


Public Document Pack

		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

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 15 June 2016 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, S L W Palmer, Miss E L Ransome, Mrs S Ransome, Mrs J M Renshaw, T M Trollope-Bellew and Mrs S M Wray

District Councillors: G Gregory (Boston Borough Council), 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

AGENDA

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6	Minutes of the previous meeting of the Health Scrutiny Committee held on 18 May 2016	3 - 14

Item	Title	Pages
7	Shortage of Medical General Practitioners in Lincolnshire <i>(To receive a report by Dr Kieran Sharrock, Medical Director of the Lincolnshire Local Medical Committee, on the shortage of GPs working to serve the population of Lincolnshire)</i>	15 - 18
8	Work Programme <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme for the coming months)</i>	19 - 24

Tony McArdle
Chief Executive
7 June 2016



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
18 MAY 2016**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

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

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)) and Mrs R Kaberry-Brown (South Kesteven District Council)

Councillor B W Keimach attended the meeting as an observer

Healthwatch Lincolnshire Mr J Rose in place of Dr B Wookey

Also in attendance

John Brewin (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Simon Evans (Health Scrutiny Officer), Andy Hill (General Manager, Lincolnshire Division, East Midlands Ambulance Service NHS Trust), Dr Kevin Hill (Chairman, South Lincolnshire Clinical Commissioning Group), and Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Ian Jerams (Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Stephen Kennedy (Assistant General Manager, Lincolnshire Division, East Midlands Ambulance Service NHS Trust), John Turner (Accountable Officer, South Lincolnshire Clinical Commissioning Group)

110 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs S Ransome (Lincolnshire County Council), Councillor G Gregory (Boston Borough Council), Councillor D P Bond (West Lindsey District Council) and Dr B Wookey (Healthwatch Lincolnshire).

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 Councillors Mrs S Ransome.

111 DECLARATIONS OF MEMBERS' INTERESTS

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

Prior to the discussions at Agenda Item 5 – *East Midlands Ambulance Service (EMAS) – Improvements and Performance*, Councillor S L W Palmer advised the Committee that he was an active member of LIVES.

112 CHAIRMAN'S ANNOUNCEMENTS

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

i) Membership

Following the recent elections and the subsequent annual meeting at the City of Lincoln Council, which took place on 17 May 2016, the Chairman confirmed that Councillor Jackie Kirk would continue on the Committee as the City of Lincoln representative. Councillor Jane Loffhagen had been appointed as a substitute member for Councillor Kirk.

ii) Lincolnshire Partnership NHS Foundation Trust (LPFT) – Care Quality Commission (CQC) Report

On 21 April 2016, the Care Quality Commission published its report on Lincolnshire Partnership NHS Foundation Trust. The overall finding from the CQC was that the Trust 'required improvement'. The CQC's report would be considered at Agenda Item 6 together with an initial response from LPFT.

iii) East Midlands Ambulance Service (EMAS) – Care Quality Commission Inspection

On 10 May 2016, the Care Quality Commission (CQC) published its report on the East Midlands Ambulance Service (EMAS). The overall finding from the CQC was that EMAS 'required improvement'. As the report was published on the same day as the Committee's agenda was issued, the Chairman advised that the report from EMAS at Agenda Item 5 did not reflect the CQC's findings.

The CQC found that EMAS was 'inadequate' for safety, stating that there were "insufficient staff numbers of appropriately trained staff with the necessary skill-mix" and "excessively long handover times at some acute hospitals were exacerbating the trust's resource ability". As part of its initial response, EMAS stated that the 22 clinical commissioning groups within the region, who commissioned the service, acknowledged that EMAS would not be able to meet the national performance standards with its current level of funding (£152.5 million). This would also leave a deficit of around £12 million at the end of 2016/17. EMAS stated that an independent Strategic Demand, Capacity and Price Review would be held to consider the level of staff and vehicles required. The Clinical Commissioning Groups were committed to this review.

On a positive note, several examples of outstanding practice in Lincolnshire were highlighted in the report. These included the mental health fast response vehicle;

mental health triage care; and the Joint Ambulance Conveyance Project with Lincolnshire Fire and Rescue.

