

Agenda Item 4

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 14 NOVEMBER 2018

SUPPLEMENTARY CHAIRMAN'S ANNOUNCEMENTS

1. **Grantham and District Hospital: Overnight Closure of Accident and Emergency Department - Correspondence**

On 6 November 2018, an official in the Department of Health and Social Care replied to my earlier letters as follows: -

"Thank you for our letters of 6 September to the Secretary of State and of 14 September to Minister of State for Health.

"You asked about the report you submitted in January, about the continuing reduced service at the A&E at Grantham and District Hospital.

"As you know the Secretary of State has asked the relevant NHS bodies to report back about progress with implementing the previous decision, which relates to the original decision to reduce services in the A&E at Grantham and District Hospital, and in particular the actions identified by the IRP. That information is highly relevant to the ongoing consideration of your second report. The local NHS are due to report back by the end of the year, and I am sure that there will be further discussion after that about these issues."

The following points should be noted: -

- a) In the above letter, the word 'report' in the two phrases: '*the report you submitted in January*' and '*ongoing consideration of your second report*' has been used as this is the word used in the Regulations. In the Secretary of State's guidance the word 'referral' is also used. Thus, in effect the word 'report' is interchangeable with the word 'referral' in this context.
- b) The reference to the '*actions identified by the IRP*' relates to the IRP's report of 22 March 2017, which was published in August 2017. It should be noted that the Committee's referral of January 2018 cited the IRP's report, including the following:

'Recognising that the staffing threshold currently required to restore the service at Grantham is unlikely to be achieved in a sustainable way CCGs, as commissioners of these services, must as a matter of urgency work with the local providers (including mental health care and community providers as well as ULHT) and the HSC to engage and consult the public across Lincolnshire on current services and what might be achievable and sustainable in the future.'

This and other parts of the IRP's report were used in the Committee's referral of January 2018, because the January 2018 referral was submitted on the grounds of inadequate consultation.

- c) The use of the phrase '*ongoing consideration of your second report*' confirms that the Committee's referral, submitted in January 2018, is still 'live' and has not yet been determined by the Secretary of State for Health and Social Care.
- d) The phrase '*the local NHS are due to report back*' refers to South West Lincolnshire Clinical Commissioning Group and United Lincolnshire Hospitals NHS Trust, who are due to submit their plans to the Minister of State for Health by 31 December 2018.

Further Information

- e) There have been several questions raised on why the IRP has not been involved on the Committee's referral of January 2018. The Secretary of State's guidance states that '*the Secretary of State may ask for advice from the Independent Reconfiguration Panel (IRP)*'. There is no obligation on the Secretary of State to seek advice from the IRP. It could be argued that by seeking plans for consultation from South West Lincolnshire Clinical Commissioning Group and United Lincolnshire Hospitals NHS Trust, there has been an implicit acceptance by the Minister of State for Health of the Committee's argument, as set out in the referral, for consultation.
- f) On 15 March 2018 I wrote to the Department of Health and Social Care, as part of the correspondence in support of the Committee's January 2018 referral. In this letter I made a suggestion as follows:

'There is a potential way to progress matters: separating the consultation on emergency and urgent care provision (including Grantham A&E) in Lincolnshire from the consultation on the rest of the Lincolnshire STP. However, the Committee understands that such a decision is outside the remit of the Lincolnshire CCGs, and rests with NHS England. I would like to know if the Secretary of State as part of his determination of this referral could indicate if he has a view on accelerating the emergency and urgent care elements of the Lincolnshire STP consultation.'

It is not possible to say whether the consultation on emergency and urgent care (including Grantham A&E) will be detached from the consultation on the remainder of the acute services review elements of the STP. At this point, it is more important that consultation is undertaken on the future of Grantham A&E as soon as possible. I look forward to the Minister of State for Health passing on the plans from South West Lincolnshire Clinical Commissioning Group and United Lincolnshire Hospitals NHS Trust, as this may indicate whether the suggestion is going to be accepted.

- g) There has been some concern about a reference in the local media to two options for the long term future Grantham A&E. Irrespective of the number of options and the state of their development by the NHS, the Health Scrutiny Committee has long argued for the need for consultation and engagement on the proposals in the acute services review, including those for Grantham A&E.

