

Agenda Item 7

		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

RESPONSE OF HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE TO THE LINCOLNSHIRE ACUTE SERVICES REVIEW CONSULTATION

PART A – INTRODUCTION

The Health Scrutiny Committee for Lincolnshire is grateful to the NHS in Lincolnshire for providing an introduction and presentations on each element of the Lincolnshire Acute Services Review, at meetings on 13 October, 10 November and 15 December 2021, which included clinicians.

The Committee would also like to record its thanks to the Clinical Commissioning Group for allowing its response to be submitted to the NHS in Lincolnshire by 31 January 2022, after the closing date for submissions from members of the public and organisations.

The response of the Health Scrutiny Committee for Lincolnshire is based on the information in the consultation document, the pre-consultation business case, and the information presented to the Committee at the three meetings between October and December 2021.

In this response, Part B sets out the Committee's response to the questions in the consultation document, in each case indicating the Committee's position on a particular proposal. Although the Committee has followed the template of the consultation survey form, it has included a 'free text' box in the *Need for Change* section, in which the Committee explains its answer to the question on this topic.

Part C of this response focuses on the themes that have arisen during the course of the consultation.

PART B – RESPONSE TO SURVEY QUESTIONS

The Need for Change

This consultation is focused on these four NHS services because we believe that significant and permanent improvement is required to them. Such change would ensure that the highest possible standards of patient care are provided in line with clinical evidence and best practice, giving the best possible outcomes for patients. We are consulting to understand the potential impact of these changes on you before we make a decision.

We believe that the benefits of changing will include:

- Improved quality of care
- Reduced waiting times
- Better outcomes for patients
- Increased availability of staff to care for patients
- Better use of NHS funds, reducing spend on temporary staff

<input checked="" type="checkbox"/>	Strongly Agree
<input type="checkbox"/>	Tend to Agree
<input type="checkbox"/>	Neither Agree nor Disagree
<input type="checkbox"/>	Tend to Disagree
<input type="checkbox"/>	Strongly Disagree

The Health Scrutiny Committee for Lincolnshire fully accepts the arguments put forward on page 5 of the consultation document and in chapter 4 of the pre-consultation business case as evidence for the need for change in the provision of acute hospital services in Lincolnshire. However, as indicated in the following answers on each specific proposal, the Committee is not completely convinced in three instances out of four that the proposal, as detailed, is right for the people of Lincolnshire. In each case, reasons are put forward for the Committee's conclusion.

Orthopaedic Surgery

Our current model combines planned and unplanned surgery on the same sites. Unplanned emergency admissions into hospitals must be prioritised. This often leads to planned surgery across the NHS being cancelled on the same day, meaning patients wait a long time for it.

Our proposal is to separate planned and unplanned orthopaedic surgery by:

- Creating a 'centre of excellence' for planned orthopaedic surgery for Lincolnshire at Grantham and District Hospital.

- Creating a dedicated day case centre at County Hospital Louth.
- Performing only unplanned orthopaedic surgery at Lincoln County Hospital or Pilgrim Hospital, Boston (apart from some complex planned surgery which will be better managed at these large acute hospitals).

Please tell us how much you agree or disagree with the proposal to create a ‘Centre of Excellence’ at Grantham and District Hospital for Lincolnshire’s patients to receive planned and day case surgery, with a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery.

<input type="checkbox"/>	Strongly Agree
<input type="checkbox"/>	Tend to Agree
<input type="checkbox"/>	Neither Agree nor Disagree
<input checked="" type="checkbox"/>	Tend to Disagree
<input type="checkbox"/>	Strongly Disagree

Please tell us why you agree or disagree with the proposal to change orthopaedic surgery and if you have any other suggested proposals to address the identified challenges.