Although EMAS Improvements and Performance was to be considered at Agenda Item 5, the Chairman advised the Committee that focus would not be on the content of the CQC report, however some of the issues included within that report such as ambulance response times and handover delays at hospitals would be discussed. The focus would also be on Lincolnshire rather than region-wide.

iv) East Midlands Ambulance Service (EMAS) - Regional Scrutiny Activity

It was reported that eleven health overview and scrutiny committee covered the EMAS region and that colleagues in other local authorities within the region had started to explore the possibility of a joint session. This would involve the Chairman from each of the eleven committees and would focus on EMAS's response to the CQC report.

In addition to representatives from EMAS, the meeting would also include a representative from the Hardwick Clinical Commissioning Group which was the lead CCG across the region for EMAS commissioning. The meeting was expected to take place on either 6 or 7 July 2016, following which the intention would be that the individual health overview and scrutiny committees would then pursue the matter further.

The Chairman reminded the Committee that the Health Scrutiny Committee for Lincolnshire had a long tradition of engagement with the Lincolnshire Division of EMAS and would like that engagement to continue.

v) Community Pharmacy Provision – Health and Wellbeing Board Informal Session

On 3 May 2016, the Chairman attended an informal session of the Lincolnshire Health and Wellbeing Board which focused on community pharmacy provision. The Vice-Chairman, Councillor C J T H Brewis, and Councillor Mrs J M Renshaw also attended.

The session focused on three elements: existing community pharmacy provision in Lincolnshire; the complex regulations applied to the opening of pharmacies; and the Government's consultation on *Community Pharmacy 2016/17 and Beyond*.

vi) Community Pharmacy in 2016/17 and Beyond – Letter to Secretary of State

In accordance with Minute 108, on page 21 of the Agenda Pack, the Chairman had written to the Secretary of State outlining the Committee's position on the proposed reductions in funding of community pharmacies as part of the national drug tariff arrangements. The letter was copied to the seven Members of Parliament in Lincolnshire.

The Committee had been emailed details of the online petition on the Parliament website where there were currently just over 61,300 signatures. In order for a petition to be considered for a debate in Parliament, the Committee was advised that 100,000 signatures were required, the deadline for which was 29 June 2016. The petition could be found at:- <https://petition.parliament.uk/petitions/116943>

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
18 MAY 2016**vii) Marie Curie Quality Account

At the last meeting, the Committee considered a request from Marie Curie for a statement on their draft Quality Account. It was agreed to look at the document before making a judgement. The Chairman confirmed that the draft Quality Account from Marie Curie had been received and that the Members of the Quality Accounts Working Group had considered this and agreed that a draft statement could be prepared.

viii) Quality Accounts Working Group

Two meetings of the Quality Accounts Working Group had been held since the last meeting of the Committee. These took place on 26 April and 3 May 2016. The Chairman confirmed that Statements had now been completed for five providers. A further meeting had been arranged for 14 June 2016 where it was intended to consider the draft Quality Account Statement for United Lincolnshire Hospitals NHS Trust (ULHT).

The Chairman gave formal thanks to the members of the Quality Accounts Working Group for their work and commitment to the process.

ix) Dementia Awareness Week

The Committee had been sent an email regarding Dementia Awareness week which began on Monday 16 May 2016. Several events were to take place throughout Lincolnshire during the week and the 1940s themed kitchen pod at Pilgrim Hospital be highlighted.

x) Background Training on Mental Health

On 15 June 2016 at 2.00pm, the Committee would receive training on the background to services and treatment for mental health from Lincolnshire Partnership NHS Foundation Trust.

113 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 20 APRIL
2016

In relation to Minute Number 102 at page 7 of the agenda pack, the Chairman confirmed that the Adult Scrutiny Committee had been requested to have a separate item on to consider Delayed Transfers of Care (DTC) but was disappointed that there was an intention for this to be monitored through the Better Care Fund rather than as a specific item. It was suggested that the Chairman of the Health Scrutiny Committee for Lincolnshire contact the Chairman of the Adults Scrutiny Committee directly to reiterate the views of the Committee and the need for further scrutiny of the DTC issue.

