

A message to Lincolnshire's public

As the most senior doctors, nurses, and health professionals working in our hospitals, GP practices and throughout the community in Lincolnshire, we are passionate about delivering the highest standards of care to you, the patients we serve.

Over the past few years, we have heard from some of our patients that the quality of care received is variable and it can be difficult to access. Many patients would like the choice to receive care in their own homes, or much closer to home, rather than in hospitals. This feedback is a reflection of the changing needs of our population and we are determined to address it.

To do this, we have been meeting on a regular basis over the last year to consider evidence and best practice in health care, not just from this country but from around the world. Employing this strong clinical evidence base, combined with our knowledge of our own health system, and the valuable feedback we have from patients, staff and colleagues, we are recommending a series of changes to the way we deliver care to you.

We are determined that any changes will retain the compassion and caring attitude which you tell us is so well demonstrated by all of our staff. Providing the highest levels of care is what, as NHS staff, we strive for. Healthcare will focus on your needs, on keeping you well and treating your illness, and is better provided in or near to your home. Our priority is to increase the breadth and depth of care you can access outside of hospital. Going to hospital will be only happen when there is a real need to do so.

Our hospitals will change so that you will spend the least time possible in there, and the expertise we have there will be able to focus on getting you well and back home without unnecessary delay when you are ready to leave hospital. The hospital care that you receive will be timely and delivered by the right people who have the knowledge, skills and ability to access all the tests that you need in one place. Our community teams will link with the hospitals so they can arrange any on-going care that you need at home. That community team will be familiar to you, people who you will know and have met in the past, for example, members of your GP practice will deliver this care.

As the most senior doctors, nurses, and health professionals in Lincolnshire, we believe that these changes are right and necessary and will improve the standard of care and outcomes for our patients, now and in the future.

We recommend all of these changes to our public and patients.

Dr Sunil Hindocha

GP
Clinical Accountable Officer, NHS Lincolnshire West CCG

Dr David Baker

GP
Chair, NHS South West Lincolnshire CCG

Dr Adam Wolverson

Clinical Director Critical Care and Anaesthetics (Lincoln and Grantham)
United Lincolnshire Hospitals NHS Trust

Tracy Pilcher

Chief Nurse
NHS Lincolnshire East CCG

Mr Jayarama Mohan

Consultant Surgeon General/ Vascular
United Lincolnshire Hospitals Trust

Dr John Elder

GP
NHS South West Lincolnshire CCG

Mr Sunil Panjwani

Consultant Intensive Care Medicine
United Lincolnshire Hospitals NHS Trust

Dr John Parkin

GP
NHS Lincolnshire West CCG

Dr Ian Lacy

General Practice Clinical Advisor
NHS Lincolnshire West CCG

Dr Will Vessey

GP Partner
NHS Lincolnshire West CCG

Dr Syed Nazar Imam

GP
NHS Lincolnshire West CCG

Mr Prabhakar Motkur

Clinical Director Trauma & Orthopaedics
United Lincolnshire Hospitals NHS Trust

Mr Suresh Pillai

Consultant Colorectal & General Surgeon
United Lincolnshire Hospitals Trust

Dr Neill Hepburn

Medical Director
United Lincolnshire Hospitals NHS Trust

Dr Yvonne Owen

GP and Medical Director
Lincolnshire Community Health Services NHS Trust

Dr Kevin Hill

GP
Chair, NHS South Lincolnshire CCG

Dr Neal Parkes

GP and Deputy Clinical Chair
NHS Lincolnshire East CCG

Dr Richard Andrews

Consultant Cardiologist
United Lincolnshire Hospitals NHS Trust

Dr Jaz Phull

Consultant Forensic Psychiatrist and Medical Director
Lincolnshire Partnership NHS Foundation Trust

Dr Martin Latham

GP
NHS Lincolnshire West CCG

Mr Chandra Gosavi

Consultant in Anaesthetics and Pain Management
United Lincolnshire Hospitals NHS Trust

Dr David Mangion

Consultant Physician
United Lincolnshire Hospitals NHS Trust

Dr Glenn Spencer

Consultant Gastroenterology
United Lincolnshire Hospitals NHS Trust

Dr Akintayo Falayajo

Consultant in Acute Medicine
United Lincolnshire Hospitals NHS Trust

Mr Paul Dunning

Consultant Surgeon
United Lincolnshire Hospitals NHS Trust

Mrs Suganthi Joachim

Clinical Director, Theatres, Anaesthesia and Pan-Trust
Chronic Pain
United Lincolnshire Hospital NHS Trust

Mr Paul Tesha

Consultant Ophthalmic Surgeon
United Lincolnshire Hospitals NHS Trust

Mr Mohit Gupta

Consultant Ophthalmology
United Lincolnshire Hospitals NHS Trust

Mr Dillip Mathur

Consultant & Clinical Director, Grantham
United Lincolnshire Hospitals NHS Trust

Dr Megan Kelly

A & E Consultant
United Lincolnshire Hospital Trust

Dr Abdul Elmarimi

Consultant – Stroke Unit
United Lincolnshire Hospitals Trust

Dr Zara Pogson

Consultant Respiratory Physician
United Lincolnshire Hospitals NHS Trust

Dr David O'Brien

Consultant Cardiologist
United Lincolnshire Hospitals NHS Trust

Mr Gurdip Samra

Consultant: Intensive Care Medicine & Anaesthesia
United Lincolnshire Hospitals NHS Trust

Dr Aurora Almudena Sanz Torres

Consultant
United Lincolnshire Hospitals NHS Trust

Wendy Martin

Executive Nurse/ Midwife & Quality
NHS Lincolnshire West CCG

Michelle Rhodes

Director of Nursing
United Lincolnshire Hospitals NHS Trust

Anita Cooper

Clinical Lead – Therapies and Rehabilitation Medicine
United Lincolnshire Hospitals NHS Trust

Mr Andrew Simpson

Consultant Urologist
United Lincolnshire Hospitals NHS Trust

Mr Anil Tore

Consultant Anaesthetist
United Lincolnshire Hospitals NHS Trust

Mr Haradikar Varadaraj

Consultant Urologist
United Lincolnshire Hospitals NHS Trust

Dr Vinod Venugopal

Consultant Cardiology
United Lincolnshire Hospitals NHS Trust

Dr Gary Wilbourn

Consultant Anaesthetics
United Lincolnshire Hospitals NHS Trust

Dr Miles Langden

GP
NHS South Lincolnshire CCG

Elizabeth Ball

Executive Nurse / Director of Quality
NHS South Lincolnshire CCG

Pamela Palmer

Chief Nurse
NHS South West Lincolnshire CCG

Anita Lewin

Interim Director of Nursing
Lincolnshire Partnership NHS Foundation Trust

Susan Ombler

Director of Nursing, AHP & Operations (interim)
Lincolnshire Community Health Services NHS Trust

Angela Shimada

Co-Chair Lincolnshire Clinical Cabinet; Chair Lincolnshire
AHP Strategic Forum.
Lincolnshire Community Health Services NHS Trust

March 5, 2019

Healthy Conversation 2019 - Senior Medical Staff outline ambitious future for Lincolnshire's NHS

Lincolnshire's NHS has today begun a listening exercise giving residents the chance to get involved in the transformation of the county's health and care services.

The 'Healthy Conversation 2019' is a way for Lincolnshire's public to share their views on NHS services and for them to be heard and considered as these services are developed for the future.

Senior clinicians in the county say the NHS needs to change to improve the quality of care offered to patients, to attract more healthcare staff to Lincolnshire and ensure the health service is fit to meet the needs of the population long term.

They have called on patients, the public, their representatives, our partners and staff to get involved with 'Healthy Conversation 2019' to help make these changes together.

Dr Sunil Hindocha, GP and clinical accountable officer for NHS Lincolnshire West Clinical Commissioning Group said: "Healthy Conversation 2019 is a discussion about what – and how – we need to change to ensure that our health service is fit for the future.

"We all want an NHS that helps us to look after ourselves and offering a service to be proud of that provides safety, compassion and accessibility every single day.

"There is lots we are proud of, but know there are areas where we need to change.

"We want to hear from patients, the public, their representatives, our partners and staff so that they can help to shape future plans.

"We want to explain the need for change and the challenges we all face."

'Healthy Conversation 2019' will cover a number of different areas of health and care, including sharing information and updates with the public about:

- **Looking after ourselves and each other** – getting this right is the best way to be healthy and reduce the strain on the NHS. You might hear this referred to as '**prevention**' and '**self-care**'
- **Joined up care close to home** – services delivered in the community or your own home
- **Mental health and learning disabilities** – one quarter of us will be affected by mental health at some point in our lifetime so getting these services right is paramount



- **Hospital services** – this year we will be talking with you about these services and the emerging options for their future sustainability
- **Enabling factors** – this is how we refer to such things as **travel and transport, IT and digital opportunities, recruitment and estates and buildings** – not the services themselves, but big influencers on our ability to deliver them well
- **The national NHS Long Term Plan** – and how we can make this work best for Lincolnshire

Dr Yvonne Owen, GP and medical director of Lincolnshire Community Health Services NHS Trust, added: “This is a conversation between the NHS and you, the Lincolnshire public, about what is important to you, what feedback and experiences you want to share and above all, how you would like to see our health service continue to improve.

“We will be open about the challenges our NHS faces – such as quality, recruitment and money, and what we can and can’t do.

“We will share our thinking as early as possible and be clear about the reasons for it. We will consider all of your feedback and report back on what we did or why we couldn’t act upon it.”