Whilst the concept of a centre of excellence for orthopaedic surgery and the intention for a significant reduction in the cancellation rate of 30% for planned operations are understood, the Health Scrutiny Committee tends to disagree with the proposal for the following reasons:

- (1) The Committee has concerns on the overall accessibility of Grantham and District Hospital for patients across Lincolnshire, but particularly for residents in the east of county where they rely on public transport. Furthermore, the age profile of the population and levels of deprivation in the east of the county are higher than average. Whilst the pre-consultation business case makes reference to the criteria for the non-emergency patient transport service and a contingency sum of £1 million to support this service, further details of how patients would be supported in practice would be needed to satisfy the Committee that this potential negative impact had been addressed.
- (2) The local NHS would like to see the Grantham orthopaedic centre of excellence become a showcase, and the pilot was previously highlighted as a good practice nationally. However, the Committee is not convinced that the proposal would necessarily improve the recruitment and retention of staff.
- (3) Patient choice remains and it is not clear how many patients would choose to have their elective orthopaedic surgery at a hospital outside Lincolnshire. This would have the potential to impact on neighbouring healthcare systems, and the continued use of the independent sector. These in turn have funding impacts on the Lincolnshire healthcare system.

The Committee strongly supports the continuation and expansion of day case orthopaedic surgery at the County Hospital, Louth.

Urgent and Emergency Care at Grantham and District Hospital

Our current model offers restricted A&E services between the hours of 8am and 6.30pm at Grantham and District Hospital. Just as in the rest of the country, we struggle to recruit enough specialist staff to run three full A&Es across the county, and this means the services are fragile. For some time the model in Grantham has been similar to that of an Urgent Treatment Centre (UTC), and this has been able to appropriately manage the types of injury and illness patients come to Grantham and District Hospital with.

Our proposal is to establish a 24/7 walk in Urgent Treatment Centre (UTC) at Grantham and District Hospital, in place of the current Accident and Emergency (A&E) department.

Please tell us how much you agree or disagree with the proposal to provide 24/7 walk in urgent care services in Grantham via an Urgent Treatment Centre at Grantham and District Hospital.

<input type="checkbox"/>	Strongly Agree
<input type="checkbox"/>	Tend to Agree
<input type="checkbox"/>	Neither Agree nor Disagree
<input type="checkbox"/>	Tend to Disagree
<input checked="" type="checkbox"/>	Strongly Disagree

Please tell us why you agree or disagree with the proposal to change urgent and emergency care services and if you have any other suggested proposals to address the identified challenges.

The A&E department at Grantham and District Hospital has been a major concern for the Health Scrutiny Committee for Lincolnshire since August 2016, when it was closed overnight on a 'temporary' basis. Since that time two referrals have been made by the Committee to the Secretary of State for Health and Social Care. In each case, these referrals have in effect led to the outcome that the future of Grantham A&E would only be resolved by the NHS in Lincolnshire bringing forward proposals for its future as part a consultation exercise.

Since 2016 many residents in Grantham have been campaigning to restore an overnight A&E service at Grantham, which has included a petition of 60,000 signatures in support of its retention. After six years, many residents in Grantham have concluded that their views have been overlooked.

The Committee acknowledges that services such as gynaecology; obstetrics; acute surgery; acute orthopaedics; ear, nose and throat; stroke medicine and acute interventionalist cardiology are generally required in any general hospital offering a level one A&E service. These services are no longer provided at Grantham and District Hospital, and it is understood that they have been gradually removed or downgraded

over the last twenty years or so. The Committee is not re-assured that further changes to the services provided at Grantham will be avoided.

In view of the above long-standing concerns of residents, the Committee strongly disagrees with the proposal for an urgent treatment centre at Grantham. In addition to the above, the Committee cites the following reasons for this conclusion:

- (1) The Committee is not convinced that recruiting and retaining staff to the proposed urgent treatment centre will be straightforward, and there may be circumstances in the future where staff are re-allocated from the urgent treatment centre to support A&E departments, thus reducing the ability of the proposed urgent treatment centre to treat 97% of its patients. Where a temporary change in provision occurs, there is a risk that this might become permanent.
- (2) The Committee understands that only 3% of patients could not be treated at the proposed urgent treatment centre. The Committee is not reassured that these patients will be discharged from another A&E department, without transport or a means of returning home at times, when public transport is unavailable. The role of any support from the non-emergency patient transport service would need to be clarified.

