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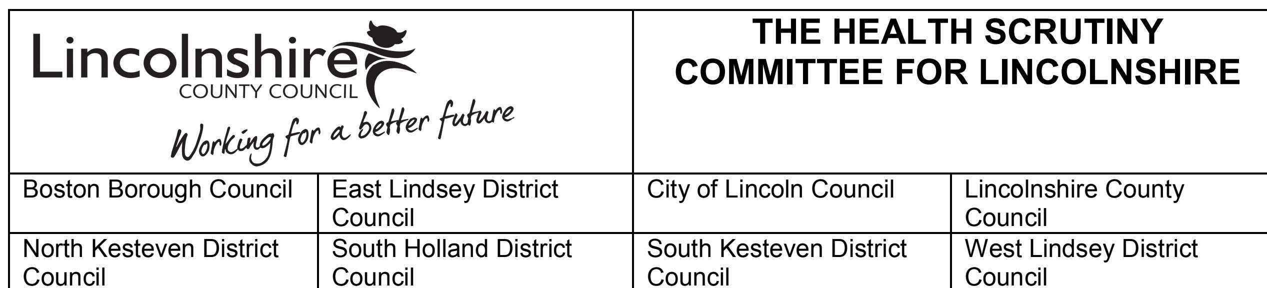


THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE			
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Direct Dialling: 01522 552113

E-Mail: cheryl.hall@lincolnshire.gov.uk

Democratic Services
Lincolnshire County Council
County Offices
Newland
Lincoln LN1 1YL

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 17 December 2014 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: Mrs C A Talbot (Chairman), R C Kirk, C E H Marfleet, S L W Palmer, Miss E L Ransome, Mrs S Ransome, T M Trollope-Bellew and Mrs S M Wray

District Councillors: Dr G Samra (Boston Borough Council), C Macey (East Lindsey District Council), C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and M G Leaning (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	**Apologies for Absence/Replacement Members**	
2	**Declaration of Members' Interest**	
3	**Chairman's Announcements**	
4	**Minutes of the Meeting held on 19 November 2014**	3 - 22
5	**Access to GPs** *(To receive a report by Debra Burley (Chief Executive), which invites the Committee to consider and comment on the report from the Lincolnshire Local Medical Committee on GP Access. Debra Burley (Chief Executive) and Dr Kieran Sharrock (Medical Director) of the Lincolnshire Local Medical Committee are due to attend the meeting)*	23 - 36

Item	Title	Pages	Estimated Time
6	**Winter Pressures 2014/15** *(To receive a report by Sarah Furley (Urgent Care Programme Director), which invites the Committee to consider and comment on the ongoing work and progress, being undertaken by Lincolnshire's System Resilience Group. Gary James (Accountable Officer) and Sarah Furley (Urgent Care Programme Director) of Lincolnshire East Clinical Commissioning Group will both be in attendance)*	37 - 44	
7	**Proposed Congenital Heart Disease Standards and Service Specifications - Final Response** *(To receive a report by Simon Evans (Health Scrutiny Officer), which invites Members to endorse the Committee's final response to NHS England's consultation on the Proposed Congenital Heart Disease Standards and Service Specifications. The Committee is also asked to determine that these proposals are potentially a substantial variation and development in healthcare provision)*	45 - 58	
8	**Healthy Lives, Healthy Futures Engagement Event - 17 November 2014** *(To receive a report by Simon Evans (Health Scrutiny Officer), which invites the Committee to consider the main outcomes from the Healthy Lives, Healthy Futures engagement event on 17 November 2014 in Grimsby)*	59 - 62	
9	**Healthwatch Reports** *(To receive a report by Simon Evans (Health Scrutiny Officer), which invites the Committee to note that Healthwatch Lincolnshire has issued four reports which could inform the Committee's work programme)*	63 - 78	
10	**Work Programme** *(To receive a report by Simon Evans (Health Scrutiny Officer), which invites the Committee to consider and comment on its work programme)*	79 - 86	

Tony McArdle
Chief Executive
9 December 2014

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
19 NOVEMBER 2014

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome and T M Trollope-Bellew.

Lincolnshire District Councils

Councillors Dr G Samra (Boston Borough Council), C Macey (East Lindsey District Council), C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and G Wiseman (West Lindsey District Council).

Healthwatch Lincolnshire

John Rose.

County Councillors B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) and Mrs J M Renshaw attended the meeting as observers.

Also in attendance

Elizabeth Ball (Deputy Director of Nursing and Safeguarding, United Lincolnshire Hospitals NHS Trust), Ron Buchanan (Chairman, United Lincolnshire Hospitals NHS Trust), Richard Childs (Chairman, Lincolnshire West Clinical Commissioning Group), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group), John Holden (Director of System Policy, NHS England), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Jane Lewington (Chief Executive, United Lincolnshire Hospitals NHS Trust), Tony McGinty (Consultant Public Health Children's), Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Sarah Newton (Chief Operating Officer, Lincolnshire West Clinical Commissioning Group), Michelle Rhodes (Director of Operations, United Lincolnshire Hospitals NHS Trust) and Sara Webb (Acute Supplier Manager, Leicestershire and Lincolnshire Area Team, NHS England).

50 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from County Councillors C E H Marfleet and Mrs S M Wray.

It was noted that Councillor G Wiseman was attending on behalf of Councillor M Leaning, West Lindsey District Council, for this meeting only.

It was also noted that John Rose was attending on behalf of Dr B Wookey, Healthwatch Lincolnshire, for this meeting only.

51 DECLARATION OF MEMBERS' INTEREST

Councillor Dr G Samra declared an interest in Minute 54 – 'Lincolnshire West Clinical Commissioning Group', as an Intensive Care Consultant at United Lincolnshire Hospitals NHS Trust.

Councillor Dr G Samra also declared an interest in Minute 55 – 'United Lincolnshire Hospitals NHS Trust – Quality Improvement Journey and Other Issues', as an employee of United Lincolnshire Hospitals NHS Trust and, therefore, would not partake in any discussions regarding the Trust.

52 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the meeting and advised the Committee of the following items: -

i) Five Year Forward View

On 23 October 2014, NHS England had published the 'Five Year Forward View', which set the overall direction of travel of the National Health Service for the next five years. The Chairman emphasised how important the document would be for the development of the NHS in the future. The document referred to prevention of illness and the promotion of public health; breaking down the barriers between health services; and keeping small local hospitals viable. The Chairman advised that the Committee would need to revisit the themes in the 'Five Year Forward View' in the future.

ii) Health Summit – East Midlands All Party Parliamentary Group

On 30 October 2014, the Chairman had attended an East Midlands All Party Parliamentary Group Health Summit in Westminster, which had focused on the health needs of the region. A number of Members of Parliament and Local Authority representatives had participated. The summit included a presentation from Shona MacLeod (Postgraduate Dean from the East Midlands Healthcare Workforce Deanery), which had highlighted that 40% of GP training vacancies in the region remained unfilled. Copies of the report of the Summit, together with the presentation would be circulated with the Chairman's announcements after the meeting.

iii) Peterborough and Stamford Hospitals NHS Foundation Trust – Chief Nurse

Peterborough and Stamford Hospitals NHS Foundation Trust had appointed Joanne Bennis, as its new Chief Nurse to replace Chris Wilkinson, who was retiring in January 2015.

iv) Healthy Lives, Healthy Futures – Hyperacute Stroke Services and Ear, Nose and Throat Services

On 17 September 2014, the Committee had approved its response to a consultation on proposals to make permanent the transfer of Hyperacute Stroke Services from Diana Princess of Wales Hospital in Grimsby to Scunthorpe General Hospital; and to move Ear, Nose and Throat inpatient services from Scunthorpe General Hospital to Diana Princess of Wales Hospital, Grimsby. The proposals formed part of the Healthy Lives, Healthy Futures programme, which was being undertaken by North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups.

The Chairman advised that she had received formal notification of the outcome of the consultation, which had confirmed that the two proposals had been approved. The full decision letter would be circulated after the meeting.

v) Healthy Lives, Healthy Futures – Workshop 17 November 2014

On 17 November 2014, the Vice Chairman, Councillor C J T H Brewis, and Councillor C Burke had attended a workshop at Grimsby Town Hall on the Healthy Lives, Healthy Futures programme. The workshop had provided an update on the challenges facing North Lincolnshire and North East Lincolnshire, but which may also impact on Lincolnshire, as £35 million of NHS money from Lincolnshire was spent on services provided at Scunthorpe General Hospital and the Diana Princess of Wales Hospital, Grimsby. It was noted that there would be a short report on the event for consideration at a future meeting.

vi) Greater East Midlands Commissioning Support Unit

On 18 November 2014, the Chairman had received notification that the Greater East Midlands Commissioning Support Unit and the Arden Commissioning Support Unit would be merging with effect from 1 April 2015 to form one of the largest commissioning support units in the country.

The Chairman reminded Members that commissioning support units provided 'back office' functions to Clinical Commissioning Groups, such as commissioning intelligence; contract management; procurement support; finance; human resources; information technology; and communications.

vii) Healthwatch Lincolnshire Event – 1 December 2014

The Chairman reminded Members that they had all received an invitation from Healthwatch Lincolnshire to attend the Healthwatch Lincolnshire Event on Monday 1 December 2014 at the New Life Centre in Sleaford from 10.00 am to 4.00 pm. The

Event would see the presentation of four reports, which encapsulated the research undertaken by Healthwatch into four areas: Mental Health Services; Young People Services; Pharmacy Services; and the Impact of Patients not Attending GP Appointments.

The Chairman also reminded Members that if they were going to attend the event, they would need to confirm their place by Friday, 21 November 2014.

viii) Briefing Meetings

On 28 October 2014, the Chairman had met Jane Lewington (Chief Executive) and Ron Buchanan (Chairman) of United Lincolnshire Hospitals NHS Trust.

On 18 November 2014, the Chairman had also met with Mark Wightman, Director of Marketing and Communications at University Hospitals of Leicester NHS Trust, who had confirmed that the Board of the University Hospitals of Leicester NHS Trust was supportive of the continued provision of congenital heart surgery services by the Trust.

ix) Correspondence with the NHS Trust Development Authority

The Chairman reminded Members that she had written a letter to the NHS Trust Development Authority on 16 October 2014, seeking their views on the involvement of United Lincolnshire Hospitals NHS Trust with the Health Scrutiny Committee for Lincolnshire.

The Chairman advised Members that she had received a response on 18 November 2014, which had confirmed the importance of the Trust participating in the overview and scrutiny process and the wider political environment within Lincolnshire. The Chairman advised Members that the Committee would continue to work closely with the Trust on their participation and involvement at the Committee's meetings.

x) Care Quality Commission Report on Health of Looked After Children Safeguarding

The Chairman advised that, as reported at the Committee's meeting on 16 October 2014, there had been an intention to bring forward an item to this meeting on the response of the Lincolnshire Clinical Commissioning Groups to the Care Quality Commission's Report on the Health of Looked After Children. The Chairman had written to Allan Kitt (Chief Officer of South West Lincolnshire Clinical Commissioning Group), to express her disappointment that this had not been the case for this meeting and she awaited a response from him. It was hoped that the Committee would consider this item at its meeting on 14 January 2015.

53 MINUTES OF THE MEETING HELD ON 22 OCTOBER 2014

During consideration of the minutes of the meeting held on 22 October 2014, it was suggested that further to Minute 45 – 'Healthwatch Lincolnshire', it was suggested that the Chairman of the Committee would write a letter to the Chairman of the

Lincolnshire Health and Wellbeing Board requesting that the Board consider promoting a trial to weigh school children in Year Three, in addition to Reception and Year Six.

RESOLVED

(1) That the minutes of the meeting held on 22 October 2014 be agreed as a correct record and signed by the Chairman, subject to the following amendment being made to Minute 46:

'NOTE: At this stage in the proceedings, Councillor Dr G Samra declared an interest as a Consultant at United Lincolnshire Hospitals NHS Trust, and therefore, would not partake in any discussions regarding the Trust.'

(2) That the Chairman be requested to write a letter to the Chairman of the Lincolnshire Health and Wellbeing Board requesting that the Board consider whether it was prepared to trial the weighing of primary school children in Year Three, in addition to Reception and Year Six.

54 LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP

Consideration was given to a report by Sarah Newton (Chief Operating Officer, Lincolnshire West Clinical Commissioning Group) which described the progress that Lincolnshire West Clinical Commissioning Group had made since its creation in April 2013. In particular, it highlighted the work undertaken to improve access to services including Ear, Nose and Throat; Dermatology; Dementia; and the development of Neighbourhood Teams.

Sarah Newton (Chief Operating Officer), Dr Sunil Hindocha (Chief Clinical Officer) and Richard Childs (Chairman) of Lincolnshire West Clinical Commissioning Group were in attendance and provided Members with detailed information by way of a presentation, which covered the following areas: -

- Background;
- Key Achievements; and
- Future Opportunities.

Members were reminded that Lincolnshire West Clinical Commissioning Group (CCG) was formed in April 2013 following the abolition of the Lincolnshire Primary Care Trust. It was one of four Clinical Commissioning Groups in Lincolnshire and commissioned health services for a population of 23,000, with a budget of £267.8million. The CCG had responsibility for the commissioning of hospital, community and mental health services, but currently excluded primary care and highly specialised services. Those latter services were commissioned by the NHS England, largely through the Leicestershire and Lincolnshire Area Team.

A number of successful initiatives had been undertaken in partnership with other local health commissioners, health providers, social care and the voluntary sector, which included: -

- Creation of Neighbourhood Teams;
- Ear, Nose and Throat Pathway Redesign;
- Paediatric Audiology;
- Tele dermatology pilot; and
- Memory Assessment and Management Service.

Creation of Neighbourhood Teams

Members were advised that as part of the CCG's approach to managing an increasingly old and frail population, the CCG was developing and implementing a total of four Neighbourhood Teams (South of Lincoln; Lincoln City South; North Lincoln; and Gainsborough Locality).

The Teams had been formed around geographical groups of GP Practices. The Teams worked with GP Practices; Mental Health workers; Community Nursing; and Social Workers to deliver integrated working in support of those people with increasing frailty, to help them remain well, independent and safe at home for as long as possible, and to avoid unnecessary hospital admissions.

This worked had started to demonstrate a real impact and at the end of June 2014, 443 fewer people had been admitted to hospital when compared to the end of June 2013 and 345 fewer people over 65 had been admitted to hospital.

Ear, Nose and Throat Pathway Redesign

The CCG had been working with Lincoln County Hospital clinicians and local GPs to review the way that Ear, Nose and Throat conditions were treated in the area. The review included providing clear guidelines for GPs to enable them to treat more conditions in the community and better communication with the hospital to ensure the patient saw the correct hospital clinician each time. A new specification for a community based service had been jointly developed and was currently out to tender. It was hoped that the new improved services would be in place by the spring 2015.

Paediatric Audiology

The CCG had led on work with United Lincolnshire Hospitals NHS Trust to redesign the Paediatric Audiology pathway, in order to ensure children with suspected hearing problems were seen promptly. This had resulted in a reduction of the waiting time for a hearing test for the under 5's from 33 weeks to 8 weeks.

Tele Dermatology Pilot

Due to increased awareness of skin cancer, there had been a steady increase in the number of patients being referred to hospital. To help manage the increase in

demand, new ways of working had been explored, with the result that a Tele-Dermatology pilot had been set up in 19 local GP surgeries across the CCG, and new clinical pathways introduced. The pilot worked by enabling the GP to send photos of skin lesions to a consultant to review and advise on the most appropriate treatment pathway.

Memory Assessment and Management Service

In Lincolnshire West, dementia diagnosis rates were lower than expected, with just over 50% of expected cases currently being diagnosed. The CCG had commissioned a new service designed to increase the early identification of dementia, so those diagnosed and their carers could be appropriately supported. Pilots were currently running in Nettleham, Welton and Saxilby, with the aim of rolling out the service across the CCG area by the end of February 2015. The new service was led by community psychiatric nurses, working in primary care settings.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- It was noted that the NHS England had recently published a document called 'Five Year Forward View'. This document had set out how health services would need to change to take advantage of the new technology and science, to promote wellbeing and prevent ill-health; and to meet new challenges associated with an aging population and increasingly complex health issues. The document also described a number of potential future care models, which local communities would need to consider over the coming months. It also signalled that the CCG would be given new responsibilities for co-commissioning certain aspects of primary care (including General Practice) and specialist health services, which were currently the responsibility of NHS England;
- Members raised concerns over CCGs being given responsibility for the commissioning of General Practice, as it was felt that there could potentially be a conflict of interest. In response to this, Members were advised the CCGs would be unable to change the nationally arranged contract for GPs and robust governance arrangements would be introduced;
- Members were also concerned that CCGs would not be given funding to cover the additional administrative costs arising from the additional commissioning duties relating to Primary Care;
- Lincolnshire West Clinical Commissioning Group already operated with a high degree of transparency as the interests of the Governing Body Members were readily available on the website and this transparency would continue under co-commissioning;
- It was noted that it had recently been announced that following a review of the NHS Area Teams, the number would reduce from twenty-seven to twelve, outside London. The expectation was that the Leicestershire and Lincolnshire Area Team would be merged with the existing Area Team covering Bedfordshire, Hertfordshire and Northamptonshire;
- More emphasis was being placed on early-intervention services;

- It was likely that the highly specialised services would still be commissioned on an East Midlands level;
- The CCG was currently considering extending its GP Practices' opening hours to address any forthcoming winter pressures;
- It was suggested that the Committee received a further update in 2015 to update Members on the latest position with regard to the Ear, Nose and Throat Pathway; the Memory Assessment and Management Service pilots; and further information on co-commissioning; and
- It was also suggested that the CCG should actively promote that it had seen a reduction in the number of hospital admissions, following the introduction of Neighbourhood Teams.