The initial series of engagement events will be held throughout March. They will take place between 2pm and 7pm on the following dates:

- Wednesday, 13th March – The Len Medlock Voluntary Centre, St Georges Road, Boston, PE21 8YB
- Thursday, 14th March – Louth Library, Northgate, Louth, LN11 0LY
- Tuesday, 19th March – The Storehouse, North Parade, Skegness, PE25 1BY
- Wednesday, 20th March – Jubilee Church Life Centre, London Road, Grantham, NG31 6EY

Further events in Lincoln, Gainsborough, Spalding, Sleaford, and Stamford will be confirmed and promoted in the coming days and weeks. Our Healthy Conversation 2019 offers a number of other ways to get involved:

- More events for public and staff will happen throughout the year that you can attend to share your views – full details will be published on our engagement calendar on our website
- Responding to our survey, which will be available at all events, as well as on our website
- We will also be attending as many of our partners’ events as possible – all of these dates will also be shared on our engagement calendar
- Our website and social media pages will be sharing the latest information on the topics above and you will always be able to contact us through them, or via phone or email, to feed back.
- We will be sharing information through our hospital sites, GP practices, and other places to ensure you remain fully up-to-date

You can contact the 'Healthy Conversation 2019' team in a number of ways. You can email lhnt.hc2019@nhs.net, call 01522 307307 or write to us at Healthy Conversation 2019, Room 2, Wyvern House, Kesteven Street, Lincoln, LN5 7LH.

For more information, visit our website at <https://www.lincolnshire.nhs.uk>

ENDS

NOTES TO EDITORS

- Healthy Conversation 2019 is an engagement process involving colleagues from across Lincolnshire's NHS.
- Healthy Conversation 2019 will continue throughout the year. It is not a formal consultation and is an extensive programme of engagement events.
- You can contact us via email on lhnt.hc2019@nhs.net, by calling 01522 307307, or for more information visit our website: <https://www.lincolnshire.nhs.uk/>.

Healthy Conversation 2019 is a discussion about what, and how, we need to change to ensure that our health, and health service is fit for the future. It will continue throughout the year. Formally, this is referred to as 'engagement' but in practice it's simply a conversation between the NHS and you, the Lincolnshire public, about what is important to you, what feedback and experiences you want to share, and above all, how you would like to see our health service continue to improve. This is where you come in.

In 2019 we're asking for your help. We all support the NHS and want to see it improve. A recent Healthwatch Lincolnshire survey highlighted that the public's top health care concerns included self-care and prevention, cancer and mental health. We want you to continue to tell us what's important to you so that you can access the right support, take the lead in your own care, and look after those around you.

We will be open about the challenges our NHS faces - such as quality, recruitment and money, and what we can and can't do. We will share our thinking as early as possible, and be clear about the reasons for it. We will consider all of your feedback and report back on what we did or why we couldn't act upon it.

Why is this important?

We all want an NHS that helps us to look after ourselves and is fit for purpose, offering a service to be proud of that provides safety, compassion and accessibility every single day.

In Lincolnshire, we have many things to feel proud of about our NHS. We have highly qualified and committed people working hard across our

services to provide great care to patients every day. We are open 24 hours a day, 365 days of the year. Our GP practices provide 15,000 appointments every day, every week. 500 people attend our A&E departments, and our mental health teams deliver over 800 community contacts every day of the year. This is just a fraction of what we do.

Our community health services trust is rated by the Care Quality Commission (CQC) as 'outstanding' and our mental health and learning disabilities trust as 'good'.

Our Clinical Assessment Service is leading the way in helping patients to access GPs through the telephone or internet, and its clinical leaders sit on the national steering group, advising others how to follow suit. Our successful international GP recruitment scheme has been adopted as a national model, and over 40% more patients coming to the Lincolnshire Heart Centre after a cardiac arrest survive compared to national rates.

We are very proud of all of this and so much more, but like many parts of the country, we have problems too. It is often difficult to get a GP appointment quickly. We cannot recruit enough staff and we are overspent. Our hospitals cancel planned operations every day because their beds are already full, and we fail to hit many important national targets, including those for A&E, cancer and paediatrics. It is simply not good enough for patients, nor for staff.

Without change in the way we use and structure our NHS, our services cannot improve and could be at risk for future generations. We are determined to address these problems to create

an NHS that we all want and is fit for the 21st Century. Decisions need to be made which won't please everyone, but together we will make the difference we need.

Who are we?

We are colleagues from Lincolnshire's NHS. We work across the whole of our NHS, from general practice and mental health, to community services and hospitals. We work with partners across the health and care sector, charities and voluntary organisations, delivering these services to Lincolnshire's community.

We also want to work with you. Continuing to improve our health services so that they are the best they can be for today and for future generations, is going to need your help. Together, we will make the difference we need.

We can be contacted at;

- Email – lhnt.hc2019@nhs.net
- Telephone – 01522 307307
- Address – Healthy Conversation 2019, Room 2, Wyvern House, Kesteven Street, Lincoln LN5 7LH
- Website - <https://www.lincolnshire.nhs.uk/healthy-conversation>



www.lincolnshire.nhs.uk

What do you think services should look like?

Visit <https://www.lincolnshire.nhs.uk/healthy-conversation>

to see more detail on these suggestions and get involved in a

#HealthyConversation, call us on 01522 307307

or email lhnt.hc2019@nhs.net

It starts with all of us. It's our health after all. It's us, our children, our parents, our friends and family, our communities, who use the NHS. We all benefit from having better health and better health services.

The NHS has been changing and adapting ever since it began in 1948. As a nation, we live longer, often with more complex health needs, and so it is vital that our NHS continues to improve to support our changing needs. It is just as important that we play our part. We all know prevention is better than cure, and it is common sense for us to focus together on making this responsibility part of everyday life in Lincolnshire. We all want to live a longer, healthier life.

Another important part of the Lincolnshire vision is often referred to as 'self-care'; looking after ourselves and each other when something does go wrong and it is safe to do so. This means we are more able to stay at home, where we want to be.

A big factor in our local NHS' future is the choices we all make when we need to use it. Knowing the right service to use when, and being open to new ways of getting our health care, such as receiving appointments over the internet, going to our pharmacy first or calling 111 will help us receive the right care, quickly.

All of these things will help us work to a principle of preserving our most specialist care for those who really need it. The NHS belongs to us all and so we must all take responsibility for using it in the best way for everyone.

Today, 15,000 people in Lincolnshire see their GP practice team each day. By being clear about the availability of alternatives, such as pharmacists and other community resources, we can still get great care, and improve access to GP appointments when they are really needed.

Although most NHS care is already delivered locally, much more still can be provided in local communities. Our community services are already starting to work differently so that they become our first port of call when we need support. Our community hospitals will play a big part in this care, continuing to develop and evolve as we need them to. Our lead programme, Integrated Community Care (ICC), will deliver joined up care in all our communities across the county.

When we do need to go to hospital, our aim will be to provide your hospital treatment to you without you having to stay as an in-patient wherever possible. When you are ready to leave, we will make that happen without unnecessary delay. This will help us to use our hospital beds and specialist staff more responsibly.

In Lincolnshire, an average of 524 calls are made to NHS111 services every day. We will continue to use NHS111 as a modern, 24/7 access into health care.

Urgent Treatment Centres (UTCs) will be introduced to provide more urgent care services locally and to ensure our A&E and the specialist staff and resources within them are available for when people are in serious need.

As we focus more on prevention, self-care and joined up local care, our acute hospitals will become more specialised. The NHS in Lincolnshire has been reviewing how some of our hospital services could be better organised in the future to provide improved quality of care and outcomes for patients and address our staffing difficulties. We are sharing our current thinking on this as part of our Healthy Conversation 2019. We want to ensure that our specialist staff working in our hospitals will only see those people with the most complex needs and improve their care.

In the NHS we often refer to this principle as the 'right care, in the right place, at the right time'. This is common sense, but to achieve this we must all work together and make the right choices.



What do you think services should look like?

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THE HEALTH CARE VISION LINCOLNSHIRE'S HOSPITALS

We want thriving acute hospitals in Lincolnshire; focussed on delivering high quality specialist hospital care, when that care cannot be provided in local community health settings. There is a strong future for our acute hospitals at Lincoln, Pilgrim and Grantham, as well as our community hospitals at Louth, Gainsborough, Skegness, Spalding and Stamford.

Our acute hospitals will be there to support excellent, integrated community-focused services delivered by the NHS, social care and our partners in the care sector. Some acute hospital specialists will also be providing more services in local communities as part of our drive to provide more and integrated care, locally.

The configuration of these acute hospital services will be determined in due course by the outcome of a formal public consultation exercise about them. For illustrative purposes we have described below what our current vision for this strong future would be for each of our hospitals incorporating the NHS's current preferred emerging options.

What do you think services should look like?

Visit [https://www.](https://www.lincolnshire.nhs.uk/healthy-conversation)

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to see more detail on these suggestions and get involved in a **#HealthyConversation**, call us on **01522 307307** or email lhnt.hc2019@nhs.net



THE VISION FOR PILGRIM HOSPITAL, BOSTON

“A modern general hospital with a focus on emergency care and more complex surgical services”

Pilgrim Hospital is a vitally important asset and will continue to provide a wide range of hospital services to the people of Boston and the surrounding area in the future.

Pilgrim Hospital will continue to provide urgent and emergency care services. The current A&E service will be boosted by the addition of an Urgent Treatment Centre. This will help care for those patients who require urgent care or advice, but who don't need the emergency support of an A&E, meaning those who do will be able to access it more quickly. This will help with the problems of long waiting times that Pilgrim Hospital's A&E is currently experiencing.

