

Agenda Item 6

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

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	Health Scrutiny Committee for Lincolnshire
Date:	18 September 2019
Subject:	Medical Services at Grantham and District Hospital - Case for Change and Emerging Options (<i>Healthy Conversation 2019</i>)

Summary:

The paper sets out the case for change for medical services at Grantham and District Hospital and the proposed options for future services, as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019.

Actions Required:

The Committee is requested to comment on the case for change and the emerging options for medical services at Grantham and District Hospital.

1. Background

Grantham Hospital serves the communities of Grantham and the local area. It provides A&E services as well as medicine, surgery and end of life care plus out-patient services including paediatric out patients. Grantham Hospital is located within a one-hour drive of four major acute sites (Lincoln, Nottingham, Peterborough and Boston).

This report does not directly consider the A&E Department at Grantham Hospital nor the preferred NHS option for the site becoming a Centre of Excellence for Elective Care as these services have previously been considered or are being considered by the Committee. This report considers the medical services at Grantham Hospital.

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 for which Grantham Hospital does not provide services, 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.

1.1 Background of the Acute Service Review

Since 2018, the focus has been on ensuring a thriving and sustainable acute care service in Lincolnshire and this has been the aim of the Acute Service Review. The case for change was established at a Clinical Summit in February 2018 due to significant workforce challenges experienced by United Lincolnshire Hospitals NHS Trust (ULHT) impacting on their ability to deliver safe, quality services. In medicine, there were significant consultant workforce concerns, notably for cardiology and respiratory across the county. There was an agreement that ULHT was operationally unsustainable in its current form and that a review of healthcare provision for the Lincolnshire population into the future was required.

For Grantham, there were two primary concerns; the first was the future for the A&E department and the second, the stability of acute medical services.

1.2 Case for Change

Across the county, there should be 16 acute care physicians (i.e. consultant physicians) to deliver medical services in all three hospitals. Like many areas of the country, Lincolnshire is unable to recruit to all these posts. At present there are six substantively employed acute care physicians employed and the remaining ten posts are filled by locum consultants. This means that the service is heavily reliant on locum medical staff.

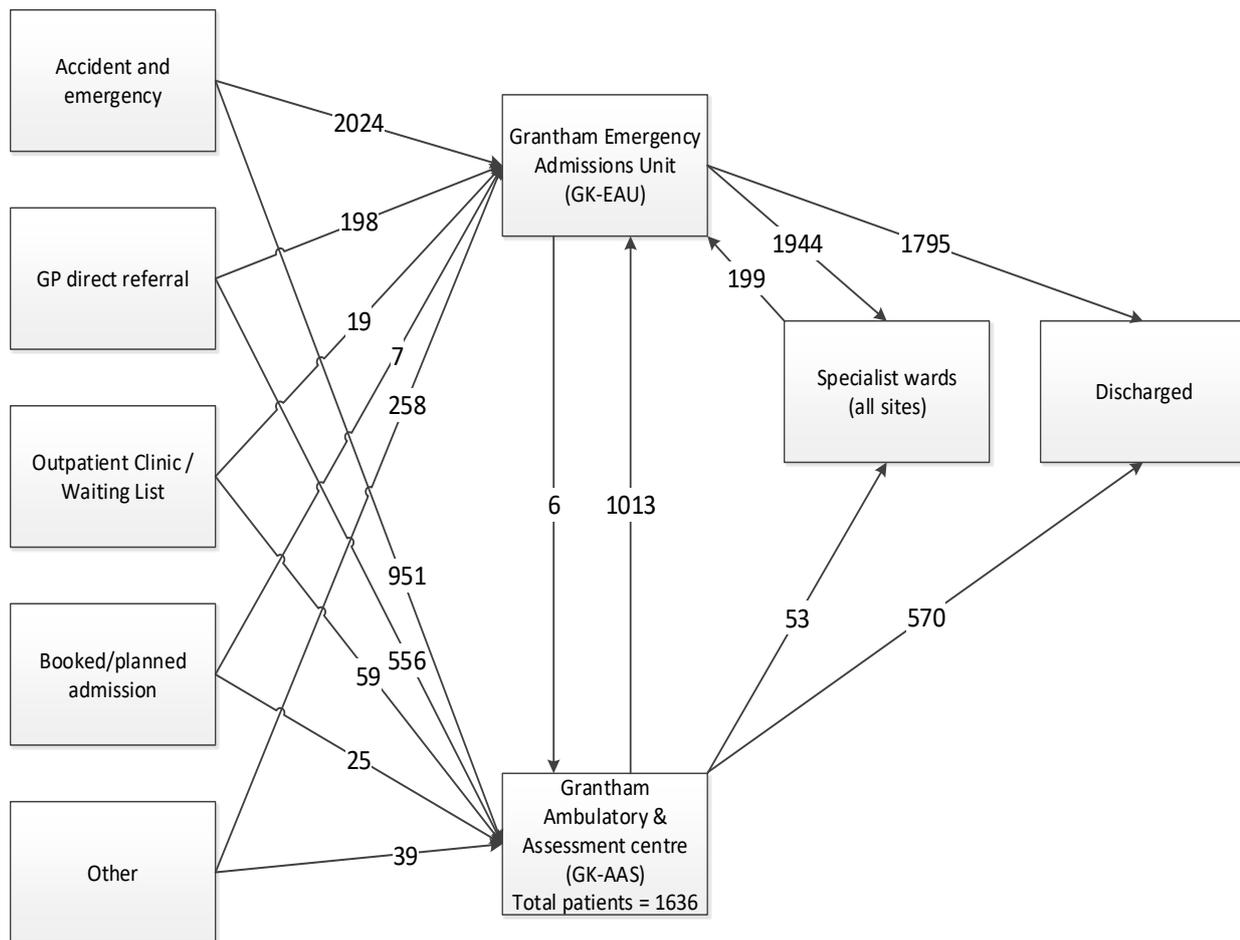
Getting patients to the right specialists quickly is the key factor that improves outcomes for people. The current service at Grantham deals with a restricted range of cases and receives fewer patients than the other hospitals. See appendix 1 – Grantham Hospital A&E Exclusion Protocol.