2. Ambulance Service in Lincolnshire Summit Meeting – 7 November 2018

On 7 November 2018, I attended a meeting where attendees included:

- the Leader and Deputy Leader of Lincolnshire County Council;
- the Chief Executive of East Midlands Ambulance Service NHS Trust (EMAS);
- the Lincolnshire Police and Crime Commissioner;
- representatives from Lincolnshire's NHS trusts and Clinical Commissioning Groups;
- representatives from LIVES, and the Nottinghamshire and Lincolnshire Air Ambulance;
- the Chief Fire Officer; and
- the Assistant Chief Constable of Lincolnshire Police

Attendees at the meeting discussed the additional resources that health commissioners and EMAS have committed, which will provide 39 new ambulances in 2019 in Lincolnshire. EMAS also provided an update on their work to provide a more bespoke service in Lincolnshire.

All organisations agreed to work more collaboratively to allow the extra investment to deliver the best possible improvements to services and response times, and signed a 'Statement of Intent' to that effect.

Lincolnshire County Councillor Mrs Patricia Bradwell also announced that a fund of £300,000 had been allocated by the County Council to develop a model of response for people who have fallen. The funding would provide a new 'falls response' pilot project in Lincolnshire to improve the speed of response to someone who has fallen as an expansion of existing response services in the county. As well as people getting the care they need more quickly, there will be benefits to the whole health and care system, avoiding unnecessary hospital admissions and allowing EMAS to prioritise life-threatening calls.

This pilot project is planned to be operating before Christmas, with impacts being monitored and any improvements being made in the spring of 2019. The funding will be from the additional money allocated from the Government to help councils deal with winter pressures.

3. Lincolnshire Sustainability and Transformation Partnership - Mental Health

At the Committee's last meeting on 17 October, as part of the consideration of the Lincolnshire Sustainability and Transformation Partnership Mental Health item (Minute 45, page 11 of the agenda pack), information was requested from Lincolnshire Partnership NHS Foundation Trust on the following:

- the Bi-Polar Support Group;
- the workforce plan; and
- the locations of the physical health care clinics.

This information will be circulated when it is received.

4. Non-Emergency Patient Transport – Thames Ambulance Service Ltd Performance Figures

This information has been received and is attached. It includes figures for the month of September and provisional figures October.

TASL Performance Report - September October 2018

				Aug-18	Sep-18	Oct (Prelim)	Total YTD
Key Performance Indicators		Target		Total YTD			
KPI1	Calls answered within 60 sec, bewteen 0700-1900	85%	%	74%	51%		
KPI3a	Same day journey collections within 150 mins	95%	Total	840	723		14225
			Within KPI	755	567		11935
			%	90%	78%	86%	83.90%
KPI3b	Same day journey collections within 180 mins	100%	Total	840	723		14225
			Within KPI	784	616		12419
			%	93%	85%	90%	87%
KPI4a	Renal patients collected within 30 mins	95%	Total	1049	957		16166
			Within KPI	812	765		11021
			%	77%	80%	78%	68%
KPI4b	Non-Renal patients collected within 60 mins	95%	Total	3410	3265		51709
			Within KPI	2663	2474		37882
			%	78%	76%	78%	73%
KPI4c	All patients collected within 80 mins	100%	Total	4443	4210		67511
			Within KPI	3837	3558		54345
			%	86%	85%	86%	80%
KPI5	Fast Track journeys collected within 60 mins	100%	Total	30	22		403
			Within KPI	24	17		319
			%	80%	77%	80%	79%
KPI6a	Renal patients to arrive no more than 30 mins early	95%	Total	1167	1032		17436
			Within KPI	785	602		9588
			%	67%	58%	72%	55%
KPI6b	Patients to arrive no more than 60 mins early	95%	Total	3371	3168		50388
			Within KPI	2552	2248		34018
			%	76%	71%	78%	68%
KPI7	Journeys to arrive on time	85%	Total	4573	4232		68346
			Within KPI	3832	3350		51852
			%	84%	79%	81%	76%
KPI8	Patients time on vehicle should be less than 60 mins	85%	Total	10323	9576		154674
			Within KPI	7877	6964		109318
			%	76%	73%	74%	71%