Our emerging option for Women and Children's Services at Pilgrim Hospital improves upon the service model which has been working well since August 2018. It will be enhanced by:

- Increasing the unplanned admission length of stay to 23 hours from 12 hours
- A children's day case surgery service
- Adding low acuity overnight beds for children
- Adding a midwife-led unit.

Consultant-led obstetrics, neonatal and gynaecology services will continue, along with the consultant-led paediatric assessment and outpatient service, which will be supported by immediate access to a paediatric inpatient service at Lincoln County Hospital for high acuity patients. This means that children who need acute care quickly, get it safely from the right people.

Surgical services (for example general surgery, trauma & orthopaedics) will also continue to be provided at Pilgrim Hospital, providing unplanned surgical care, complex elective (planned) surgery and day case care for patients with complex health conditions.

We know that Pilgrim Hospital is currently challenged, due to staffing issues and service quality. Confirming a positive future vision for the hospital and clarifying future service provision will provide certainty for local people and staff, as well as help to attract new staff and further stimulate innovation.

THE VISION FOR GRANTHAM AND DISTRICT HOSPITAL

“High quality, local urgent care and medical services with an “Elective Surgery Centre of Excellence”

Grantham and District Hospital will continue to provide a range of services to the local population and our emerging option is to develop a Centre of Excellence for Elective Surgery serving the county and surrounding areas. Our vision for Grantham hospital is, therefore, provision of high quality, local urgent care and medical services, and a Centre of Excellence for Elective Surgery for the county.

In becoming Lincolnshire’s elective surgery centre, Grantham will see the majority of planned operations, ensuring that people from across the county can have their operation without the risk of cancellation. In 2017/18, 33% of all planned orthopaedic operations and 15% of all general surgery operations in the county were cancelled – this is because planned surgery, unplanned surgery and medical services are currently situated together, and staff and resources are often redirected to emergency surgery and medical services. The Centre of Excellence for Elective Surgery will be run by ULHT and give certainty to patients that their operation will not be cancelled. The current pilot in orthopaedic services at Grantham has almost eliminated cancelled operations.

As has been widely discussed in the public domain, Grantham’s A&E Department has had restricted opening hours since August 2016, due to significant medical staffing issues across the county’s A&E services.

Our emerging option is to develop an Urgent Treatment Centre at Grantham Hospital to provide 24 hour, 7 day a week access to urgent

care services locally. This would replace the current restricted A&E service and reinstate 24/7 urgent care, meaning that the vast majority of local patients who need care quickly would receive it in Grantham. To ensure that the local population receive the right urgent and emergency care, overnight, access to this Urgent Treatment Centre will be supported by NHS111, to ensure patients are sent to the right place, first time. NHS111 will serve as the entry point to the Urgent Treatment Centre during this ‘out of hours’ period. Critically injured and ill patients will be cared for at their nearest specialist hospital and treated safely and quickly by staff who have the right training and experience to give the best outcome.

This emerging option would also see the Urgent Treatment Centre provided by Community Health Services rather than ULHT, with ULHT clinicians being available to provide specialist support and advice where this is required for patients.

We also envisage maintaining medical services at Grantham Hospital by adopting a new model of care whereby the hospital services are joined up with local primary and community services and managed as part of the local enhanced neighbourhood team. This new model would be led by Community Health Services (not ULHT) with hospital doctors and the hospital service being part of an integrated service with GP services, community health and other local services. This would also mean that medical staff would in future be able to provide care in people’s homes and local community settings as part of a local integrated service, as well as to patients in the hospital.

THE VISION FOR LINCOLN COUNTY HOSPITAL

“A modern general hospital with a focus on urgent care, complex surgery, cardiac and cancer care”

Lincoln will provide some of our most complex hospital care. It will remain home to an A&E, supported by an additional Urgent Treatment Centre (UTC) which will treat those patients with urgent care needs.

It will continue to provide inpatient and outpatient acute medicine plus all specialisms within emergency surgery.

We will continue to build on the success of our high performing Lincolnshire Heart Centre; this centre saves 40% more patients who arrive after a cardiac arrest than its national counterparts.

Our preferred emerging option envisages consolidating our stroke services at Lincoln Hospital to improve outcomes for patients and shorten the amount of time people need to spend in hospital following a stroke.

This hospital will continue to provide the most complex cancer treatment. We envisage that Lincoln Hospital will be our ‘one-stop’ destination for all diagnostic and surgical breast treatment. The county’s specialised rehabilitation medicine will continue to be delivered at Lincoln County Hospital.

Our Women and Children’s services will be consultant-led obstetrics and gynaecology, and consultant-led paediatric and neonatal services. We will establish a new midwife-led unit too, offering better birth choices to mothers in line with national guidelines.

Lincoln Hospital will become a high performing hospital which will offer specialised care to all of Lincolnshire’s residents, reducing the number of cancelled appointments and the length of wait for treatment. Hospital services will consistently meet national best practice standards.

A STRONG FUTURE FOR COUNTY HOSPITAL, LOUTH

“County Hospital, Louth will continue to operate as a centre for day-case surgery and diagnostics and provide a wide range of community hospital and care services to support local people into the future”

County Hospital, Louth has both acute and community services operating on the site. It remains an integral part of our plans for the future and will continue to provide vital services.

It will continue to provide day-case surgery for urology, ophthalmology and gynaecology, with outpatient clinics and diagnostic services also provided for selected specialities. These services will continue to be provided by ULHT.

Louth Hospital currently has an Urgent Care Centre which operates on a 24/7 basis. Our emerging option is for Louth to have an Urgent Treatment Centre, which would also operate 24/7.

As well as continuing to provide these acute services described above, community services will continue to evolve on the site with the aim of keeping local people as close to home as possible. These services are provided by Lincolnshire Community Health Services NHS Trust.

A STRONG FUTURE FOR LINCOLNSHIRE'S COMMUNITY HOSPITALS

“We are committed to our local community hospitals and developing local services there”

We have five community hospitals within Lincolnshire. In addition to County Hospital, Louth we have John Coupland Hospital in Gainsborough; Johnson Community Hospital in Spalding; Skegness Hospital; and Stamford and Rutland Hospital. We envisage that all of our community hospitals will have a strong future.

We know that our community hospitals are highly valued by the local community and receive excellent feedback from patients. The role of a community hospital is pivotal to delivering integrated care closer to home and protecting patients' independence.

Community hospitals provide a wide range of services, including in-patient rehabilitation, end of life care, outpatient consultations in major specialities such as surgery, Oncology, therapy and rehabilitation services, minor procedures, urgent care services including minor injuries, minor illness, and GP out of hours services, diagnostics such as x-ray and phlebotomy, and sexual health clinics. Services vary from hospital to hospital and no two hospitals are exactly the same because of the history, geography and needs of the local population.

Our community hospitals already have many different NHS services and providers working together on hospital sites. This works well for patients and makes best use of NHS buildings. We intend to encourage this further in coming years. By NHS services working more closely with those provided by county and district councils and the third sector, our clinicians believe people can be cared for more successfully at home or in local community hospitals.

By supporting people to return home as soon as it is safe to do so, we can support them to maintain their independence, share more time with family and friends, provide opportunities for self-care and reduce the risk of infection.

We already have a number of great examples of the positive work taking place in our community hospitals. Staff at John Coupland Hospital in Gainsborough have worked with the local community to raise more than £56,000 to refurbish two palliative care suites on Scotter Ward. In Skegness, the teams developed one of the first 'dementia friendly' wards in the country. The team at Skegness was also recognised for its outstanding practice in reducing falls with a 'Slippers for Trippers' scheme by the Care Quality Commission (CQC).

Staff at Johnson Hospital at Spalding hold an annual Johnson Community Hospital Ball to raise money. The event has previously raised approximately £35,000 for a range of services at the hospital, including equipment to support cataract surgery, special mattresses and cushions for Welland ward, educational equipment for diabetic patients and palliative care training courses for staff.

There has been an investment programme to improve Lincolnshire community hospital buildings. This was part of a major programme of fire protection works and includes improvements to the patient environment. This fire safety work began at County Hospital, Louth, with further fire protection improvements being made at John Coupland Hospital, Gainsborough, and Skegness Hospital. A redevelopment project at Stamford Hospital completed in 2017 has resulted in a number of improved clinics and facilities.

A project to redevelop Stamford Hospital completed in July 2017. This enabled us to improve our clinical areas, modernise our facilities and expand our services to accommodate the increased numbers of patients who now come here for their treatment.

The project delivered the following improvements: an expanded imaging department

- a brand new state-of-the-art MRI Scanner
- a completely refurbished health clinic - known as Clinic A
- an enlarged purpose-built Phlebotomy (blood test) area
- a new Pain Management department
- a new Chemotherapy and Lymphoedema suite
- a new outpatients department with additional rooms for adults and children
- a second ultrasound room awaiting the arrival of a new ultrasound machine
- an improved physiotherapy gym
- a new administration suite
- imaging booking office
- decoration of our corridors
- refurbishment of our reception area

In addition, our emerging options for Urgent Treatment Centres (UTC) in our community hospitals are;

- UTCs at Louth and Skegness Hospitals with 24/7 access maintained
- UTC at Stamford, open for a minimum of 12 hours a day
- We also want to explore whether the current Minor Injury Units at Spalding and Gainsborough should be maintained as they are currently, or developed further into UTCs.

There is a vibrant future for all of our community hospitals, and their role will continue to evolve to support the needs of our communities into the future. We want you to work with us to help us shape that future.



What do you think services should look like?