The Chairman thanked those officers present for their detailed report and presentation.

RESOLVED

(1) That the report, presentation and comments made be noted.

(2) That a further update be provided to the Committee after May 2015 on the Ear, Nose and Throat Pathway; the Memory Assessment and Management Service pilots; and further information on co-commissioning.

55 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - QUALITY IMPROVEMENT JOURNEY AND OTHER ISSUES

A report by Jane Lewington (Chief Executive, United Lincolnshire Hospitals NHS Trust) was considered, which set out the Quality Improvement Journey of United Lincolnshire Hospitals NHS Trust, in response to the reports published by the Care Quality Commission in June 2014. The report also provided information on five other areas, as follows: -

- Financial Update 2014/15;
- Waiting Times;
- Cancer Care;
- Breast Services; and
- Recruitment and Retention.

Jane Lewington (Chief Executive), Ron Buchanan (Chairman) Michelle Rhodes (Director of Operations), Elizabeth Ball (Deputy Director of Nursing and Safeguarding) of United Lincolnshire Hospitals NHS Trust were all in attendance and provided Members with a detailed presentation, which covered the following areas: -

- Achievements since July 2013;
- The CQC Inspection key findings;
- Trust wide ratings;
- Areas of good practice;
- Progress the Trust had made since Keogh;

- Quality Improvement Plan;
- Outpatients;
- Performance;
- Financial Performance;
- Staffing levels; and
- Next steps.

Quality Improvement Journey

Overall, the Care Quality Commission (CQC) had found that the Trust required improvement and the overall domain ratings were:

Safe: Requires Improvement
Effective: Requires Improvement
Caring: Good
Responsive: Requires Improvement
Well-Led: Requires Improvement

The Trust had not received any compliance actions; however, there were a number of essential areas where the Trust needed to make further improvements. Those further improvements were set out as 'Must Do' recommendations. The report also identified a number of 'Should Do' recommendations for each hospital site. The Committee's report detailed the Trust Level 'Must Do' actions, page 20 refers.

In addition, the CQC had rated the Lincoln Outpatients Department as inadequate and Safety in Surgery (Lincoln) was also inadequate. The Safety in Surgery finding had related to Stow Ward where immediate action was taken by the Trust and, at the CQC's later unannounced inspection, the CQC had confirmed those improvements.

Members were reassured that the Trust had set up a weekly Quality Improvement Programme Board, which was chaired by the Chief Executive, and a Quality Improvement Plan had been developed setting out the key milestones for each of its nineteen Improvement Projects. Three outstanding Keogh Actions were also included in the Plan. Detailed delivery plans had been developed for each project/work area.

Financial Update 2014/15

As at 30 September 2014, the Trust had a deficit of £13.4 million on turnover of £207.3 million. This was £2.4 million behind the year to date target in the Trust's full year £25.4 million deficit plan. The adverse position was due to underperformance in receiving income from NHS contracts.

Members were reassured that the Trust was working on actions to recover the current financial position, although it was anticipated that this would be challenging within the context of the CQC inspection requirements.

Waiting Times

Members were advised that throughout 2013/14, there was a growth in demand which had resulted in an increase in waiting times across all specialities. This had subsequently impacted upon the Trust's ability to meet the 18 week wait target.

Members were reassured that recovery plans were in place and there had been a focus on releasing capacity through the use of pathways and the recruitment of additional staff, where appropriate. In the short term, patients were being offered alternative providers in line with the NHS Constitution. The majority of patients were being referred to Nottingham Circle; Nottingham BMI; Fitzwilliam Ramsay; Peterborough and Lincoln BMI.

It was noted that the introduction of Medway (the Trust's new patient administration system) in June 2014 had created significant challenges in both the management and reporting of activity.

Cancer Care

The Trust was not meeting the following national cancer targets: -

- 14 Day Suspect Cancer;
- 2 Week Wait Symptomatic Breast;
- 31 Day First Treatment;
- 31 Day Subsequent Treatment – Radiotherapy; and
- 62 Day Screening.

The Committee was advised that there had been a noticeable increase in the two week wait referrals since April 2014. Quarterly demand and capacity work was being undertaken to ensure that the Trust could meet the levels being referred and, where suitable capacity could not be found, allow early notification to the CCGs of the challenged areas.

With regards to the '31 Day First Treatment' target, the Trust had consistently been meeting this standard; however for August, September and October 2014 this target would not be met. This was due to a large number of patients not being treated within 31 days, particularly in Urology. It was anticipated that this standard would be achieved in November 2014.

In relation to the '31 Day Subsequent – Radiotherapy' target, this had been a standard that the Trust had consistently met between 2011 and 2013, however, due to the unreliability of its ageing Linear Accelerator equipment, this standard would be at risk until the Linear Accelerator equipment replacement programme was completed in June 2015. The Radiotherapy Service was also facing significant staffing pressures in medical physics.

Members were advised that the '62 Day Classic' target was the Trust's most challenging cancer standard due to multiple issues along the entire cancer pathway.

This had been identified in the Cancer Improvement Plan, which was reviewed on a fortnightly basis.

Breast Services

Members were also advised that the Trust was currently facing a number of challenges regarding the provision of Breast Services, particularly in respect of activity and workforce.

The Service had seen a significant growth in demand over the last 18 months, with a 17% increase in referrals. There were currently vacancies at both Boston and Grantham due to the shortage of Breast Radiologists; the two week fast track clinic at Grantham had been suspended. Members were reassured that the recruitment process was on-going.

To match capacity within the limits of the Radiological workforce, the Trust had an agreement in place with the Lincolnshire CCGs that demand would be capped at 100 referrals per week. There was a 20% tolerance and the CCG referrals over the tolerance level were escalated to the CCG. The CCGs had notified neighbouring providers that demand for Breast Services may increase temporarily.

Members were reassured that a longer term solution was being worked on, and Macmillan was supporting the Trust to undertake a full breast service review, which would make recommendations on a sustainable service. It was anticipated that this review would be completed within six months.

Recruitment and Retention

Following a Nursing Workforce Review in May 2013, the Trust Board had agreed to invest £3 million in additional nursing posts across the Trust as part of Phase 1 staffing review; 129 whole time equivalent posts were added to the establishments from this funding.

The fill rates provided an indication of how each individual ward was performing against its agreed staffing template. Staffing below 80% was considered to be unsatisfactory. The table on page 25 of the report, provided details of each hospital's performance in September 2014, and demonstrated that all hospital sites were above the 80% standard.

The Trust had undertaken a safer staffing review. Further to this, the Trust had set up a Recruitment and Retention Group for the non-Medical Workforce. This Group was developing a similar process to the methodology that had been used with the Medical recruitment in that each vacant post was being reviewed, and a plan was being put into place to fill the vacancy.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- Members were advised that the Trust's immediate action with regards to Stow Ward, had included the removal of four beds out of the system to ensure there were safe levels of staffing on the ward;
- It was noted that the CQC's re-inspection would not take place now until February 2015. Members felt that this was not satisfactory as the CQC's inspection report would now be published during the Purdah period (the pre-election period, specifically the time between an announced election and the final election results);
- Members were advised that a higher tariff was not being paid for those patients receiving treatment from neighbouring trusts;
- It was queried what the current cost of the locums was to the Trust and it was agreed that this information would be sent to the Health Scrutiny Officer for circulation. However, Members were advised that this figure was on a downward trend;
- Members were advised that the Trust had been out to recruit 100 Nursing Staff from European countries that meet the Nursing and Midwifery standards for practising as a nurse in the United Kingdom. Members were reassured that very few of those European nurses had returned to the country of origin. There was approximately a 70% retention rate. The Committee requested details of the retention rates at each hospital;
- It was hoped that the on-site hospital Pharmacy Services would move to a seven-day service;
- The first cohort of nurses trained by the University of Lincoln would be recruited to the hospital in the coming year;
- The importance of generating the interest of local school pupils in medical and nursing professions was stressed, as a means of improving recruitment and retention in the longer term;
- Members were advised that the Trust had a backlog of 180,000 paper patient record files that required attention. For instance, there was a need for the documents in each file to be put back in order. The Trust was planning to deal with 9,000 of those paper patient record files by December 2014. As a result of the current quality of those records, some patient appointments had been cancelled. The Trust recognised that there was a need for an electronic patient records system to be implemented, however, this would cost the Trust approximately £35-40 million; and
- It was requested that a further update was provided to the Committee at its meeting scheduled to be held on 11 March 2015 on the Trust's financial position; waiting times; cancer care; breast services; recruitment and retention and care bundles.

The Chairman thanked those officers present for their detailed report and presentation.

RESOLVED

(1) That the report, presentation and comments made be noted.

(2) That a further update be provided to the Committee at its meeting scheduled to be held on 11 March 2015 on the Trust's financial position; waiting times; cancer care; breast services; recruitment and retention and care bundles.

56 PROPOSED CONGENITAL HEART DISEASE STANDARDS AND SERVICE SPECIFICATIONS - A CONSULTATION

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to consider NHS England's Consultation document on the Proposed Congenital Heart Disease Standards and Service Specification.

John Holden (Director of Systems Policy, NHS England) and Sara Webb (Acute Supplier Manager, Leicestershire and Lincolnshire Area Team, NHS England) were in attendance and provided Members with a detailed presentation, covering the following areas: -

- The 'New Congenital Heart Disease Review';
- Objectives;
- Standards;
- Areas covered;
- Next steps; and
- Member Engagement.

Members were reminded that on 15 September 2014, NHS England had launched a national consultation on the Proposed Congenital Heart Disease Standards and Service Specifications. The consultation document was attached at Appendix A to the Committee's report.

As part of its development of the standards and service specifications, NHS England had engaged widely with clinicians and service users. Its engagement had also included two engagement events aimed at Local Authority and local Healthwatch representatives. Those events took place on 8 January 2014 and 9 October 2014, both held in Birmingham. It was noted that the Chairman had attended both events.

There were twelve consultation questions in the consultation document, which were detailed on page 30 of the Committee's report.

Members' recalled that during the pre-consultation activity, there had been significant discussion on three particular issues: -

- the preference for four surgeons at each centre, to provide a one-in-four rota;
- the preference for each surgeon to undertake a minimum of 125 operations each year; and

- the co-location of children's congenital heart services with other paediatric services.

Members raised concerns over the proposal for four surgeons at each centre, as some clinicians believed that three surgeons was a viable option and could safely deliver results. Members were reminded that NHS England had engaged widely with clinicians and service users in developing the service specifications and standards.

In answer to a question, Members were advised that Extra Corporeal Membrane Oxygenation (ECMO) had been excluded from the consultation at the recommendation of the Independent Reconfiguration Panel.

The Chairman suggested that the Committee established a working group to draft and finalise a response to the consultation, as the closing date for the consultation was 8 December 2014. Councillors Mrs C A Talbot, C J T H Brewis, Miss J Frost and Dr G Samra volunteered to sit on the working group. It was agreed that the working group would meet on 24 November 2014, at 10.00 am.

The Chairman thanked those officers present for their detailed report and presentation.

RESOLVED

(1) That the report, presentation and comments made be noted.

(2) That a working group be established and held on 24 November 2014 at 10.00am to form a response to NHS England's consultation on the Proposed Congenital Heart Disease Standards and Service Specifications.

At this stage in the proceedings, the Committee adjourned for lunch. On return, the following Members and officers were in attendance: -

<u>County Councillors</u>

Councillors Mrs C A Talbot (Chairman), R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome and T M Trollope-Bellew.

<u>District Councillors</u>

Councillors C J T H Brewis ((Vice Chairman) South Holland District Council), C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council), Mrs R Kaberry-Brown (South Kesteven District Council), C Macey (East Lindsey District Council) and G Wiseman (West Lindsey District Council).

<u>Healthwatch Lincolnshire</u>

John Rose.

Officers in attendance

Peter Aldrick (Chief Executive, Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Nicole Hilton (Community Resilience and Assets Commissioning Manager) and Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group).

57 LINCOLNSHIRE & NOTTINGHAMSHIRE AIR AMBULANCE CHARITABLE TRUST - AIR AMBULANCE SERVICE

A report by Peter Aldrick (Chief Executive Officer, Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust) was considered, which provided Members with an outline of the Helicopter Emergency Medical Service. This Service was provided by the Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust to the public within the designated areas of operation. The report also covered the establishment and the development of the service over the past twenty years and how this was financed. The close working relationship with the East Midlands Ambulance Service was explained and information was provided on the number and type of missions that were currently attended by the Air Ambulance.

The Chairman advised the Committee that Chief Pilot Captain Paul Smith from Lincolnshire and Nottinghamshire Air Ambulance had been named as Air Ambulance Pilot of the Year at the Association of Air Ambulances Awards of Excellence in London.

Gladys Tingle, 83 years old, who runs six miles every morning before breakfast, was also named Air Ambulance Volunteer of the Year with her extraordinary achievement of raising over £11,000 by completing two London Marathons, and several half marathons and 10k runs since turning 72 years old.

NOTE: At this stage in the proceedings, Councillor C J T H Brewis declared an interest as the Sutton Bridge Fund Raisers had recently raised £1,000 for the Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust.

It was also noted that Councillor T M Trollope-Bellew had previously donated £500 from two businesses to the Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust.

Peter Aldrick (Chief Executive Officer, Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust) was in attendance at the meeting and provided Members with a detailed presentation, which covered the following areas: -

- Background history;
- Information on the Charitable Trust's current and previous aircraft;
- Medical Aviation Service;
- Air Ambulance Paramedics;
- Medical Crew;
- Support provided to the East Midlands Ambulance Service;

- Support provided by East Midlands Ambulance Service;
- Response times;
- Benefits of an air ambulance over a land ambulance;
- Number of missions – 2013/14;
- Equipment available on an air ambulance;
- Rapid Response Vehicle;
- Costings;
- Charity Funding ; and
- Future Issues.

Members were advised that the Charitable Trust was established in 1993 as a result of concerns raised by a number of hospital consultants in Lincolnshire over the poor survival rates of seriously injured patients during their transportation to hospitals within the rural environment. The Lincolnshire Air Ambulance had commenced operations in May 1994, once sufficient funds had been raised to lease a suitable helicopter.

The Air Ambulance was currently based at RAF Waddington, which was considered to be positioned centrally in the Charitable Trust's area of operation, which totalled 3,000 square miles. The location provided secure facilities for the aircrew and helicopter and readily available support at the airbase.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- It was confirmed that all calls were initially handled by the East Midlands Ambulance Service Emergency Control in Nottingham, where there was a dedicated Helicopter Emergency Medical Service Desk for air ambulance provision;
- Specific criteria were used by 999 despatchers to determine which incidents warranted air ambulance involvement;
- If it was deemed that patient injuries did not require a rapid transfer by helicopter, the aircrew would treat the patient at scene until a land ambulance had arrived;
- The helicopter attended approximately 1,000 missions per annum across Lincolnshire and Nottinghamshire. This averaged out to approximately three call-outs per day. The main areas of operation were responses to Road Traffic Collisions (42%); Leisure/Sporting related accidents (17%); Medical Emergencies (17%); Falls (7%); Industrial/Farming Accidents (3%); and other various incidents (14%), which included hospital transfers, fire incidents, aviation accidents, railway incidents, and accidents involving water;
- The helicopter was currently leased from Medical Aviation Services Ltd, which provided similar craft to several other air ambulance services within the United Kingdom. The lease contract covered the supply of the helicopter, pilots, insurance and maintenance;
- The paramedic aircrew were seconded (at no cost) by the East Midlands Ambulance Service to work on the helicopter in line with the Department of Health Directive of January 2002;

- The aircrew operated under twelve-hour shifts;
- The Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust was now on its third generation helicopter, MD902 Explorer. The helicopter could fly up to 159 mph and could reach all areas of the operational area within a maximum of 19 minutes;
- The service operated 365 days per year, weather permitting, and a Rapid Response Vehicle was available for back-up support. The Rapid Response Vehicle had been gifted to the East Midlands Ambulance Service by the Charitable Trust;
- The service had introduced night flying since December 2013;
- It cost the Charitable Trust approximately £1.8 million to keep the air ambulance flying each year; £4,670 to keep the air ambulance running for a day; £1,000 for one full mission; and £200 in fuel for one mission;
- It was noted that all of Charitable Trust's funding was raised and donated by members of the public, unlike LIVES First Responders which was part NHS funded;

NOTE: At this stage in the proceedings, Councillor S L W Palmer declared an interest as a LIVES First Responder.

- The availability of helipads at hospitals was becoming an issue for the Charitable Trust. There was a specific need for a helipad at Nottingham's Queen Medical Centre, as this was a major trauma centre, but it was hoped that there would be plans for a helipad at the hospital in the near future;
- There was also an issue relating to the provision of lighting at helipads, as the intention was that more flights would be undertaken at night;
- The Charitable Trust performance monitored itself; and
- Replacement Air Ambulances were available through the lease contract with the Medical Aviation Service.

The Chairman thanked the Chief Executive Officer for his comprehensive report and presentation.

RESOLVED

(1) That the information contained within the report and presented and comments made be noted.

(2) That the Chairman be requested to write a letter to Chief Pilot Captain Paul Smith and Gladys Tingle congratulating them both for being presented with awards at the Association of Air Ambulances Awards of Excellence.

