medical staff; and the inability of the Trust to recruit middle grade doctors at Pilgrim Hospital. It was reported that the new model had seen the average paediatric stay reduced from 43 hours to 8 hours. It was noted that the Trust actively monitored the number of children staying over 12 hours. It was noted further that a consultant could keep any child at Pilgrim Hospital beyond 12 hours when it was clinically required, or deemed in the best interest of the child. The Committee were advised that the on-site ambulance was available 24/7 and for the period up to 30 April 2019, of the 2,790 children who had attended Pilgrim Hospital, 272 had been transferred to other hospitals. The Committee was advised further that the Lincolnshire Sustainability and Transformation Partnership (STP) had proposed that the PAU model at Pilgrim Hospital should be continued, subject to engagement and consultation, and that a PAU should also be created at Lincoln County Hospital; and that this would be a key element of the 'Healthy Conversation 2019' process.

The Committee was advised that positive feedback had been received on the introduction of the Paediatric Observation Priority Score Assessment model to the Trust's Emergency Department (ED). This tool had enabled clinicians to carry out a structured assessment of children in the ED environment and provide a clinical priority rating as the assessment output. It was noted that plans were being finalised to recruit to specific rotational children's nursing roles between ED and paediatric areas, as experience elsewhere had suggested that such roles could attract candidates.

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It was reported that the service was delivering a level 2 neonatal service at Lincoln County Hospital (from 29 week gestation) and a special baby unit at Pilgrim Hospital (from 34 week gestation).

The Committee was advised that nursing vacancies across Rainforest Ward, Safari Unit (Lincoln) and Ward 4A (Boston) were running at around 50% of establishment. It was highlighted that this was being mitigated by the use of additional hours and by using long-term agency nursing appointments. The Committee was advised further that the Trust was continuing with a recruitment campaign to attract registered children's nurses to Lincolnshire. The Trust was also looking at introducing more flexible working opportunities to help retain staff and attract new staff.

The Committee was advised that the service was still fragile. Details of paediatric medical numbers as at 25 June 2019 were shown on page 39 of the report. It was highlighted that an advertisement for 8 WTE Consultant Paediatricians posts had attracted 8 applicants; and that following interviews 3 had been offered appointments. Again, the Trust was continuing with its recruitment campaign, with further advertisements being placed in September (UK and international).

Attached to the report were the following Appendices for the Committee to consider:

- Appendix A – Details of Postcode Analysis;
- Appendix B – Details of Readmission Rates;
- Appendix C – Details of the Paediatric Six Month Review; and
- Appendix D – A copy Risk Register for the Children and Young Persons' Service.

The Committee was advised that the postcode analysis had shown that in March 2018, the total paediatric admissions to Pilgrim from Lincoln postcodes had been 10; and in March 2019 the total paediatric admissions to Pilgrim from Lincoln postcodes had been 9. Further details were available for the Committee to consider in Appendix A.

It was reported that readmission rates had remained relatively consistent, with the exception of Safari Ward, which had seen an upward trend and that more work was being done to identify reasons for the increase. Details were provided on page 41 of the report; and further information was shown in Appendix B to the report.

In conclusion, the Committee was advised that the interim service model had delivered a safe service for the children of Lincolnshire. It was highlighted that the interim model was now at a stage where it could be incorporated into a larger children's programme of work to ensure that it developed as part of an integrated service for children. The Committee was advised further that recruitment still remained a concern for the service and for the Trust overall, and that the Trust was continuing through recruitment and flexible working arrangements to recruit and retain staff. Details of the planned actions were shown on page 42; and details of Paediatric Contingency Plans were shown on page 48 of the report.

During discussion, the Committee raised the following issues:-

- The need to ensure that the Trust highlighted the good work being carried out; and that compliments received relating to the services provided should be shared more to create a more positive picture to aid in the recruitment process. The Committee was advised that this work was being done and was shared with prospective candidates. The Committee noted that recruitment for consultants had been a more positive experience this time with 8 candidates applying for positions;
- Use of Agency Staff – The Committee was advised that agency staff were continually used; and confirmation was given that agency staff were paid at a higher rate. It was noted that agency staff generally enjoyed more flexibility. The Committee noted further that the quality of the service was driven by the substantive staff;
- Recruitment – Confirmation was given that the Trust provided flexible options to potential and existing staff to help the sustainability of the service; and
- Transfer of Children from Boston to Lincoln and how many of the children under 16 were placed on an adult ward. The Committee was advised that between the ages of 13-16 young people as a day case patient were given a choice. Paediatric patients up to the age of 16 would be admitted to a paediatric ward; and that between the ages of 16 and 18, the young person would be a choice between a paediatric ward and an adult ward. The Committee was advised that children being transferred from Pilgrim Hospital to Lincoln County Hospital would have to be clinically stable; and that some children and young people would be transferred by private ambulance accompanied by a paediatric paramedic, whilst others who had high dependency needs were transferred by an EMAS ambulance.

