Lincolnshire COUNTY COUNCIL
Working for a better future

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
20 APRIL 2016

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Mrs S Ransome, Mrs J M Renshaw, T M Trollope-Bellew, Mrs S M Wray and C E D Mair

Lincolnshire District Councils

Councillors Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and D P Bond (West Lindsey District Council)

Healthwatch Lincolnshire

Dr B Wookey

Also in attendance

Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Colin Costello (Director of Pharmacy and Medicines Optimisation - United Lincolnshire Hospitals NHS Trust), Carl Cottam (General Manager - Boston West Hospital), Simon Evans (Health Scrutiny Officer), Gary James (Accountable Officer - Lincolnshire East Clinical Commissioning Group), Tracy Johnson (Senior Scrutiny Officer) and Cheryl Thomson (Public Health Programme Officer – Health Protection)

County Councillor B W Keimach attended the meeting as an observer

99 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Miss E L Ransome (Lincolnshire County Council) and Councillor G Gregory (Boston Borough Council).

The Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor C E D Mair to the Committee in place of Councillor Miss E L Ransome.

Councillor Mrs P F Watson offered apologies for the afternoon session of the Committee.

The Chairman welcomed Tracy Johnson, Senior Scrutiny Officer, in attendance on behalf of Simon Evans, Health Scrutiny Officer, who was hoped to join the meeting in due course.

100 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of Members' interests at this stage of the proceedings.

Dr B Wookey, Healthwatch, asked that it be noted that he was currently undergoing treatment at Boston West Hospital.

101 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the Committee and made the following announcements:-

i) GP Vacancies

At the last meeting, the Committee requested information on the number of GP vacancies in Lincolnshire. Dr Kieran Sharrock, Medical Director of the Lincolnshire Local Medical Committee (LMC), advised that (as of 24 March 2016) there were 40 vacancies for GPs known to the Lincolnshire LMC. Dr Sharrock also agreed to attend the meeting of the Committee on Wednesday 15 June 2016 to provide further information and to explore the topic in greater detail.

The Chairman advised that a reply had been received in response to the letter sent to the Secretary of State for Health and co-signed by MPs, CCGs, Trusts and the Chairman of the Health Scrutiny Committee for Lincolnshire. The content of the response was unknown at the time of the Committee meeting but it was hoped a clearer picture would be available when Dr Sharrock attended.

ii) Dental Procurement Programme

A briefing paper had been issued by NHS England Central Midlands on the dental procurement programme, which affected Lincolnshire. The procurement programme had been paused awaiting further guidance. The pause affected twenty contracts for provision of General Dental Services across Leicester, Leicestershire, Rutland and Lincolnshire; and two contracts for provision of Special Care Dentistry Services for Leicester, Leicestershire, Rutland and Lincolnshire. The briefing paper would be circulated to the Committee following the meeting in addition to which the Chairman sought to add this item to the Committee Work Programme for later in the year.

iii) Burton Road Surgery – Care Quality Commission Rating

The Committee had taken a particular interest in the Burton Road Surgery, following the intention of NHS England, in 2014, to close it. On 7 April 2016, the Care Quality Commission published its inspection report on the surgery, which had 2200 patients on its list and now managed by Universal Health, and found that the surgery "required improvement".

Whilst disappointing, context was given that 47 of the GP practices in Lincolnshire had now received a rating from the CQC under the new inspection arrangements following their introduction in October 2014. To date, one practice had been rated as

"outstanding"; thirty practices had been given a "good" rating; thirteen practices "required improvement"; and three practices were "inadequate".

iv) East Midlands Ambulance Service – Future Management Arrangements

Following the recent departure of its Chief Executive, the East Midlands Ambulance Service had confirmed that it was seeking the expertise of the Chief Executive of the West Midlands Ambulance Service as it developed its future management arrangements. The announcement had been construed by the local media as a proposal to merge the two organisations but the Chairman reported that this was not the case. It was confirmed that each organisation had issued statements indicating that a merger was not being considered.

v) Adults Scrutiny Committee – Delayed Transfers of Care

On 6 April 2016, the Adult Scrutiny Committee carried out the request of the Health Scrutiny Committee for Lincolnshire to consider Delayed Transfers of Care (DTOC). At the same meeting, the Adult Scrutiny Committee considered an item on seasonal resilience and the Chairman, Councillor H Marfleet, would discuss further consideration at the next agenda planning meeting.

vi) Care Quality Commission Report – Northern Lincolnshire and Goole NHS Foundation Trust

On 15 April 2016, the Care Quality Commission published its quality report on Northern Lincolnshire and Goole NHS Foundation Trust. This followed the inspections on 13-16 October 2015, 6 November 2015 and 5 January 2016. The overall rating for the Trust was "required improvement".