Visit <https://www.lincolnshire.nhs.uk/healthy-conversation> to see more detail on these suggestions and get involved in a **#HealthyConversation**, call us on **01522 307307** or email lhnt.hc2019@nhs.net

LET'S START A HEALTHY CONVERSATION

ABOUT PREVENTING ILL HEALTH



We are living longer, which is a wonderful thing - even better if we are healthy throughout these extra years. We need to do everything we can to look after our own health and wellbeing.



We all know prevention is better than cure. It is common sense for us to look after our own health as much as we possibly can. The lifestyle choices we make can either reduce or increase our chances of getting conditions such as cancer, dementia, heart disease, depression and lung problems. These choices are the best way to live a longer, healthier life and prevent us getting ill in the first place.

Like the rest of the country, Lincolnshire has an ageing population and people are living longer with more long term conditions, such as diabetes.

- Today, across Lincolnshire we already have the number of people living with diabetes that we expected to be looking after in 2027.
- Nearly seven out of ten adults are not a healthy weight. One in three children leaving primary school are carrying excess weight.
- In the east of the county people become frail ten years before individuals in other parts of the county.
- Today in Gainsborough, a man's 'healthy life expectancy' (that's years of good health) is 56.9 years, which is almost 6.5 years below the national average, and 10 years before the national pension age.

Knowing how to live a healthier life by changing habits and lifestyle choices is the first step. Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in influencing our health. Nevertheless, every day the NHS comes into contact with people at moments in their lives that bring home the personal impact of ill health. New evidence-based prevention programmes, include those to cut smoking, to achieve a healthy weight, prevent type 2 diabetes and to limit alcohol-related A&E admissions are all examples of ways in which we are trying to help us all live longer, healthier lifestyles.



What do you think services should look like?

Visit <https://www.lincolnshire.nhs.uk/healthy-conversation> to see more detail on these suggestions and get involved in a **#HealthyConversation**, call us on **01522 307307** or email lhnt.hc2019@nhs.net

We want to work with you to understand how we help people to maintain good health and prevent illness wherever possible. Doing this is not only best for our own health, it will also help manage the growing demand on our NHS services. Many of us are doing this every day; we want to know what you find most helpful so that we can share those tips and routes to support with others.

We want to talk with you about how the NHS can help you live a healthier life, prevent ill health, and of course improve health when we do become ill. For example, did you know that type 2 diabetes can be reversed with significant changes in diet and exercise for some people? And even if this isn't possible, we want to understand how we can help you manage your own conditions better.

We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019.

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LET'S START A HEALTHY CONVERSATION ABOUT LOOKING AFTER OURSELVES AND EACH OTHER



We all know prevention is better than cure, and it is common sense for us to focus together on making this responsibility part of everyday life for Lincolnshire.



Prevention, or knowing how to live a healthier life by changing habits and lifestyle choices is the first step.

The second step is looking after ourselves and each other when something does go wrong and it is safe to do so. This is often referred to as self-care.

Many people in Lincolnshire have a long term condition such as diabetes, asthma, or heart disease which will affect them for the rest of their lives. These conditions can affect children and young people as much as the elderly.

There is much that the NHS can do to help people manage their conditions safely and proactively. This may include better information and advice, training and guidance, use of web resources, self-monitoring and digital support to encourage

people to self-care, or free flu jabs for those with respiratory conditions. In addition, the NHS can help people understand what minor ailments you can safely treat yourself, and to keep a well-stocked medicine cabinet or first aid kit at home to treat any minor illnesses and injuries.

We have all heard stories about people visiting A&E with a paper cut, or a headache. In Lincolnshire, one third of people who visit A&E each year leave with no need for medication or professional care. This is not the best way to use our NHS, but it can be confusing to know where the right place is to go.

We want to work with you to understand how we can help you to look after yourself. Doing this will best manage the growing demand on our NHS services. Many of us are doing this every day; we want to know what you find most helpful so that we can share those self-care tips and routes to support with others.

We've already got a number of services in place to help with this, for example;

- there is lots of information available on the NHS website to help people look after themselves when suffering from more minor conditions



What do you think services should look like?

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- the Self Care Forum also offers a wealth of further help and advice on self-care
- ASAPLincs - <https://www.asaplincs.nhs.uk/> helps you to identify your symptoms, get self-care advice and find relevant services.

We want to talk with you about how the NHS can help you live a healthier life.

We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019.

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LET'S HAVE A HEALTHY CONVERSATION ABOUT CARE CLOSER TO HOME



Joined up care closer to home will support you to stay well, look after you at home or in the community, and help keep you at home and out of hospital wherever possible. It will also ensure that if you go to hospital you are able to return home sooner, by providing community support as required.



closer to home, working with patients and health and care partners across the county to agree common goals and how to achieve them.

We know people do better mentally and physically if they can be cared for in or close to home by health and care staff based in the community and the evidence supports this. Evidence suggests that older people can lose their independence and can find it harder to return back home when admitted to hospital. They may also develop further health issues as a result of changing their regular routine.

This means that the services in your local community will work together and with you to receive the support and care you need in familiar surroundings close to family and friends. The services working together include GPs, community services, community mental health services, adult social care, care homes, home care services and the third sector and voluntary organisations; but you are the most important partner in this.

As an NHS programme of work, you might hear this referred to as Home First or Integrated Community Care (ICC). This is a high priority for us and in Lincolnshire, we are already committing lots of resource to improving this joined up care

Our Neighbourhood Teams

We already have 12 Neighbourhood Teams across Lincolnshire. These Neighbourhood Teams include GPs, community and mental health services, social care and the third and independent sector to provide joined-up care that is responsive and expert. The premise is simple; professionals working closely together to put the person at the centre of their care, removing the boundaries that buildings or professional disciplines can sometimes create.



What do you think services should look like?

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Our GP Services

Continued improvements in Lincolnshire's NHS will only be delivered if they are underpinned by sustainable GP services. We currently have 85 GP practices in the county with GPs and their staff working hard every day to provide the best care they can to patients. We intend to invest more in GP services as well as to boost their links with other local services. However, our GP services also face significant workforce and capacity challenges and so it is important that we embrace new models of care to ensure we can all access that care when we need to.

Increasingly, GP practices will be collaborating locally in partnership with community services, care services and other providers of health and care services. This increases the breadth of expertise available to patients, and decreases the pressure on GPs within the team. Neighbourhood Teams are part of these primary care networks.

We have started Social prescribing

'Social prescribing' is an initiative that will see more of us being helped to seek support and care from community groups. In our county, our neighbourhood teams are building links so that you might find yourself joining a group, or exercising to help with your health, instead of relying solely on medication or other clinical interventions.

How might all of this help?

Patients should experience:

- Joined up services, where everyone understands their previous and ongoing contact with services
- Access to a wide range of professionals and diagnostics in the community, so they can get access to the people and the services they need in a single appointment
- Different ways of getting advice and treatment including digital, telephone based and face to face services, matched to their individual needs

- Shorter waiting times, with appointments at a time that works around their life
- Greater involvement when they want it in decisions about their care
- An increased focus on preventing ill health, enabling people to take great control of their own health

These are our emerging thoughts on joined up care closer to home. Now we need your input to help get these services right. Your feedback will make a difference in how future services are designed to improve patient care in Lincolnshire.

What do you think these services should look like? We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019.

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LET'S START A HEALTHY CONVERSATION ABOUT MENTAL HEALTH AND LEARNING DISABILITIES SERVICES



It's now estimated that one quarter of the population will suffer from a mental health issue during their lifetime, so we must make sure our local services are able to cope with the demand. Our mental health is treated with the same importance as our physical health, often referred to as parity of esteem.



In Lincolnshire, our key priorities over the last few years have been:

- Ensuring as many local people as possible can receive their hospital-based, inpatient mental health care in Lincolnshire, without needing to travel outside of the county.
- The transformation of community mental health teams and learning disability teams to enable more patients to receive the care they need at home, without being admitted into hospital.

There has been some excellent progress towards these priorities, all of which are aligned with the direction of the recently published NHS Long Term Plan. Our successes include:

- A 10-bed, male psychiatric intensive care unit (PICU) opened in Lincoln in July 2017. Since then, men needing this intensive level of care have been able to receive it closer to home.
- Developed 'places of safety' at both Lincoln and Pilgrim Hospitals' A&E departments, improving access to mental health services, alongside other support around housing, homelessness, debt management and drug and alcohol services.
- Halved the number of patients being cared for out of county by opening a psychiatric clinical decisions unit (PCDU), extending our home treatment service and by introducing enhanced bed manager roles.
- Following a targeted engagement exercise our community learning disabilities service became permanent, providing care for people in their homes, without the need for an overnight stay.
- A new emotional wellbeing service for children and young people, offering support for young people, parents and carers as well as training for professionals in education and children's services.
- Successfully bidding for NHS England funding means we have significantly expanded perinatal mental health services in Lincolnshire, supporting new mothers and their families.
- Continuing to increase our dementia diagnosis



What do you think services should look like?

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rate across Lincolnshire. This will be helped by our Dementia Strategy, launched in February 2019, as well the new Admiral Nurse service that we are launching in April 2019 to help support the families of people with dementia. This is in partnership with St Barnabas Hospice and Dementia UK, and will be integrated into neighbourhood working.

- We are also improving our child and adolescent mental health services.

We need to continue to improve all of our services in a way which is affordable and linked with our wellbeing services, particularly how they are delivered and accessed within our local communities. We are currently doing some important work with our service users and partners in the voluntary and charity sectors to make it easier for patients in crisis to access support first time.