1.3 Current urgent care activity at Grantham Hospital

The table below shows the number of non-planned admissions to the three hospital site for the first four months of this year.

Hospital	April	May	June	July	TOTAL
Grantham	168	190	223	247	828
Pilgrim	1176	1349	1268	1378	5171
Lincoln	946	1102	1014	1083	4145

The chart below is an activity map for the Grantham & District Hospital “front door”. It covers activity for the period of 1/4/2018 to 31/03/2019.



1.4 Current Consultant Workforce at Grantham Hospital

Grantham Hospital runs an integrated medical rota combining acute care and specialty medicine workforce. The table below shows the established number of medical posts at Grantham Hospital and the current number of staff currently in post.

Consultant	Establishment	Substantive in post	Locum in place
Respiratory	2	0	1 (resignation received)
Gastroenterology	3	1	0
Cardiology	2	1 (planned retirement) 1 post has been vacant for 3 years	Covered by Lincoln but locum cover now becoming more unpredictable
Acute Care Physician	3	2	1
Health Care for the Elderly	2	0	1

The rota runs a 1:7, with only 3.0 substantively filled posts (specialties and medicine), the remainder of the rota is dependent on locum doctors, or on the substantive consultants doing additional on call duties. The cardiology posts do not form part of the medical rota at Grantham.

1.5 The Emerging Options for Medical Services at Grantham Hospital

There are two emerging options within the Acute Service Review.

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 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) 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.

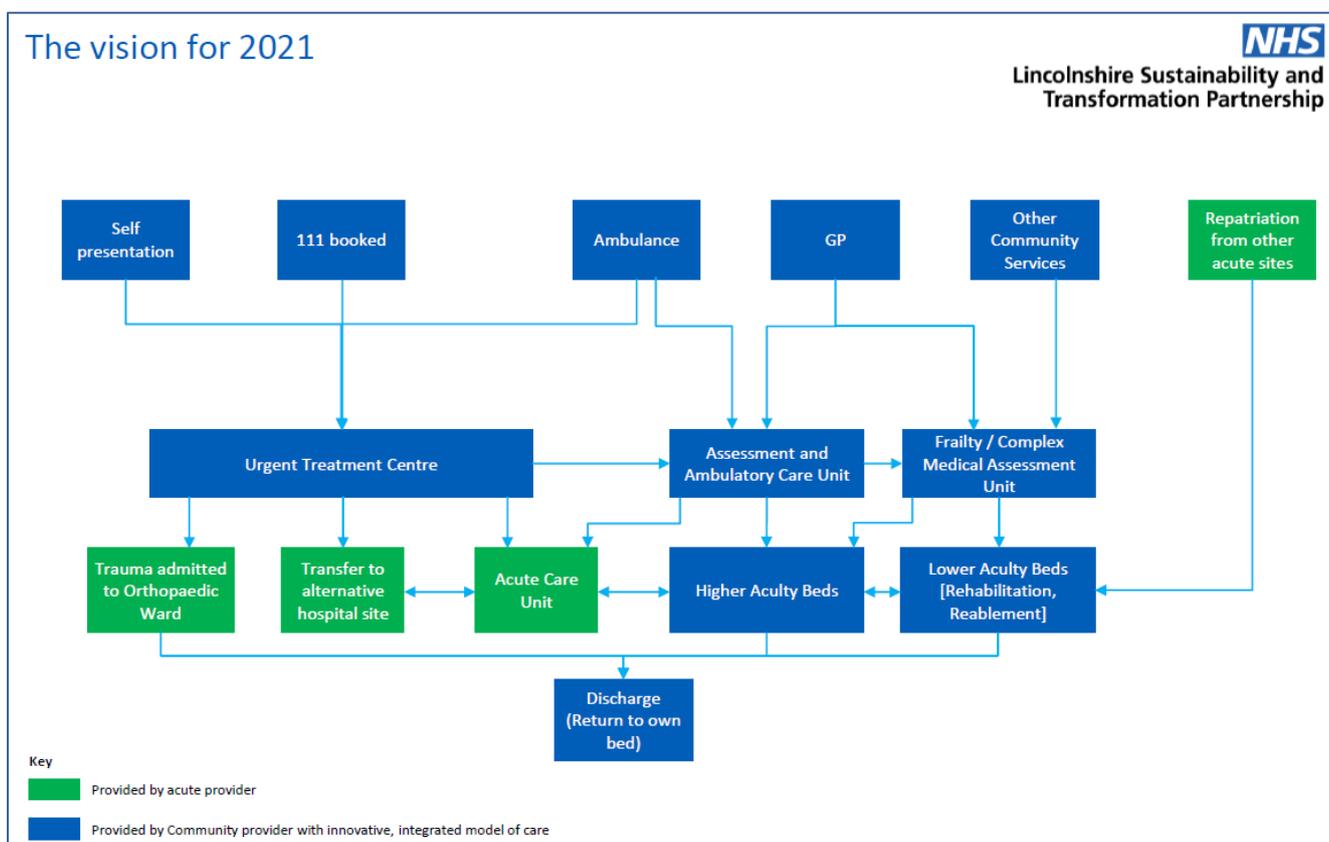
The benefits of the NHS's preferred emerging option could include:

- 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

1.6 New Model of Care

As already stated, the aim is to have integrated care delivered by the community services, hospital services alongside the recent development of Primary Care Networks. This means expanding on the developing Neighbourhood Team model to offer a GP-led integrated multi-disciplinary care team in the Grantham (and Sleaford) area which would support local bed based care and support the majority of patients closer to home (and without requirement for an overnight stay where possible). The single team would work across their local communities and 'in reach' to support people requiring bed-based care. One of the key areas of focus would be

frailty, with fully developed expertise embedded across the teams. The team would be more efficient, offering a variety of new functions, and would “be supported by and have rapid access to specialist, hospital-based, colleagues when necessary, increasingly utilising technology to achieve this”.



The aim of the proposed model was to support the majority of the existing bed-based patient cohort to remain at Grantham, focussing on enabling those with lower acuity need and the most frail to continue to receive their care locally.

1.7 Healthy Conversation 2019 Feedback

The population of Grantham and its villages are passionate about their local hospital and its services. Indeed, the two key campaign groups, SOS Grantham Hospital and Fighting 4 Grantham Hospital have been fundamental in supporting engagement from Grantham’s population, ensuring that service users have shared their views with us.

Response to HC2019 has been significant, compared to previous engagement processes and has offered beneficial feedback. A review of the feedback provided by stakeholders during HC2019 has been undertaken and is informing the further refinement of the preferred NHS option for the future of not only Medical Services but also A&E services at Grantham.

The resounding feedback with regards to a preferred emerging option for Medical Beds was Option 1, to retain medical beds, but under a new community-focussed model. Though there were issues raised to this option. The table below offers a summary of the key themes received and the responses published on the Healthy Conversation website.

Feedback Received	Summary Response	Further Information
Concerns about travel distance and time to alternative hospitals	The NHS preferred emerging option will provide an extension of the services for Grantham.	Provision of consultant-led services at Grantham will continue to facilitate care delivery to a high acuity of patient. Those requiring more specialised services will have better outcomes at larger units. Grantham will additionally have excellent services to support those with Long Term Conditions and the frail and elderly. Options for improved support for children and young people are additionally being considered. The proposed model for the consultant team to support community-based provision will facilitate local delivery of care for populations across the county, reducing need to travel for large cohorts.
Concerns about travel in an emergency	Clarity of pathways and improved access to services.	Getting the patient to the right specialist first time improves patients outcomes. This could mean driving past Grantham Hospital. The public are encouraged to contact 111 or 999 in the first instance who support appropriate access based on clinical need.
Concerns Hospital staff will be unable to manage very sick patients	Stabilise and transfer model.	The revised proposal includes for adequate staff skillset to enable deteriorating patients or acutely unwell patients (arriving via walk-in) to be stabilised at Grantham prior to transfer to a more appropriate centre for ongoing care.

2. Consultation

This is not a formal consultation item. However, the Committee may wish to submit initial comments on the case for change and the emerging options to the Lincolnshire Sustainability and Transformation Partnership.

3. Conclusion

The Healthy Conversation 2019 campaign has delivered a recognisable and effective platform to enable our key stakeholder groups to share feedback with Lincolnshire's NHS.

The priorities are to continue to try and recruit to the medical consultant posts across Lincolnshire.

4. Appendices

Appendix A	Grantham A&E Exclusion Protocol
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5. Background Papers

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

This report was written by Sarah Furley, STP Programme Director who can be contacted on 01522 307315 or sarah.furley@lincolnshireeastccg.nhs.uk

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