In addition to the overall rating, the CQC had published individual reports and ratings for each hospital: Scunthorpe General Hospital received an "inadequate" rating largely because of concerns in its outpatients department; and Diana Princess of Wales Hospital in Grimsby was rated as "required improvement". A significant number of Lincolnshire residents were treated in these hospitals, therefore the rating for the Trust and, in particular Scunthorpe General Hospital, remained a concern. The links to the reports on the CQC website would be circulated to the Committee via email.

vii) Quality Accounts Working Group

On Tuesday 19 April 2016, the first meeting of the Quality Accounts Working Group took place and reviewed the draft Quality Account of Lincolnshire Community Health Services NHS Trust. A further meeting of the Working Group was arranged for 26 April 2016 to review the draft Quality Accounts of Lincolnshire Partnership NHS Foundation Trust and Northern Lincolnshire and Goole NHS Foundation Trust.

viii) Marie Curie Quality Account

Marie Curie had approached the Chairman to request that the Health Scrutiny Committee for Lincolnshire give consideration to making a statement on the draft Quality Account of Marie Curie. The Head Office of Marie Curie was located in the London Borough of Lambeth and therefore the relevant body for quality account purposes under the regulations would be Lambeth. However, as Lincolnshire currently had the highest number of patients being treated by Marie Curie, the

Committee had been approached to consider making a statement. The Chairman proposed to consider this request as part of Agenda Item 11 – Work Programme.

ix) Meetings in the Last Month

On 17 March 2016, the Chairman had met with Gary James, Accountable Officer for Lincolnshire East Clinical Commissioning Group, where information on the proposals for a Care Portal and the budgetary position for the Clinical Commissioning Group were received.

Gary James advised the Committee that the Care Portal was currently being built and would be a major benefit for patients. An update would be presented to the Committee once the build was complete. In relation to the Budget, it was confirmed that this was extremely tight and driven by various factors. There was a particular challenge to balance the books but this was a situation faced by all service providers. The requirement to make a 1% saving to deliver the surplus remained but the Committee were reminded that this sum was removed at the start of the financial year which meant the CCGs were aware of how much budget they had left to work with.

x) Lincolnshire Community Health Services NHS Trust – Foundation Trust Arrangements

The Committee had responded to the consultation by Lincolnshire Community Health Services NHS Trust (LCHS) on its application for foundation trust status in 2012. Recently, a further consultation was issued by LCHS on a minor change to the proposed governance arrangements. Since 2012, LCHS had developed its services beyond the Lincolnshire boundary, delivering services in Peterborough. This included the Minor Illness and Injuries Unit at the Peterborough Care Centre. In order to reflect this, the new proposal was for an 'Outside of Lincolnshire' element in the public constituency of the foundation trust governance arrangements.

The Committee suggested that representation from patients outside of Lincolnshire was important and would be beneficial to the service provision for patients within the county. As this was a change in Governance arrangements, the Chairman proposed that this item be considered further under Agenda Item 11 – Work Programme.

xi) Community Pharmacy Provision – Informal Meeting – 3 May 2016

Lincolnshire Health and Wellbeing Board would be holding an informal meeting on Community Pharmacy Provision on Tuesday 3 May 2016 at 2.00pm. Councillor Mrs Sue Woolley, Chairman of the Board, had extended an invitation for representatives of the Committee to attend the session which was to take place in the Council Chamber at County Offices. The programme for the session was to include an understanding of the rules and regulations for the setting up of pharmacies. The session would also cover the *Community Pharmacy in 2016/17 and Beyond* consultation where an opportunity would be provided to discuss the proposals. Councillors C J T H Brewis, Mrs J M Renshaw, Mrs P F Watson and Mrs S M Wray indicated that they would attend on behalf of the Committee.

xii) Future Diary Dates

The Chairman confirmed two sessions for the Committee's attention, both of which would be held on the afternoons following the scheduled Committee meetings.

At 2.30pm on Wednesday 18 May 2016, the Committee would receive a briefing on the Sustainability and Transformation Plan (STP) and Lincolnshire Health and Care (LHAC).

On Wednesday 15 June 2016, the Committee would receive training on the background to services and treatments for mental health from Lincolnshire Partnership NHS Foundation Trust (LPFT).

As East Lindsey District Council would be holding their Annual General Meeting on Wednesday 18 May 2016, Councillor Mrs P F Watson indicated that both herself and Councillor S L W Palmer would not be in attendance for the Health Scrutiny Committee for Lincolnshire.

102 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 16 MARCH 2016

The Chairman noted the following amendments to the minutes:-

- Under Minute Number 90 Councillor S Weller had been noted in the attendance as a County Councillor rather than a District Councillor; and
- Dr Kakoli Choudhury (Consultant in Public Health) was omitted from the attendance list of Officers.

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire, held on 16 March 2016, with the amendments noted above, be approved and signed by the Chairman as a correct record.

The Committee confirmed their request to attend the Adult Scrutiny Committee during their consideration of the Better Care Fund. Simon Evans, Health Scrutiny Officer, would be asked to raise this request with the Chairman of the Adults Scrutiny Committee.

103 BOSTON WEST HOSPITAL

Consideration was given to a report from the Health Scrutiny Officer which provided the Committee with relevant information to enable completion of the draft statement for the 2016 Quality Account on Boston West Hospital.

Carl Cottam (General Manager, Boston West Hospital) was in attendance for this item.

Members were given the background of Boston West Hospital, part of Ramsay Health Care UK, which undertook a significant proportion of NHS-funded activity. The information presented to the Committee had been compiled from the 2014/15 Quality Account of Boston West Hospital and the Care Quality Commission inspection report.