We are committed to valuing mental health as equally as physical health which would result in those with mental health problems benefitting from:

- equal access to the most effective and safest care and treatment
- equal efforts to improve the quality of care
- the allocation of time, effort and resources on a basis commensurate with need
- equal status within healthcare education and practice
- equally high aspirations for service users
- equal status in the measurement of health outcomes.

What do you think services should look like? We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019.

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LET'S START A HEALTHY CONVERSATION ABOUT LINCOLNSHIRE'S URGENT AND EMERGENCY CARE



The vast majority of urgent care services are delivered by GPs and their practice teams. In addition, currently in Lincolnshire, we have;

- A&E Departments in Lincoln, Pilgrim and Grantham (restricted opening times and admission criteria)
- Urgent Care Centres in Louth and Skegness (each 24/7)
- Minor Injury Units in Gainsborough, Spalding, Stamford and Sleaford.

All of these services are supported by the NHS 111 service (backed up locally by the Lincolnshire Clinical Assessment Service known as CAS) and GP out of hours services across the county. In Lincolnshire, an average of 524 calls are made to NHS111 every day.

The development of these services over the last 30 years has sometimes resulted in confusion for the public about which service is best for their needs. In order to improve services and tackle this confusion Lincolnshire, like the rest of England, is required to simplify urgent and emergency care by introducing Urgent Treatment Centres and GP Extended Access Hubs.

What is an Urgent Treatment Centre?

Urgent Treatment Centres (UTCs) will be new in Lincolnshire, and will play a central role in providing urgent care to people, and protect A&E

services for those patients who need specialist emergency care. UTCs are a facility you can go to if you need urgent medical attention but it's not a life-threatening situation. They are staffed by multi-disciplinary teams of doctors, nurses, therapists, and other professionals with at least one person trained in advanced life support for adults and children.

UTCs are GP-led and are required to be open for at least 12 hours a day, 7 days a week (including bank holidays). You can walk into UTCs during some opening hours, and you may be referred to an urgent treatment centre by NHS 111 or by your GP at any time.

Conditions that can be treated at an UTC include:

- sprains and strains
- suspected broken limbs
- minor head injuries
- cuts and grazes
- bites and stings
- minor scalds and burns
- ear and throat infections
- skin infections and rashes
- eye problems
- coughs and colds
- feverish illness in adults
- feverish illness in children
- abdominal pain
- vomiting and diarrhoea
- emergency contraception



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What is a GP Extended Access Hub?

GP Extended Access Hub offers increased access to GP services, including at evenings and weekends. These are community-based facilities providing booked urgent appointments for illnesses typically managed in GP practices.

The main differences between an UTC and a GP Extended Access Hub are:

- A GP Extended Access Hub does not offer X-ray and diagnostics
- A GP Extended Access Hub does not have a walk-in facility for appointments, these need to be pre-booked via NHS 111/CAS

Our emerging options for UTCs are;

- New UTCs at both Lincoln and Pilgrim Hospitals supporting the A & E departments
- A new UTC at Grantham Hospital to provide 24 hours / 7 day a week access to urgent care services locally. This would replace the current restricted A & E service and reinstate local 24/7 urgent care
- UTCs at Louth and Skegness Hospitals with 24/7 access maintained
- UTC at Stamford, open for a minimum of 12 hours a day
- We also want to explore whether the current Minor Injuries Units at Spalding and Gainsborough should be maintained as they are currently, or developed further into UTCs
- To maintain the current GP Extended Access Hub at Sleaford

Through the addition of UTCs in Lincolnshire, we will simplify access into urgent and emergency care for all users, and provide local care for the majority of patients. We want to hear from you about what is important to you from your local urgent and emergency care services, and how you would like us to best spend the money we

have on it in the county to deliver:

- better support for people to self-care;
- the right advice and treatment in the right place, first time to people with urgent care needs;
- highly responsive local urgent care services so people no longer choose to queue in our specialist A&E departments;
- people with more serious or life threatening urgent care needs receive their treatment in A&E departments with the right facilities and expertise, in order to maximise chances of survival and a good recovery; and
- urgent and emergency services working together so people receive a better experience and better health outcomes.

What do you think services should look like? We would like to hear what is important to you as we plan the implementation of Urgent Treatment Centres.

We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019. Let us know by visiting <https://www.lincolnshire.nhs.uk/healthy-conversation> to see more detail on these suggestions and get involved in a #HealthyConversation.

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THE ACUTE SERVICES REVIEW 'CASE FOR CHANGE'



To simplify the challenges facing our acute hospitals in Lincolnshire, we have summarised this into three key areas.

Quality of care for patients:



- We are not meeting quality standards in many services
- We are not meeting national performance standards for A&E, cancer or the 18-week wait for hospital treatment. This means that patients are waiting too long for

treatment which is just not good enough

We cancel many planned hospital appointments and procedures because staff must prioritise urgent patients. This causes stress, worry and great inconvenience for patients and their families.

- Patients stay in hospital longer than they need to which affects the quality of care for them and other patients
- Lincolnshire's hospital trust (ULHT) is rated as 'requires improvement' by the Care Quality Commission (CQC) and is in quality and financial 'special measures'
- With services delivered across four acute hospital sites, some of our clinicians do not see enough complex cases to retain and/or improve their skills

Workforce:



- Quality problems make it more difficult to attract, motivate and retain staff in some services. We have a 13% vacancy rate in our hospitals; the equivalent to approximately 840 posts
- In the NHS nationally there are

100,000 vacant posts so we have to work hard to recruit and retain great staff

- Our geography and location adds another challenge to attracting staff from outside the county

Finance:



- Lincolnshire's healthcare is currently costing approximately 8% more than the county is allocated and in 2018/19, we will overspend by approximately £100million.
- Staff shortages mean we have to use

temporary locum and agency staff. This is currently costing us an extra £4million every month.

- Our geography means that it costs us more to run services across multiple hospital sites, compared to big city hospitals who care for many more people on one site
- Many of our buildings are in poor condition and maintenance costs are high
- Unless these issues are addressed, Lincolnshire's NHS will be £200million in debt by 2022/23

Acute hospital services treat patients for a brief but severe episode of illness, for conditions that are the result of disease or trauma, and for surgery.

Some people living in Lincolnshire use acute hospitals in Peterborough, Grimsby, Scunthorpe, Kings Lynn and Nottingham as their nearest hospital. Within Lincolnshire, our acute hospital services are provided at Lincoln, Pilgrim and Grantham Hospitals plus day case surgery is provided at Louth Hospital. The future of these hospitals and our community hospitals in the county is strong. Whether receiving care in the county or elsewhere, you will continue to choose where you receive your care.

We need your help to improve services in Lincolnshire because our hospital services are amongst those most under pressure. Over the last year, our county's senior specialist doctors, nurses and healthcare professionals, supported by external clinical colleagues, have led the review of eight acute hospital services most in need of improvement. These are:

- Breast services
- Stroke services
- Women's and Children's services
- Medical services
- Trauma and Orthopaedic services
- General Surgery services
- Haematology and Oncology services
- Urgent and Emergency Care services.

At the same time over the last year, we were listening to patients, public and other stakeholders in Lincolnshire, to understand what is important to people about these hospital services. All of these discussions have informed our review work and as part of the Healthy Conversation 2019, we now want to hear more, so this next period of public engagement with you is important. We have some emerging options to discuss. Nothing has been decided, this is simply an open conversation about what's important to you. We don't have all the answers so we need your help.

It's important to remember that this stage is not a public consultation – these conversations will help shape the options for a full public consultation, without which no permanent changes can be made to services.

Our emerging options are designed to address the problems within these services and ensure a vibrant future for our three main hospitals - Lincoln, Pilgrim and Grantham, and do not propose any change to our acute services at Louth or our community hospitals. In addition,

- The majority of outpatients appointments will remain the same as they currently are at all three sites
- The majority of urgent and emergency care needs will continue to be available locally
- For hospital medical services, the majority of patients will continue to be able to access the same services at the same sites
- Maternity, obstetrics and neonatal services will remain available at both Lincoln and Pilgrim sites



What do you think services should look like?

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What are Breast Services: A range of services for screening, diagnosis and treatment of breast problems, including cancer. Currently these services are delivered in Lincoln, Pilgrim and Grantham Hospitals with a small number of patients seen in Louth Hospital. There is also a mobile breast screening mammography service that travels across the county. Lincolnshire's is the third biggest cancer service in the UK.

Why we need to change: Our hospitals are currently not able to deliver breast services as efficiently as they would like to because of the challenges in recruiting clinical staff resulting in guidelines not always being achieved and patients waiting longer for an appointment than they should. The care and treatment patients receive is good but patients are waiting too long to receive it.

There has been a significant increase in referrals recently and our breast surgeons have 700 new patient cases each year. For the 5,200 appointments we are able to offer each year, we currently have 6,100 people needing them. We have had to set up some weekend clinics at Lincoln and Pilgrim Hospitals to cope with demand. We cannot keep doing this in the long term as our staff cannot continue to work extra hours.

We do not have enough breast radiologists and have tried to recruit for many years; we are competing with other hospitals in the country who are in the same position. We need 27 radiologists for the current service model and we only have half this number. We also need more clinical nurse specialists who are hard to recruit.

Our senior clinicians tell us that best practise is to provide diagnostic and surgical treatment in a 'centre of excellence', supported by local outpatient and follow up clinics. This model of care achieves the best results for patients.

What are the 'emerging options'?

We think that a centre of excellence approach would work well in Lincolnshire as has already proven so in rural Cornwall – visit our website to see a case study. We think this will help us address the quality of care issues and shortage of specialist staff.