The Chairman on behalf of the Committee extended his thanks to the presenters.

#### RESOLVED

1. That the United Lincolnshire Hospitals NHS Trust – Children and Young Persons Services Update be received.
2. That a further update on Children and Young Persons Services be received by the Committee at the 18 December 2019 meeting.

#### 18 MENTAL HEALTH, LEARNING DISABILITY AND AUTISM SERVICES - CASE FOR CHANGE AND EMERGING OPTIONS

The Committee gave consideration to a report from the Lincolnshire Sustainability and Transformation Partnership (LPFT), which presented the drivers for change in mental health, learning disability and autism community services and linked into the feedback received from the first round of the Lincolnshire Healthy Conversation 2019 with the public.

The Chairman welcomed to the meeting Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust and Rachel Redgrave, Head of Commissioning for Mental Health, Autism & Learning Disability.

The Committee was advised of the four dimensions to LPFT services, which were:-

- Prevention and support in neighbourhoods/communities;
- Early intervention and responding quickly;
- Care and treatment for people with serious mental health problems; and
- Highly specialist services for the most complex mental health problems.

The Committee was advised further that the focus of the report was on the first two dimensions 'Prevention and support in neighbourhoods and communities' and 'Early intervention and responding quickly'.

It was highlighted that in order to transform services, more needed to be done as an integrated care system.

The Committee was advised that feedback received had been generally positive. Page 96 of the report provided the Committee with suggestions from the *Healthy Conversation 2019* feedback which were receiving further attention.

Pages 91 and 93 of the report highlighted the types of services LPFT wanted to partner with others to develop and deliver. These included an integrated, place-based mental health workforce; building community capacity and resources, which included improving digital provision; and enhancing social prescribing opportunities and networks.

Attached at Appendix A to the report was a copy of the 'You Said We Did' responses on mental health, which had been posted on the website; and Appendix B provided the Committee with Healthy Conversation 2019 feedback.

The Committee welcomed the report and raised the following issues:-

- The importance of ensuring that information was made widely available relating to the services provided, so that patients knew where to seek help and how to access it. The Committee was advised of the development of a helpline Mental Health Hub App which would be available 24/7 in 2020. The Committee was advised further that work was on-going with Lincolnshire County Council to create a directory of services. One member also highlighted the need for groups within the community for all people with low-level mental health conditions to attend. The Committee was advised that February 2019 had seen the launch of the county wide Dementia Strategy. The Committee was advised that the hub was situated near Lincoln County Hospital with spokes within the community;
- The need to focus on reducing waiting times; as this was essential in helping to prevent the further deterioration of an individual's mental wellbeing before being able to access support;
- That community support provided through the Managed Care Network and other independent local schemes was invaluable;

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- The need to expand perinatal mental health services was supported by the Committee. The Committee noted that the size of the perinatal mental health service had tripled over the last year to provides services across Lincolnshire;
- Suicide Prevention – One member enquired what the rate was in Lincolnshire. The Committee was advised that information was available on the Lincolnshire Research Observatory Website. Members of the Committee were invited to complete the free on-line suicide awareness training. Representatives from LPFT agreed to send a link to the Health Scrutiny Officer to send out to members of the Committee. The Committee supported the refresh of the LPFT's Suicide Prevention Strategy including the ambition of zero suicides for those people receiving in-patient mental health services. Other points made reference to suicide in rural communities and to the fact that it took too long for certain individuals (adults and children) to access help. The Committee was advised that lots of work was being done in partnership with schools, universities, GPs and Child & Adolescent Mental Health Service (CAMHS). It was agreed that information relating to Suicide and Self Harm in Lincolnshire would be circulated to members of the Committee after the meeting;
- That the report highlighted a gap in a commissioned service from LPFT for people with autism as a specific concern. The Committee agreed that it would like to see plans for these services developed, as outlined in Lincolnshire's All-Age Autism Strategy 2019 – 2022;
- The need to ensure that there was equality of service provision across the county;
- The Committee also supported the development of commissioned services to provide support to patients with personality disorder, as this had been identified as a gap in service in the report;
- Confirmation was given that access to the mental health hub was through the 111 service. The Committee was advised that there had been a bid for transformation funds to extend the crisis vehicular response to 24/7 provision. It was noted that early intervention was crucial to prevent escalation, and for individuals to get to the right service; and
- One member enquired as to the timescales for delivering the LPFT objectives. The Committee was advised that significant progress had been made with the Integrated Care agenda in the previous year. Representatives from LPFT agreed to share further information with the Committee at the 16 October 2019 meeting.