The hospital was a purpose built facility which provided services for the assessment, diagnosis and treatment of medical conditions with a suite of outpatient and treatment rooms. A theatre also undertook a range of surgical procedures and endoscopic (diagnostic) investigations.

The Hospital provided a wide range of services, covering NHS and private day-case facilities, for the following specialities:-

- Orthopaedic;
- Ophthalmology;
- General Surgery;
- Pain Management;
- Gynaecology;
- Gastroenterology;
- Urology;
- Physiotherapy;
- Cosmetic Surgery; and
- ENT.

Treatment was provided for adult patients (excluding children below 18 years of age) whether NHS-funded, privately insured or self-pay. A high percentage of patients were through the NHS with patients choosing to use the facility through the NHS "Choose and Book" system.

It was confirmed that the hospital received the standard NHS tariff for NHS-funded patients which helped to ease the pressure on other NHS facilities, including Lincoln County Hospital and Pilgrim Hospital.

2980 (95%) patients admitted during 2014/15 were NHS-funded with an additional 590 patients seen through the Hospital's outpatient department. The Hospital offered consultant led care which meant that all patients were seen by a consultant during their patient care pathway.

The Care Quality Commission had published the most recent inspection report on Boston West Hospital in October 2015. The overall rating was 'good' but several areas of outstanding practice were highlighted as below:-

- 100% of staff had completed all mandatory training and appraisals in 2014/15;
- The hospital had been awarded accreditation by the Joint Advisory Group (JAG) on gastrointestinal endoscopy and was the first independent hospital to achieve this; and
- The hospital operated a 24 hour telephone helpline run by hospital staff which was available to all patients post procedure or operation.

In addition to the areas of outstanding practice, two areas of poor practice requiring improvement were highlighted:-

- Ensure specialist personal protective equipment (PPE) in radiology, including lead aprons, was checked regularly; and

- Ensure requests to repair equipment were made, recorded and completed using standard processes and procedures.

The 2014/15 Quality Accounts for Boston West Hospital had included the following priorities for 2015/16:-

- Patient Experience;
- Clinical Effectiveness; and
- Patient Safety.

Members were given the opportunity to ask questions, following which the following points were noted:-

- Although one of the issues highlighted by the CQC was in relation to the regular checks of the Personal Protective Equipment (PPE) in radiology, it was explained that all checks were undertaken but that incomplete record keeping had resulted in the observation;
- Any negative comments from patients were followed up whether the feedback related to parking, administration or clinical experience. Although the Hospital did not receive much negative feedback, each patient would be contacted personally to make further enquiries. Should a complaint be received, this would be followed through the formal complaints policy but the Committee were assured that all patient contact was responded to;
- NHS referrals came through the Choose and Book system, although a proportion of patients were referred by providers. As part of the care pathway, patient need would be established and their ability to be safely discharged following the procedure or if admission would be required. All these provisions were checked at the start of the patient pathway to ensure that all relevant provisions were in place;
- A future initiative of the hospital was to submit a planning application for an x-ray facility. In the meantime, a Service Level Agreement (SLA) was in place with United Lincolnshire Hospitals NHS Trust (ULHT) which meant that patients would have an x-ray at a hospital within ULHT following which the images would be sent to Boston West Hospital;
- It was thought that NHS IT systems were generally accessible but this would be slightly more difficult if it were an external provider. Images could now be requested through electronic means and, although this system was in its infancy, it was anticipated to quicken the process;
- Under a Service Level Agreement (SLA) with ULHT, four diagnostic centres were used by the hospital. Diagnostics were also undertaken at Peterborough Hospital. It was acknowledged that some hospitals may result in patients travelling some distance, however this was subject to waiting times at each diagnostic facility and the requirement of the patient;
- It was stressed to the Committee that the suggestion that this type of hospital charged a higher rate to see NHS patients was incorrect. As part of the standard contract, commissioners were invoiced based on the national NHS tariffs. In order to decide how much commissioners would be charged, the information of each patient was inputted in to NHS Payment Grouper system

which provided a cost which could then be invoiced. This framework was used by all providers;

- Although Boston West Hospital had not used agency staff in this period, the Committee were advised that they had used an agency on one occasion. Retention of nursing staff within Lincolnshire was acknowledged as a challenge but Boston West Hospital had been successful in retaining staff and building a good relationship with them;
- The hospital employed one full-time anaesthetist but there was provision to employ another. As part of the GC4 contract, it was explained that two surgeons, a general surgeon and an anaesthetist were employed on a full-time basis by Ramsay Health Care privately. Additionally, a number of consultants were employed who were able to practice under licensing arrangements but were not under the employment of the hospital;
- All consultants had to be approved by the General Medical Council (GMC) before they were able to practise. Ramsay Health Care also operated a Corporate Committee, chaired by the Medical Director, as part of a credentialing process which considered DBS checks, qualifications and clinical governance;
- Patients were to meet access criteria before being referred to the hospital and that process would commence at the GP practice, following which diagnostic procedures would decide the requirement of the patient. Should that result in the requirement for inpatient care, the case would be referred back to a more appropriate provider;
- Boston West Hospital operated Monday to Saturday and opened at 7.30am. Theatre closed somewhere between 7pm and 8pm;
- All patients referred to Boston West Hospital were taken provided it was safe and appropriate to do so, bearing in mind the facility was a day-case unit;
- Although a number of patients were attending Boston West Hospital rather than day-case units at Lincoln County Hospital or Boston Pilgrim Hospital, it was stressed that this was, in the majority of cases, patient choice;

The Chairman thanked Mr Cottam for addressing the Committee.