58 ANNUAL REPORT ON SUICIDE AND SELF HARM IN LINCOLNSHIRE, AUTHORED BY PUBLIC HEALTH LINCOLNSHIRE

Consideration was given to a report by Nicole Hilton (Community Resilience and Assets Commissioning Manager) which provided Members with an overview of suicide and self-harm in Lincolnshire, with the purpose of demonstrating findings from

the audit. The most up-to-date information was available from Health and Social Care Information Centre and Public Health Mortality Files on suicides registered during 2013. More detailed information had been accessed via patient records and relates to those suicides registered in the calendar year 2011.

The Community Resilience and Assets Commissioning Manager was in attendance at the meeting and presented the report to the Committee, making particular reference to the following points: -

- Lincolnshire had a higher rate of death from suicide for both males and females than in England;
- Nationally, the majority of suicides had continued to occur in adult males, accounting for approximately three quarters of all suicides. Latest information for Lincolnshire had shown that 64 deaths were registered in 2013, of which 52 were male;
- In Lincolnshire, the majority of male deaths were of those aged 35-44 and 45-54 years, which was consistent with recent years. Historically, the majority of female suicides had been within the 55+ age group, but for 2013, Lincolnshire data had shown a more even distribution across all age groups;
- Child suicides were uncommon in Lincolnshire, reflecting the national picture. However, there had been an increase in the number of suicides with four confirmed suicides in children and young people under 18 years old and two suspected suicides since September 2011. There had been an increase in the number of children admitted to hospital with self-harm. All of the confirmed and suspected suicides were male; aged between 11 and 17 years old;
- 2011 patient records had shown that 43% of males and 63% of females had some previous contact with mental health services. A history of depression was evident in 33% of males and 56% of female records. Lincolnshire Partnership NHS Foundation Trust had confirmed 33% of individuals were in contact with services within the 12 months prior to death;
- With adults, bereavement and relationship breakdown or difficulties had featured in more than a third of records, with 23% of records making reference to bereavement, which had included suicide and attempted suicide of family members;
- With children, an investigation had identified a number of common themes, including: death, abandonment or separation from parent; abuse; taken in to care or fostered; alcohol parent or parent with mental ill-health; and special educational needs. The majority of children had a history of self-harm;
- As there was a high rate of suicide within the City of Lincoln in 2008-2010, a further investigation of the risk factors for this population had been initiated, which had indicated the greatest number of deaths were of residents from Abbey, Park and Carholme wards; and a greater proportion of deaths within the 25-43 age group;
- There were a number of known risk factors and it was often a combination of those that had led to suicide. Many of those factors were known from research: being male; living alone; being unemployed; alcohol and drug misuse; and mental illness;

- Up to 2013, access had been available to patient records to identify possible risk factors for Lincolnshire patients. However, since Public Health had transferred to the local authority, permission to access patient records had not been granted. Therefore, there was a clear need to develop information sharing agreements with partner organisations and explore alternative data sources, as collating numbers alone did not provide the quality of data to inform and target suicide prevention effectively;
- Public Health was currently providing 'SafeTalk and Asist Training' to individuals who were likely to come into contact with an individual having suicidal thoughts on a one-to-one basis, for instance hairdressers and taxi drivers. This training teaches individuals to recognise persons with thoughts of suicide and to connect them to suicide intervention resources. It had been designed for communities or organisations that already had Asist trained helpers in place to maximise intervention as the main suicide prevention focus;
- There were some concerns over the data on self-harm, as certain partner organisations had been incorrectly coding self-harm into the electronic systems. Those agencies concerned had been made aware;
- A suggestion was made for Public Health to engage with members of the Lincolnshire Youth Parliament; Young Men's Christian Association (YMCA); Lincolnshire Employment Accommodation Project (LEAP); and The Nomad Trust on information sharing and prevention;
- It was not clear that social media and cyber bullying had contributed to self-harm and suicide. However, it could impact upon self-esteem;
- It was queried whether that was a correlation between the decline in mental health services and suicide rates. Members were advised that had not yet been looked into. However, it was clear that a high number of those individuals who had committed suicide had recently been in contact with mental health services;
- It was suggested that for future reports, actual figures were used, rather than percentages;
- It was noted that one of the most positive partners for this service was the faith groups;

NOTE: At this stage in the proceedings, Councillor Mrs C A Talbot declared an interest as she supported the Lincolnshire Rural Support Network.

- It was agreed that the Committee's comments would be passed to Councillor Mrs P A Bradwell, Executive Councillor: Adult Care, Health Services and Children's Services, for her information;
- Further detail on Suicide and Self-Harm in Lincolnshire would be incorporated within the Director of Public Health's Annual Report 2014. It was suggested that the Committee would look at this topic further at this point.

RESOLVED

(1) That the report and comments made be noted.

(2) That the Committee's comments be presented to the Executive Councillor: Adult Care, Health Services and Children's Services, for her information.

59 LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT (DRAFT) - FINALISING THE RESPONSE TO THE CONSULTATION

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited Members to consider the Committee's draft response to the Lincolnshire Pharmaceutical Needs Assessment, make any amendments as required; and to approve it for submission to the Lincolnshire Health and Wellbeing Board in response to the consultation.

Members were reminded that on 22 October 2014, the Committee had considered a report on the draft Lincolnshire Pharmaceutical Needs Assessment, on which the Lincolnshire Health and Wellbeing Board had launched a consultation from 6 October until 4 December 2014.

The Committee had appointed Councillors Mrs C A Talbot, C Burke, C J T H Brewis, R C Kirk and T M Trollope-Bellew to serve on the working group, which had met on 3 November 2014. The working group had received a presentation from several officers expert in this area. The Committee's draft response was attached at Appendix A to the report.

Members approved the content of the Committee's draft response, subject to the inclusion of a sentence on promotion of services. The Chairman thanked the Members of the Working Group for their contribution.

RESOLVED

That the Committee's draft response to the Lincolnshire Pharmaceutical Needs Assessment be approved, subject to the inclusion of a sentence on promotion of services.

60 WORK PROGRAMME

The Committee considered its work programme for its meetings over the coming months.

Members were reminded that an informal development workshop on the East Midlands Ambulance Service NHS Trust had been arranged for the afternoon of 14 January 2015.

RESOLVED

That the work programme and changes made therein be approved.

The meeting closed at 4.25 pm.

Agenda Item 5

		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 Richard Wills, the Director Responsible for Democratic Services

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 December 2014**
Subject:	**Access to GPs**

Summary:

The Lincolnshire Local Medical Committee has prepared a report on GP Access, which is attached as Appendix A. Debra Burley, the Chief Executive, and Dr Kieran Sharrock, the Medical Director of the Lincolnshire Local Medical Committee, are due to attend the meeting.

The Lincolnshire Local Medical Committee (LMC) is a representative body for all GPs in Lincolnshire. The LMC does not commission GP services. NHS England commissions core services from GP practices under relevant contract.

Actions Required:

To consider and comment on the report from the Lincolnshire Local Medical Committee on GP Access.

1. Background

Debra Burley, the Chief Executive, and Dr Kieran Sharrock, the Medical Director of the Lincolnshire Local Medical Committee, are due to attend the meeting to present information on GP Access in Lincolnshire.

The Lincolnshire Local Medical Committee does not commission GP services. NHS England commissions core services from medical practices under a Primary Medical Services contract. The Local Medical Committee has been

requested to prepare a report on GP Access in Lincolnshire, which is attached at Appendix A.

Healthwatch Lincolnshire Report

On 1 December 2014, Healthwatch Lincolnshire published their report on the Impact of Patient "did Not Attend" Appointments at GP Surgeries in Lincolnshire. Copies of the report have been circulated to members of this Committee for information and are available on the Healthwatch Lincolnshire website:

www.lincolnshirehealthwatch.co.uk

2. Conclusion

The Committee is requested to consider and comment on the attached report.

3. Consultation

This is not a consultation item.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	GP Access – Report by the Lincolnshire Local Medical Committee on GP Access in Lincolnshire

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 Simon Evans, who can be contacted on 01522 553607 or Simon.Evans@lincolnshire.gov.uk

Lincolnshire Local Medical Committee

Report to the Lincolnshire Health Scrutiny Committee

GP Access

December 2014

Debra Burley
Chief Executive
Dr Kieran Sharrock
Medical Director

Introduction

This report is prepared for the Health Scrutnity Committee by the Lincolnshire Local Medical Committee (LMC). Lincolnshire LMC is the body that represents all General Medical Practitioners in Lincolnshire. Local Medical Committees have been in existence since 1911, and are enshrined in the Health Act and predate the NHS.

The LMC is not a commissioning body, it represents General Practitioners and their practices in all matters representative, contractual and pastoral. The LMC does not commission services; NHS England is the body that commissions core services from medical practices under a Primary Medical Services contract. The Clinical Commissioning Group's and Local Authority also commission a number of additional services from practices; which are optional for the practice to undertake. (see appendix 1 for the full list of contracted services by the various bodies).

For the purpose of informing the readers of this report, the LMC would expect, where invited to offer support and guidance on patient access, any related contractual issues and any incentivised political initiatives.

Background

Lincolnshire has 100 general practice premises being served by circa 520 general practitioners; comprised of 325 principals/partners (owners of the business) and 110 salaried GP's who work under contract to the practice. There are also approximately 85 locums operating in Lincolnshire who provide much needed patient facing consultations to support the practices, where practices have GP vacancies, additional workload pressures or where the GPs are involved in other NHS work i.e. clinical commissioning groups, GP appraisal etc.,

GP Access

GP Access (availability of appointments within the practice by GP, Nurse practitioner and Practice Nurse) is constantly a source of discussion amongst patients and the public; however there are many factors which affect access and the ability of general practice to meet growing patient demand and expectations. These are; patient demographics, availability of GPs and Nurses of all grades (recruitment and retention issues), increased shift of work from secondary to primary care, lack of community nurse services, patient demand, lack of ability for onward referral, (ie CAMHS, Dementia Services, etc.,) increased support for patients with long term conditions, increased number of services required of practices. This together with an ever burgeoing level of buracracy detracts from the ability of general practice to always deliver consistently.

There has been a significant increase in NHS activity over the last 14 years, including a 24% increase in GP consultations since 1998; over 90% of all contacts with the NHS occur in general practice. In 2008 there were recorded 300 million GP consultations, by 2012 this figure had risen to 340 million (*BMA- Your GP Cares 2014).*

The average member of the public sees a GP six times a year; double the number of visits from a decade ago. In 1996 the average GP consultations per year for over 85's was 6.8, it is now 14 per year (*NHS England- Call to Action- Aug 2013*). It is not infrequent to have one individual patient who will have contact with their practice in excess of 150 times in one year.

Long Term Conditions (LTC) cause most demand for GP services; Lincolnshire is in the highest quintile for patients with LTC's. An example of this is on the East Coast, where the Marisco Medical Practice has a list of 14,000 patients but is weighted with a population of 21,000 to recognise the complexity of the illnesses patients have, together with over 40% of their list over the age of 65 years.

Availability of Appointments

In Lincolnshire, 83% of patients report that they were able to see or speak to a GP when they last tried to make an appointment, though 10% had to call back. This is 3% worse than the national average (*GP Patient Survey 2013*). Clearly an improvement in this would be preferable, however 92% of patients reported that they found the appointment offered either convenient or very convenient *(GP Patient Survey 2013).*

General practice in Lincolnshire endeavours to manage and meet demand by regularly assessing patient demand and matching this with clinical capacity. They look to different ways of working; such as GP or Nurse triage, open surgeries, special childrens clinics or telephone consultations; all of which are successful to a greater or lesser degree dependant on the practice and their patient demographic. Attached, at Appendix 2 is an example of this and what the Galletly Practice in Bourne has undertaken to adjust their appointment system, GP Triage and telephone access to meet increased demand whilst maintaining continuity of care. Practices are required under their contracts to be available for their patients between the hours of 8.00a.m. and 6.30p.m. many practices also offer extended hours; and this can allow patients to be seen from 7.00a.m. in the morning, or up to 8.30p.m. in the evening and for some up to 6 hours on a Saturday.

Alternatives to GPs

To address recruitment and retention problems many practices have started to use "alternative" practitioners to address demand, such as; Advanced Nurse Practitioners (ANP), Nurse Practitioners, Pharmacists, and Paramedics. It is early days as yet, but many practices are investigating working with different IT and technical solutions to improve access to specialist advice.

It is thus interesting to note that nationally, 38% of General Practices employ ANPs (RCN 2013), in Lincolnshire this figure is 47% (*Lincolnshire LMC Survey 2014).* Lincolnshire practices also employ 55% Nurse Practitioners.

With the advent of the Lincolnshire Health and Care programme (LHAC) and the development of Locality neighbourhoods to provide health and social care, the ability of patients to be seen by more appropriate professionals will increase, and will, in all likelihood not be a GP or Practice Nurse. The GP and Advanced Practitioner Nurses will be managing more complex case patients who would otherwise be seen in the secondary care setting.

Patients who fail to attend appointments (DNA's)

The Committee asked about whether practices do their own research on patients who DNA their appointments. The answer is yes; all practices monitor their DNA rates (see Appendix 4 as an example). DNA's count for a considerable amount of valuable clinical time, the average GP DNA rate in Lincolnshire is 4% with 1% being the lowest and 11% being the

highest and for Practice Nurses 6% with 1% being the lowest and 15% being the highest. The National average GP DNA rate is around 6% (BMJ 2001). These percentages do not give the entire picture; taking the example of Cleveland House in Gainsborough who in the month of October only had a 6% DNA rate, this resulted in 27 hours of wasted GP consultation time in that month alone: (see attached DNA survey of booked face to face appointments at appendix 4 of 50% of practices for the month of October 2014)

Practices monitor their DNA rates; they publish them in their practice on notice boards, on their website and practice newsletters. In reviewing the DNA's and the patients who do this, the practice looks to establish if there is a reason; i.e. long waits etc.,. Patient Participation Groups also engage in discussions on how to reduce the DNA rate of the practice. The practices text patients reminders where possible and provide appointment cards. Most practice staff are trained to repeat the date and time to the patient once the appointment is made so that both the practice and patient are clear on the commitment.

In trying to address patients who constantly DNA their appointments, practices will ask the patients to discuss this with them to ascertain if there is a particular reason. If the patient continues to DNA, some practice will write to them siting the amount of wasted GP and nurse time and how the appointment could be offered to other patients. It is interesting to note from a recent LMC survey of DNA's that many practices report that patients who make appointments on the day still fail to attend.

GP Recruitment and Retention Issues

Lincolnshire has an increasing patient demand, with increasing levels of patients with multiple chronic conditions and increasing age profile. The current recruitment crisis for general practice nationally is more severe in Lincolnshire with multiple practices having reduced numbers of GPs and Practice nurses. Nationally the number of unfilled GP posts was 7.9% in Jan 2013 compared to 4.2% in Jan 2012 (*HEE- Securing the Future GP Workforce- Mar 14*). The number of WTE GPs per 100,000 registered patients in England increased from 54 in 1995 to 62 in 2009, but has now declined to 59.5 in 2012 (*HSCIC 2012*). Lincolnshire is in the 4th quintile of GPs per head (*HSCIC 2013*). The Nuffield Trust estimates that in England the average number of patients per GP is 1450. NHS England estimates that this figure is closer to 1750 patients per GP. In Lincolnshire this figure is 1903 patients per GP or nurse prescriber (*Lincolnshire LMC Survey 2014*).

It is a concern therefore that 75% of Lincolnshire practices report that at least one GP plans to retire in the next 5 years; and 25% of practices report at least one GP plans to retire in the next 18 months (*LMC Survey 2014*).

In addition to the imminent decline; 52% of GPs also plan to reduce their commitment to clinical work in the next 5 years, of which 33% plan to retire, and 10% plan to work abroad *(LMC Survey 2014)*

Recruitment

Of practices in Lincolnshire who have tried to recruit GPs in the last year, only 60% have been successful *(LMC Survey 2014).* Whilst replacing GPs with nurses, particularly Nurse Practitioners and Advanced Nurse Practitioners is one answer, it is also difficult to recruit to these posts with only 57% of practices being successful *(LMC Survey 2014).*

In terms of recruitment of potential new GP's to Lincolnshire this is particularly poor. Nationally, only 87% of training places have been filled (*HEE 2014)* In Lincolnshire of the 33 places on the Lincolnshire GP training scheme, only 12 were filled for the 2013/14 intake (36%). The East Midlands as a whole is unattractive to GP trainees, Lincolnshire is particularly unattractive because of the lack of a medical school, the reputation of the secondary care trusts and the perception that Lincolnshire is not the place for younger people with little to attract them.

The LMC is working on a project to market Lincolnshire as a great place to live and work, together with the advantages of good housing, great schools and low unemployment. Together with Health Education England, the LMC is also working on what Lincolnshire could offer in terms of a good educational and training experience by offering teaching through combined primary and secondary care pathways and the support of neighbourhood teams.

7-day-working

The Coalition Government first announced its intentions for 7-day-working in general practice in October 2013. Since then, there has been repeated reinforcement that this will be developed over the next few years. It is not yet clear how this is to be achieved within a workforce that is already under pressure, has difficulty in recruiting and retaining GP's, when morale is low, due to increasing demand and bureaucracy; the suggestion that the working week will be extended is not going to be well received.

The LMC view, however, is that it is inevitable, but difficult to achieve, thus the only way to provide the service is through federated working. Which essentially means that GP practices will work collaboratively, forming organisations to provide primary care at scale. This will possibly result in 7 day working in localities but not at each general practice. In time the number of practices that actually exist as their own entities will inevitably reduce.