Councillors Mrs P F Watson advised that she had not indicated that she would not be in attendance for the Committee meeting, as noted at Minute Number 101 on page 7 of the agenda pack. She would be only be unable to attend the afternoon briefing session.

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire held on 20 April 2016, with the amendment noted above, be approved and signed by the Chairman as a correct record.

114 EAST MIDLANDS AMBULANCE SERVICE (EMAS) - IMPROVEMENTS AND PERFORMANCE

Consideration was given to a report from Richard Henderson (Acting Chief Executive, East Midlands Ambulance Service (EMAS)) which provided the Committee with an outline of the key areas of performance within the East Midlands Ambulance Service and, in particular, the Lincolnshire Division.

Andy Hill (General Manager, Lincolnshire Division, EMAS) and Stephen Kennedy (Assistant General Manager, Lincolnshire Division, EMAS) were in attendance for this item.

Members were given an overview of the report and provided with the key points from the report.

During both Quarters 3 and 4, the Lincolnshire Division had not achieved the Red 1 performance target nor had they achieved Red 2 performance targets.

It was reported that Red 2 performance in Quarter 4 had dropped by 7% in comparison with Quarter 3 which coincided with changes to response criteria and removal of EMAS ability to downgrade red calls. As a result both EMAS overall and the Lincolnshire Division witnessed an increase in Red 2 calls (29%) which required a response.

There were a number of mitigating circumstances for the poor performance which included an increase in activity, the ability to manage in terms of triage, loss of resources in terms of drift and delays and resources held in queues. It was stressed to the Committee that these were reasons which contributed to the disappointing performance.

Under the present contract EMAS were not commissioned to achieve national standards within Lincolnshire alone although commissioners in Lincolnshire did expect to see a continuous improvement towards these standards. EMAS remained active with Healthwatch and an EMAS Healthwatch Task Group had been formed to consider and action initiatives in response to local needs.

Engagement with the System Resilience Groups (SRGs) and Urgent Care Working Groups was well established with representation and participation regular and inclusive.

Unique initiatives with partner organisations, including the CCGs, Integration Executive and the Local Resilience Forum (LRF) were ongoing in support of the necessary improvements.

Proactive work on hospital delays with staff at United Lincolnshire Hospitals NHS Trust (ULHT) had shown improvement although it was acknowledged that more work was required.

External expert and consultant support, advice, critique and audit had been sourced and the results of this work, including the findings, would be shared with commissioners to ensure the plan for EMAS was robust and sufficiently focused on delivery of the required outcomes. To-date commissioner feedback was reported to be very positive and supportive.

The following initiatives had also been developed to improve performance:-

- Mental Health Car Initiative;
- Mobile Incident Unit, Butlins, Skegness;
- Clinical Assessment Car Initiative;
- South Lincolnshire Investments/Initiatives;
- Joint Ambulance Conveyance Project (JACP) – Stamford, Woodhall Spa and Long Sutton;
- Addressing patient handover delays at the acute trusts;
- Emergency Care Practitioner utilisation; and
- Blue Light Collaboration (Estates).

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

- The term 'drift' was explained to the Committee. This was the terminology used by EMAS when a vehicle responded to a call outside of Lincolnshire, or had conveyed a patient to a hospital in another county, and remained there for the duration of their shift;
- The Committee agreed that this was a serious concern for Lincolnshire and asked how many vehicles from neighbouring counties come into Lincolnshire and remain for the duration of the shift. It was reported that Lincolnshire was the biggest exporter of vehicles and that the resources coming back in were not equitable and left a distinct shortfall;
- It was further clarified that the drift from EMAS was due to activity and despite ownership being taken locally by ringfencing some resources, there were frustrations in securing adequate vehicles back in to the county;
- The Lincolnshire division were working on a local Lincolnshire driven model with LIVES, Lincolnshire Community Health Services (LCHS) and Lincolnshire Partnership NHS Foundation Trust (LPFT). The work was considering how to put the capacity back into the system in order to reduce conveyance;
- A suggestion was made that 30 vehicles was not sufficient for a county the size of Lincolnshire. (There were up to 38 vehicles operating in the Lincolnshire Division. It was reported however that the resources were sufficient but the way in which they were managed was the main issue. It was reported that the Lincolnshire division of EMAS performed better than any other division in the region despite the effect of losing resources to other divisions and, should those resources be able to deliver and operate within Lincolnshire, 30 vehicles would be sufficient;