RESOLVED

1. That the report and comments be noted; and
2. That the information be used by the Committee to better inform its statement on the draft Quality Account of Boston West Hospital.

104 URGENT CARE UPDATE

A report by Sarah Furley (Urgent Care Programme Director – Lincolnshire East Clinical Commissioning Group) was considered which provided an update on urgent care in Lincolnshire.

Gary James (Accountable Officer – Lincolnshire East Clinical Commissioning Group) was in attendance for this item of business.

The Committee was advised that the NHS Constitution set out a minimum target of 95% for the "four hour A&E standard" for patients attending an A&E Department in England. The CCGs had seen the worst month since the implementation of the target in 2004, reaching 88.7% although it was suggested that this was also the picture nationally.

The local context was provided for the Committee:-

- The standard had continued to fall since the winter of 2014/15. Lincolnshire experienced 10% increase in A&E attendance during March 2016, which mirrored the national picture. A&E attendances throughout 2015/16 had, however, increased by only 2.7% overall which was equivalent to approximately 4500 additional attendances in 2015/16 compared against 2014/15.
- Emergency admissions had reduced by nearly 1.5% in Lincolnshire which equated to approximately 900 less people being admitted to hospital in 2015/16 compared to 2014/15.
- It was acknowledged that bed occupancy rates of higher than 90% could increase the risk of problems such as infections and quality of care. This also continued to be high in ULHT and, since January 2016, bed occupancy rates had been between 92% and 95%. The actual numbers of beds available in acute hospitals varied daily as a result of beds opening and closing to meet surge in demand, staffing levels and infection control. In February 2016, ULHT had an average of 1010 beds open throughout that month;
- Delayed Transfers of Care (DTOC) continued to have a negative impact on patients being delayed as this may result in significant implications for their independence. This also impacted on wider service delivery and performance across the whole health and care system.
- The national target for DTOC was 3.5% of available bed days lost to delays. In January 2016, Lincolnshire Community Health Services reported 929 lost bed days (16.75%) which reduced to 600 in January 2016. ULHT reported a loss of 50 beds in February 2016 from an average of 1010 open beds that month. The Committee was asked to note that the way in which each organisation measured these figures was different and could not, therefore, be compared;
- The NHS 111 contract, effective from 1 October 2016, had been awarded to a joint provision between East Midlands Ambulance Service (EMAS) and Derbyshire Health United (DHU) with the call centre based at the EMAS Call Centre in Bracebridge Heath, Lincoln. This was a welcome development as work continued to merge the 111 and 999 services; and
- The Walk-In Centre, Urgent Care Centres and Minor Injury Units consistently achieved in excess of 95% for the four hour standard to see, treat and admit or discharge in under four hours.

The urgent care recovery plan had been focussed on two distinct areas – a 30 day rolling programme of actions for Pilgrim Hospital and five priority areas agreed with the Emergency Care Improvement Programme (ECIP). In February 2016, a concordat was agreed by leaders from each part of the Lincolnshire system and the regional tripartite to demonstrate the overall commitment to the five priorities:-

- Emergency Care Flow;
- Implementation of Safe Care Bundle & 'No Waits' process on five wards per month (including community);
- Therapy Review/Improvement;
- Amalgamation of existing discharge portals into a home first/Discharge to Assess model (Transitional Care); and
- Perfect Week Programme;

Increased demand was not driving the Lincolnshire urgent care system as A&E attendances had only risen with population growth and emergency admissions were reducing. All performance measures had been considered when identifying a recovery trajectory for the Lincolnshire acute hospital four hour A&E standard of 95% although there was an emerging national view that not all NHS trusts would achieve that target in 2016/17.

The Committee was advised that the current trajectory for Lincolnshire was to achieve 85% consistently through Quarter 1 2016/17 and 89% in Quarter 4 2016/17. Other system measures would also be monitored and this would include achieving 3.2% DTOC by October 2016.

Northumbria Healthcare NHS Trust had been visited and, in particular, the newly opened Emergency Care Hospital. It was thought to be an impressive model and one which could be further considered for Lincolnshire as the county of Northumberland was similar to Lincolnshire. It was reported that the base sites were managed by Nurse Practitioners with back up consultants based at the emergency hospital.