In practice, this emerging option would mean that all follow-up outpatient appointments and routine breast mammography screening services would continue to be available across the county as they are now. These appointments are where most patients receive their care. First outpatient appointments and all surgery would be provided at the centre of excellence. This would enable specialist staff to fully cover rotas, see more patients and retain and develop their skills. Together, this means patients will be seen more quickly and receive a better standard of care.

Our emerging options indicate that this centre of excellence could be at Lincoln Hospital or Grantham Hospital. The NHS's current preferred emerging option is Lincoln Hospital for this centre of excellence as it requires the least amount of capital funding. If located at Grantham, any complex breast surgery would be done at Lincoln.

The benefits of this could include:

- Reduced waiting time due to a better staffed service, meaning we can see more people more quickly
- Standardised models of care so that all patients get the same, high quality of service
- Improved ability to deliver to national guidelines (all diagnostic tests are done in the first outpatient appointment)
- Increasing staff numbers by improving recruitment and bringing together resources as staff are attracted to working in specialist environments



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What are Stroke Services? A range of services for the diagnosis of stroke, acute treatment, rehabilitation and follow-up after discharge from hospital. Currently these services are delivered at Lincoln and Pilgrim Hospitals. Diagnostic services start in our emergency departments and then patients have treatment on the acute stroke units in these two hospitals. There is also a stroke rehabilitation service in the community that cares for people after they have been discharged from hospital.

Why we need to change: Current hospital services are delivered by two separate teams, one at each hospital and are heavily dependent on temporary staff. Our hospital stroke services are not achieving all performance standards and we have significant staffing vacancies. The number of patients we treat at Lincoln and Pilgrim Hospitals is relatively low and as a result staff at each hospital are only just seeing enough patients to maintain their expertise.

The service currently only achieves six out of the ten domains in the Sentinel Stroke National Audit Programme and only two out of the four priority standards for seven-day services. This means that the service is not achieving national care standards.

In the current service model, Lincoln and Pilgrim Hospitals should each have eight permanent consultants, but each only currently has one and we have been unable to recruit to these posts over the last three years. There is a serious shortage of stroke consultants nationally, with over 40% of posts remaining unfilled.

Clinical evidence is clear that concentrating services in a specialist unit will reduce the number of deaths from stroke, improve rehabilitation, will get patients home more quickly and increases our ability to recruit staff.

There is clear evidence that concentrating such expertise saves lives; the Lincolnshire Heart Centre is a good example of this.

What are the 'emerging options'?

Our first emerging option, similar to that for breast services, is to take a centre of excellence approach, providing **acute stroke care from the Lincoln Hospital site**. This is the NHS's current preferred emerging option because it will provide the best model to meet national care standards for patients, and to recruit and retain staff.

The second emerging option is to retain the current service at Lincoln and Pilgrim Hospitals but with an out of hours **combined on-call rota being based at Lincoln**.

In both emerging options, our intention would be to enhance rehabilitation in the community across Lincolnshire to reduce the length of stay in hospital from 14 days to 7 days in line with national best practice.

The benefits of the NHS's preferred emerging option could include:

- Ability to meet national standards of care
- Reduction in the number of deaths from strokes
- Reduction in the number of people living with continued disability
- Improved staff recruitment and retention



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What are Women and Children's Services:

This is a wide range of services across acute and community settings including obstetrics (maternity care), neonatal (care of premature or sick babies), paediatric (care of children) and gynaecology (care for women and girls, especially related to the reproductive system).

Currently all these hospital services are delivered in both Lincoln and Pilgrim Hospitals. We have a neonatology intensive care unit at Lincoln Hospital and a special care baby unit at Pilgrim Hospital. Babies born pre 29-weeks and children under five who require surgery are all treated out of county. Women in Lincolnshire have a choice of giving birth at home or in a consultant-led obstetrics unit at these two hospitals. Midwife services are available in the community and at home.

Why we need to change: As has been widely discussed in the public domain, we have significant hospital staffing issues, particularly at Pilgrim Hospital where we have a long-term issue recruiting middle grade doctors; we currently have one out of six in permanent employment and sometimes no temporary staff can be recruited.

A shortage of consultants also means a reduced ability to support junior doctors, because we are not able to provide the support and training that they need.

This has resulted in heavy reliance on agency staff, leaving the service fragile and subject to temporary changes. Agency staff need only give two hours' notice of not being available.

Since August 2018 because of these issues, we have introduced temporary changes for safety reasons which are;

- closure of the paediatric in-patient beds and the opening of a paediatric assessment ward at Pilgrim Hospital with any child requiring an unplanned admission needing to stay over 12 hours

- any babies born pre 34-weeks at Pilgrim Hospital being transferred to our Lincoln Hospital site, where we have more staff equipped to handle their needs.

What are the 'emerging options'?

There are two emerging options.

The first emerging option is to have the following services at the two hospital sites;

At Pilgrim Hospital

- to continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- to continue with a specialist care baby unit caring for babies born from 32 weeks
- to have a short stay paediatric assessment ward for children needing up to 23 hours of care
- to have low acuity paediatric in-patient beds overnight
- to have paediatric day case surgery.

At Lincoln Hospital

- to continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- to continue with a neonatal unit caring for babies born from 27 weeks
- to have a short stay paediatric assessment ward
- to have paediatric in-patient beds
- to have paediatric day case and planned surgery.

We would wish to keep the gynaecology services the same as now on both Lincoln and Pilgrim Hospital sites with our clinicians working as one team across these two sites.

This is currently the NHS's preferred emerging option.

- The second emerging option is to have consultant obstetric, neonatal and paediatric services at Lincoln Hospital and a midwife-led unit and short stay paediatric assessment ward at Pilgrim Hospital.

Both hospitals will have co-located midwifery-led units.

The benefits of the NHS's preferred emerging option could include:

- Fewer children, pregnant women and their families would need to travel for care



What do you think services should look like?

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Current services: The medical services at Grantham Hospital support urgent and acute patients in the A&E Department, on the in-patient wards and in the out-patients department. There is currently a range of medical conditions which Grantham Hospital does not provide services for, meaning that the most acutely ill patients with life threatening illness and injuries go to a more specialist site, first time to receive treatment. Specialist doctors from Lincoln Hospital also remotely support Grantham Hospital staff and patients (using online technology) when required.

Why we need to change: across the county, there are not enough consultants to deliver medical services in all three hospitals and, like many areas of the country, the service is unable to recruit to these posts.

We need to get patients to the right specialists quickly, matching patient need to the appropriate expertise.

The current service at Grantham deals with a restricted range of cases and receives fewer patients than the other hospitals.

What are the 'emerging options'?

There are two emerging options.

The first emerging option is to maintain inpatient medical services at Grantham Hospital and adopt a new model whereby they are joined up with local primary and community services and managed as part of the local enhanced neighbourhood team. This new model would be led by Community Health Services (not ULHT) with hospital doctors and the hospital services being part of an integrated service with GP services, community health and other local services.

Local senior clinicians (hospital, GP, community and ambulance staff) have worked together to develop this emerging option. This is aimed at keeping people at home for as long as possible and when hospital care is required delivering that in Grantham Hospital and supporting patients to get back home safely, as quickly as possible. This integrated service model would also deliver more ambulatory care (which is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services). A small number of patients currently seen and treated on the Grantham site would be admitted to hospitals with more specialist services.

This is the NHS's preferred emerging option.

The second emerging option is to have no medical inpatient services at Grantham Hospital. Diagnostics and outpatients would continue.

The benefits of the NHS's preferred emerging option could include:

- Community and hospital teams will be working as one team to prevent hospital admissions, providing coordinated care when hospital is required, and where possible reduce the length of time patients stay in hospital, working to the principle of care closer to home
- Treating patients, especially older people, close to home makes more sense for them as well as the NHS and is often safer
- The majority of patients currently treated at Grantham Hospital will continue to be treated at Grantham Hospital
- The most acutely ill patients will get the right specialist care, first time.



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What are Trauma and Orthopaedic Services: These services diagnose and treat a wide range of conditions of the musculoskeletal system. This includes bones and joints and their associated structures that enable movement - ligaments, tendons, muscles and nerves. Currently, both urgent and planned care is delivered in Lincoln, Pilgrim and Grantham Hospitals, with additional activity in our local community hospitals. These services are out-patients, minor procedures and operations.

Why we need to change: Our current service model is not sustainable. We have long waiting lists and planned operations are often cancelled. This is because planned surgery, unplanned surgery and urgent medical services are currently situated together, and staff and resources are often redirected to unplanned surgery and urgent medicine. 33% of planned orthopaedic operations were cancelled in 2017/18. This is often because hospital beds are being used by medical emergencies.

National clinical best practice evidence is that separating urgent work from planned work prevents operations being cancelled. Planned care sites have better outcomes for patients, lower rates of readmission, reduced lengths of stay and reduced risk of infections and injuries.

By developing a 'centre of excellence' for planned orthopaedic surgery, we would fix the problem of cancelled operations and give certainty to patients that their operation will go ahead as planned.

We have been testing this way of working since August 2018 at Grantham Hospital and this test is due to conclude in April 2019. This pilot has virtually eliminated cancelled operations. The evaluation will help decide whether the best practice model of care works in Lincolnshire, including the extent to which non-complex trauma could continue at the Grantham Hospital site. Outpatient services will remain at all sites.

What is the 'emerging option'?

Our emerging option is to make Grantham Hospital a 'centre of excellence' for planned and day case orthopaedic surgery.

Lincoln and Pilgrim Hospitals would provide some day case surgery and planned care for those patients with complex needs.

