

# 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>17 April 2024</b>
Subject:	<b>Chairman's Announcements</b>

## 1. The Sidings Medical Practice, Boston

On 27 March 2024, the Care Quality Commission (CQC) published an inspection report on the Sidings Medical Practice in Boston, following inspections on 19 October, and 8 December 2023. The CQC made the overall finding of *Inadequate*. The ratings for five CQC domains were: are services safe? *Inadequate*; are services effective – *Requires Improvement*; are services caring? – *Good*; are services responsive to people’s needs? – *Requires Improvement*; are services well-led? – *Inadequate*. The practice, which has nearly 17,000 registered patients, was placed in special measures and the CQC issued a number of ‘must do’ actions, some of which had to be completed by 22 December 2023.

The full report and evidence table may be found at:  
[The Sidings Medical Practice - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/inspections-reports/2024/03/sidings-medical-practice)

Since 1 September 2022, the practice has been operated by a new provider, Omnes Healthcare, who were awarded a five-year contract by NHS Lincolnshire Integrated Care Board. Prior to September 2022, the practice had been operated by Lincolnshire Community Health Services NHS Trust on a caretaker basis.

## 2. Powers for Pharmacy and Dental Staff

On 28 March 2024, the government announced arrangements to give wider roles to pharmacy technicians, and dental therapists and hygienists. The plans support improving access to primary care, including through initiatives such as *Pharmacy First* and the *Dental Recovery Plan*. The move follows public consultation, in which 97% of respondents were in favour of new roles for dental hygienists and therapists; and 84% of respondents were in favour of new roles for pharmacy technicians.

Dental hygienists and therapists will be able to give patients certain types of medicines, including pain relief and fluoride, without sign off from a dentist. Pharmacy technicians will now be able to administer and supply specified medicines to certain groups of patients, without those patients having to see a prescriber. These changes will potentially enable pharmacy technicians to undertake tasks like administering vaccinations and providing consultations under *Pharmacy First*.

There are currently over 25,500 pharmacy technicians working in pharmacies across England, Scotland and Wales, while there are 9,733 dental hygienists and 6,198 dental therapists currently registered with the General Dental Council in the UK. The government states that move will free up pharmacists' and dentists' time, allowing them to deliver more patient-facing clinical services and improving access to primary care services for patients.

### **3. Joint Health and Wellbeing Strategy, and Integrated Care Partnership Strategy**

On 21 February 2024, the Committee considered and recorded its support for the draft Joint Health and Wellbeing Strategy. On 12 March 2024, the Health and Wellbeing Board approved the strategy. Also on 21 February 2024, the Committee considered and recorded its support for the draft Integrated Care Partnership Strategy. On 12 March 2024, the Integrated Care Partnership approved the strategy. These two strategies are now available in their final form on the [Lincolnshire Health Intelligence Hub](#).

### **4. NHS England: 2024-25 Priorities and Operational Planning Guidance**

On 27 March 2024, NHS England issued its *2024-25 Priorities and Operational Planning Guidance*. This document is aimed at NHS Integrated Care Boards, and their partner NHS trusts and NHS foundation trust, to focus their planning on key priorities in the coming year.

#### Overarching Priorities

The guidance states that the overall priority for the NHS in 2024/25 remains the recovery of its core services and productivity following the Covid-19 pandemic. The guidance also states that to improve patient outcomes and experience the NHS must continue:

- To maintain its collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the *Core20PLUS5* approach.
- To improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24.
- To reduce elective long waits and improve performance against the core cancer and diagnostic standards.

- To make it easier for people to access community and primary care services, particularly general practice and dentistry.
- To improve access to mental health services so that more people of all ages receive the treatment they need.
- To improve staff experience, retention and attendance.

### National Objectives for 2024/25

These overarching priorities are supported by a series of national objectives for 2024/25, which are set out in Appendix A to this report. NHS England asks Integrated Care Boards and their partner trusts and foundation trusts to work with wider system partners to develop plans to meet the national objectives and the local priorities agreed by Integrated Care Systems.

Some of the topic areas for these objectives, for example, Urgent and Emergency Care and Cancer, are topics regularly considered by this Committee.