Members were given the opportunity to ask questions, during which the following points were noted:-

- The Committee was advised that a condition of being given £16m funding from the Sustainability and Transformation Fund, was that ULHT was contractually obligated to meet the 89% target for the four hour A&E standard;
- It was suggested that consideration be given to reinstating convalescent homes as it was thought that hospitals were being used for this purpose rather than their intended function;
- The NHS 111 figures did not include GP out-of-hours figures although those could be sought and presented to the Committee. It was confirmed, however, that 'hot transfers' did take place where calls were passed directly through from the NHS 111 service to the GP out-of-hours as necessary;
- Although healthcare provision was changing as a result of continued budget reductions, it was agreed that changes would still be required to ensure that services become better and more efficient;
- The Committee requested that an update report be added to the Work Programme for September 2016;
- It was also asked that the figures noted in the table on page 26 of the report relating to A&E attendance be broken down further to show performance of the three sites within ULHT;

At 12.35pm, Councillors T Boston and B Keimach left and did not return.

RESOLVED

1. That the report and comments be noted; and
2. That an update report be added to the Committee's Work Programme for consideration in September 2016.

105 PHARMACY AND MEDICINES OPTIMISATION SERVICES AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

A report by Colin Costello (Director of Pharmacy and Medicines Optimisation – United Lincolnshire Hospitals NHS Trust (ULHT)) was considered which provided details of the processes in place to ensure the delivery of the Hospital Pharmacy Transformation Programme (HPTP) and the commitment of ULHT to redesign infrastructure through the planned implementation of electronic prescribing systems by 2020.

Colin Costello (Director of Pharmacy and Medicines Optimisation – United Lincolnshire Hospitals NHS Trust (ULHT) was in attendance for this item of business.

The Chairman also welcomed Simon Priestley (Deputy Chief Pharmacists (Clinical Development and Governance) – United Lincolnshire Hospitals NHS Trust (ULHT)) who was in attendance for this item as an observer.

The Committee was advised that robust processes were in place at ULHT to ensure the delivery of the Hospital Pharmacy Transformation Programme (HPTP) which, following The Lord Carter Review, was a requirement of all acute Trusts to have in place by 2017.

A project to deliver the Trust's Constitutional Standards was initiated to improve the way in which discharge prescriptions were managed and to prevent delays in discharge. This was to change the process to ensure that prescription products were labelled as discharge prescriptions from the point of patient admission, thereby taking the emphasis from supplying patients with prescriptions to take home at the point of discharge.

These products would be held in patient bedside lockers rather than on drug trolleys with any new prescriptions updated ready for discharge at the point of inpatient supply. The Committee was advised that patient lockers would be locked at all times. This scheme was referred to as "dispensing for discharge" and was embedded within the HPTP and was to be rolled out across all beds in the Trust, following a successful pilot on ward on Level 6 at Pilgrim Hospital, Boston.

The Trust was investing in new roles for clinical pharmacy technicians to optimise patient medication on the medical admissions wards. As part of the redesign of roles, clinical pharmacy technicians would administer medication to patients on the ward and help them self-administer, as inpatients.

Further investment was to be made in employing more pharmacist prescribers who would be able to apply expertise in therapeutics and prescribing to optimise evidence-based therapeutic decisions, reduce prescribing errors and reduce delays with discharge prescriptions. These changes and delivery of further efficiencies within the prescribing process would be supported by a business case, submitted to the Trust, for electronic prescribing and medicines administration (ePMA). The business case had also been included in the Trust's digital strategy and it was envisaged that the case would be funded and implemented in the 2017/18 funding in line with the requirements of the Carter Review, to ensure implementation by April 2020.

A separate and bespoke ePMA system for cancer patients had been successfully implemented in 2015/16, which enabled improved scheduling of patients, more cost-efficient management of high cost dose-banded cytotoxic chemotherapy and monoclonal antibodies for the treatment of cancers, thereby leading to fewer delays for patients during their treatment and at discharge.

Members were given the opportunity to ask questions, during which the following points were noted:-

- Although the Trust did not routinely measure the impact of delayed medication on DTOC figures, processes had been implemented to reduce and to further look at the provision of rapid discharge;
- Delays with providing medication on discharge were often as a result of waiting for a clinical decision to be made by the patient's consultant or doctor. This was rarely conferred to the patient and therefore the perception was that the delay was with the pharmacist. Although date of discharge may be known and medication available ready for discharge, the consultant medical team had the final decision and would have knowledge to inform that decision which would no necessarily be available to the wider health care team;

At 12.45pm, Dr B Wookey left and did not return.

- Concern remained that the planned date of discharge was not usually the actual date of discharge. Modernisation of an old fashioned system was underway and the issues faces were known as well as required improvements from the pilots. It was acknowledged that this was to be factored in to the transformation programme but that there were a lot of complex factors to be considered;
- Self-medication had not yet been implemented but this option would be dependent on the patient and if they felt comfortable to self-medicate;
- One month of medication was routinely dispensed at the point of admissions. Pharmacy Technicians would then check the lockers on a daily basis for stock management. This was part of the Waste Management Programme and was saving approximately £60k per month as a result of recycling unused medication;
- The Committee was reassured that the competency levels of pharmacists and pharmacy technicians was high level and robust. Pharmacists must complete a Masters Degree and then a further diploma before they are able to enrol on to a prescribing programme. The School of Pharmacy at Lincoln University

ran an accredited programme through the General Pharmaceutical Council (GPC);

The Chairman advised the Committee that an update to the report had been received prior to the meeting which addressed many of the questions raised. The Health Scrutiny Officer would be asked to circulate this update to the Committee following the meeting.