Outpatient services would remain at Lincoln, Pilgrim and Grantham Hospital as now.

The benefits of this emerging option could include:

- Far fewer cancelled operations
- Better clinical results for patients, lower rates of re-admission, reduced length of hospital stay and reduced risk of infections and injuries
- Trauma patients seen quicker by more specialised clinicians, with fewer unnecessary admissions
- Improved job satisfaction, morale and productivity for our staff
- Less patients having to travel to other counties for their treatment



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What are General Surgery Services: These services focus mainly on the abdominal organs; stomach, gall bladder, small bowel, colon, rectum and anus. Benign skin conditions and hernias are also included within general surgery. This surgery is currently carried out at Lincoln, Pilgrim and Grantham Hospitals, with more complex cases seen at Lincoln and Pilgrim Hospitals only.

Why we need to change: Our current service model is not sustainable. We have long waiting lists and planned operations are often cancelled to prioritise urgent cases or because medical patients need to use surgical beds. We are unable to recruit the permanent staff we need and we are not meeting national guidelines.

The service cannot always meet the demands of cancer related surgery, and this surgery is often cancelled because emergencies need theatres and medical cases need beds. 15% of planned and day case surgery was cancelled in 2017/18 and we currently only use our general surgery theatres 70% of the time available.

As with trauma and orthopaedic services, our senior clinicians tell us that separating their urgent work from their planned work prevents cancelled operations. Planned care sites have fewer cancellations of operations, better outcomes for patients, lower rates of readmission, reduced lengths of stay and reduced risk of infections and injuries.

What is the 'emerging option'?

Our emerging option is to consolidate most elective care and make Grantham Hospital a 'centre of excellence' for elective short stay and day case General Surgery. Lincoln and Pilgrim Hospitals will provide some day case/elective care for patients needing complex surgery, those with complex needs. Outpatients will remain at all three hospitals.

The benefits of this emerging option could include:

- Far fewer cancelled operations
- Better clinical results for patients, lower rates of re-admission, reduced length of hospital stay and reduced risk of infections and injuries
- Improved job satisfaction, morale and productivity for our staff

What are Urgent and Emergency Care Services:

Emergency care is when you have a serious or life threatening accident or illness and you would usually have to be treated in a major hospital. Urgent care relates to less serious health problems requiring attention which can be treated by services such as pharmacies, III, GP practices, Urgent Treatment Centres, and GP Extended Access Hub. The vast majority of urgent care needs are met by our GPs and community health services.

Emergency care is provided in A&E departments and we currently have three A&E departments at Lincoln, Pilgrim and Grantham Hospitals. For the last five years, Grantham's A&E has had restrictions upon the conditions that can be treated at this site, for example, the ambulance service does not take patients with suspected stroke or certain types of heart attacks to Grantham. Since August 2016, Grantham's A&E has had restricted opening hours.

Why we need to change: Despite the efforts of our dedicated staff, the number of patients waiting longer than four hours in A&E has steadily risen over the last four years. Our A&E departments at Lincoln and Pilgrim Hospitals are consistently failing to meet the four hour standard (from arrival to discharge or admission) and our ongoing recruitment issues reflect the national shortage of A&E consultants. Currently, only 4 of our 19 consultant posts are filled by permanently staff. Equally, only 18 of our 44 middle grade posts are filled by permanent staff. Gaps are filled with expensive locum or agency staff or not filled at all.

The current wide range of urgent and emergency care services in Lincolnshire is confusing and needs to be simplified and made easier to use.

Grantham's A&E Department has had restricted opening hours since August 2016, due to significant medical staffing issues across the county's A&E services.

What is the 'emerging option'?

Our emerging option is to maintain A&E services at both Lincoln and Pilgrim Hospitals and to add an Urgent Treatment Centre at both sites.

We would introduce a new Urgent Treatment Centre at Grantham Hospital to provide 24 hour, 7 day a week access to urgent care services locally. This means that the vast majority of local patients who need care quickly will be supported in Grantham as they are now. To ensure the local population receive the right urgent and emergency care, overnight, access to this Urgent Treatment Centre will be supported by NHS111, to ensure patients are sent to the right place, first time. NHS111 will serve as the entry point to the Urgent Treatment Centre during the overnight period.

Grantham's UTC would still be able to receive patients by ambulance. Refinements to the current access criteria will ensure that critically injured and ill patients will be cared for at their nearest A&E; treated safely and quickly by staff who have the right training and experience to give the best outcome.

This emerging option would also see the 24/7 Grantham Hospital Urgent Treatment Centre provided by Community Health Services rather than ULHT, with hospital clinicians providing specialist advice where this is required for patients.

We would also like to develop Urgent Treatment Centre services at Louth, Stamford and Skegness Hospitals and explore options for Spalding and Gainsborough.

The benefits of this could include:

- People seen and treated more appropriately, allowing specialist staff in A&E departments to focus on critically ill and injured patients
- Offering urgent care for Grantham's community 24 hours a day, with the support of other A&Es for those who need specialist care
- Across the county Urgent Treatment Centres will be available to diagnose and treat most of the common minor illnesses and injuries that people attend A&E for
- Increasing the number of people receiving A&E services within four hours



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What are Haematology and Oncology Services:

Haematology services diagnose and treat blood disorders for conditions such as haemophilia and leukaemia and provide treatments including blood transfusion services. Oncology deals with the treatment of cancer. These services are delivered in out-patient clinics and in-patient beds. We currently provide these services across Lincoln, Pilgrim and Grantham Hospitals (haematology out-patients only at Grantham), with the majority of care delivered at Lincoln Hospital.

Why we need to change: As in many services, we have a heavy reliance on agency staff for our medical workforce. For example, only eight of our twelve oncology consultant posts have permanent staff.

People are waiting too long to be seen and for treatment. Our performance is poor on the cancer 62 day referral to first treatment standard, which is rarely met. The 31 day wait for treatment is also not consistently achieved. These can be the most stressful periods of waiting for our patients.

We know that more people are being diagnosed with cancer every year and we want to be ready for this growing demand.

In summary, we are not achieving service standards, we struggle to recruit in this specialty and there is an anticipated growing demand in the next decade.

What is the 'emerging option'?

Our emerging option is to have all haematology and oncology inpatient services at Lincoln Hospital.

All other services stay the same. This means that haematology and oncology outpatients and day cases will continue to be provided from all three hospital sites, creating no additional travel for these most frequent appointments. Chemotherapy and radiotherapy will be provided at Lincoln Hospital as now. Chemotherapy day cases will continue to be provided locally at Pilgrim and Grantham Hospitals.

The benefits of this could include:

- People with the worry of a cancer diagnosis will see a specialist and receive treatment much sooner
- Improving our ability to attract and retain staff and maximise the efficiency of our consultants
- Reducing our reliance on temporary, high cost staff
- Services will be fit for the future and we will be more able to meet the anticipated growing number of people with cancer



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LINCOLN COUNTY HOSPITAL

Hyper acute and acute stroke services

Breast services

Trauma and orthopaedics – day case, low acuity surgery and complex surgery both planned and unplanned

General Surgery - day case, low acuity surgery and complex surgery both planned and unplanned

Women and Children's Services;

Obstetrics, Gynaecology, Paediatrics and neonatal services

Haematology and Oncology – outpatient and inpatient services

A&E

Now



Stroke – becomes a centre of excellence for the county or has a combined rota with Boston

Breast – no change and becomes a centre of excellence for the county or patients go to Grantham for services

Trauma and orthopaedics – planned and unplanned care / surgery for complex cases only. Day case and low acuity planned surgery go to Grantham

General Surgery – planned and unplanned care / surgery for complex cases only. Day case and low acuity planned surgery go to Grantham

Women and Children's Services – no change, has a new midwifery-led unit and has the paediatric inpatient beds for the county. OR is the consolidated site for all obstetric, paediatric and neonatal inpatient services for the county.

Haematology and Oncology – no change. Has the inpatient beds for the county.

A&E – no change. Has a new Urgent Treatment Centres

Changes as a result of emerging option

PILGRIM HOSPITAL, BOSTON

Hyper acute and acute stroke services

Breast services

Trauma and orthopaedics – day case, low acuity surgery and complex surgery both planned and unplanned

General Surgery - day case, low acuity surgery and complex surgery both planned and unplanned

Women and Children's Services;

Obstetrics, Gynaecology and neonatal services. Temporary closure of the paediatric beds and a 23 hour Paediatric Assessment Ward

Haematology and Oncology – outpatient and inpatient services

A&E

Now



Stroke – patients go to Lincoln or Peterborough Hospitals or there is a combined rota with Lincoln.

Breast – First outpatient appointments, daycase and elective procedures at Lincoln or Grantham Hospitals depending on which is the Centre of excellence. Follow up appointments, and screening mammography remain at Boston

Trauma and orthopaedics – planned and unplanned care / surgery for complex cases only. Day case and low acuity planned surgery go to Grantham

General Surgery – planned and unplanned care / surgery for complex cases only. Day case and low acuity planned surgery go to Grantham

Women and Children's Services – Has consultant-led obstetric service with the addition of a co-located midwife-led unit, specialist care baby unit caring for babies born from 32 weeks, a short stay paediatric assessment ward for children needing up to 23 hours of care, low acuity paediatric in-patient beds overnight and paediatric day case surgery.