If the proposal for an urgent treatment centre at Grantham and District Hospital is implemented by the NHS in Lincolnshire, the Committee would make the following recommendations:

- (a) There should be clear publicity in Grantham and the surrounding area on what services are provided at the Grantham urgent treatment centre, as the term 'urgent treatment centre' is a relatively new concept within the NHS. (The pre-consultation business case and other supporting documentation referred to the term 'urgent treatment centre plus', although it is understood this would not be used as it would cause more confusion.)
- (b) The modest capital investment for the expansion of the proposed urgent treatment into unused parts of the hospital should be identified, planned and implemented immediately.

Acute Medical Beds at Grantham and District Hospital

Our current model is delivered by an 'acute' (hospital) provider, and cares for less complex patients than at Lincoln County Hospital and Pilgrim Hospital, Boston, in line with the restricted A&E service at Grantham and District Hospital. Like our A&E services and the rest of the country, we struggle to recruit enough specialist staff to the service.

Our proposal is to establish integrated community/ acute medical beds at Grantham and District Hospital, in place of the current acute medical beds.

Please tell us how much you agree or disagree with the proposal to provide integrated community/acute medical beds at Grantham and District Hospital.

<input type="checkbox"/>	Strongly Agree
<input checked="" type="checkbox"/>	Tend to Agree
<input type="checkbox"/>	Neither Agree nor Disagree
<input type="checkbox"/>	Tend to Disagree
<input type="checkbox"/>	Strongly Disagree

Please tell us why you agree or disagree with the proposal to provide acute medical beds at Grantham Hospital and if you have any other suggested proposals to address the identified challenges.

The Health Scrutiny Committee for Lincolnshire tends to agree with the proposal for the establishment of integrated medical and community beds at Grantham and District Hospital, for the following reasons.

- (1) The Committee accepts the argument, put forward by the NHS in Lincolnshire and supported by the East Midlands Clinical Senate, that the proposal is likely to improve the recruitment and retention of consultants and middle grade doctors.
- (2) The Committee supports the concept of integration of health and social care services as part of this proposal, and the potential for this to become a centre of excellence for multi-disciplinary care. This model could become a template for other urgent treatment centres in the county, for example, in Louth and Skegness, subject to funding and the appropriate levels of patient volumes and acuity.

The Committee would also like to record the following additional comments:

- (a) There are concerns that if the proposed urgent treatment centre is implemented, with an extended range of services compared to other urgent treatment centres, there will be a risk that withdrawal of any of these services would impact on the arrangements for medical and community beds.
- (b) This service is NHS-funded, but as the integration agenda develops, there may be discussions on where funding for such services is held. If the budgets were to be held by local authorities, as opposed to the NHS, the Committee would wish to see the County Council receiving adequate funding to ensure high quality service provision; and would not wish to see it becoming a burden on the County Council's finances.
- (c) The Committee notes that a full description of the proposed community bed provision is detailed in chapter 11 of the pre-consultation business case. The Committee would wish to be made aware of any changes to that provision, as the initiative develops.

Stroke Services

Our current model has hyper-acute hospital stroke services at Lincoln County Hospital and Pilgrim Hospital, Boston. We need more doctors and nurses to deliver the existing hospital stroke services, but there aren't enough locally and nationally, which has caused temporary closures of the services. Because patients in the county are dispersed across these two hospitals, the clinicians in them struggle to care for enough patients per year to retain and improve their skills. These issues reflect in the service performance in national audits.