The Committee was not fully reassured that the Trust was making every effort to avoid delayed discharges as a result of the prescribing processes and therefore requested that an update report be added to the Work Programme for consideration in September 2016.

RESOLVED

1. That the report and comments be noted; and
2. That an update report be added to the Work Programme for September 2016.

At 1.15pm, Councillors D P Bond and Mrs P F Watson left and did not return.

106 EMERGENCY PLANNING - EXERCISE BLACK SWAN

A report by Dr Tony Hill (Executive Director of Public Health) was considered which provided the Committee with feedback on the lessons learned following Exercise Black Swan, an annual multi-agency exercise run by the Local Resilience Forum (LRF).

Cheryl Thomson (Public Health Programme Officer – Health Protection) was in attendance for this item.

The Committee received a presentation which covered the following areas:-

- Exercise Aim;
- Exercise Objectives;
- Participating Organisations;
- Exercise Evaluation;
- Key Learning;
- Exercise Assurance;
- Governance Arrangements; and
- Conclusion.

Exercise Black Swan had allowed participants to explore the response to a severe pandemic influenza within the Local Resilience Forum (LRF) command structure which acknowledged both the regional and national implications of such an incident. The exercise also provided an opportunity to test the LRF Multi-Agency Pandemic Influenza Contingency Framework, rewritten in 2014, reflecting guidance from the World Health Organisation (WHO) and the Department of Health (DoH).

An evaluation of the exercise had resulted in an assurance opinion of 'some improvement needed' being delivered to the LRF on the preparedness of the County

to respond to a pandemic of influenza. The rationale for assigning this level of assurance related to the main finding of the exercise to undertake a comprehensive review and rewrite of the LRFs Multi-agency Pandemic Influenza Contingency Framework. In response, a task and finish group had been set up with a deadline for completion of September 2016.

Despite this feedback, the response to the scenario was robust, addressing both health and social care needs in addition to the wider consequences associated with the scenario.

Councillors Mrs C A Talbot, C J T H Brewis, J Kirk, Mrs R Kaberry-Brown and Mrs S Ransome attended the event as observers, on behalf of the Committee.

Members were given the opportunity to ask questions, during which the following points were noted:-

- Members of the Committee who had attended the event indicated that it had been a particularly interesting day and a good opportunity to witness the level of multi-agency working;
- The Committee would be invited to observe future exercises but it was thought that a table top exercise would be undertaken to ensure that the changes made, as a result of the feedback received, were appropriate;
- Future exercises of this scale would focus on different topics;

RESOLVED

That the report and comments be noted.

NOTE: At this stage in the proceedings, the Committee adjourned for lunch and, on return, the following Members and Officers were in attendance:-

County Councillors

Councillors Mrs C A Talbot (Chairman), R C Kirk, C E D Mair, S L W Palmer, Mrs J Renshaw, T M Trollope-Bellew and Mrs S M Wray.

District Councillors

Councillors C J T H Brewis (Vice-Chairman) (South Holland District Council), J Kirk (City of Lincoln Council) and Mrs R Kaberry-Brown (South Kesteven District Council)

Officers in attendance

Andrea Brown (Democratic Services Officer), Kakoli Choudhury (Consultant in Public Health), Simon Evans (Health Scrutiny Officer), Simon Mosley (Chief Officer – Lincolnshire Pharmaceutical Committee), Michelle Webb (Director of Patient Care – St Barnabas Hospice) and Chris Wheway (Chief Executive – St Barnabas Hospice)

107 ST BARNABAS LINCOLNSHIRE HOSPICE

A report by Chris Wheway (Chief Executive – St Barnabas Hospice Trust) was considered which provided an update on Palliative and End of Life Care which had been delivered by St Barnabas Hospice Trust since 1979 to improve end of life care for the people of Lincolnshire.

Chris Wheway (Chief Executive – St Barnabas Hospice Trust) and Michelle Webb (Director of Patient Care – St Barnabas Hospice Trust) were in attendance for this item.

The Chairman asked that an update be given following the fire at Grantham Hospital on 19 April 2016 where some patients in the "Hospice in a Hospital" were affected.

It was confirmed that the fire took place on the corridor where the Hospice in a Hospital was situated. Patients had been moved to where there was capacity, with two patients being repatriated to Nettleham Road, one placed at home and another preparing to be discharged to home. The ward team were working with the site lead to look at provision of extra community capacity. Should any further admissions come forth, it was confirmed that the Tulip Suite in Spalding had palliative beds available. Each case would be dealt with on an individual basis as it was personal preference for this type of care.

The Chairman gave thanks for the update and moved on to the report as presented.

The Committee was advised that the palliative and end of life care sought to improve the quality of life for patients with life limiting conditions and the Trust continued to be committed to that by working in partnership with other health and social care providers.

The organisation was also actively engaged in the Lincolnshire Health and Care development programme through neighbourhood team working and at senior level through established partnerships.

A definition of palliative care was provided:-

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- Will enhance quality of life and may also positively influence the course of illness;

- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy; and includes those investigations needed to better understand and manage distressing clinical complications.

