

# Agenda Item 4

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

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>18 September 2019</b>
Subject:	<b>Chairman's Announcements</b>

## 1. Visit by the Prime Minister and the Secretary of State to Pilgrim Hospital, Boston

I would like to on record the visit by the Prime Minister, the Rt Hon Boris Johnson MP, and the Secretary of State for Health and Social Care, the Rt Hon Matt Hancock MP, to Pilgrim Hospital on 5 August 2019. United Lincolnshire Hospitals NHS Trust (ULHT) has reported that the visit was welcomed by staff, whose morale had been improved. ULHT has indicated that giving the hospital attention helps to support the recruitment and retention of staff.

The visit coincided with the Prime Minister's announcement that twenty hospitals would be sharing £850 million of new funding to upgrade facilities and equipment. The allocation of £21 million for Pilgrim Hospital's accident and emergency department is considered as part of item 5 of this Committee's agenda.

## 2. Lincoln Medical School

The Lincoln Medical School, based at the University of Lincoln, is a joint venture between the Universities of Lincoln and Nottingham. This September, the first cohort of 80 students will begin:

- the five-year Bachelor of Medicine Bachelor of Surgery (BMBS) Medicine degree; and
- the six-year Foundation Year and Bachelor of Medicine Bachelor of Surgery (BMBS) Medicine degree.

From 2021, the students will benefit from a new purpose-built medical school building in Lincoln and also it is expected that the University of Lincoln will assume sole responsibility for the Lincoln Medical School at a later date.

On graduation, students can register provisionally with the General Medical Council and begin the two-year Foundation Programme ('F1' and 'F2'), which allows graduates to put into practice their learning in preparation for practising as a fully registered doctor in the UK.

Completion of F2 will lead to the award of a *Foundation Programme Certificate of Completion*, which indicates that a foundation doctor is ready to enter a core, specialty or general practice training programme, which can last from three years (for example, for a GP) to six or more years for many other specialties (such as trauma and orthopaedics; and emergency medicine).

In addition to the medicine degree, the University of Lincoln continues to provide three-year undergraduate degrees in Midwifery; Nursing (Adult, Children or Mental Health); and Paramedic Science.

I propose to include a full item in the Committee's work programme on the positive impacts of the Lincoln Medical School and other health-related degrees, and how they will support the local NHS in the years to come.

### **3. Proposal to Close Skellingthorpe Health Centre**

On 10 July 2019, the Committee considered the proposal from the Glebe Medical Practice in Saxilby to close its branch surgery in Skellingthorpe. Following the Committee's consideration, the Chairman wrote to Lincolnshire West Clinical Commissioning Group (CCG), stressing the importance of discussions to provide transport for patients between Skellingthorpe and Saxilby.

On 18 September, Lincolnshire West CCG's Primary Care Commissioning Committee is due to consider the responses to the consultation and make a decision on the proposal from the Glebe Medical Practice. As the decision will not be available for this meeting, it will be reported to the Committee's next meeting on 16 October.

#### 4. Grantham A&E – Overnight Closure Impact on Peterborough City Hospital

On 28 August 2019, the Health Service Journal (HSJ) reported on the impacts of the overnight closure of Grantham A&E on Peterborough City Hospital. This report referred to the following extract (page 19) the annual report 2018/19 of North West Anglia NHS Foundation Trust, which runs Peterborough City Hospital:

##### Increase in non-elective admissions

Fin. Year	PCH	HHCT	Total
2017/18	47574	10070	57644
2018/19	49647	10461	60108
% increase	4.4%	3.9%	4.3%

In addition, the Trust continues to see an increase in the number of emergency patients from Lincolnshire in the evenings, following the reduction of opening hours at Grantham Hospital A&E department, which was implemented in 2016/17.

“ Huge thanks to the resus team who took my husband and looked after him after a nasty fall. Very professional but helpful and kind to me while doing their job. ”

##### The increase in PCH A&E Attendances from the Grantham patch is as follows:

	Arrived by Ambulance = No	Arrived by Ambulance = Yes	Total
2017/18	832	385	1,217
2018/19	906	475	1,381

The report in the Health Service Journal also referred to United Lincolnshire Hospitals NHS Trust indicating that it had also seen a “small” increase at its other two emergency departments at Lincoln and Boston in the three years since August 2016, when the overnight closure at Grantham began.

I propose to discuss this as part of the work programme item, with a view to potentially listing an item for the Committee's agenda on 18 October, which would seek to clarify the above statements.