Simon Stevens, the NHS Chief Executive, has set out in the "Five Year Forward View" that, integrated working of health and social care is the most effective way to improve health and social care provision in the future. This change is already happening in Lincolnshire with the Lincolnshire Health and Care Programme and the resulting Neighbourhood Teams; the neighbourhood teams will cover GP federations or multiple federations.

Conclusion

Lincolnshire provides high quality general practice in the main, it is often constrained by its premises and lack of investment. It is open to change and transformation and frequently delivers on national initiatives. The issue of recruitment and increased demand will require different ways of working in the future, the patient will over the next few years acess a range of different professionals in the community rather than general practitioners and their staff.

Appendix 1

Additional Service Commissioned from GP Practice in Lincolnshire outside of Core Contract.

The core contract is based upon the following:

I. The Core contract delivers services to patients who are ill; believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable.
II. General management of patients who are terminally ill
III. Management of chronic disease in the manner determined by the practice in discussion with the patient

Other commissioned services which the majority of Lincolnshire practices provide

Commissioner	Service
NHS England	Extended Hours Minor Surgery Dispensing Services Quality Scheme Dementia Extended Dementia recording Learning Disabilities Risk Profiling/Urgent Admissions avoidance Patient participation
NHS England Public Health	Alcohol Childhood immunisations Hib/MenC/PCV Men C Freshers HPV 13-18 year olds Influenza Neo Natal Care Pneumococcal Whooping Cough Shingles and Shingles catch up Hep B New-born babies Rota Virus
Local Authority	Chlamydia Contraceptive Implants IUCD Level 2 Sexual health NHS Health Checks Smoking Cessation
Clinical Commissioning Groups	Anti-Coagulation D-Dimer Learning Disabilities (2) Leg Ulcers Minor Injuries Multiple Sclerosis

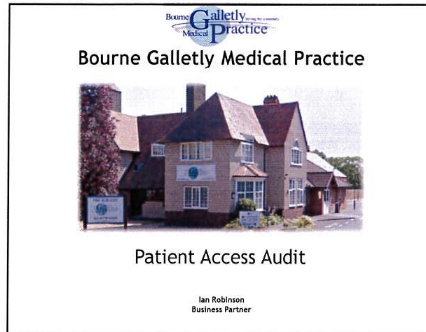
	Primary Care Surgical Phlebotomy Sigmoidoscopy Specialised Drug monitoring Treat room Ring and Vault Pessary Insertion Intermediate Care Looked after Children Gonadorellins Community ENT

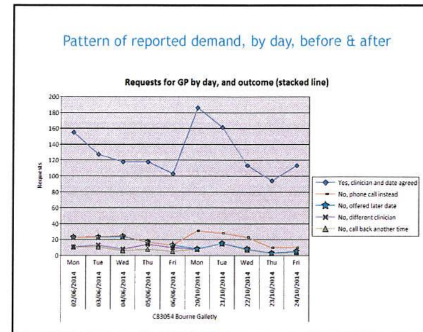
Other additional work required for submission and scrutiny by practices:

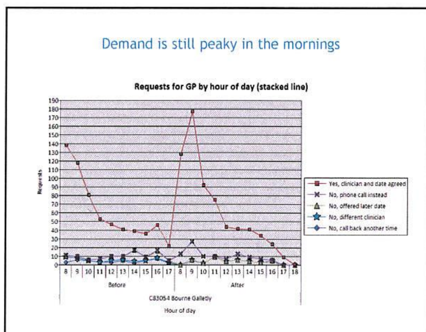
I. Compliance with Care Quality Commission standards
II. Information Governance Toolkit
III. Quality and Outcomes Framework
IV. Appraisal and Revalidation
V. Clinical Governance
VI. Engagement and responding to Clinical Commissioning Group work
VII. Continuing Professional Development and training

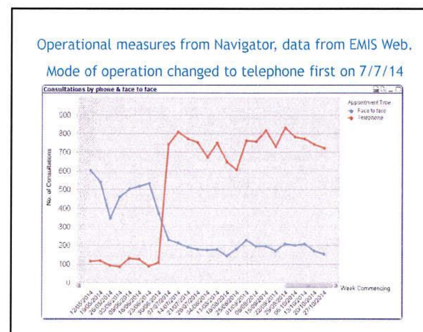
Appendix 2
Bourne Galletly Practice Patient Access Review

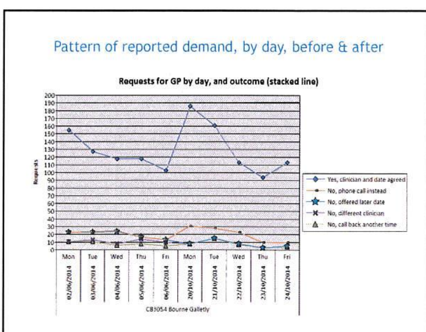
03/12/2014

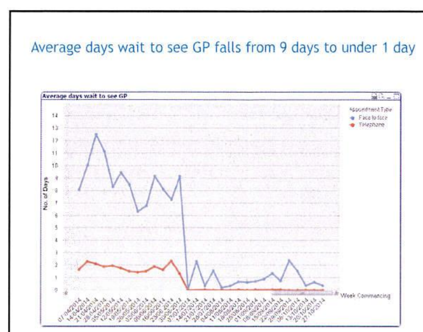












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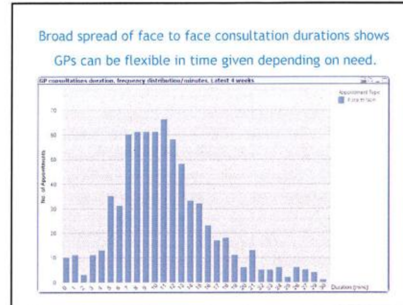
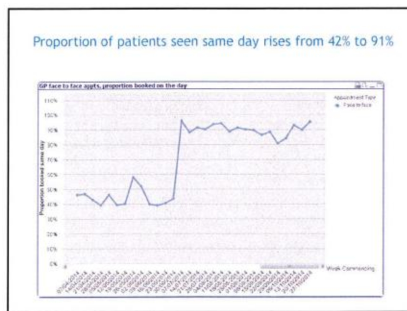
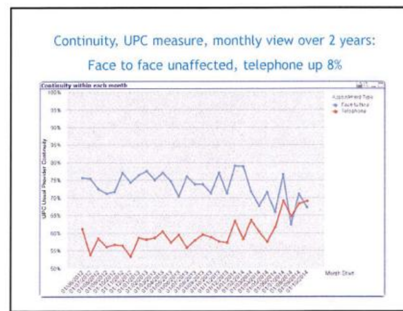
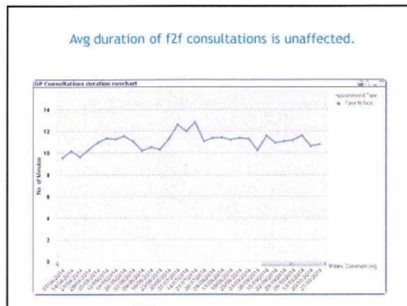
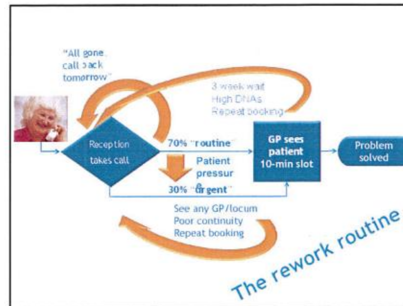
Two year monthly chart of average wait.
Lengthening trend reversed.

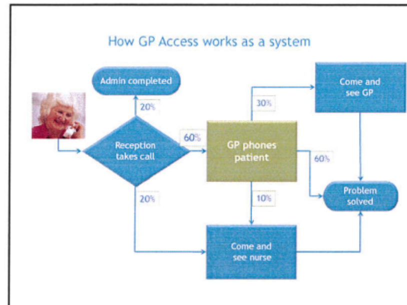

Broad spread of face to face consultation durations shows
GPs can be flexible in time given depending on need.

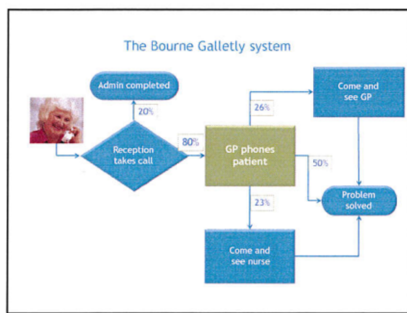

Proportion of patients seen same day rises from 42% to 91%


Continuity, UPC measure, monthly view over 2 years:
Face to face unaffected, telephone up 8%


Avg duration of f2f consultations is unaffected.


"All gone, call back tomorrow"
3 week wait
High DNAs
Repeat booking
Reception takes call
70% "routine"
Patient pressur
30% "urgent"
GP sees patient 10-min slot
Problem solved
See any GP/locum
Poor continuity
Repeat booking
The rework routine

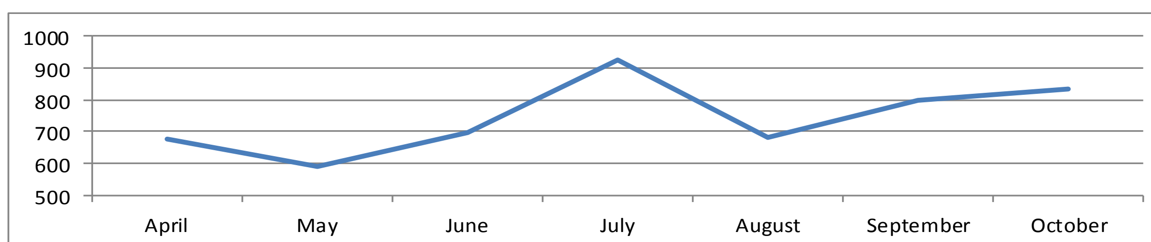

How GP Access works as a system
Admin completed
20%
Reception takes call
60%
GP phones patient
30%
Come and see GP
60%
Problem solved
10%
20%
Come and see nurse


The Bourne Galletly system
Admin completed
20%
Reception takes call
80%
GP phones patient
26%
Come and see GP
50%
Problem solved
23%
Come and see nurse

DNAs 2014 - 15

DNA-No of Appointments Lost

		April	May	June	July	August	September	October
Location	**Staff**	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**
Chapel Surgery	GP	59	47	44	59	32	40	48
	HCA	34	25	29	51	24	44	38
	NP	10				3	1	1
	Nurse	56	42	62	86	62	76	66
Chapel Surgery Total		**159**	**114**	**135**	**196**	**121**	**161**	**153**
Ingoldmells Surgery	GP	50	47	39	52	45	47	35
	HCA	3	11	9	8	1	9	9
	NP	3		24	29	16		7
	Nurse	17	21	39	37	30	30	33
Ingoldmells Surgery Total		**73**	**79**	**111**	**126**	**92**	**86**	**84**
Main Site	GP	112	88	100	111	88	114	111
	HCA	99	64	73	135	90	143	145
	NP	14	46	43	60	56	52	43
	Nurse	221	196	233	296	234	243	300
Main Site Total		**446**	**394**	**449**	**602**	**468**	**552**	**599**
Grand Total		**678**	**587**	**695**	**924**	**681**	**799**	**836**



Appendix 4

DNA Survey – October 2014

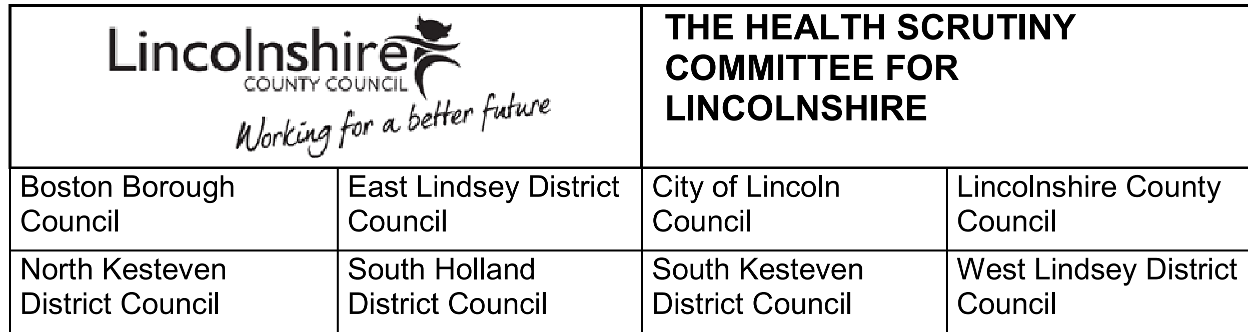
General Practice DNA Report 2014

Average Weekly GP Appts	423
Average Monthly GP Appts	1834
Average Monthly GP DNA's	67
Average % of GP DNA's	4%
Highest GP DNA Rate	11%
Lowest GP DNA Rate	1%

Average Weekly Nurse Appts	326
Average Monthly Nurse Appts	1412
Average Monthly Nurse DNA's	91
Average % of Nurse DNA's	6%
Highest Nurse DNA Rate	15%
Lowest Nurse DNA Rate	1%

Practice	Weekly GP Appts	Monthly GP Appts	Monthly GP Appt DNAs	% of GP Appts DNA'd	Weekly Nurse Appts	Monthly Nurse Appts	Monthly Nurse Appt DNAs	% of Nurse Appts DNA'd
Billinghay	200	867	13	2%	380	1647	54	3%
New Springwells	370	1603	73	5%	600	2600	156	6%
Newark Road	268	1161	47	4%	263	1140	122	11%
Ingham	230	997	41	4%	178	771	66	9%
Brayford	301	1304	60	5%	138	598	64	11%
Branston	320	1387	10	1%	200	867	45	5%
Woodland	430	1863	99	5%	220	953	119	12%
Richmond	603	2613	57	2%	368	1595	101	6%
Abbey Medical	252	1092	120	11%	418	1811	64	4%
Welton	465	2015	64	3%	485	2102	122	6%
Washingborough	366	1586	65	4%	275	1192	85	7%
Nettleham	900	3900	62	2%	475	2058	96	5%
Caskgate	473	2050	180	9%	294	1274	147	12%
Birchwood	630	2730	107	4%	445	1928	145	8%
Bassingham	350	1517	25	2%	375	1625	62	4%
Witham	150	650	28	4%	88	381	59	15%
Cleveland	588	2548	162	6%	540	2340	148	6%
Littlebury	258	1118	28	3%	263	1140	175	15%
Gosberton	266	1153	40	3%	473	2050	40	2%
Little Surgery	225	975	25	3%	150	650	50	8%
Market Rasen	359	1556	21	1%	379	1642	56	3%
Coningsby	500	2167	56	3%	300	1300	96	7%
Stuart House	430	1863	67	4%	665	2882	76	3%
Kirton	321	1391	46	3%	263	1140	52	5%
Parkside	960	4160	225	5%	510	2210	119	5%
Swineshead	420	1820	54	3%	420	1820	71	4%
Westside	605	2622	162	6%	330	1430	135	9%
Tetford	145	628	22	4%	192	832	19	2%
Liquorpond	760	3293	145	4%	534	2314	195	8%
Tasburgh Lodge	280	1213	11	1%	180	780	26	3%
James Street	700	3033	16	1%	156	676	56	8%
Newmarket	301	1304	45	3%	278	1205	17	1%
Holbeach	460	1993	20	1%	300	1300	45	3%
North Thoresby	780	3380	36	1%	380	1647	118	7%
Vine House	622	2695	52	2%	210	910	98	11%
St Peter's Hill	450	1950	168	9%	385	1668	178	11%
Colsterworth	111	481	30	6%	68	295	3	1%
Glenside	250	1083	51	5%	200	867	51	6%
Ingham	230	997	41	4%	178	771	66	9%
Millview	600	2600	86	3%	482	2089	227	11%
Total	**16929**	**73359**	**2660**		**13038**	**56498**	**3624**	

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 the Lincolnshire Urgent Care Programme Board, Hosted by Lincolnshire East Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 December 2014**
Subject:	**Winter pressures 2014/15**

Summary:

This report outlines three areas;

- the current policy / national context around operational resilience particularly focusing on winter 2014/15,
- the current performance of the health care system (internally to Lincolnshire and across the county borders) and
- the Lincolnshire schemes that will operate this winter.

Actions Required:

To consider and comment on the ongoing work and progress, being undertaken by Lincolnshire's System Resilience Group.

1. Background

1.1 Current Policy / National Context

Lincolnshire has had a successful Urgent Care Working Group, which has overseen health and social care urgent care plans, for the last two years.

In June 2014, national guidance 'Operational resilience and capacity planning for 2014/15' was issued and agreed by Monitor, the Trust Development Authority (TDA), ASASS (Directors of Adult Social Services) and NHS England. The guidance

mandates changes to existing Urgent Care Working Groups to build on their existing role and to expand their remit to include elective as well as urgent care. This "new" forum is called the System Resilience Group and is where capacity planning and operational delivery across the health and social care system is coordinated. Lincolnshire's System Resilience Group (SRG) first met in July and continues to meet monthly. Lincolnshire also liaises with the SRGs across our county boundaries.

Bringing together both elements (elective and urgent care) within one planning process underlines the importance of whole system resilience and that both parts need to be addressed simultaneously in order for local health and care systems to operate as effectively as possible in delivering year-round services for patients. For example, as the acuity of patients increases in winter months and people require slightly longer hospital stays, there are less available hospital beds for people requiring elective care.