*Priorities and Operational Planning Guidance* refers to a number of other specific plans, such as the NHS Long Term Workforce Plan

## **5. NHS Prescription Charges from 1 May 2024**

On 5 April 2024, the Department of Health and Social Care announced that charges for prescriptions and prescription prepayment certificates (PPCs) would increase by 2.59% (rounded to the nearest five pence) from 1 May 2024. A prescription will cost £9.90 for each medicine or appliance dispensed, an increase of 25 pence from £9.65. The three month PPC will cost £32.05 instead of £31.25 and the twelve month PPC will cost £114.50, instead of £111.60.

NHS prescriptions remain free for those under 16, those aged between 16 and 18 in full time education, and those over 60. Other exemptions include:

- those who are pregnant or have had a baby in the previous twelve months;
- those with a specific medical condition, such as diabetes;
- those with a continuing physical disability who are prevented from going out without help from another person;
- NHS in-patients; and
- those on certain benefits including universal credit.

## **6. Lincolnshire Community and Hospitals NHS Group**

### Implementation of Group Arrangement

From 1 April 2024, the Group Arrangement involving Lincolnshire Community Health Services NHS Trust and United Lincolnshire Hospitals NHS Trust came into effect. This does not mean a formal merger of the two organisations, but will bring the two Trusts together under a single Board and Executive Leadership Team, with the goal of improving the care that is provided to patients both in the community and in hospitals across Lincolnshire. Both Trusts will retain their separate statutory names and legal obligations.

Following an extensive staff and stakeholder engagement exercise, the Group will be known as Lincolnshire Community and Hospitals NHS Group (LCHG). Elaine Baylis, who has also been the Chair of the two individual Trust Boards, has been previously designated as the Chair of the Group and will continue in this role.

### Group Chief Executive

On 20 March 2024, the appointment of Karen Dunderdale as Group Chief Executive of Lincolnshire Community Health Services NHS Trust and United Lincolnshire Hospitals NHS Trust was announced. Karen Dunderdale will take up her role on 1 July 2024, to allow a handover between her and Andrew Morgan before he leaves the Trust at the end of the June.

## NATIONAL NHS OBJECTIVES FOR 2024/25

The following table sets out the NHS national objectives for 2024/25. NHS England states that they will be the basis for the way NHS England assesses the performance of the NHS alongside the local priorities agreed by Integrated Care Systems.

Area	Objective
<b>Quality and Patient Safety</b>	Implement the Patient Safety Incident Response Framework (PSIRF).
<b>Urgent and Emergency Care</b>	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within four hours in March 2025.
	Improve Category 2 ambulance response times to an average of thirty minutes across 2024/25.
<b>Primary and Community Services</b>	Improve community services waiting times, with a focus on reducing long waits.
	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.
<b>Elective Care</b>	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest, except where patients choose to wait longer or in specific specialties.
	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%.
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments, attracting a procedure tariff to 46% across 2024/25.
	Improve patients' experience of choice at point of referral.
<b>Cancer</b>	Improve performance against the headline 62-day standard to 70% by March 2025.
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026.
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

Area	Objective
<b>Diagnostics</b>	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
<b>Maternity, Neonatal and Women's Health</b>	Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment.
	Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities.
<b>Mental Health</b>	Improve patient flow and work towards eliminating inappropriate out of area placements.
	Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional children and young people aged 0–25, compared to 2019).
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025.
	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025.
<b>People with a Learning Disability and Autistic People</b>	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025.
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults, or 12–15 under 18s, for every 1 million population.
<b>Prevention and Health Inequalities</b>	Increase the percentage of patients with hypertension treated according to NICE guidance to 80% by March 2025.
	Increase the percentage of patients aged 25–84 years with a cardiovascular disease risk score greater than 20% on lipid lowering therapies to 65% by March 2025.
	Increase vaccination uptake for children and young people year on year towards World Health Organization recommended levels.
	Continue to address health inequalities and deliver on the <i>Core20PLUS5</i> approach, for adults and children and young people.

Area	Objective
<b>Workforce</b>	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.
	Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors.
	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.
<b>Resources</b>	Deliver a balanced net system financial position for 2024/25.
	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.

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