Our proposal is to establish a 'centre of excellence' for hyper-acute and acute stroke services at Lincoln County Hospital, which would be supported by increasing the capacity and capability of the community stroke rehabilitation service. Outpatient TIA ('mini stroke') clinics would be unaffected at Pilgrim Hospital, Boston.

Please tell us how much you agree or disagree with the proposal to provide a centre of excellence at Lincoln County Hospital offering both a hyperacute stroke unit and an acute stroke unit to deliver care for the county's patients, supported by an enhanced community stroke rehabilitation service.

<input type="checkbox"/>	Strongly Agree
<input type="checkbox"/>	Tend to Agree
<input type="checkbox"/>	Neither Agree nor Disagree
<input checked="" type="checkbox"/>	Tend to Disagree
<input type="checkbox"/>	Strongly Disagree

Please tell us why you agree or disagree with the proposal to change stroke services and if you have any other suggested proposals to address the identified challenges.

The Health Scrutiny Committee for Lincolnshire is not convinced by the all the arguments put forward in support of this proposal, and this tends to disagree for the following reasons:

- (1) The proposal represents another example of service being consolidated at Lincoln County Hospital; and the removal of a service from Pilgrim Hospital, Boston and in this case the displacement of 497 patients each year currently treated there. Irrespective of the clinical arguments in favour, this leads to a perception in the Boston area that the services provided at Pilgrim are gradually being downgraded.
- (2) Further to (1) above, the east coast of Lincolnshire has high areas of deprivation, and a higher proportion of residents, who rely heavily on acute hospital services. Where a service is withdrawn it is likely to have a significant impact on their wellbeing.

- (3) As stated in the pre-consultation business case (page 202, paragraph 12.2.30), approximately 50% of the 497 displaced patients would be taken to Peterborough City Hospital. Whilst the pre-consultation case models the impact of this on patient travel times, it is silent on the capacity of North West Anglia NHS Foundation Trust to treat as many as an extra 250 stroke patients each year.
- (4) Although the pre-consultation business case models the impact on the timings for patients between the arrival of the ambulance and treatment, it is important to recognise any impact on the East Midlands Ambulance Service, where longer journey times, for example from Boston and the surrounding area to Peterborough City Hospital, affect the availability of ambulances. These do not appear to have been addressed in the pre-consultation business case.
- (5) The Committee is not completely convinced that the proposals will lead to improvements in the recruitment and retention of both medical and nursing staff.

The Committee would also like to record the following additional comments:

- (a) During the discussion on this item reference was made to the possibility of introducing a mobile stroke unit, which would in particular be able to support people in the east of the county. The Committee was advised that this suggestion would be considered in further detail.
- (b) The Committee was advised that the clinics for the treatment and follow-up of transient ischaemic attacks would continue at Pilgrim Hospital, Boston, and would urge that this should continue.

Equalities Impact

Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. It is against the law to discriminate against someone because of the nine protected characteristics which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Are there any positive or negative impacts that you believe the CCG should take into account in relation to equalities or human rights? If so, are you able to provide any supporting evidence and suggest any ways in which the organisations could reduce or remove any potential negative impacts and increase any positive impacts?

Please enter your response below:

The Committee notes that appendix J to the pre-consultation consultation business case details the assessment of the equalities impact for each of the four proposals. In each case the assessment states that the combination of an ageing population, a rural geography and areas of high socio-economic deprivation defines the specific challenge of delivering high-quality and effective treatment and preventative services in Lincolnshire. The Health Scrutiny Committee for Lincolnshire highlights this statement and urges the NHS in Lincolnshire to take full account of these assessments prior to making a decision on any service changes.

PART C – THEMES AND GENERAL COMMENTS

Travel and Transport

The pre-consultation business case makes numerous references to public transport; and in several instances refers to consultations being ongoing with Lincolnshire County Council about public transport provision. The Committee does not believe that it is the County Council's role to facilitate changes to public transport provision, solely and directly in response to changes to services provided by the NHS. Furthermore, public transport in Lincolnshire tends not to operate in the evening and overnight, so when people are discharged without their own transport, there is an additional challenge.