There have been six separate non recurrent funding streams since July to support whole system resilience. These funding streams have been targeted specifically at urgent care (including ambulance services) and elective care, A&E, mental health, health visiting, NHS 111 and primary care. There have been associated governance and assurance processes before funds have been released to commissioners and providers. At the time of writing this paper, the assurance process has not concluded for the last three funding streams.

1.2 Local Current Performance

The health economy in Lincolnshire, in common with other parts of the country, has experienced pressure from rising levels of demand, particularly in urgent care; difficulty in meeting constitutional guarantees in A&E, cancer, and referral to treatment (RTT) waiting times consistently; and resource constraints in terms of both workforce availability and financial resources. Increasing levels of cooperation and integrated planning amongst stakeholders through the System Resilience Group have made demonstrable gains in several areas but so far have not fully reconciled these demands. The current system performance is described below;

- **A&E attendances**
  - United Lincolnshire Hospitals NHS Trust (ULHT) – As at week ending 23 November, ULHT A&E attendances are up by 2.8% compared to the same April to November period in 2013/14
  - Peterborough – As at week ending 23rd November, A&E Attendances are up by 5.9% compared to the same April to November period in 2013/14

- **A&E 95% Standard (year to date)**
  - Peterborough has achieved 85.9%
  - Cambridgeshire University Hospitals has achieved 87.6%
  - Nottingham has achieved 88.8%
  - Queen Elizabeth Kings Lynn has achieved 92.5%
  - Hinchingbrooke has achieved 93.5%
  - ULHT has achieved 93.6%

- Midlands and East (Regional comparison) – Out of 42 acute trusts in the region, 12 hospitals have delivered the 95% standard. ULHT is ranked 20th and Peterborough is ranked 41st.
- National average for November is 91.32% compared to the 95% target.

- **Emergency admissions**
  - Over the last 12 months there is evidence that system wide interventions, particularly those associated with the winter planning process, have resulted in a reversal of the previous trend for growth in urgent care demand. ULHT emergency admissions are down 2.1% compared to the same April to October period in 2013/14.
  - Peterborough emergency admissions are up 8.3% compared to the same April to October period in 2013/14.

- **Planned Care – Cancellations**
  - ULHT - there was no submission for quarter 2 data (due to ongoing issues with their Patient Administration System). For quarter 1, there were 124 cancelled operations
  - Peterborough have submitted quarter 2 figures of 74 cancelled operations

- **Delayed Transfers of Care (delays in discharging patients, for October 2014)**
  - Hinchingbrooke was 12.7%
  - Peterborough was 9.2% for October. To give context, in October this figure is equivalent to 46 patients being delayed for a total of 1582 days
  - Cambridgeshire University Hospitals was 6.6%
  - Queen Elizabeth Kings Lynn was 3.3%
  - ULHT was 2.9%. To give context, in September this figure is equivalent to 51 patients being delayed for a total of 1109 days
  - Nottingham was 1.6%
  - Midlands and East (Regional comparison) – 5%

- **Acute Care Bed Closures**
  - ULHT – In 2013/14, eighty escalation beds were closed as a result of the Keogh Review. In 2014/15, ULHT has further reduced their beds from around 1020 total beds of all types to 970, or a reduction of around 5% of total bed capacity. This is as a result of achieving safe staffing levels. Their bed occupancy rates are currently moving at or close to the 95% - 100% level.
    The System Resilience Group has completed demand and bed capacity modelling, over several scenarios, and identified the likely risks, impacts and potential responses to current drivers and pressures in the system. The findings show that the benefits being gained by operational resilience schemes, i.e. winter pressure schemes (details below), are being absorbed by the reduction in bed capacity.
  - Peterborough - As a new hospital there is very little escalation space, there are no decommissioned wards that can be re-opened. There is then a lack of flexible capacity in terms of the overall acute bed base of 506 general and acute beds. (611 including midwifery).

1.3 Operational Resilience Schemes for This Winter

As already stated, there have been six separate non recurrent funding streams since July to support whole system resilience. These funding streams have been targeted as follows;

- Tranche 1 monies (£7.84 million) - specifically targeted at urgent care (£4.48 million) and elective care (£3.36 million)
  - Urgent care has schemes that are addressing A&E attendance and admission avoidance, seven day services in hospital, early hospital discharge and enablers, e.g. a system dashboard so all organisations can see real time performance.
  - Within elective care, additional resources have been invested to secure capacity at alternative providers to enable extension of patient choice and support demand management during the winter period.
- Tranche 2 monies (£2.27 million) – targeted at delivering the A&E 95% standard with monies going directly to acute care providers for internal schemes.
- Mental health monies (£450,000) - focused on children and adolescent mental health (Child and Adolescent Mental Health Services - CAMHS) TIER 3 PLUS and a Triage Car. (Tier 3 plus is a service for young people with complex and intensive needs that is focussed on avoiding an in-patient admission)
- Health visiting monies - The bid is to increase and develop the role of Health Visitor/Paediatric Liaison Nurses to identify and support families who frequently attend A&E departments where attendance and treatment could be effectively and safely managed in the community. Awaiting outcome of bid.
- NHS 111 – The funds are focused on system benefit by using this additional funding for Out of Hours (OOH) GPs, aiming for a dual impact of both being able to support calls for NHS 111 Clinical Advisors if pressure is experienced (a similar process has been successfully used before in Lincolnshire) as well as being able to aid the minors stream diverts to OOH in the A&E departments / increase the OOH capacity.
- Primary care – Each CCG has submitted bids to support pharmacy working and primary care schemes to reduce A&E attendances and admissions. Awaiting outcome of bids.

However despite the above additional funding, there are some significant system risks in Lincolnshire that include the reliance on non recurrent funds that make it difficult for providers to recruit staff, a lack of workforce (with our two largest providers both experiencing safe staffing challenges), ULHT's new Patient Administration System requiring substantial input for it to function effectively and the closure of acute care beds to maintain safety that is meaning any capacity being gained by the reduction in emergency admissions is being absorbed without the system being able to feel the benefits.

All schemes have measurable outcomes and their sustainability going into 2015/16 will depend on their impact as individual schemes as well as system performance.

2. Conclusion

The national policy on system resilience, planning both urgent and elective care interdependencies, will ultimately improve the quality of patient care by ensuring more timely access to the right care. However there are some challenges to delivering this locally this winter as detailed above.

The service modelling that has been completed is making this winter's position transparent for commissioners, providers and regulators. This also means the System Resilience Group now has the information to make informed decisions about both risks and benefits.

The System Resilience Group is trying to systematise, sustainable solutions this winter and these will need to support the five year plan and delivery of Lincolnshire Health and Care.

3. Consultation

This is not a consultation item.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	System Resilience Group – long list of schemes for this winter

5. Background Papers

The following background papers were used in the preparation of this report:

Monitor, Trust Development Authority, Directors of Adult Social Services and NHS England (2014) Operational resilience and capacity planning for 2014/15.

This report was written by Sarah Furley, who can be contacted on 01522 515305 or sarah.furley@lincolnshireeastccg.nhs.uk

Appendix A

Lincolnshire System Resilience Group - Schemes for This Winter

Schemes are targeted on urgent care unless stated elective care.
All funds are non-recurrent until March 2015

Funding Stream	Schemes
Tranche 1	Community Rapid Response Service
	Integrated Discharge Team in hospital – seven days a week
	Integrated Urgent Care Therapy Service (Community and Hospital)
	Extension of the Minor Injuries and Illness Unit at Sleaford Medical Practice
	Consultant Triage - Additional 3 consultants in ULHT to give telephone advise to GPs to avoid hospital admission
	Seven day pharmacy ULHT
	Seven day pharmacy Northern Lincolnshire and Goole (NLAG)
	Expanding the lower acuity pathway - GPs & nurses in Lincoln County & Pilgrim
	Extending Ambulatory Emergency Care (AEC) to seven days at Pilgrim and Grantham and District Hospital
	ULHT Diagnostics (MRI on Sunday)
	ULHT therapy services to 7 days on all three sites for medical patients
	Integrated Mental Health Tri-agency Triage car
	Delivery of a capacity management plan – system wide
	Discharge Nurse resource at NLAG
	Development of a urgent care dashboard – system wide
	Development of real time data (Capacity Management System)
	Elective care - Develop and implement a RTT training programme for all appropriate staff, focussing on rules application, and local procedures, ensuring all staff have been trained during 2014/15
	Elective care - Carry out an annual analysis of capacity and demand for elective services at sub specialty level, and keep under regular review and update when necessary. This should be done as part of resilience and capacity plans and then updated in operating plans for 2015/16
	Elective care - Pay attention to RTT data quality. Carry out an urgent 'one off' validation if necessary if not done in that last 12 months, and instigate a programme of regular data audits
	Elective care - Put in place clear and robust performance management arrangements, founded on use of an accurate RTT Patient Tracking List, and use this in discussion across the local system
	Elective care - 'Right size' outpatient, diagnostic and admitted waiting lists, in line with demand profile, and pathway timelines (see IMAS Capacity and demand tools)
	Elective care - (Plans over and above the minimum requirements) Dermatoscopes for primary care-proof of concept
	Elective care - Schemes administered by other SRGs (Managed by the Cambridgeshire and Peterborough SRG)
	Elective care - Out of area provider schemes; additional activity

<table>
<tr><td rowspan="14">Tranche 2</td><td>ULHT Trauma co-ordinator</td></tr>
<tr><td>ULHT Stroke co-ordinator</td></tr>
<tr><td>Pilot of non-clinical coordinators in Lincoln A&E</td></tr>
<tr><td>ULHT Safe Staffing</td></tr>
<tr><td>Additional Band 7 and Band 2 nurses (Lincoln County Hospital)</td></tr>
<tr><td>Spinal physiotherapy at Lincoln and Pilgrim sites</td></tr>
<tr><td>ULHT Increased support services</td></tr>
<tr><td>ULHT Increased housekeeping support</td></tr>
<tr><td>ULHT Transfer team expansion (Band 5, porter, support worker)</td></tr>
<tr><td>Extending service (24/7) in surgical assessment unit at Lincoln County Hosptial</td></tr>
<tr><td>Three additional Band 7 pharmacy staff at Pilgrim Hospital</td></tr>
<tr><td>ULHT Expansion of weekend ultrasound service</td></tr>
<tr><td>ULHT MRI outsourcing of scans and reports (October-March)</td></tr>
<tr><td>Continuing Health Care Assessments in acute care</td></tr>
<tr><td rowspan="2">Mental Health</td><td>Children and adolescent mental health (CAMHS) TIER 3 PLUS (Tier 3 plus is a service for young people with complex and intensive needs that is focussed on avoiding an in-patient admission)</td></tr>
<tr><td>Integrated Mental Health Tri-agency Triage car (Second resource – see Tranche 1 monies)</td></tr>
<tr><td>Health Visiting</td><td>Increase and develop the role of Health Visitor/Paediatric Liaison Nurses to identify and support families who frequently attend A&E</td></tr>
<tr><td rowspan="4">Primary Care</td><td>Lincolnshire South CCG
The following proposals have been agreed subject to some clarification:
Palliative care web based care plan
AF screening tools training
Chronic kidney disease training
Heart failure training
Diabetes training sessions
Dementia screening</td></tr>
<tr><td>Lincolnshire East CCG
The following proposals have been agreed subject to some clarification:
GP access walk in centre (three locations on a Saturday and Sunday)
Dementia screening
Additional top up funds for GP incentive Scheme</td></tr>
<tr><td>Lincolnshire West CCG
The following proposals have been agreed subject to some clarification:
Saturday morning clinics Optimus confederation
Saturday morning services</td></tr>
<tr><td>Lincolnshire South West CCG
The following proposals have been agreed subject to some clarification:
Up-skilling GPs and Practice Nurses in Musculo-Skeletal medicine
Winter locum GP into care homes
Dementia screening</td></tr>
</table>

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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

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 December 2014**
Subject:	**Proposed Congenital Heart Disease Standards and Service Specifications – Final Response**

Summary:

On 19 November 2014, the Committee established a working group to draft a response to the consultation by NHS England on the Proposed Congenital Heart Disease Standards and Service Specifications. The Working Group met on 24 November and 2 December 2014, with the final response, agreed by the Chairman and the Vice Chairman of this Committee, submitted to NHS England on 8 December 2014.

The Committee is invited to determine that the Proposed Congenital Heart Disease Standards and Service Specifications constitute a substantial development of the health service and a substantial variation in the provision of the service for the residents of Lincolnshire.

It is expected that NHS England will make a decision and agree the standards and specifications in March 2015. Following this, NHS England will undertake a commissioning process during 2015/16, with the contract implemented from 1 April 2016. NHS England has stated that it intends to implement all the agreed standards by 31 March 2019.

Actions Required:

(1) To determine that the consultation on the Proposed Congenital Heart Disease Standards and Service Specifications constitute a substantial development of the health service and a substantial variation in the provision of the health service, on the basis that the implementation of the Standards and Service Specifications is likely to lead to serious impacts for Lincolnshire patients and their families, particularly in terms of the accessibility of the services at Level 1 centres for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres.

(2) The Health Scrutiny Committee is invited to endorse its submission to NHS England consultation on the Proposed Congenital Heart Disease Standards and Service Specifications, which is attached to Appendix A to this report.

(3) To note the next steps for the New Review of Congenital Heart Services, including:

- an expected decision by NHS England on the Congenital Heart Disease Standards and Service Specifications in March 2015;
- the commissioning of new services by NHS England during 2015/2016; and
- the award of the contracts from 1 April 2016, with all the Standards and Service Specifications met by 31 March 2019.

1. Background

Responding to the Proposed Congenital Heart Disease Standards and Service Specifications

On 19 November 2014, the Committee considered the consultation document on the Proposed Congenital Heart Disease Standards and Service Specifications, and agreed to establish a working group to draft a response to the consultation, with the final response approved by the Chairman and the Vice Chairman of the Committee.

The Working Group comprised Councillor Mrs Christine Talbot, Councillor Chris Brewis, Councillor Miss Joyce Frost, Councillor Dr Gurdip Samra and Dr Brian Wookey. The working group met on 24 November and 2 December 2014. The Chairman and the Vice Chairman finalised the response, which is attached as Appendix A, and submitted it to NHS England on 8 December 2014.

The Committee's response emphasises the importance of providing the residents of Lincolnshire with safe and accessible services

Substantial Variation and Substantial Development in NHS Provision

The Committee is also requested to consider the potential impact of NHS England's proposals on the residents of Lincolnshire, in terms of accessibility to Level 1 Centres for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres. This is because NHS England's approach to the development of networks does not meet Recommendation 10 of the Independent Reconfiguration Panel and could lead to patients in Lincolnshire, as well as the rest of the East Midlands, not having access to an accessible Level 1 centre.

The Consultation Document

The consultation document was circulated to the Committee with the agenda for 19 November 2014. There were twelve questions in the consultation document, including a question enabling general comments to be made.

The Next Steps

The consultation closed on 8 December, 2014. NHS England has commissioned an organisation called *Dialogue by Design* to analyse all the consultation responses. Once this analysis is complete, *Dialogue by Design* will provide NHS England with their final report by mid-February 2015. This is an indicative timetable and is subject to the number of responses that are received.

NHS England has stated that the purpose of the *Dialogue by Design* report is to summarise the range of views held by respondents rather than quantifying the weight of opinion among respondents and that emphasising quantitative information in this way would not be appropriate given the nature of the consultation process. **NHS England emphasises that the consultation is not a vote or a survey, the report of *Dialogue by Design* will focus on the issues raised by participants rather than the number of times an issue has been raised by participants.**

NHS England will consider the issues raised during the consultation and where appropriate will amend the draft standards and specifications. These will then be agreed through the relevant committees and approved by the NHS England Board. The NHS England Board meets every two months and has a scheduled meeting on 26 March 2015, with the following meeting on 28 May 2015.

NHS England has published the following timetable:

Indicative milestones and timescales

Commissioning timeline: milestones	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17		Q4 18/19
Draft standards agreed	■									
Consultation Launch	■									
Consultation Completed		■								
Standards and specification signed off			■							
Baseline patient experience survey completed			■							
Design commissioning process	■	■	■							
Business case agreed				■						
Commissioning intentions issued					■					
Commissioning process					■	■	■			
Contracts awarded							■			
New standards come into effect								■		
Contract management begins								■		
All standards met										■

This timetable shows that the commissioning process will begin in earnest during 2015/2016, with contracts coming into effect on 1 April 2016. NHS England intends that all the standards and specifications will be met by the fourth quarter of 2018/2019, which in effect means as standards will be met by 31 March 2019.

2. Conclusion

The Committee is invited to determine that the Proposed Congenital Heart Disease Standards and Service Specifications constitute a substantial development of the health service and a substantial variation in the provision of the health service. The Committee is also invited to endorse its submission to NHS England consultation on the Proposed Congenital Heart Disease Standards and Service Specifications and note the next steps of the process.

3. Consultation

The Committee has responded to a consultation document on NHS England's Proposed Congenital Heart Disease Standards and Service Specifications.