- Delays and issues in other divisions also had an impact on the regional provision of resources overall and wider discussions were ongoing on how to manage the regional service provision overall;
- As Lincolnshire division was doing better than the other divisions in the region, despite not hitting the performance targets, the view overall was that Lincolnshire could therefore provide additional support to the other divisions;
- The Committee asked that the performance information be in the same format each time it was presented so that a comparison could be made.

RESOLVED

1. That the report and comments be noted; and
2. That an update from the East Midlands Ambulance Service NHS Trust be added to the Work Programme for the meeting of the Health Scrutiny Committee for Lincolnshire on 20 July 2016.

115 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST RESPONSE TO THE COMPREHENSIVE INSPECTION BY THE CARE QUALITY COMMISSION

A report by Dr John Brewin (Chief Executive – Lincolnshire Partnership NHS Foundation Trust) was considered which presented the report of the Care Quality Commission (CQC), following its inspection of Lincolnshire Partnership NHS Foundation Trust (LPFT) between 30 November and 4 December 2015.

Dr John Brewin (Chief Executive – Lincolnshire Partnership NHS Foundation Trust) and Ian Jerams (Director of Operations – Lincolnshire Partnership NHS Foundation Trust) were in attendance for this item of business.

The Committee were taken through the report where the main findings in the CQC's report were highlighted. It was reported that there were eleven further detailed reports covering particular service areas, each with their own finding. The overall finding for the Trust was that it 'requires improvement'. The initial response of LPFT to the CQC report was in the form of a powerpoint presentation:-

- Introduction;
- LPFT Challenges – 30 November 2015;
- Our response;
- Same-sex Accommodation (deemed to be unsafe);
- Ward environments;
- Supervision;
- Access;
- Summary; and
- Questions

The Trust believed that the overall rating of the CQC was reasonable and acknowledged that improvements were required. However, the Trust was

disappointed with the 'inadequate rating' for safety. The areas highlighted as inadequate for safety were further expanded upon:-

Same Sex Accommodation – the children and adolescent mental health inpatient unit had been rated as 'inadequate' for safety. The twelve bed unit had both males and females, who had to share a corridor, for example to use lavatories at night. Although there was a member of staff stationed on the corridor during the night, the CQC thought that this mitigation was insufficient. This finding had been explored in detail by the Quality Summit and a challenge to that decision was being considered, which was supported by NHS England. Possible options to address this finding included the construction of a separate corridor, separating males and females, or designating the unit single sex (the majority of patients were female, but this would result in male patients being sent out of county). The latter option could lead to the need to construct a separate unit for male patients. At the present time, the Committee was advised that practice had not changed and a member of staff was stationed in the corridor during the night.

Ward Environments – the 'inadequate' rating in this area was in relation to fixed ligature points which patients could use to hang themselves. It was acknowledged that these ligatures points had been removed during the week of the inspection.

It was stressed that no attempts had been made at strangulation or hanging in any facility nor had any concerns from parents and families been raised regarding the shared corridor in the children and adolescent mental health inpatient unit.