## 5. Community Pharmacy Contractual Framework (2019/20 - 2023/24)

On 22 July 2019, the Department of Health and Social Care (DHSC), the Pharmaceutical Services Negotiating Committee<sup>1</sup>, and NHS England and NHS Improvement jointly published: *The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: Supporting Delivery for the NHS Long Term Plan*. This agreement will come into effect from 1 October 2019 and continue to 31 March 2024.

The DHSC states that the commitments in the NHS Long Term Plan have been translated into a five-year contractual framework, with new roles for community pharmacy in three areas: prevention; urgent care; and medicines safety. Almost £2.6 billion has been committed to community pharmacy in each of the next five years, recognising community pharmacy's contribution to the NHS Long Term Plan.

The new roles include a new consultation service to connect patients with a minor illness to a community pharmacy, beginning with referrals from 111, extending to referrals from GP practices, 111 online, urgent treatment centres and emergency departments. The aim is to relieve pressure on the urgent care system.

Existing services will be rationalised to release pharmacists' time. For example, medicines use reviews will be phased out by March 2021, with primary care networks taking responsibility for this. Local community pharmacies will be supported through a revised Pharmacy Access Scheme. Further information is available at: -

<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/>

On 15 July 2019, prior to the publication of the new framework, an independent pharmacist wrote to me raising the issue of funding for rural pharmacies:

*"You will recall that a few years ago the Department of Health expressed a strong wish that pharmacies be encouraged to offer health advice to lessen the serious impact on general practice and hospital accident and emergency departments.*

*"The resulting help for rural pharmacies, whilst welcome has in a variety of ways been 'nibbled away' very seriously since. Apart from reductions in the rural pharmacy grant, because of the long-windedness of appealing against the Department's set list of costs for various prescribed products, some of which we have to provide at considerable loss.*

*"Without going into detail, I believe that the changes have reduced our gross profit (and hence our ability to provide services other than prescribing within the pharmacy) by at least 40 per cent.*

*"We are well aware that we are not alone in facing this problem – now faced by most if not all rural pharmacies.*

*"We would be interested to know whether your Committee is intending to consider*

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<sup>1</sup> The Pharmaceutical Services Negotiating Committee (PSNC) promotes and supports the interests of all NHS community pharmacies in England. The PSNC is recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy contractors.

*this serious matter again in the near future, and what steps, if any you can take to draw to the attention of those who make these decisions, of how much a threat to rural pharmacies this represents."*

I propose to discuss this request as part of the work programme item.

## **6. Orthodontic Provision in Lincolnshire**

The Chair of the Lincolnshire Local Dental Committee (LDC)<sup>2</sup> has contacted me to raise an issue with NHS England's current procurement exercise for orthodontic services. NHS England is applying a 'lotting' strategy with Lincolnshire covered by seven lots. The size of the lots have been calculated based on principles which include a requirement that the Unit of Orthodontic Activity (UOA) within each Orthopaedic Planning Area (OPA) will be based on one third of the number of twelve year olds resident in the OPA area x 22.5 UOAs. The number of twelve year olds is based on projections up to 2027.

The Chair of the LDC has stated that because the lots are based on district council areas, there will be an expectation that children for example who live in North Hykeham (North Kesteven), would have to travel to Sleaford; similarly children in Nettleham (West Lindsey) would have to travel to Gainsborough. Currently services for children in the 'greater' Lincoln area are provided by two specialist orthodontic practices in Lincoln.

I propose to discuss the request from the Chair of the LDC for an agenda item as part of the work programme item. If the Committee agrees, representatives from NHS England would ideally need to attend also.

## **7. Renal Dialysis Services**

On 12 September 2018, University Hospitals of Leicester NHS Trust (UHL) advised this Committee that the contracts for renal dialysis services were due for renewal in Boston, Grantham and Skegness.

UHL has confirmed that the contracts have now been awarded. However, there was a contractual requirement for alternative premises in Boston as the existing site cannot meet increasing demand. Discussions are continuing between UHL and the new provider, Renal Services (UK) Ltd, on possible new sites. UHL has suggested that councillors from the Committee and the local area may be invited to discussions with UHL and the new provider, if required.

If there is any additional information, it will be shared at the meeting and will be discussed as part of the work programme item.

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<sup>2</sup> Local Dental Committees (LDCs) are established under Section 113 of the National Health Service Act 2006 (as amended). LDCs may be consulted by commissioners as an NHS recognised group of dental service providers, who represent dentists in the planning of locally commissioned NHS primary care dental services.