4. Appendices

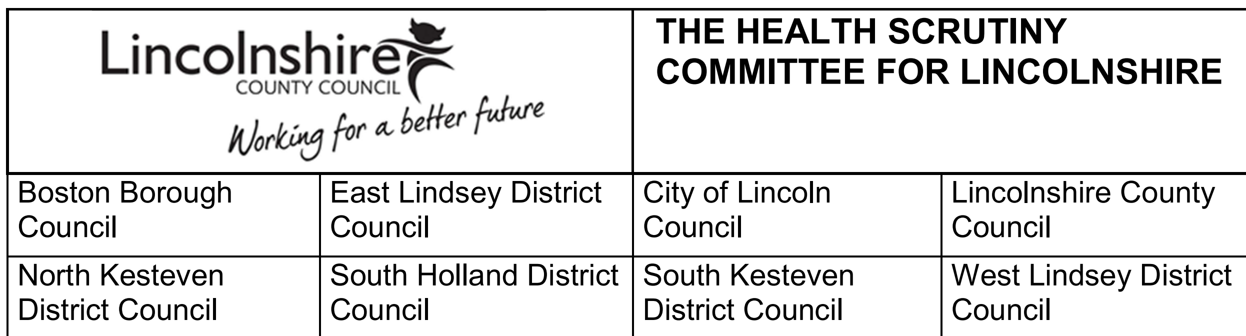
These are listed below and attached at the back of the report	
Appendix A	Response of the Health Scrutiny Committee for Lincolnshire to the NHS England Consultation on the Proposed Congenital Heart Disease Standards and Service Specifications

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 Simon Evans, who can be contacted on 01522 553607 or Simon.Evans@lincolnshire.gov.uk

APPENDIX A



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

PROPOSED CONGENITAL HEART DISEASE STANDARDS AND SPECIFICATIONS

Response of the Health Scrutiny Committee to the Consultation

(including a representative of Lincolnshire Healthwatch)

(1) Will the draft standards and service specifications meet the aims of the Congenital Heart Disease review?

Response of the Health Scrutiny Committee for Lincolnshire

In relation to the first aim (Securing the Best Outcomes for All Patients – page 9 of the consultation document) the Health Scrutiny Committee for Lincolnshire would like to stress the importance of low mortality figures. The Committee is sure that NHS England is aware that differences in mortality, highlighted in the Bristol Royal Infirmary Report in 2001, led to the need to review the provision of congenital heart surgery services.

Most importantly, the second aim of the New CHD Review (Tackling Variations) is not reflected in the standards and specification for the following two reasons. Firstly the standards and specification does not adequately address the issue of travel and accessibility (as emphasised by the Independent Reconfiguration Panel's report of 2013)[1]. We would like to see the standards and specifications recognise the importance of enabling patients and their families to be treated at their nearest centre. This is most important for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness, where travel times to large cities such as Birmingham and Leeds are considerable. There is also an issue in terms of travel costs, which are higher the further an individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

[1] Advice of the Independent Reconfiguration Panel on *Safe and Sustainable* Proposals for Children's Congenital Heart Services – Submitted to the Secretary of State for Health on 30 April 2013 and published on 12 June 2013.

Secondly, we are not convinced that the second aim of the New CHD Review (Tackling Variations) will be addressed by the standards and specification. This is explained in more detail in the response to question 2 and relates to the proposal that some parts of the country will operate with Level 1 and Level 3 centres, while other parts of the country will have Level 1, Level 2 and Level 3 centres.

(2) What do you think of the model of care that we are proposing?

Response of the Health Scrutiny Committee for Lincolnshire

There is an inconsistent approach to the proposed model of care. The second aim of the review (as set out on page 9 of the consultation) states: -

- "tackling variations so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care"

The proposal that some parts of the country will operate with Level 1 and Level 3 centres, while other parts of the country will have Level 1, Level 2 and Level 3 centres appears to be inconsistent with the aim of tackling variations across the country. **We recommend that NHS England should be clear on its preferred model of care: it should either opt for networks comprising Level 1 and Level 3 centres; or networks comprising Level 1, Level 2 and Level 3 centres.** We believe that this is the only way of tackling variations across the country, and ensuring consistency of provision.

Furthermore, it is important that certain regions such as the East Midlands are not disadvantaged with a network of care that does not provide for patients receiving surgical interventions at their nearest centre. This is most important for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness, where travel times to large cities such as Birmingham and Leeds are considerable. There is also an issue in terms of travel costs, which are higher the further an individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

(3) What do you think about our proposals for Level 2 Specialist Cardiology Centres?

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire believes that the continuity of care is important for all patients and their families. Patients and their families like to have the reassurance of staff, with whom they are familiar. The Committee is not convinced that this can be provided by a network containing Level 2 Specialist Cardiology Centres. Patients and their families using Level 2 centres will become familiar with staff at these centres, but patients and families may lose this confidence when a surgical intervention is required at a Level 1 centre, as the established trust and familiarity will not be present.

Page 15 of the consultation document states: *"We heard concerns that Specialist Children's Cardiology centres may not be sustainable in the longer term, especially if it is not possible to attract high quality staff to work there."* Whilst the consultation continues with a statement indicating that these centres may play a vital role, it does not address the fundamental issue of being able to attract high quality staff.

If NHS England adopts a three level model of care, **the Committee recommends that NHS England give further consideration to the sustainability of Level 2 centres in the longer term and in particular brings forward detailed proposals on how Level 2 Centres can be sustainable in terms of their staffing.** Without this sustainability, the proposed model of care is likely to become Level 1 and Level 3 centres, but more by accident than by design.

(4) What do you think of our proposals for the development of networks?

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire would like to reiterate recommendation 10 of the Independent Reconfiguration Panel[2]:

"More detailed and accurate models of how patients will use services under options for change are required to inform a robust assessment of accessibility and the health impact of options so that potential mitigation can be properly considered."

Recommendation 10 of the Independent Reconfiguration Panel refers to the issue of accessibility, which is a matter of great concern for the residents of Lincolnshire. We cannot find any reference in the consultation document to enabling equity of access across the country to surgical centres.

[2] Advice of the Independent Reconfiguration Panel on *Safe and Sustainable* Proposals for Children's Congenital Heart Services – Submitted to the Secretary of State for Health on 30 April 2013 and published on 12 June 2013.

The consultation document contains the following statement on page 20:

> *"The precise shape of each congenital heart network will be determined by local need and local circumstances, including geography and transport, but would welcome further views. There is an opportunity later on in the review to do more work on how networks are set up."*

We recommend that NHS England provide information on "*the opportunity later on in the review to do more work on how networks will be set up*". We would like to know whether this statement means that NHS England will be conducting further consultation on the configuration of the networks to comply with Recommendation 10 of the Independent Reconfiguration Panel.

To meet with the findings of the Independent Reconfiguration Panel, we also recommend that NHS England develop networks that give patients access to their nearest Level 1 centre. This means that some of the existing patient flows will need to be adjusted in certain regions, where referrals seem to be directed to London for historic reasons. Without this approach, it could mean that some regional Level 1 centres would not be able to reach the required standards in relation to the number of procedures.

The development of a sustainable network in the East Midlands is of paramount importance for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness, where travel times to large cities such as Birmingham and Leeds are considerable. There is also an issue in terms of travel costs, which are higher the further an individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

(5) What do you think of our proposals for staffing Congenital Heart Disease Services?

<u>Response of the Health Scrutiny Committee for Lincolnshire</u>

We note that the consultation document summarises a number of the standards that are detailed in the standards and specifications document. We see no reason to disagree with most of these standards, with the exception of the standards B9 and B10 for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres (in so far as they relate to four surgeons in a one in four rota). **There is more detail on this in our response to Question 6.**

(6) What do you think of our proposal that surgeons work in teams of at least four, each of whom undertakes at least 125 operations per year? Please explain your answer.

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire supports the proposal that each surgeon should undertake a minimum of 125 operations per year, averaged over a three year period.

The Health Scrutiny Committee for Lincolnshire believes that teams of three surgeons can provide a safe and sustainable service, in terms of providing adequate on call facilities. Page 24 of the consultation refers to "*mixed views from the surgeons themselves*" on this topic and many surgeons consider that teams of three are acceptable and safe, provided all the other service standards are met. The document states:

> *"A number of the centres currently have teams of three surgeons, and their results are good."*

For these reasons the Committee disagrees with Standards B9 and B10 for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres, in so far as these standards relate to four surgeons in a one in four rota.

The Health Scrutiny Committee for Lincolnshire understands that "within three years" means Quarter 4 of 2018/2019, effectively by 31 March 2019. If the B9 and B10 standards are adopted, we recommend that NHS England consider fully the implications of implementing all these standards by 31 March 2019, in terms of securing fully developed networks serving all the regions of England, including Lincolnshire and the rest of the East Midlands region**. In effect, we recommend that providers need a clear timetable to consolidate and plan their services in order to meet these standards.**

(7) What do you think about our proposed approach to sub-specialisation?

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire supports NHS England's views on sub-specialisation: all congenital heart surgeons and consultant interventional cardiologists must only undertake procedures for which they have appropriate competence. We also note NHS England's statement that surgical teams will have to recognise their competences and not conduct operations where their competence may be lacking. **We recommend that the issue of collaboration and the difficulty of enabling surgeons to work in other hospital trusts be resolved.**

(8) What do you think of the proposed standards for service interdependencies and co-location?

Response of the Health Scrutiny Committee for Lincolnshire

The detailed standards and specifications document states that the co-location standards will be achieved "within three years". The Health Scrutiny Committee for Lincolnshire understands that "within three years" means Quarter 4 of 2018/2019, effectively by 31 March 2019.

The Committee recognises the drive for all standards to be met within three years, effectively by 31 March 2019, but recommends that NHS England gives further consideration to this proposed implementation period. This is because some providers cannot meet the co-location standards without additional building or refurbishment work, requiring capital expenditure. There is a risk that this would not be achieved by the intended date. This would destabilise the proposed networks. **We further recommend that NHS England clarify the exact timing of the implementation of the co-location standards, so that providers can be given a clear indication of the timeline to comply with all these standards.**

(9) What do you think of the proposed service specifications?

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire in particular welcomes the standards relating to Communication with Parents and Patients; Transition; and Palliative Care and Bereavement and welcomes the approach whereby NHS England has developed these standards after engagement with patients and their families.

The Committee also welcomes the inclusion of standards C1 and C2 for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres, as these standards provide convenient and accessible accommodation free of charge for up to two family members, which is an essential part of supporting families during a very stressful time in their lives.

The Committee also recognises the importance of foetal diagnosis and strongly recommends that NHS England improve the rates of foetal diagnosis from the existing level of 35%. The Committee recognises that as the identification of a congenital foetal defect is relatively rare many sonographers would need additional training so that foetal diagnosis rates can improve.

(10) To ensure that we work within the available resources, difficult decisions may need to be made. What parts of our proposals matter most to you?

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire would like to stress the importance of ensuring that the residents of Lincolnshire have high quality and accessible children's and adults CHD services, including the services provided by Level 1 surgical centres.

There is a risk that services will be destabilised by the commissioning process, leaving parts of the country without accessible services. For example, if several of the current providers of Level 1 services fail to meet all the standards, these providers could be decommissioned or reclassified as Level 2 centres. This approach could mean the piecemeal decommissioning of Level 1 Centres, without any co-ordination or planning. It would not provide networks to serve the whole of England, and in turn could leave Lincolnshire, as well as the rest of the East Midlands, without access to a Level 1 centre.

Accessibility is most important for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness, where travel times to large cities, such as Birmingham and Leeds, are considerable. There is also an issue in terms of travel costs, which are higher the further an individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

(11) Do you have any comments on the range of approaches proposed to ensure that the standards are being met by every hospital providing Congenital Heart Disease care?

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire understands that NHS England will be approving a set of standards and the specifications in 2015 and following this it "will work with clinical commissioners to complete the commissioning of the agreed service specification during 2015/16".

The Committee would like to highlight that this commissioning approach puts at risk the need for a network of Level 1 centres, serving the whole country. For example, if none of the centres that are readily accessible to the residents of Lincolnshire meet the standards, there is a risk that these Level 1 centres would be de-commissioned, leaving the residents of Lincolnshire to longer and more difficult journey times than currently. **We recommend that NHS England take responsibility for commissioning a national network of providers, which in turn provides accessible services in each region,**

rather than relying on the system of chance, on which the current commissioning arrangements are based.

Taking this argument one step further, the Committee would like to emphasise the importance of patient choice as outlined in the NHS Constitution. It is important that patients in Lincolnshire are offered a genuine choice of locally accessible Level 1 centres, rather than these patient choices being made by a commissioning process relying on historic referral pathways.

(12) Is there anything else that you want to tell us or ask us to consider? If your comments relate to a particular standard or section please specify which you are referring to.

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire acknowledges the challenge of reflecting the proposed standards, which exceed 1,100 in total, in a single consultation document. **However, the Committee believes that the document lacks some of the necessary detail, which can only be found in the detailed draft standard and specifications documentation.**

The Health Scrutiny Committee for Lincolnshire believes that if congenital heart surgery were to cease at any of the centres where it is currently undertaken it would constitute a substantial development of the health service and a substantial variation in the provision of the health service (as defined in Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Such an outcome is possible as a result of the approach whereby NHS England determines whether providers would meet the standards and service specifications. This could mean the piecemeal decommissioning of Level 1 Centres, without any co-ordination or planning, in terms of providing networks to serve the whole of England.

NHS England's approach to the commissioning process could lead to serious impacts for Lincolnshire patients and their families, as they would have to travel further to access Level 1 centres for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres. Furthermore NHS England's approach to the development of networks does not meet Recommendation 10 of the Independent Reconfiguration Panel[3], as stated in our response to Recommendation 4. There is a risk that NHS England's approach could lead to patients in Lincolnshire, as well as the rest of the East Midlands, not having access to an accessible Level 1 centre within the region.

[3] Advice of the Independent Reconfiguration Panel on *Safe and Sustainable* Proposals for Children's Congenital Heart Services – Submitted to the Secretary of State for Health on 30 April 2013 and published on 12 June 2013.

On the theme of accessibility, the Health Scrutiny Committee for Lincolnshire would like to reiterate the issue of accessibility. This is most important for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness and, where travel times to large cities such as Birmingham and Leeds are considerable. There is also an issue in terms of travel costs, which are higher the further an individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

The Health Scrutiny Committee for Lincolnshire has been established by Lincolnshire County Council to discharge the health overview and scrutiny functions set out in Sections 244-246 of the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. In accordance with regulation 31 of these Regulations, one representative of each of the district councils in Lincolnshire has been co-opted as a member of the Health Scrutiny Committee. Lincolnshire Healthwatch is also represented as a member of the Committee.

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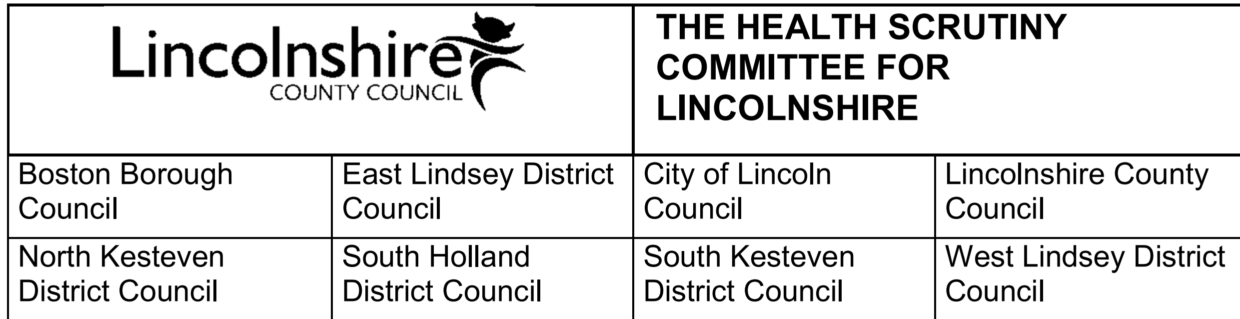

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Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 December 2014**
Subject:	**Healthy Lives, Healthy Futures Engagement Event - 17 November 2014**

Summary:

On 17 November 2014, two members of the Committee, Councillors Chris Brewis and Chris Burke, attended a *Healthy Lives, Healthy Futures* engagement event in Grimsby. This report outlines the main outcomes from the event.

Actions Required:

To consider and comment on the report.

1. Background

Healthy Lives, Healthy Futures

North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups are responsible for the *Healthy Lives, Healthy Futures* programme, which affects the provision of services at Northern Lincolnshire and Goole NHS Foundation Trust. The Committee has previously responded to a consultation as part of this programme on the transfer of hyperacute stroke services from Diana Princess of Wales Hospital in Grimsby to Scunthorpe General Hospital; and the transfer of inpatient Ear, Nose and Throat services from Scunthorpe General Hospital to Diana Princess of Wales Hospital in Grimsby.

Why is Healthy Lives, Healthy Futures Important to Lincolnshire?

The *Healthy Lives, Healthy Futures* programme is important for Lincolnshire as Lincolnshire East Clinical Commissioning Group spends £25.7 million on services provided by Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and patients from the Lincolnshire East account for 10% of the admissions to the Trust's hospitals. It is estimated that 81,000 people in the Lincolnshire East area are in the catchment for NLAG's hospitals. Similarly, Lincolnshire West Clinical Commissioning Group spends £9.6 million on NLAG's hospitals and patients from Lincolnshire West represent 3% of NLAG's admissions. Together this makes a total £35.2 million from Lincolnshire spent on NLAG's hospitals.

Most of the NLAG's Lincolnshire East patients use Diana, Princess of Wales Hospital, in Grimsby. Whenever there are any changes proposed to services at this Hospital, it is likely to impact on the residents of Louth, Mablethorpe and the surrounding villages, as these residents might be expected to travel to other hospitals, for example, in Boston, Lincoln or Scunthorpe for their services.