The Chairman on behalf of the Committee extended thanks to the LPFT representatives for their excellent presentation.

#### RESOLVED

1. That the report on Mental Health, Learning Disabilities and Autism Services – Case for Emerging Options be received.
2. That the Chairman on behalf of the Committee be authorised to provide feedback on Mental Health, Learning Disability and Autism Services as part of the Healthy Conversation 2019 engagement exercise.

**19 GENERAL PRACTICE ACCESS AND DEMAND**

The Committee gave consideration to a report from the Lincolnshire Local Medical Committee, which provided an update on General Practice (GP) access and demand.

The Chairman welcomed to the meeting Dr Kieran Sharrock, the Medical Director of the Lincolnshire Medical Committee.

It was reported that all health services were seeing increasing demand; and a change in the complexity of medical needs. It was highlighted that there was now an increasingly frail and older population; and more patients with multiple long term medical conditions.

The report highlighted that nationally there had been a drop of 600 GPs from January to December 2018, with 230 less GP partners. Despite shortages, GPs were trying to provide appointments for patients on basis of need; and that each practice had a different method for doing this, some having 'sit and wait' clinics; and others using a duty-doctor system. The report provided a list of possible solutions to help with demand and access issues.

It was highlighted further that Lincolnshire was adopting all of the solutions over time, as it was felt that these approaches would provide better health outcomes for patients. Details of workforce initiatives in progress and their results were shown on page 105 of the report. The Committee was advised that the workforce modelling and planning had utilised Whole System Partnership's Strategic Workforce Integrated Planning and Evaluation Framework, which provided a strategic approach to transformation, incorporating population needs, the future vision for meeting these needs and workforce requirements. Detailed at Appendix A to the report was information relating to the Strategic Workforce Integrated Planning & Evaluation (SWiPe) Framework.

It was highlighted that care navigation was in place across the county, which directed patients at first point of contact to the most appropriate professional for their care. It was highlighted further that the professional seen might not always be a GP, but could be a pharmacist or advanced nurse practitioner.

In summary, the Committee was advised that general practice in Lincolnshire was under pressure, due to workload shortages. To help ease this pressure a number of solutions were being implemented by the Lincolnshire system, but as mentioned earlier this would take some time to come into effect.

During discussion, the Committee raised the following issues:-

- Charging patients for missed appointments – The Committee was advised that this was not something GPs could introduce, as there was no basis in existing NHS law to make charges for missed appointments; and furthermore, there would have to be a change to the national policy for such a suggestion to be

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implemented. The Committee was advised further that such a scheme would probably cost too much to administer;

- Up skilling of practice staff. It was reported that this was already being done across the county, patients were being directed to the most appropriate professional;
- The need to encourage people to take more responsibility for their health; and for more focus to be placed on prevention, particular reference was made to obesity, health and wellbeing, and diabetes;
- Some concern was expressed to the continued unavailability of GP appointments. The Committee was advised that new initiatives were in place with Primary Care Networks to share telephony and IT and to have a Central Hub, which would provide additional capacity. The Committee noted that 'Ask my GP' on-line App was being trialled across the county. Some members felt that further training needed to be given to receptionist staff. The Committee was also advised that a NHS App had been launched in September 2018, which provided access to Choice and Information. It was highlighted that GP surgeries also provided the option of on-line booking of appointments. A suggestion was made for GP's in one locality to operate from one building. The Committee noted that all GPs were independent and that the proposal of such working arrangements would work better in an urban area. A further point highlighted was for patients who worked, there was still no ability to pre-book an appointment. One member enquired what safeguarding measures would be in place with regard to online consultations, for example to prevent misdiagnosis. The Committee was advised that online consultations would not be replacing face to face consultation; they would just supplement them; as there were many conditions that did not require face to face appointments;
- The issuing of proof of sickness notes – Confirmation was given that this process did not warrant being seen by a GP, a proof of sickness note could be completed over the phone;
- Training of GPs – The Committee was advised that the whole training process for a GP took 10 years. It was highlighted that at the moment Lincolnshire had a good record of retaining doctors that had trained in Lincolnshire. It was noted that some doctors after graduating from medical school were not taking up a medical profession, and that between 10 per cent and 20 per cent of trained doctors left the profession straight away; and
- One member enquired as to how practices general felt about the changes? The Committee noted that the majority of practices were willing to embrace the changes. There was recognition that any changes had to take into consideration the older population. Confirmation was given that all practices still made home visits based on clinical need.