Haematology and Oncology – All inpatients beds at Lincoln Hospital. All other elements of the service remain as is

A&E – no change. Has a new Urgent Treatment Centres

Changes as a result of emerging option

HEALTHY CONVERSATION 2019

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GRANTHAM AND DISTRICT HOSPITAL

There are no acute stroke services

Breast services

Trauma and orthopaedics – day case and low acuity surgery both planned and unplanned

General Surgery - day case and low acuity surgery both planned and unplanned

Women and Children's Services; Obstetrics, and Gynaecology outpatients only

Haematology and Oncology – outpatients and simple chemotherapy

Acute Medical Services

A&E with restricted opening hours since August 2016

Now



Breast Services – becomes a centre of excellence for the county or patients go to Lincoln Hospital which becomes the centre of excellence. Follow up appointments, and screening mammography remain at Grantham

Trauma and orthopaedics - Becomes Centre of Excellence for day cases and low acuity patients for the county

General Surgery – Becomes Centre of Excellence for day case and low acuity patients for the county

Women and Children – no change

Haematology and Oncology – no change

Acute Medical Services - Community led service integrated with hospital consultants, assessment and ambulatory care unit and Frailty /Complex medical assessment unit. This is out preferred option. Or, no medical inpatient services at Grantham and patients go to other hospitals. Medical Outpatients services continue.

A&E - becomes Urgent Treatment Centre.

Changes as a result of emerging option

**HEALTHY
CONVERSATION** 2019

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STROKE SERVICES

Hyper acute and acute stroke service at Lincoln and Boston Hospitals

Now

There are two emerging options:

1. Centre of excellence – Stroke services at Lincoln Hospital. This is our preferred option. Or
2. Stroke services continue at both hospitals with a combined stroke rota

Emerging options

BREAST SERVICES

First outpatient appointments, daycase and elective procedures, follow up appointments, and screening mammography at Lincoln, Boston and Grantham Hospitals

Now

There are two emerging options:

1. Either a centre of excellence offering all services at Lincoln Hospital (This is our preferred option)
2. Or at Grantham Hospital. Follow up appointments, and screening mammography remain available locally

Emerging options

TRAUMA AND ORTHOPAEDICS

Elective and non elective at Lincoln, Boston and Grantham Hospitals

Now

Centre of Excellence at Grantham for planned and day case orthopaedic surgery. Lincoln and Boston Hospitals provide non-elective care and some day case surgery and planned care for those patients with complex needs.

Emerging option

GENERAL SURGERY

Elective care at Lincoln, Boston, Grantham and Louth Hospitals. Non elective care at Lincoln, Boston and Grantham

Now

Centre of Excellence at Grantham for planned and day case general surgery. Lincoln and Boston Hospitals provide non-elective care and some day case surgery and planned care for those patients with complex needs.

Emerging option

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WOMEN'S AND CHILDREN'S SERVICES

All services offered at Lincoln and Boston Hospitals, with temporary closure of paediatric inpatients at Boston Hospital needing over 23 hours observation, and high risk births

Now

There are two emerging options:

1. Obstetrics, gynaecology services remain the same as now at both Lincoln and Boston Hospitals. These two hospitals will have co-located midwifery led units. This is our preferred option.
2. Consultant led care, paediatrics and neonatal inpatient services in Lincoln. New Midwifery led services at Boston and outpatient services remain at Boston.

Emerging options

HAEMATOLOGY AND ONCOLOGY SERVICES

Haematology services provided at Lincoln and Boston Hospitals. Oncology services provided at Lincoln, Boston, with a small service at Grantham

Now

All inpatients beds at Lincoln Hospital
All other elements of the service remain as it

Emerging options

GRANTHAM ACUTE MEDICINE

Medical services support urgent and acute patients. A number of medical conditions are not treated at Grantham, meaning that the most acutely ill patients with life threatening illness and injuries go to a more specialist site, first time to receive treatment

Now

There are two emerging options:

1. Community led service integrated with hospital consultants, assessment and ambulatory care unit and Frailty /Complex medical assessment unit. This is our preferred option.
2. No medical services at Grantham hospital

Emerging options

URGENT AND EMERGENCY CARE

A&E at Lincoln and Boston Hospitals. Temporary closure of A&E overnight (6.30pm-8am) and selective admissions throughout at Grantham

Now

A&E and UTC at Lincoln
A&E and UTC at Pilgrim
24 hours UTC at Grantham led by GPs and run by community services

Emerging options

Our plans over the next 12 months

We're going to continue to do great stuff in the next 12 months. Examples of our exciting plans are detailed below.

University of Lincoln opens the county's first Medical School

Central to Lincolnshire's 'grow your own' recruitment initiative, the University of Lincoln's Medical School is currently interviewing for its first students who will start training in September 2019.

University of Lincoln commences Paediatric Nurse Training

One of our much needed staff groups, paediatric nurses will be trained here in the county from September 2019.

University of Lincoln commences Midwife Training

Another hugely valuable skill set to be training in Lincolnshire is midwifery. We will have our first cohort of students in the county from September 2019

Diabetes

Building on the great work already delivered, in the next year we aim to:

- Have fewer patients developing Type 2 diabetes.
- Deliver more diabetes care in the community.
- Ensure people are better able to manage their diabetes by ensuring access to a range of information & education, including the adoption of a 'Diabetes App' to support self-care.

Expanding the number of staff that can access information through the Care Portal

Launched in 2018, our care portal is an IT initiative which provides an integrated care record for patients, across providers. This means that we can understand a problem and solution far quicker and effectively than before. A third of all NHS staff currently have access to the care portal; we aim to increase this so that the majority of staff has access by end of 2019/20.

Expansion of the Clinical Assessment Service (CAS)

- In 2016, Lincolnshire led the way in being the first in the country to develop a CAS to run alongside the current NHS111 service.
- In doing so, it saves many unnecessary trips to A&E or hospital.
- Now, the service is set to expand with more pharmacists set to be deployed during peak times and the ability for clinicians to be able to book appointments for patients directly in urgent care settings or with GPs.

Another round of GP International Recruitment

Lincolnshire's model for international GP recruitment has been so successful that it has set the standard for the national model. Over the next 20 months, will aim to recruit an additional 39 GPs into the county, the first of which will be arriving in September 2019. This is vital in ensuring more of us can access GP appointments when we need them.

Further improve dementia diagnosis rates

We intend to improve dementia diagnosis rates in Lincolnshire so that they are above the national target of 66.7% and improve post diagnostic support by launching a brand new countywide Admiral Nurse service in April 2019. This will mean that people within the county suffering because of dementia will receive a swifter route to care.

The Integrated Lifestyles Service (ILS) will provide services across four main areas including smoking, weight management, exercise and alcohol.

This service is primarily for those with long term conditions and referrals can be taken from any health professional or self-referral for smoking.

The service is county wide and will provide care based on need across all eligible groups.

The service commences in July 2019



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Our achievements over the last 12 months

We are proud of all the great things that have been done over last 12 months. Below are some examples of how we have improved our services.

The Orthopaedic Surgical trial based at Grantham Hospital

Our Grantham trial, separating the planned and unplanned procedures, has virtually eliminated cancelled operations

The Lincolnshire Heart Centre is saving lives by treating patients at the specialist centre rather than other hospital sites in the county.

Since its inception, our county's specialised heart centre is saving 250 additional lives every year at since moving them from other hospital sites in the county., outperforming all national targets

Lincolnshire's Care Portal is a secure computer system that provides health and care staff with a selected view of your personal information contained in different IT health and care systems.

This means health and care staff will be able to make sure your care is coordinated to support you as effectively as possible. It may also mean that any treatment you need could start sooner, and help to ensure that any tests are not repeated unnecessarily.

Lincolnshire's psychiatric intensive care unit (PICU) provides local inpatient care to Lincolnshire men in Mental Health distress.

Our PICU opened in 2017 and has increased the number of male patients receiving care locally so they and their families no longer have to travel long distances out of county.

Lincolnshire's psychiatric clinical decisions unit (PCDU) provides local assessment and care to Lincolnshire people in Mental Health crisis.

The unit is able to care for up to six adults at a time, for up to 36 hours, in a safe, purpose built environment away from A&E so that the team to spend more time with patients to better assess their needs

Lincolnshire's Clinical Assessment Service (CAS) is leading the way in helping patients get health information and advice over the phone.

In 2016, Lincolnshire led the way in being the first in the country to develop a CAS to run alongside the current NHS111 service, twice been recognised for its innovation and quality of service by the national HSJ Awards.

This means a team of local GPs, senior nurses and pharmacists triage patients and provide clinical assessment and advice to patients in order to ensure that they receive the right care, quickly, saving many unnecessary trips to A&E or hospital. Lincolnshire's CAS takes an average of 112,000 calls a year and in most instances, patients are reassured with advice regarding self-care, or that they are able to go to alternative settings in urgent care or referred back to their GP.

Joint working between NHS and Social Care on "bed blocking"

'Bed-blocking' is the term used to describe when patients remain in hospital beds when they don't need that level of care.

By working closer with our colleagues in social care in the county, Lincolnshire has delivered some of the lowest levels of this problem in the country over the pressurised winter period.

Neighbourhood working is joined up care closer to home

Neighbourhood working will support you to stay well, look after you at home or in the community, and help keep you at home and out of hospital wherever possible.

We have established 12 Neighbourhood areas across Lincolnshire, covering populations of between 30,000 to 70,000 people.

The Extended Access to GP services across the county

People across Lincolnshire are now able to access GP care outside of core GP hours, either in the early morning, evening or at weekends.

The launch of the NHS App and Lincolnshire NHS ASAP App

The introduction of a new website and app to give Lincolnshire's residents a quick, easy to use and reliable method of identifying the best place to go for treatment for their needs means that there is less need for patients to travel, sometimes unnecessarily, in order to understand what is wrong with them.



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