Engagement Event

The *Healthy Lives, Healthy Futures* programme is continuing. A networking event was held on 17 November 2014, which involved representatives from North Lincolnshire and North East Lincolnshire, as well as Lincolnshire and the East Riding of Yorkshire. A joint presentation covering the current NHS reviews in the three areas was delivered by Dr Peter Melton, Chief Clinical Officer, North East Lincolnshire Clinical Commissioning Group, Annette Laban, Programme Director, Lincolnshire Health and Care, and Chris Rooke, Programme Director, Hull and East Riding Clinical Commissioning Group.

Councillors Chris Brewis and Chris Burke attended the event, together with the Health Scrutiny Officer. The main outcomes are as follows:

- The themes of obesity, including child obesity; waiting times; pressure on Accident and Emergency; recruitment and retention of staff were common themes in all four local authority areas.
- North Lincolnshire and North East Lincolnshire were facing a combined shortfall of £78 million across their health and social care economy. It is not possible for services to continue as they are currently configured. Some of the solutions might need to be radical.
- The rationale for locating hyperacute stroke services at Scunthorpe General Hospital; and inpatient Ear, Nose and Throat services at Diana Princess of Wales Hospitals was explained at the event.
- The movement of patients across local authority boundary areas had always occurred, but it was important to be aware of these movements.
- A different model of care was being proposed for Goole hospital
- IT systems do not always link to each other.
- Where hospitals have been in special measures, there has been an impact on recruitment and retention.

- Some members of the public needed education on when to use Accident and Emergency departments.
- The *Five Year Forward View* was important in developing all health economies and Simon Stevens, the Chief Executive of NHS England was taking a lead role, driving these changes forward.
- The use of pharmacies was to be promoted.
- In future, specialists might be working in a variety of settings away from their local hospital.

The Next Phase

The Engagement event was advised that the next steps for Healthy Lives, Healthy Futures were:

- Implementation of key enabling work that does not require formal public consultation.
- Development of a clinically driven *Healthy Lives, Healthy Futures* service delivery strategy.
- Ongoing engagement with key stakeholders, clinicians and the public
- Formal public consultations as required, dependent upon changes being considered as part of the delivery strategy.

2. Conclusion

The Committee is invited to consider and comment on the report of the Healthy Lives, Healthy Futures event on 17 November 2014.

3. Consultation

This is not a consultation item.

4. 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 Simon Evans, who can be contacted on 01522 553607 or Simon.Evans@lincolnshire.gov.uk

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Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 December 2014**
Subject:	**Healthwatch Reports**

Summary:

On 1 December 2014, Healthwatch Lincolnshire published four reports: -

- 'Hear Our Voice' – Children and Young People in Lincolnshire
- The Impact of Patient 'Did Not Attend' Appointments at GP Surgeries in Lincolnshire
- Residents' Views of their Local Pharmacy Services
- Service Users, Patients and Carers Views on Mental Health Services (Interim Report)

The purpose of this item is to draw the Committee's attention to these four reports, so that they can be borne in mind as the Committee develops its work programme:

Actions Required:

To note that Healthwatch Lincolnshire has issued four reports on the following topics and to consider whether aspects of these reports could be taken forward in the Committee's work programme: -

- 'Hear Our Voice' – Children and Young People in Lincolnshire
- The Impact of Patient 'Did Not Attend' Appointments at GP Surgeries in Lincolnshire
- Residents' Views of their Local Pharmacy Services
- Service Users, Patients and Carers Views on Mental Health Services (Interim Report)

1. Background

On 1 December 2014, Healthwatch Lincolnshire launched four reports at an event in Sleaford, which was attended by Councillors Mrs Talbot, the Chairman of the Committee and Councillor Mrs Sue Ransome, together with the Committee's Health Scrutiny Officer.

At the reports are available on the Healthwatch Lincolnshire website:

http://www.healthwatchlincolnshire.co.uk/public-documents

Set out below is the Executive Summary and Recommendations from each report.

"Hear Our Voice" - Children and Young People in Lincolnshire

Executive Summary

Healthwatch Lincolnshire has a duty to listen to everyone in our county and children and young people are a very important voice. This work has been completed to investigate and report the health and care needs of children and young people and was undertaken for 2 reasons. Firstly, as an organisation we had already identified Lincolnshire's children and young people as a group that we needed to engage with better. Secondly, the need for this work was endorsed when the Care Quality Commission, following their inspection of 'looked after children' in Lincolnshire said they "felt children and young people should have a greater voice which should impact on commissioning, delivery and effectiveness of services".

Our work was developed in 2 phases. The first asked questions about children and young people's access to services and the second phase was built on the intelligence of the first findings. This looked more deeply into the themes and areas of concern which were important to young people, such as drugs and alcohol and the impact of social and mental wellbeing.

In total, 1,646 children and young people between the ages of 11 and 18 (plus a very small number of vulnerable young people up to 25) have supported this work by completing confidential anonymous surveys. This large response provides a robust set of data for Lincolnshire and it should be acknowledged that the findings in this report are based on 'their voice'.

There is much national evidence that demonstrates the concerns which have been acknowledged regarding the relationship between drug use and mental health problems among young people. This national, as well as local intelligence, was used as a benchmark throughout this report and referenced accordingly.

Our findings have led us to form 10 key recommendations which can be found at the end of this report. We believe this work demonstrates a growing need for careful review of services and the environments which our children and young people are exposed to. In particular, we have identified that:

- Smoking and alcohol use amongst our children and young people is higher than the national average with some worrying related issues which may suggest the need for further research. These additional issues include the number of children and young people drinking alone or asking strangers to buy their alcohol for them.

- Self-harm and bullying are key and consistent components of the information children and young people told us. We need to acknowledge that despite what our education system tells us about bullying not being tolerated in our schools within Lincolnshire, we still saw a 93.6% response rate which said children and young people who were bullied, were being bullied within our schools and colleges. This cannot be tolerated. This is in addition to the level of self-harm and the clear correlation between the likelihood of bullying leading to self-harm cannot be ignored.

- We also saw a 25% dissatisfaction rate with some of the more recognised services such as CAMHS, ChildLine and 111. This highlights a need to perhaps look further at how these services can be more effective and in turn encourage a more positive attitude towards them and greater use. However, it is important to recognise the comments where children and young people told us that the services work well for them. We have included some of these positive comments in this report.

In putting this report together we must also recognise the work of the Children and Young People’s Strategic Partnership (CYPSP) for Lincolnshire who have written the Children and Young People’s Plan 2013–16. Also, the Lincolnshire Participation Action Group (LPAG) works to embed participation and inclusion of children, young people, parents and carers in the work of CYPSP and its delivery partners. Both bodies are working towards a positive future for all our county’s children and young people and recognise issues such as bullying play an important part of a child’s wellbeing. We hope the findings from our work will assist future children and young people’s service design and delivery, helping to ensure those most in need of support will have the right help at the right time.

Healthwatch Lincolnshire has invited all partner agencies touched by this work to a presentation event on 1 December 2014. From this we hope we can achieve what the children and young people who were the main contributors to this piece of work hoped for - that their ***voices will be heard*** and influence services by putting “words into action”.

Recommendations

From the findings within this report Healthwatch Lincolnshire has reflected on and detailed the following areas for concern where it is felt attention and action should be considered by providers and commissioners.

1. It was noted that **smoking** prevalence within Lincolnshire's children and young people is above the national average and therefore, Healthwatch Lincolnshire would like to better understand what public health, care commissioners and providers are working on which demonstrates reductions through action.

2. It would appear from the findings that the impact of **drugs** use is compounded as time progresses. Therefore, Healthwatch Lincolnshire would want to better understand from public health, care commissioners and providers which methods of early interventions, awareness and education have had best impact on young people's use of drugs and whether it is felt that further development of this work can impact further on the decline on children and young people using illegal substances.

3. Further related to **drug use and support,** we would like to highlight that 26% of our respondents were not happy with the support services available. It was not ascertained what specifically was felt to be unsatisfactory about the service but this may warrant further investigation.

4. **Alcohol** consumption amongst young people and children who responded (52.1%) was considerably above the national average of 45%. Furthermore, we noted that 3.2% of children and young people would ask a stranger to obtain the alcohol for them. In relation to both these elements we would seek response from public health, care commissioners and providers to understand what work is underway to tackle these issues and where they can demonstrate reductions; this is an area of concern particularly as it lends itself to potential safeguarding issues.

5. We noted that the number of respondents telling us that they are **drinking alone** was a concern, although we did not ascertain the frequency of those occurrences. In general we would like to raise this as an issue of concern with potential for further investigation. In addition, the reported lack of awareness highlighted the need for more local and national information on the safe levels and legislation related to alcohol consumption.

6. The feedback from the children and young people in this report provided alarming levels of reported **self-harm.** Healthwatch Lincolnshire believe this should be a priority for further investigation as current levels will potentially impact on future health and care services and the extended need for, and availability of, effective early intervention and support services.

7. Notably **self-harm and bullying** appears to have a correlation and high prevalence among children and young people in Lincolnshire and even more concerning is that 93.6% of those respondents told us that bullying they had

encountered had occurred within the school or college environment. This institution-based bullying needs to be addressed immediately as it impacts on our young people's lives and could potentially lead to future consequences. It would appear that the 'zero tolerance' policy that schools implement is not effective in stopping bullying in our educational environment and more needs to be done. Therefore, we would seek a response from the Local Authority and schools alike to work in partnership to look at this independent benchmark and work towards change.

8. Almost one quarter of our respondents stated that they were **young carers** and said they often felt unsupported or not listened to by professionals. Despite the large amount of work that has been developed around young carers there still appears to be a requirement to look deeper into these views of young carers to establish specific areas for improvement.

9. There is a general 30-35% dissatisfaction response with **national and local support services** including ChildLine and NHS 111. We as a health economy need to highlight this with the services that deliver, monitor and commission these services to acknowledge the views of young people and look to implement changes that will improve the experience and encourage the use of tools and support systems available.

10. There is also a notable reliance on using internet and mobile applications to self-**diagnose and access self-help.** While there isn't an issue with official sites where we know the information is up-to-date and monitored, there is concern that other non-regulated methods are often used. Lincolnshire County Council states that "locally, a lot of work is taking place with e-safety talks in schools by the Safeguarding Children Board (LSCB) and trained Police Community Support Officers (PCSOs). However, clearly there is more work to be done."

Following this research, Healthwatch Lincolnshire would be interested in looking at any future commissioned work to further explore in more depth any of the specifics around these findings and recommendations.

We would like to draw the reader's attention to other work that Healthwatch Lincolnshire has undertaken which they may wish to cross-reference. Some of this work directly impacts on young people's perceptions and experiences of health and care services. These can be found within the reports produced for 'GP Do Not Attends' and 'Our Mental Health' reports.

The Impact of Patient 'Did Not Attend' Appointments at GP Surgeries in Lincolnshire

Executive Summary

From the commencement of Healthwatch Lincolnshire in April 2013, we have continually received a significant number of patient and carers feedback about access issues and services from their GP surgery. In particular "I cannot get an appointment with my GP" has been a very

common view shared with us. The following is a snapshot of some of the many individual comments we have received:

“Trying to get an appointment recently is hard to get, the system has changed and makes it harder for patients to get to see the same doctor twice”

“Waiting times on-line to get into GP surgery is minimum of 2 weeks to get an appointment. If you want to see your designated GP then you have to wait a month. If you call there are no appointments.”

“Phoned early to book an appointment only to be told all appointments have been taken for that day and could not book for the following day”

Whilst we accept there are many factors as to why patients are experiencing difficulties getting an appointment with their GP eg national problem with GP and nurse recruitment, number of people living longer with long-term conditions. For this research work our attention was drawn (by the GP Surgeries) to one factor, which is the large number of patients failing to attend their booked appointment. This is becoming an increasing concern to many surgeries as it is seriously impacting their services. The following comment from one surgery summarises well the concerns of many:

“Although our DNA rate is low in comparison to some organisations it is still a colossal waste of clinical time, money and effort. In some cases patients book and DNA on the same day. There is also a cost to the remainder of our patients who have to wait for appointments”

Below is an extract from an article in the Lincolnshire Echo (March 2014), which clearly highlights from a professional’s point of view DNA is a growing concern:

> ‘Sunil Hindocha, Chief Clinical Officer at Lincolnshire West CCG, said: "The impact of DNAs is that the overall patient wait to see a GP or nurse is extended which could result in exacerbation of symptoms.

"Missed appointments are a growing concern for surgeries across Lincolnshire. They equate to a significant amount of wasted medical hours."

"The issue is that access to GPs and nurses is a valuable, finite resource and patients who do not attend or who do not cancel are wasting appointments that could be offered to other patients.

"We routinely telephone patients booked for a 20 minute appointment with a nurse the night before their appointment to remind them to attend or to prompt them to cancel."

Patient David Mitchell, who lives in Lincoln's West End, said: "I attend City Medical Practice, where in January alone 240 people missed appointments. It's appalling. If people make appointments they should keep them."

You can read the full article by following this link:

http://www.lincolnshireecho.co.uk/Time-wasters-clogging-surgeries-waiting-lists/story-20803799-detail/story.html#ixzz367BIXZjg

Two areas of intelligence (patient concerns and GP surgery feedback) led Healthwatch Lincolnshire to focus our research on what the impact DNAs are having on GP surgeries in Lincolnshire.

Our key findings include:

- The average annual number of patient DNAs across GP surgeries in Lincolnshire is 184,224.

- The average annual cost of patient DNAs in Lincolnshire to the NHS is £6,632,000 (this figure is based on the King's Fund average cost for each GP appointment).

- The impact of DNAs is that the overall patient wait to see a GP or nurse is extended, which could result in exacerbation of symptoms.

- The highest number of recorded DNAs in one surgery was 454 in November and the lowest was 28 in March/April.

- 33% of patients admitted to forgetting to attend their appointment, even though:

    - 80% of GP surgeries in Lincolnshire have online booking appointment systems in place.
    - 60% of respondents have text message appointment reminders.

There is also concern as to what impact on the wider health community DNAs have. For instance, if a patient is unable to visit their doctor for

treatment, are they then presenting themselves at a walk-in centre or A&E, creating more demand on already overstretched services? If the culture of not attending appointments is growing, we must also consider how this affects hospital and other health services in Lincolnshire.

How many patients are failing to attend their outpatient appointment and what is the cost to that service? Feedback from United Lincolnshire Hospital Trust is indicating patient DNA is a serious issue for their organisation.

Our findings have provided real evidence of the impact of patient DNA to our GP Services across Lincolnshire. The next steps must surely be for statutory organisations to provide better awareness and understanding of 'Did Not Attends' to their patients, particularly in relation to firstly, the cost to the NHS and secondly, the implications to other patients.

Alongside the impact of this problem, we recognise there are many other factors to DNA:

- Some people have personal barriers causing them to DNA such as caring responsibilities or health problems. We were told by one person that their mum in her eighties was caring for her husband and as a result was not able to attend 2 GP appointments. The practice wrote to this lady suggesting she would be struck off due to not attending the appointments. Another example was a patient with mental health problems, some days getting out of bed and getting to the doctors is just "too difficult to cope with".

- One patient told us he walked into a packed GP waiting room to be informed there was at least a 30 minute waiting time and as a result he walked out as he had limited time available. (This does not excuse him failing to inform the reception staff of his intention to leave.)

The remainder of our report provides in-depth information of the research undertaken by Healthwatch Lincolnshire to support the production of this report and includes conclusions and next steps.

Recommendations

- On 1st December 2014 Healthwatch Lincolnshire will present the findings of this research to the NHS England Area Team; Lincolnshire East, South, South West and West Clinical Commissioning Groups; GP Surgeries (GPs and Practice Managers); Public Health; Lincolnshire Health and Wellbeing Board, Lincolnshire Health Scrutiny Committee to enable them to consider the overall impact of DNAs in Lincolnshire. Following this report we would look to the relevant organisations from the above group to consider a range of possible actions required to help improve the situation.

- We would recommend that one such action should be a campaign to provide better education to patients of the impact of missing appointments. Offending

patients need to understand that they should be held accountable when they DNA.

- Patient use of electronic appointment systems may need to be considered, both from a perspective of access, but also where on-line appointment systems are being abused.

- Patients with a genuine reason for DNA eg carers should be supported if they are experiencing difficulties attending their GP appointment. Reassurances by GP practices that support mechanisms are available and in place for patients with personal barriers must be given.

- Further work is required to consider the barriers patients face when wishing to cancel their GP appointment. What is working well for some practices with limited DNAs could be mirrored by others.

- Healthwatch Lincolnshire will work with a range of local media sources to present the key findings of this report, but it must be the wider health economy who support the overall media messages.

- Following this research work, Healthwatch Lincolnshire would welcome commission opportunities to undertake further research looking more in- depth at why patients are failing to attend appointments.

Residents' Views of their Local Pharmacy Services

Executive Summary

Community pharmacies provide an important role within health care provision in Lincolnshire. Whether this is for repeat medications, over the counter treatments, supply of health care equipment or health advice.

A recent review of pharmaceutical service provision in Lincolnshire by the Lincolnshire Pharmaceutical Needs Assessment Group agreed that availability and access to community pharmacies differs across the county. For instance, there are many rural areas where dispensing-only services are available, but not the additional range of services offered by community pharmacies. However, it was felt that residents of Lincolnshire are adequately served by providers of dispensing services, both in urban and rural areas.

There has been national growing debate and consultation as to the role community pharmacies could play in helping to provide minor treatment centres to help alleviate some of the pressures on services such as A & E. But would local people prefer to visit their pharmacist than their GP for help with minor injuries? This report starts to look at whether patients really would visit their local pharmacy for minor treatments and other services.