Nationally, over the next ten years, the incidence of cancer was projected to rise by 30% in men and 12% in women and, in addition, dementia and chronic illnesses linked to lifestyle would also increase. By 2021, it was estimated that over one million people in the UK would be living with dementia.

St Barnabas Hospice was a countywide organisation which recognised the differing demographic and health challenges faced by communities within Lincolnshire, in particular the ageing population and long-term health needs of those on the east coast.

Services provided by St Barnabas Hospice included:-

- Palliative Care Coordination Centre;
- Hospice at Home;
- Inpatient Unit;
- Day Therapy;
- Welfare Service;
- Family Support Service;
- Hospice in the Hospital (a partnership initiative);

The Committee were particularly referred to the ambitions of St Barnabas Hospice for palliative and end of life care as the Trust were keen to have these implemented wherever possible:-

- Each person is seen as an individual and care is goal orientated and person-centred;
- There is fair access to care, irrespective of diagnosis or place of residence;
- Comfort, wellbeing and control are maximised taking a rehabilitative palliative care approach to self-management and empowerment, enabling people to maintain their independence and to live until they die;
- The care provided is integrated and coordinated, staff work with other providers to ensure the patient receives the right care at the right time from the right person in a timely manner; and
- Care is delivered by well-trained, skilled, supported and resilient multi-professional teams.

Members were given the opportunity to ask questions, during which the following points were noted:-

- The Trust was pleased to have been included within the discussions regarding the Lincolnshire Health and Care programme development as it was often thought that the voice of smaller organisations could be lost amongst a number of large, acute, organisations;

- The Committee were extremely supportive of the care and support provided by St Barnabas Hospice and suggested that wider advertising would help to ensure people were aware of the services available;
- Specialist palliative care services provided by St Barnabas could support care homes. Nursing homes would be able to provide end of life care with their own registered staff but specialist care could be provided by St Barnabas also;
- A "wrapper system" was in place which picked up patients known to St Barnabas when admitted to the acute trust. Nurses would then be alerted using a flagging system who would then intervene to try and place the patient in their own home with the specialist care needed;

At 2.45pm Councillor Mrs S M Wray left and did not return.

- Should a patient be admitted to an acute hospital for treatment not provided by St Barnabas, it was confirmed that it was the responsibility of the acute trust to advise St Barnabas of the admission;
- If the patient was unknown to St Barnabas at the time of admission to an acute hospital, the eligibility of that patient for services provided by St Barnabas was the decision of the admitting clinician;
- A Matron had recently been appointed, to commence at the beginning of May 2016, for outreach to support all clinicians in identifying palliative patients or those approaching end of life care. The role was funded by St Barnabas and was a full-time position;
- A huge amount of work was undertaken with dementia care and palliative care. It was confirmed that a dementia diagnosis was actually an end of life diagnosis although very different to a cancer diagnosis. Early discussions would be required to ensure that the person received the care that they both wanted and needed. Work of this type was undertaken alongside Lincolnshire Partnership NHS Foundation Trust and was working well;
- It was suggested that more information on the role of volunteers and what might be expected of them may increase the numbers coming forward;
- MacMillan did provide some funding in addition to procuring MacMillan grants for people. MacMillan fund a nursing post for a maximum of two years but there was an expectation that they would then be funded by the host organisation but continue to be referred to as MacMillan nurses;
- There were a mixture of private and Adult Social Care packages available. It was difficult to recruit staff in smaller rural areas which provided greater difficulty in providing complex care packages in those areas. As a result, staff were often recruited to support workers on a zero hours contract but this resulted in a difficulty in maintaining continuity of care; and
- The Trust supported the Cavendish Care Training Certificate and recruited health care support workers with NVQ qualifications in direct care. Those with an NVQ in direct care could be supported through the Care Certificate.

RESOLVED

1. That the report and comments be noted; and
2. That a further update be provided in early 2017.

At 3.00pm, Councillor S L W Palmer left and did not return.

108 COMMUNITY PHARMACY IN 2016/17 AND BEYOND - VIEWS OF THE LINCOLNSHIRE LOCAL PHARMACEUTICAL COMMITTEE

A report by Simon Evans, Health Scrutiny Officer, was considered which asked the Committee to consider the potential impact of the funding reductions to community pharmacies in Lincolnshire.

Steve Mosley (Chief Officer – Lincolnshire Local Pharmaceutical Committee (LPC)) was in attendance for this item.

The Committee was advised that the Department of Health had begun a consultation with the Pharmaceutical Services Negotiating Committee (PSNC) on 17 December 2015. This was entitled *"Community Pharmacy in 2016/17 and Beyond"* and took the form of an open letter from the Director General of Innovation, Growth and Technology at the Department of Health and the Chief Pharmaceutical Officer at NHS England.

The closing date for all responses to the consultation was originally 24 March 2016 although the closing date for the consultation on the Drug Tariff determinations was extended to 24 May 2016. The consultation date deadline for the Pharmacy Integration Fund element of the consultation remained 24 March 2016 and closed on that date.