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

- The use of plastic covers on all duvets and pillows was highlighted as being uncomfortable for patients. It was explained that LPFT was constrained by hospital guidelines and must comply with national standards around hygiene, hence the need for plastic covers. Although it was suggested that blankets and sheets could be used instead of duvets, the Committee was advised that these could be used as a tool for strangulation/hanging;
- It was stressed that a rigorous audit programme of all units and external spaces looking at potential ligature points had taken place, but the CQC report had found some examples where ligature points had not been addressed. The current programme identified fixed ligature points were as safe as possible. In relation to external ligature points, for example in garden areas, further information was to be included within individual care plans to identify if a patient had self-harm tendencies or the potential for suicide and to manage that situation individually. The CQC was not satisfied that this process was robust;
- The CQC would consider the response to the report but it was advised that they would only change a rating when they returned to re-inspect the units;
- The Committee was concerned about the section in the report relating to staffing and the potentially unsafe staffing levels. The Committee was assured that a report was presented to the board monthly which indicated that the minimum staffing levels were being met. Staff recruitment and retention

continued to be an issue which was across the wider NHS. Work was ongoing, however, to attract young professionals into Lincolnshire, despite the challenges;

- Two staff surveys had been undertaken, both of which had received disappointing outcomes. Consideration was being given to recruitment and retention of existing staff and maximising opportunities and support to the existing Health Care Assistants. The lack of availability of university bursaries for next year was also making an impact on this type of recruitment;
- Accurate reporting of delayed transfers of care was essential. The number of delays was currently increasing and it was explained that a number of patients admitted to LPFT were homeless. Therefore, work with District Councils was required to support these patients into appropriate housing once they were fit for discharge;
- It was agreed that the LPFT improvement plan, referred to in the report, would be circulated to the Committee. It was stressed that this was still in development stage, but that a plan would be presented to the Public Board of LPFT on 19 May 2016;
- Page 19 of the CQC report referred to particular concern of the team based in Skegness. It was reported that the team were now in a better position and scheduled to move into new premises which would further improve their working environment.

The Committee acknowledged that the CQC report had been published on 21 April 2016 and in particular congratulated the Trust on the 'outstanding' rating for community children and adolescent services. The Committee concluded that at this stage it would require further information on the response of the Trust to the CQC's report and its proposed actions.

RESOLVED

1. That the Care Quality Commission's report on Lincolnshire Partnership NHS Foundation Trust and the Trust's initial response to report be noted; and
2. That an item be added to the Committee's Work Programme for consideration on 20 July 2016, which would set out the formal response of Lincolnshire Partnership NHS Foundation Trust to the Care Quality Commission's report.

116 SOUTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP UPDATE

A report by John Turner (Accountable Officer, South Lincolnshire CCG) was considered which provided an update in relation to the activities for South Lincolnshire Clinical Commissioning Group (CCG). The Report included the commissioning activities of South Lincolnshire CCG in addition to information on the wider developments which the CCG were involved with.

John Turner (Accountable Officer, South Lincolnshire CCG) and Dr Kevin Hill (Chairman, South Lincolnshire CCG) were in attendance for this item of business.

The Committee was reminded that South Lincolnshire CCG served a registered population of approximately 162,000 and was made up of fifteen practices across to localities with distinct populations and needs. Seven practices were within the Welland locality which served a mainly affluent population with small pockets of deprivation in larger populated centres. The locality of South Holland held eight practices and was more deprived with areas of rural poverty and a growing migrant population due to new arrivals from EU accession countries. Services were commissioned for the populations of Stamford, Bourne, Market Deeping, Spalding, Long Sutton and surrounding areas.

The main hospitals to serve this population were Peterborough and Stamford Hospitals (P&SHFT), Johnson Community Hospital, Queen Elizabeth Hospital (Kings Lynn) and Pilgrim Hospital (Boston).

Performance Priority Areas included the following:-

- Accident and Emergency Four Hour Standard;
- Cancer Standards; and
- East Midlands Ambulance Service (EMAS).

Full plans for the priority areas were included within the 2016/17 Strategic Operational Plan.

The CCG achieved the diagnosis rate during 2015/16 for Dementia and would continue to use the tools previously identified to sustain performance. Recent procurement of the community services listed below provided patients and carers with the support raised as priority during public consultation. These include:-

- Post Diagnostic Support;
- Dementia Support Network;
- Dementia Family Support Service;
- Dementia Action Alliances; and
- Integrated Personal Commissioning.

In April 2015, the CCG took on full responsibility under delegated commissioning for the commissioning of primary care services. The CCG worked closely with GP practices and federated groups which had enabled a coherent and consistent approach to the development of systems, processes and the consideration of proposed developments.