On 19th October 2014 the BBC News headline reported:

> Treating Common Illnesses at Pharmacies 'could save NHS £1Bn'
>
> Treating common ailments like coughs and colds at community pharmacies could save the NHS over £1bn a year, the Royal Pharmaceutical Society claims. A study carried out by the body concluded such a move would reduce the number of accident and emergency visits by 650,000 and GP consultations by 18m. While minor ailment centres are common in Scotland and Northern Ireland only a third of English pharmacies have them. The RPS is now calling for them to be rolled out across England. They said the clinics – which could also deal with eye problems, stomach ailments like diarrhoea and aches and pains – could ease the pressure on an overburdened NHS as well as save money.

Healthwatch Lincolnshire have facilitated an in-depth survey of Lincolnshire residents which asked them why they use their local pharmacy, what additional services they would find useful and what is their perceptions and experiences of the staff and environment offered by the local pharmacy. The purpose of this work was to provide important feedback to the various local and national community pharmacy agendas.

As part of our research we also interviewed a local pharmacist, we feel the views of pharmacists will be vital if there is to be an increase or change in the services they offer.

Below is a summary of what the 115 respondents told us:

- 66% of them said they use the pharmacy to pick up prescriptions
- 36% said they use the pharmacy because it is convenient
- Only 8% said they use their local pharmacy for help with minor ailments
- Only 4% go to the pharmacy for health advice
- Overall staff satisfaction was rated as good with an average of 80.55% of respondents scoring fairly good to very good.
- There were some issues raised with the supply of medication, this reflects feedback Healthwatch Lincolnshire has received during the past year.

- Only 64% of people rated as good, having somewhere available where they could speak without being overheard, we believe confidentiality is essential in all NHS services.

The main contents of this report provides further details of the results from the completed surveys and the transcribed interview with a local pharmacist. At the end of the report is a number of recommendations we feel require further action.

Recommendations

From the results of this research we believe the following areas require further action:

- Confidentiality – it appears there needs to be more emphasis placed on local pharmacy services to provide areas in which customers can talk in confidence. On behalf of Lincolnshire residents, we would be keen to know what actions are in place to offer confidential areas within all local pharmacies.

- Waiting areas and waiting times – this was one area that did not score as high as it should. Patients need to be comfortable when having to wait. There should be sufficient seating and clear indications as to how long waiting times will be for people. Healthwatch Lincolnshire is keen to know how many local pharmacies have sufficient customer seating and offer information as to waiting times for collection of prescribed medications.

- Awareness campaigns – at present there appears to be a low take-up of patients using their local pharmacy for help with minor injuries or with long term conditions. In addition, there was a significant number of respondents suggesting they would like to be able to have more information from their local pharmacy for areas such as healthy eating, obesity, alcohol, mental health, travel health and diabetes. The indication was that the preferred method of awareness was through in-store posters or flyers/information leaflets. We would recommend all local pharmacies have in place awareness campaigns that provide a ‘drip feed’ of information.

- Listening and speaking to pharmacists – from the one interview we have done, it is clear that whilst there is support from pharmacists to implement a range of additional services at local pharmacies, there needs to be a much larger consultation with pharmacist to listen to their concerns and agree what training and support they would need.

- Communications with GPs – there appears to be some disconnect between the GPs and the pharmacy services. Better communication routes between the two would benefit all.

- Healthwatch Lincolnshire would be keen to work with the PNA or NHS England Area Team for any additional commissioned work required as a result of this report.

Service Users, Patients and Carers Views on Mental Health Services (Interim Report)

Executive Summary

This report is being presented by Healthwatch Lincolnshire as an interim overview of results from our research to date. However, we are not yet finished with our research and feel, due to the level and complexity of mental health conditions, it is important to offer a range of engagement opportunities for people to input into this work.

From our organisations start in April 2013, concerns about mental health services have been consistently raised with us by service users, patients and carers. In 4 out of the past 5 months, we have analysed mental health services to be in our top 5 reported themes.

Our research work is being delivered in three stages:

- **Part One** – In Spring 2014 we completed a very broad piece of work which looked at a general view of services and support, by asking a small group of people to complete a paper-based survey (23; 16 females and 5 males). This first piece of work also provided us with introductions and opportunities to meet with a number of mental health support groups and their users and carers, which gave us a chance to have some early informal discussions. The key messages from this initial work was:

    - Improved information to GPs and other health care providers for people with mental health conditions about support available is required.

    - More access to help eg more available CPNs and out-of-hours/weekend support.

    - The level of respondents that have self-harmed indicates a need for more information to be gathered, especially in relation to preventative and support services.

- **Part Two** From the end of September to early November 2014 we designed and electronically distributed an in-depth survey (a small number of paper-based surveys were distributed). This survey looked at mental health services from both the perspective of current users of services and those people waiting to enter the assessment and treatment pathways. 126 people completed the questionnaire (over

300 people started but failed to complete it). The results of this survey are included in this report.

- **Part Three** – We will be facilitating a large number of county-wide focus groups from December to February 2015. The same questions will be posed to each group and the results of their feedback will be used to complete our final report. We are inviting all provider and commissioner organisations to be involved in Part Three of this work.

Whilst carrying out routine engagement with other groups of people, Healthwatch Lincolnshire discovered some similar themes:

- Poor service co-ordination between social care and Lincolnshire Partnership NHS Foundation Trust.
- Lack of continuity in key workers.
- Short notice cancellation of case reviews.
- Gaps in provisions in some areas of the county eg the south.
- CAMHS, Child and Adolescent Mental Health Services – we have received many comments about the support offered by CAMHS.

Our interim findings have highlighted the following areas that we suggest require further work:

- Better support for carers who are looking after people with mental health conditions.
- Better understanding and support from other health care providers eg GPs.
- Better support for ex-military personnel.
- Waiting times for assessment does not appear to be meeting the needs of patients.
- Review of some existing services should be considered as many users did not rate them highly.
- Assessment of the process for handling formal complaints.
- Process of discharge from hospital or care facility needs to be improved.
- Specialist support services - do these meet the needs of users and carers?

Healthwatch Lincolnshire have raised concerns with Lincolnshire South West CCG and Lincolnshire Partnership NHS Foundation Trust about the large number of patient and carer issues regarding access to and treatment from mental health support services in Lincolnshire. In early November 2014 all 3 organisations met to start discussions about how services can be improved. We hope in the coming months to building on this partnership

Conclusions and Next Steps

The findings within this report highlight some very good experiences of mental health support services in Lincolnshire, which is encouraging for all concerned. However, it must be recognised that there are some key areas of concern raised by service users, patients and carers which we believe will require further research. These themes include:

- Waiting times – previous intelligence has suggested there is a continuing problem with waiting times for mental health assessment. The findings from Part Two of our survey confirm problems.

- Current services – 4 of the current services available to support people with mental health illnesses were rated as poor in 50% of the respondents view. Further work is needed to ascertain why they feel this.

- Complaints – less than 10% of respondents were very satisfied with the outcome of a formal complaint they have made. Healthwatch England have recently published a report that addresses the complexity of complaints and calls for more simplified process, to read the report access http://www.healthwatch.co.uk/resource/my-expectations-raising-concerns-and-complaints-report

Discharge from hospital or care – 80% of our respondents were unsatisfied with the discharge process. This replicates national concerns raised about unsatisfactory discharge and readmission.

- Carers – caring for any sick or disabled relative is a very stressful and major commitment. It appears there should be much more support offered for those families that are having to care for family members or friends with long term or severe mental health conditions, particularly where the caring is an older person.

- GPs and other support services – respondents highlighted the need for more support and recognition from the doctor or other health care services. This recognition should be for children, young people, adults and older people accessing support.

- Special mental health support services – whilst many respondents highlighted services such as 24/7 telephone support, crisis team and counsellors as important to help them with their illness, there needs

to be consideration as to why respondents don't consider STEP, recovery college, HIPS, Green Light Team, day care and day hospital, DART, CAMHS and buddying serviced specialist psychological services as important.

- Ex-Military – 2 of our respondents directly highlighted the need for more support for ex-military personnel, this suggests there may be a need to work with partner agencies to look at what services might need to be put in place.

2. Conclusion

The Committee is invited to note that Healthwatch Lincolnshire has issued four reports on the following topics and to consider whether aspects of these reports could be taken forward in the Committee's work programme: -

- "Hear Our Voice" – Children and Young People in Lincolnshire
- The Impact of Patient 'Did Not Attend' Appointments at GP Surgeries in Lincolnshire
- Residents' Views of their Local Pharmacy Services
- Service Users, Patients and Carers Views on Mental Health Services (Interim Report)

3. Consultation

This is not a consultation item.

4. 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 Simon Evans, who can be contacted on 01522 553607 or Simon.Evans@lincolnshire.gov.uk

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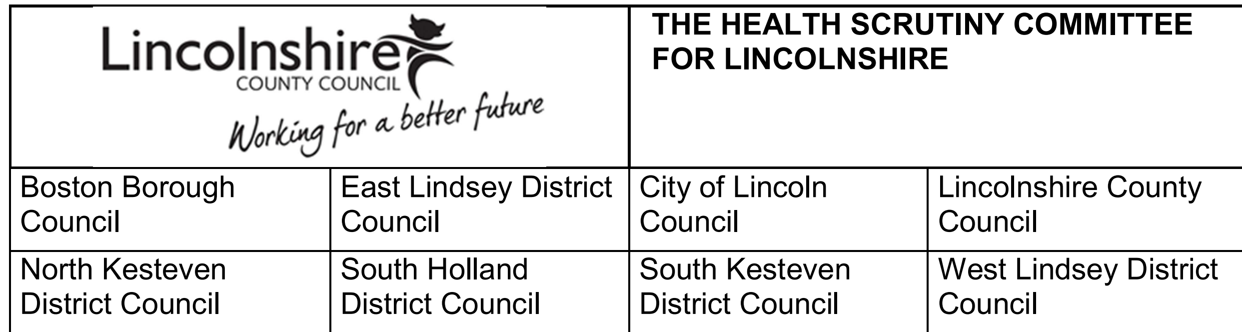

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 December 2014**
Subject:	**Work Programme**

Summary:

This item invites the Committee to consider and comment on its work programme.

Actions Required:

To consider and comment on the content of the work programme.

1. The Committee's Work Programme

The work programme for the Committee's meetings over the next few months is attached at Appendix A to this report, which includes a list of items to be programmed.

Set out below are the definitions used to describe the types of scrutiny, relating to the proposed items in the work programme:

Budget Scrutiny - The Committee is scrutinising the previous year's budget, the current year's budget or proposals for the future year's budget.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Consultation - The Committee is responding to (or making arrangements to respond to) a consultation, either formally or informally. This includes pre-consultation engagement.

Status Report - The Committee is considering a topic for the first time where a specific issue has been raised or members wish to gain a greater understanding.

Update Report - The Committee is scrutinising an item following earlier consideration.

Scrutiny Review Activity - This includes discussion on possible scrutiny review items; finalising the scoping for the review; monitoring or interim reports; approval of the final report; and the response to the report.

In considering items for inclusion in the Committee's work programme, Members of the Committee are advised that it is not the Committee's role to investigate individual complaints or each matter of local concern.

2. Conclusion

The Committee is invited to consider and comment on the content of the work programme.

3. Consultation

There is no consultation required as part of this item.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health Scrutiny Committee Work Programme

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 Simon Evans, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk

APPENDIX A

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

Chairman: Councillor Mrs Christine Talbot
Vice Chairman: Councillor Chris Brewis

17 December 2014		
Item	**Contributor**	**Purpose**
GP Access – Report of the Lincolnshire Local Medical Committee	Debra Burley, Chief Executive and Dr Kieran Sharrock, Medical Director, Lincolnshire Local Medical Committee	Status Report
Winter Pressures	Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group Sarah Furley, Urgent Care Programme Director, Hosted by Lincolnshire East Clinical Commissioning Group	Update
Proposed Congenital Heart Disease Standards and Service Specifications – Final Response of the Committee	Simon Evans, Health Scrutiny Officer	Consultation
Health Lives, Healthy Futures – Engagement Event 17 November 2014	Simon Evans	Update Report
Healthwatch – Publication of Four Reports	Simon Evans	Update Report

14 January 2015		
Item	**Contributor**	**Purpose**
Lincolnshire Community Health Services NHS Trust – Action Plan in Response to the Care Quality Commission and the Clinical Strategy	Andrew Morgan, Chief Executive, Lincolnshire Community Health Services NHS Trust	Status Report

14 January 2015		
Item	**Contributor**	**Purpose**
South West Lincolnshire Clinical Commissioning Group – Introductory Item	Allan Kitt, Chief Officer, South West Lincolnshire Clinical Commissioning Group	Status Report
Care Quality Commission Report on Health of Children Looked After and Safeguarding	Allan Kitt	Update Report
Complaints Overview – United Lincolnshire Hospitals NHS Trust	Jennie Negus, Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust	Status Report
East Midlands Ambulance Service Update	Richard Henderson, Director of Operations, East Midlands Ambulance Service	Update Report

11 February 2015		
Item	**Contributor**	**Purpose**
Peterborough and Stamford Hospitals NHS Foundation Trust (To be confirmed)	Polly Grimmett, Project Lead for the Stamford Hospital Redevelopment and John White, Facilities Project Manager.	Update

11 March 2015		
Item	**Contributor**	**Purpose**
Annual Report of the Director of Public Health	Tony McGinty,	Status Report
Process for Updating the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy	Chris Weston, Executive Director of Community Wellbeing and Public Health	Status Report
Quality Accounts 2015 – Arrangements	Simon Evans	Consultation

Items to be Programmed

- Lincolnshire Partnership NHS Foundation Trust- Update on Clinical Strategy

- Outline of Mental Health Services
- Accessibility to Dialysis Services
- Joint Health and Wellbeing Strategy 2013 - 2018 Theme 1: Promoting Healthier Lifestyles
- Joint Health and Wellbeing Strategy 2013 - 2018 Theme 2: Improve the Health and Wellbeing of Older People.
- Joint Health and Wellbeing Strategy 2013 - 2018 Theme 3: Delivering High Quality Systematic Care for Major Causes of Ill Health and Disability
- Joint Health and Wellbeing Strategy 2013 - 2018 – Theme 4 - Improve Health and Social Outcomes for Children and Reduce Inequalities
- Joint Health and Wellbeing Strategy 2013 - 2018 – Theme 5 - Tackling the Social Determinants of Health

For more information about the work of the Health Scrutiny Committee for Lincolnshire please contact Simon Evans, Scrutiny Officer, on 01522 553607 or by e-mail at simon.evans@lincolnshire.gov.uk

Health Scrutiny Committee – Annual Work Programme

<table>
<tr><th>Dates</th><th>Item</th></tr>
<tr><td>May, June and July 2014</td><td>
<u>Items Considered</u>

Drafting and Finalising Quality Account Statements (Completed via Working Group – 27 June 2014)
Final Quality Account Statements Circulated (23 July 2014)
Clinical Commissioning Group – Annual Reports (25 June 2014)
East Midlands Ambulance Service – Quarterly Response Time Performance (21 May 2014)
Children Looked After and Safeguarding – Review of Health Services and Safeguarding – Report by the Care Quality Commission (23 July 2014)

<u>Items Not Considered</u>

The New Review of Congenital Heart Surgery Services – Consultation (Now timetabled for 19 November 2014)
Joint Health and Wellbeing Strategy 2013 - 2018 Theme 1: Promoting Healthier Lifestyles (This item needs to be programmed.)
Joint Health and Wellbeing Strategy 2013- 2018 Theme 3: Delivering High Quality Systematic Care for Major Causes of Ill Health and Disability (This item needs to be programmed.)
Complaints Overview Report (This was considered on 17 September 2014.)
Outline of Mental Health Services (This item needs to be programmed.)

<u>Other Items Considered (Not in Original Work Programme)</u>

United Lincolnshire Hospitals NHS Trust (21 May 2014)
New Review of Congenital Hearty Services Standards (21 May 2014)
Burton Road Surgery (25 June and 25 July 2014)
NHS England Leicestershire and Lincolnshire Area Team – Commissioning Responsibilities (25 June 2014)
Peterborough and Stamford Hospitals NHS Foundation Trust – Update on Developments and Enforcement Actions (25 June 2014)
United Lincolnshire Hospitals NHS Trust – Five Year Clinical Strategy (25 June 2014)
Healthy Lives, Healthy Futures (23 July 2014)

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Dates	Item
September, October, November, and December 2014	• United Lincolnshire Hospitals Trust – Outcome of Re-inspection by the Care Quality Commission and Related Activities *(19 November 2014)* • New Review of Congenital Heart Surgery Services Consultation Response *(19 November 2014)* • Lincolnshire Partnership NHS Foundation Trust – Update on Clinical Strategy ***(This item needs to be programmed.)*** • Joint Health and Wellbeing Strategy 2013- 2018 Theme 2: Improve the Health and Wellbeing of Older People. ***(This item needs to be programmed.)*** • Joint Health and Wellbeing Strategy 2013- 2018 – Theme 4 - Improve Health and Social Outcomes for Children and Reduce Inequalities ***(This item needs to be programmed.)*** • East Midlands Ambulance Service – Quarterly Response Time Performance *(17 September 2014)* • Infection Control in Hospitals ***(This item needs to be programmed.)***
January, February and March 2015	• Annual Report of the Director of Public Health 2014 • Arrangements for Quality Accounts 2015 • Joint Health and Wellbeing Strategy 2013- 2018 – Theme 5 - Tackling the Social Determinants of Health East Midlands Ambulance Service – Quarterly Response Time Performance • Complaints Overview Report

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