There are also references in the pre-consultation business case to non-emergency patient transport services as means of mitigating the impact of the withdrawal of services from certain locations, it is important that patient transport not only continues to be offered to lessen the impacts of any service changes, but also any revisions arising from the implementation of the national criteria, including any flexibilities in those criteria, are used to the full for the benefit of patients in Lincolnshire.

Recruitment and Retention of Staff

There is an argument in each of the four proposals that there would be improvements to the recruitment and retention of staff, which has been a long-standing challenge in Lincolnshire, even prior to the Covid-19 pandemic. The supply of medical and nursing staff is a national issue, and thus not solely the responsibility of the NHS in Lincolnshire. The Committee is not convinced that these service changes alone will necessarily address the particular staffing challenges, which have led to the development of the four proposals.

The Committee recognises that one of the difficulties is that many medical and nursing staff are more attracted to the agency style of working, where they can choose the days that they work, without detriment to their overall salary levels.

Links to Neighbouring Health Systems

There are two parts to this theme, firstly the impact of service changes at United Lincolnshire Hospitals NHS Trust on other health systems; and secondly the impact of any changes outside Lincolnshire in

Impact on Other Health Systems

These four proposals will impact on neighbouring health systems, as acknowledged by the detail in pre-consultation business case. The Committee would like to be re-assured that neighbouring health systems would be able to cope with any increased demand placed on their services from patients being displaced in Lincolnshire.

Impact of Other Health Systems on Lincolnshire

An update from the Humber Acute Services Programme team to the Health Scrutiny Committee for Lincolnshire on 15 December 2021 again highlighted how changes to health provision in one location can have a wider impact. Although the Humber Acute Services Programme is at an earlier stage in its development, with its public consultation planned for the summer of 2022 at the earliest, there is concern that there may be proposals to withdraw certain acute hospital services from either Diana Princess of Wales Hospital in Grimsby or Scunthorpe General Hospital, which would in turn lead to increased pressures on the acute hospital services provided by United Lincolnshire Hospitals NHS Trust.

Consultation Arrangements

The Committee would like to record the following comments on the consultation arrangements:

- (1) The Committee was advised that leaflets on the consultation would be delivered to every household, as a means of eliciting a high rate of response. The Committee would like to see the full consultation report provide an assessment on how well this approach worked, as anecdotal evidence suggests that many households did not receive a consultation leaflet.
- (2) The Committee does not support the approach whereby pre-booking was required for attendance at the in-person consultation events. The Committee understands that there have been some very low attendances at these events, and feels that pre-booking might have deterred people coming forward with their views.
- (3) The Committee recognises that promoting a consultation exercise in a county as large and rural as Lincolnshire represents a challenge, with several local media outlets and various forms of engagement required to reach the public. However, the Committee feels that although there were 2,495 online responses, the reach of the consultation could have been more extensive, and elicited more responses.

- (4) The Committee believes that the reach of the consultation has been constrained in part by the Covid-19 pandemic. For example, it has not always been possible to access any consultation leaflets in GP surgeries, as visits to these surgeries have been limited.

Conclusion

As stated above, the Health Scrutiny Committee for Lincolnshire would again record its thanks to the NHS in Lincolnshire for its engagement at Committee meetings, and for allowing the Committee's response to be submitted to the NHS in Lincolnshire by 31 January 2022.

The Committee understands that there is an intention that the Lincolnshire Clinical Commissioning Group Board will make a decision on these four proposals by 31 March 2022. The Committee would like to continue its dialogue with the NHS in Lincolnshire on the decision making process.

The Health Scrutiny Committee for Lincolnshire has been appointed by Lincolnshire County Council to fulfil its functions as set out in Section 244 of the National Health Service Act 2006 and Regulations 20 – 34 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

This page is intentionally left blank