Partnership working with South West Lincolnshire CCG had resulted in the CCG becoming the first in the country to successfully access the new national Lead Provider Framework for commissioning support. This framework gave CCGs a choice of accredited providers for 'back office' functions ranging from payroll to IT support. Optum, a private company, had been selected as the new provider, following a rigorous selection process, and services had been transitioning from the previous provider since January 2016.

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

- It had been acknowledged that people would continue to present to A&E Departments when their symptoms could be better addressed through primary care. In order to manage these patients, GP services within A&E Departments were being considered with a trial underway at Peterborough City Hospital;
- It was acknowledged that delayed transfers of care were a key issue and there was consideration of both admission and discharge arrangements. An improvement to the Ambulatory Care Unit had been suggested and implemented which may improve the system;
- The reported figures for delayed transfers of care were questioned and the difference between those presented by the CCG and those presented by United Lincolnshire Hospitals NHS Trust (ULHT). It was explained that performance would always appear better at CCG level, compared to acute hospitals, as CCG figures also included Minor Injury Units (MIUs), which invariably met the four hour standard;
- In relation to revalidation of GPs, it was explained that it was now more difficult to remain registered with the General Medical Council as the cost to do so was in the region of £10,000 per year. This cost resulted in GPs actually retiring rather than continuing their registration by practising as a locum, as it would not usually be financially viable for them to do so. This was further impacting on the decreasing levels of GPs available;
- the service model provided by Optum was built on improving relationships with providers and an understanding of the service provided by South Lincolnshire CCG and NHS England. The CCG had been impressed with the attitude of Optum and their ability to support the CCG which had resulted in a good start to the contract;
- It was acknowledged that NHS funds tend to flow out-of-county, particularly in the South Lincolnshire area, and this impact on commissioning was a key issue faced by the NHS overall in Lincolnshire. It was suggested that if care provision within Lincolnshire was improved sufficiently then more patients would choose to stay within the county. A cost and quality comparison had been undertaken through the selection process of a new provider;
- It was stressed that patient choice was impacting on the use of Lincolnshire facilities but acknowledged that until service provision was improved, with the help of the CCGs, then patients would choose to utilise local facilities;

At 1.00pm, Councillors Mrs R Kaberry-Brown and Mrs P F Watson left and did not return.

- The 'back office' functions provided by Optum were outlined and included business intelligence, human resources, communications, complaints, administration and information technology;

The Committee was advised that each CCG tended to report once per year to the Committee on its activities and developments. It agreed that an update from South Lincolnshire CCG may be requested prior to the scheduled annual report.

RESOLVED

1. That the report and comments be noted; and
2. That a further report be included in the Committee's work programme in the coming year on the activities of South Lincolnshire Clinical Commissioning Group.

117 WORK PROGRAMME

The Committee considered its work programme for forthcoming meetings.

During the meeting, it had been agreed to add the following items to the Work Programme for 20 July 2016:-

- East Midlands Ambulance Service (EMAS) Update; and
- Lincolnshire Partnership NHS Foundation Trust (LPFT) - Response to the Comprehensive Inspection by the CQC.

The Committee was advised that Marie Curie had submitted a draft Quality Account, which had been circulated to the working group, whose view was that a statement should be prepared on behalf of the Committee on the Marie Curie draft Quality Account. The Quality Accounts Working Group asked that formal thanks be given to Simon Evans, Health Scrutiny Officer, for his help and guidance throughout the process of providing the quality accounts.


The Committee was requested to consider the content of the item being presented on 20 July by Peterborough and Stamford Hospitals NHS Foundation Trust and was advised that the Trust would be presenting on two items: (1) the merger of the Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke NHS Trust; and (2) the latest position regarding developments at Stamford and Rutland Hospital. The Committee also identified that it would like information on the Trust's financial position, including the ongoing impact of the Private Finance Initiative.