The letter advised that under the funding settlement for 2016/17 community pharmacies would receive no more than £2.63 billion, which represented £170m reduction (6.1%) from the £2.8 billion allocated in 2015/16. This reduction was to be delivered through Drug Tariff amendments in the six months from October 2016.

The impact of community pharmacy services across Lincolnshire would be significant as the county was currently underserved by community pharmacies at present compared to England as a whole. Despite 40% of Lincolnshire residents being served by dispensing doctors due to the rurality of the county, 121 pharmacies in Lincolnshire dispensed approximately 50% more prescription items than an average pharmacy in England. It was thought, therefore, that the proposed funding cut via the Drug Tariff adjustment would have a more punitive impact on Lincolnshire community pharmacies than the average pharmacy.

Lincolnshire Local Pharmaceutical Committee contended that the Department of Health should actively invest in community pharmacies to take pressure off GPs, A&E Departments, Minor Injury Units and Out-of-Hours services.

It was confirmed that this item had not been referred to the Health Scrutiny Committee for Lincolnshire for direct consultation. The item provided information on a consultation undertaken by the Department of Health with the Pharmaceutical Services Negotiating Committee and other representative organisations. In the view

of the Lincolnshire Local Pharmaceutical Committee, the proposals were likely to impact on the level of pharmacy services in Lincolnshire.

Members were given the opportunity to ask questions, during which the following points were noted:-

- The Committee was surprised that people with minor ailments should be advised to seek support from community pharmacists, following the recent closure of the A&E Department at County Hospital, given that the Department of Health was suggesting the closure of many community pharmacies;
- It was thought that the budget cuts had come from the Treasury and, as the Department of Health was unable to cut frontline services further, Community Pharmacies had been targeted;
- The decision of which community pharmacies would be closed would be difficult, especially in rural Lincolnshire as pharmacies were currently supplying certain services free of charge in order to remain open;

At 3.20pm, Councillor Mrs J M Renshaw left and did not return.

- It was thought that some of the larger chains of pharmacies would look at some of their outlying branches and reconsider provision. There were a number of pharmacy clusters within towns which were all busy. This may provide an opportunity for owners of more than one branch to merge services in order to assist with the reduction of the number of community pharmacies within the county. At present, the merger of two pharmacies would create the opportunity for another provider to open another pharmacy;

At 3.25pm, Councillor Mrs R Kaberry-Brown left and did not return.

- It was confirmed that the Local Government Association (LGA) had responded to the consultation. It was acknowledged that every local authority across the country was faced with financial pressures. Pharmacies provided a diverse range of services for public health on an outreach basis to rural areas and communities without duplicating services and staffing;
- The Consultation had not been launched as a public consultation, Health Scrutiny Committees, nationally, had not been asked to respond and it was thought that this had been a mistake;

The Committee agreed that they should have been given the opportunity to respond to the Consultation. In order to submit the views of the Health Scrutiny Committee for Lincolnshire, the Chairman proposed that a letter be written to the Department of Health, copied to Lincolnshire MPs and relevant others, referring to the proposed change as a substantial variation and outlining the Committee's opposition to any proposal which would lead to a reduction in pharmacies in Lincolnshire.

RESOLVED

1. That the report and comments be noted; and
2. That authority be delegated to the Chairman and Vice-Chairman of the Health Scrutiny Committee for Lincolnshire to write to the Secretary of State for Health referring to the proposals as a substantial variation and outlining the

Committee's opposition to any proposal which would lead to a reduction in pharmacies in Lincolnshire.

109 WORK PROGRAMME

The Committee considered its work programme for forthcoming meetings.

The view of the Committee was sought following the Chairman's Announcements which advised that a request from Marie Curie had been received asking the Committee to provide a statement on their draft Quality Accounts. The Chairman proposed that the Committee consider the Quality Accounts before making a decision on the appropriateness of the request.

Lincolnshire Community Health Services NHS Trust – Foundation Trust Arrangements was raised during the Chairman's Announcements and the proposal to include an "Outside of Lincolnshire" element within the public constituency of the foundation trust governance arrangements. The Committee wholly agreed that this should be included and the Health Scrutiny Officer was asked to confirm this.

A correction to the Work Programme, at page 94 of the report, was noted. The session on 15 June 2016 at 2.00pm would be a training session for Mental Health rather than the Sustainability and Transformation Plan.

During the meeting, it had been agreed to add the following items to the Work Programme:-

- Urgent Care Update (Sarah Furley/Gary James – Lincolnshire East CCG) – September 2016
- Pharmacy and Medicines Optimisation Services at United Lincolnshire Hospitals NHS Trust (Colin Costello – ULHT) – September 2016
- St Barnabas Lincolnshire Hospice Update (Chris Wheway – St Barnabas Lincolnshire Hospice) – Early 2017

RESOLVED

1. That the contents of the work programme, with the amendments noted above, be approved;
2. That Marie Curie be asked to provide its draft Quality Account for 2015/16 to enable the Committee to make a decision on the appropriateness of providing a statement on that account; and
3. That the proposal to include an of "Outside of Lincolnshire" element in the public constituency of the foundation trust governance arrangements for Lincolnshire Community Health Services NHS Trust be supported by the Committee.

The meeting closed at 4.00 pm