## **8. Thames Ambulance Service – Care Quality Commission Inspection**

The Thames Ambulance Service Ltd (TASL) began providing non-emergency patient transport in Lincolnshire on 1 July 2017, under a five-year contract awarded by the Lincolnshire Clinical Commissioning Groups. On 27 August 2019, the Care Quality Commission (CQC) published an inspection report on TASL, based on inspections between 1 and 14 May 2019.

The overall finding from the CQC was that TASL 'requires improvement'. This follows an inspection report from the CQC, published on 13 February 2019, where the overall finding had been that TASL was 'inadequate'.

The CQC's August 2019 report on TASL includes the following summary:

- The service did not have enough staff in all areas
- The service managed safety incidents but did not always share the lessons well.
- Managers did not monitor the effectiveness of the service to make improvements to meet key performance indicator targets.
- People had to wait for the service which was sometimes delayed, appointment times were not always met.
- Processes to improve staff and patient engagement were in their infancy
- Leaders did not always use information systems and information to improve services.
- Staff did not understand the service's vision and values, and how to apply them in their work.

However, the CQC also found:

- Staff training had improved, and staff understood how to protect patients from abuse.
- Staff provided care and treatment in line with national guidance.
- Staff had made improvements to work together for the benefit of patients.
- Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- Staff provided emotional support to patients, families and carers.
- The service had made some improvements to plan care to meet the needs of local people and their individual needs.

This Committee is next due to consider a substantive item on non-emergency patient transport in December 2019.

## **9. Stamford and Rutland Hospital – Development of Western Part of Site**

Following the completion of the redevelopment of Stamford and Rutland Hospital in July 2017, North West Anglia NHS Foundation Trust is now considering options for the west end of the hospital site, many parts of which are not used.

The Trust is holding an information evening on 26 September at 6pm in the Meeting Hall at Stamford and Rutland Hospital. The Trust's Chief Executive, Caroline Walker, and Project Manager, Stephen Graves, will provide a briefing on the plans for the hospital and how these will be implemented.

The Trust has requested that those interested in attending contact them by 18 September.

## 10. NHS England Annual Assessment of Clinical Commissioning Groups

On 11 July 2019 NHS England, which assesses Clinical Commissioning Groups (CCGs) each year, published its assessments for 2018/19. CCGs are assessed in line with an agreed framework, including an assessment of each CCG's leadership and financial management. Each CCG is rated as outstanding, good, requires improvement or inadequate. Of the 195 CCGs rated in 2018/19, 24 were outstanding; 102 were good; 58 require improvement; and 11 were inadequate.

Lincolnshire East CCG and Lincolnshire West CCG have been rated as good for 2018/19. South Lincolnshire CCG and South West Lincolnshire CCG have been rated as require improvement for 2018/19. This is an improvement compared to 2017/18, when each Lincolnshire CCG was rated as requiring improvement.

## 11. Annual Public Meetings – Local NHS Organisations

The annual public meetings of locally-based NHS organisations are taking place on the following dates during September: -

<i>Organisation</i>	<i>Date</i>	<i>Time</i>	<i>Venue</i>
United Lincolnshire Hospitals NHS Trust (#)	17 Sept	1.00 – 2.00 pm	New Life Centre 25 Mareham Lane Sleaford NG34 7JP
North West Anglia NHS Foundation Trust (#)	18 Sept	6.00 – 7.30 pm	Lecture Theatre, Level 4, at Peterborough City Hospital
Lincolnshire Partnership NHS Foundation Trust (#)	19 Sept	1.00 – 4.30 pm (Doors open 12.30 pm)	Centre for Learning, Development and Research, Unit 3, The Reservation East Road, Sleaford NG34 7BY
South Lincolnshire CCG and South West Lincolnshire CCG Joint Meeting	19 Sept	5.00 – 7.30pm	Bourne Corn Exchange, 3 Abbey Road Bourne PE10 9EF
Lincolnshire East CCG (#)	26 Sept	2.00 – 4.00 pm (Registration from 1.30 pm)	Dower House Hotel Manor Road Woodhall Spa LN10 6PY
Lincolnshire West CCG	27 Sept	3.00 pm	The Showroom Tritton Road Lincoln LN6 7QY

(#) Registration in advance is preferred, with details available on the organisation's website.

The following annual public meetings have already taken place: -

- East Midlands Ambulance Service NHS Trust – 6 August (*Annual Report and Accounts for 2018/19 and the presentation from the Trust's Chief Executive are available at <https://www.emas.nhs.uk/about-us/trust-documents/> )*
- Lincolnshire Community Health Services NHS Trust - 5 September (*Annual Report and Accounts for 2018/19 available at <https://www.lincolnshirecommunityhealthservices.nhs.uk/about-us/our-publications/annual-reports> )*