RESOLVED

1. That the contents of the work programme be approved, with the following additions for 20 July:
 - East Midlands Ambulance Service (EMAS) Update; and
 - Lincolnshire Partnership NHS Foundation Trust (LPFT) - Response to the Comprehensive Inspection by the CQC
2. That the Peterborough and Stamford Hospitals NHS Foundation Trust be requested to present on the following matters: (1) the merger of the Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke NHS Trust; (2) the latest position regarding developments at Stamford and Rutland Hospital; and (3) the Trust's overall financial position, including the ongoing impact of the Private Finance Initiative.

The meeting closed at 1.15 pm

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 Dr Kieran Sharrock, Medical Director of the Lincolnshire Local Medical Committee

Report to	Health Scrutiny Committee for Lincolnshire
Date:	15 June 2016
Subject:	Shortage of Medical General Practitioners in Lincolnshire

Summary: There is an increasing crisis in General Practice nationally and this is particularly apparent in Lincolnshire. There should be 415 GPs working to serve the population of Lincolnshire, there are currently 340, a shortfall of 75 GPs. This is leading to a shortage of GP appointments, which means that patients are having to attend other providers for care or are at risk of not receiving the care which they want or need.

Actions Required:

The Health Scrutiny Committee is requested :

1. to consider and recognise the crisis facing general practice;
2. to support GPs, practices, and Clinical Commissioning Groups to make GP services sustainable;
3. to consider whether it would be appropriate to take any further action, for example by lobbying MPs on overall NHS funding and the decline in the proportion of funding which goes to provide GP services;
4. to support increasing recruitment from outside the UK; and
5. to support efforts to increase medical school places in the UK and in Lincolnshire specifically.

1. Background

is the GP Crisis?

Lincolnshire has a population of 730,000. There should be one GP for every 1,750 patients¹, which equates to 417 GPs for Lincolnshire. There are currently 337 GPs² (full time equivalent) working in Lincolnshire, a shortfall of 80 GPs. This is one GP for every 2166 patients.

There are forty practices who have tried to recruit GPs in the last year, mostly unsuccessfully.

One quarter of GPs in Lincolnshire are aged 55 or over³. If one of these GPs retires per month, by May 2019 there will be only 300 GPs in Lincolnshire.

Nationally 12% of GP training posts are unfilled⁴. In 2015/16 only six out of thirty places were filled on the Lincolnshire GP Vocational Training Scheme. This figure is better for 2016/17 due to incentives from NHS England.

Funding for the NHS has fallen from 10% of GDP in 2009 to 9% in 2015. This compares to 11.5% in France and Germany, and 17% in the USA⁵. General practice receives 7.3% of the NHS budget, which has fallen from 10.5% in 2004/5⁶.

Why are doctors not choosing to become GPs, or choosing to retire early?

The simple answer is **workload**.

The workload for general practice has expanded dramatically in recent years. Over the last ten years the number of times a patient sees their doctor has doubled, the average patient attends their GP surgery 8 times per year compared to 4 times per year in 2004. General practices carried out 370 million consultations in 2015, up from 300 million in 2008.⁷

Workload has increased for three reasons:

1. an aging population who have more long term conditions such as diabetes, lung disease, and heart disease
2. conditions which were traditionally managed in hospitals are now managed in general practice
3. patient demand for immediate access. This demand is often inappropriate, 27% of GP consultations are about non-medical problems⁵.

Why is it bad that there is a GP crisis?

There are two main adverse effects of the GP crisis: patient safety and financial.

¹ Nuffield Trust. 2011. The Four Health Systems of the UK, how they compare

² HEE. 2016. Workforce survey

³ HEE. 2016. Workforce survey

⁴ BMJ Careers 2014

⁵ World Bank

⁶ Deloitte. 2014. Under pressure: The funding of care in general practice

⁷ BMA. 2015. Urgent Prescription for General Practice

An increasing workload with fewer clinicians to perform the work cannot be safe. Eventually patients will suffer as the time for them to see their GP gets longer and diagnoses become delayed. Tired and overworked clinicians are more likely to make mistakes. GPs who are tired and overworked are also more likely to leave the profession, exacerbating the problem.