The Chairman on behalf of the Committee extended his thanks to Dr Sharrock for his informative update.

**RESOLVED**

That the update report relating to General Practice Access and Demand be received.

**20 GLEBE MEDICAL PRACTICE CONSULTATION ON PROPOSAL TO  
CLOSE SKELLINGTHORPE HEALTH CENTRE**

Consideration was given to a report from Lincolnshire West Clinical Commissioning Group, which provided the Committee with an update on the consultation currently being undertaken in regard to the proposed closure of the Skellingthorpe branch of The Glebe Medical Practice.

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group. It was reported that Dr Catherine Ash, a partner at the Glebe Practice, had intended to be at the meeting, but had submitted her apologies.

In guiding the Committee through the report, the Chief Operating Officer advised the Committee of the background behind the proposal. The Committee was advised that the Glebe Medical Practice was a rural practice, which operated from two sites, with the main surgery being situated in Saxilby, the branch site then operated from Skellingthorpe, which was located some 4.6 miles away. It was highlighted that there was no separate patient list attached to the branch site, as all patients were registered at The Glebe Medical Practice. Details relating to the services provided at the Skellingthorpe branch were shown on page 112 of the report. The Committee was advised that the practice believed that having all the clinical teams working from one site would improve access overall for patients to both the GP's and the nursing team.

It was reported that the consultation had commenced on the 3 June 2019 and would be finishing on 2 August 2019. The feedback from the process would then be analysed, following which the Clinical Commissioning Group's Primary Care Commissioning Committee would then make their decision.

Detailed at Appendix A to the report was a copy of the consultation letter, frequently asked questions and a copy of the questionnaire for the Committee to consider?

The Committee noted that from the responses received so far, it had been identified that more patients used the Saxilby site; that 74% had specified that they would travel to appointments by car and in the event of Skellingthorpe closing, 72% confirmed they would travel to Saxilby; and 60% of patients stated they understood the practice's reasons for the proposed closure.

The Committee noted further that the issue of transport and travel was being looked into further, as there was no direct public transport route between the two villages. It was reported that the practice was working with Skellingthorpe Parish Council and Healthwatch to look at all options to address transport concerns.

Confirmation was also given that The Glebe Medical Practice would make provision for appointments to be available for patients from the Skellingthorpe site.

The Committee noted that three practices, whose borders included Skellingthorpe were all rated as 'good' by the Care Quality Commission and all had open lists.

During discussion, the Committee raised the following points:-

- The need to ensure that full consideration was given to transport arrangements from Skellingthorpe to The Glebe Medical Practice, as no direct public transport route existed. The Committee was advised that it was not the Clinical Commissioning Groups responsibility to provide transport; the Practice was however facilitating and supporting the Parish Council and other local groups with the provision of transport from Skellingthorpe to The Glebe Medical Practice;
- That adequate appointment provision would be made available at The Glebe Medical Practice, with the same number of appointments overall, and that home visits would continue;
- Confirmation was requested as to whether the three GP practices in Lincoln (Woodlands, Birchwood and Brayford) had capacity for additional patients. The Committee was advised that all three GP practices had open lists, and that all three practices would be anxious in the event of a significant increase in the number of patients registered. It was highlighted that patients attending any of these three GP practices would involve using their own transport or public transport; and
- To make sure that consideration was given to the increase in population from new housing developments, to ensure there would be adequate GP capacity in Saxilby.

#### RESOLVED

1. That the report on the Glebe Medical Practice Consultation on the Proposal to close Skellingthorpe Health Centre be received.
2. That the Chairman be authorised on behalf of the Committee to make a response to the consultation on the Proposal to close Skellingthorpe Health Centre.

#### 21 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 scrutiny activity was focussed where it could be of greatest benefit.

The Committee gave consideration to the work programme as detailed on pages 125 to 126 of the report presented.

#### RESOLVED

That the work programme presented be agreed subject to the inclusion of the items highlighted in minute numbers 16(2) (3); and 17(2).

**16**  
**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**10 JULY 2019**

The meeting closed at 3.04 pm