As access to GPs becomes more difficult patients will attend urgent care settings more frequently. One attendance at A&E costs the NHS £124⁸, whereas GP practices are funded £140 to care for a patient for a whole year. Costly hospital admissions will also increase when there is reduced access to GPs.

2. Conclusion

What can be done to help?

Practices are already transforming the ways in which they work, forming larger groups of practices to work collaboratively. Practices are also employing alternative health professionals such as pharmacists, nurses, paramedics, and physiotherapists to provide care in different ways. However this transformation can only partially replace the unique role of a GP.

Recruiting GPs from other parts of the UK helps here but does not help the crisis where the GPs come from. Thus recruitment from outside the UK is the only sustainable option.

Long term the underfunding of the NHS and general practice has to be reversed to make services safe and sustainable.

We need to train more doctors for the future. Health Education England and the General Medical Council need to increase the number of training places at medical schools, so that similar crises do not happen again in the future.

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 Dr Kieran Sharrock, who can be contacted on 01522 576659 or kieran.sharrock@lpft.nhs.uk

⁸ DoH. 2014. Reference Costs 2013-14

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Agenda Item 8

		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:	15 June 2016
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

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

Chairman: Councillor Mrs Christine Talbot

Vice Chairman: Councillor Chris Brewis

15 June 2016		
Item	Contributor	Purpose
Recruitment and Retention of GPs in Lincolnshire	Dr Kieran Sharrock, Medical Director, Lincolnshire Local Medical Committee	Update Report

15 June 2016 – 1.15 – 2.45 pm
There will be a training session on mental health services, delivered by Lincolnshire Partnership NHS Foundation Trust.

20 July 2016		
Item	Contributor	Purpose
Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke NHS Trust	Stephen Graves, Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust.	Update Report
Stamford and Rutland Hospital Developments	Stephen Graves, Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust.	Update Report
Lincolnshire Partnership NHS Foundation Trust – Response to Care Quality Commission Inspection Report	Dr John Brewin, Chief Executive, Lincolnshire Partnership NHS Foundation Trust	Update Report
East Midlands Ambulance Service NHS Trust – Response to the Care Quality Commission Report	Pauline Tagg, Chairman, East Midlands Ambulance Service NHS Trust Richard Henderson, Acting Chief Executive, East Midlands Ambulance Service NHS Trust	

20 July 2016		
Item	Contributor	Purpose
East Midlands Ambulance Service NHS Trust – Feedback from Regional Scrutiny Session 6 July 2017	Simon Evans, Health Scrutiny Officer	Update Report
Quality Accounts 2015-16 – Priorities and Comments of the Health Scrutiny Committee	Simon Evans, Health Scrutiny Officer	Status Report

21 September 2016		
Item	Contributor	Purpose
Lincolnshire Cancer Strategy	Sarah-Jane Mills, Director of Planned Care and Cancer Services at Lincolnshire West Clinical Commissioning Group	Update Report
Lincolnshire Recovery Programme Board	Jim Heys, Locality Director NHS England – Midlands and East (Central Midlands) Ian Hall, Senior Delivery and Development Manager, NHS Improvement	Update Report
Urgent Care Update	Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group	Update Report
United Lincolnshire Hospitals NHS Trust - Pharmacy Services	Colin Costello, Director of Pharmacy and Medicines Optimisation, United Lincolnshire NHS Trust	Update Report

26 October 2016		
Item	Contributor	Purpose
Dental Services Contracts in Lincolnshire	To be confirmed	Status Report

23 November 2016		
Item	Contributor	Purpose
Lincolnshire Health and Care – Consultation	To be confirmed	Consultation

Items to be programmed

- Reducing Obesity for Adults and Children
- Dementia and Neurological Services
- Queen Elizabeth Hospitals, King's Lynn – General Status Report
- Lincolnshire West CCG Update
- Lincolnshire East CCG Update
- South West Lincolnshire CCG Update
- Butterfly Hospice
- Reducing Alcohol Harm in Lincolnshire - Update on Services Report (*No earlier than October 2016*)
- Child and Adolescent Mental Health Services (*No earlier than September 2016*)
- St Barnabas Hospice (*Feb 2017*)

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

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