


# Public Document Pack

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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, 13 December 2017 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL**

## MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), Mrs K Cook, M T Fido, R J Kendrick, Dr M E Thompson, R B Parker, R H Trollope-Bellew and M A Whittington

District Councillors: P Gleeson (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 P Howitt-Cowan (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

## AGENDA

Item	Title	Pages
1	<b>Apologies for Absence/Replacement Members</b>	
2	<b>Declarations of Members' Interest</b>	
3	<b>Minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 8 November 2017</b>	3 - 14
4	<b>Chairman's Announcements</b>	15 - 20
5	<b>Alternative Provisions to the Lincoln Walk-in Centre</b> <i>(To receive a report from Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group, which provides an update on the progress in implementing plans to enhance primary care services and its public awareness campaign as to the alternative provisions to the Lincoln Walk-in Centre; and invites the Committee to review and comment on these plans)</i>	21 - 58

Item	Title	Pages
6	<p><b>Non-Emergency Patient Transport Service for NHS Lincolnshire CCG's - Thames Ambulance Service Limited (TASL)</b>  <i>(To consider a report from Lincolnshire West Clinical Commissioning Group on the Non-Emergency Patient Transport Service in Lincolnshire. Lincolnshire West Clinical Commissioning Group is the lead commissioner for these services, and Sarah-Jane Mills, the Chief Operating Officer, and Tim Fowler, the Director of Commissioning and Contracting, will be in attendance from the CCG. In addition, Sue Flintham, North Regional Director, Tracy Hodgkiss, Improvement Director, and Blanche Lentz, Interim Chief Operating Officer from the Thames Ambulance Service Ltd are due to attend and present information to the Committee)</i></p>	59 - 64
7	<p><b>Winter Planning</b>  <i>(To receive a report from Ruth Cumbers, Urgent Care Programme Director, which updates the Committee on planning for Winter Pressures across the Health and Care Economy in Lincolnshire)</i></p>	65 - 74
8	<p><b>Congenital Heart Disease Services - Decision by NHS England</b>  <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which provides the Committee with an update on the decision made by NHS England Board on 30 November 2017 in relation to the future of Congenital Heart Disease Services)</i></p>	75 - 82
9	<p><b>Health Scrutiny Committee for Lincolnshire - Work Programme</b>  <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its work programme)</i></p>	83 - 86

Tony McArdle  
Chief Executive  
5 December 2017



## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 8 NOVEMBER 2017

### **PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

#### Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, R B Parker, Dr M E Thompson, R H Trollope-Bellew and M A Whittington.

#### Lincolnshire District Councils

Councillors Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council), P Howitt-Cowan (West Lindsey District Council), Mrs P Whittaker (North Kesteven District Council) and S Woodliffe (Boston Borough Council).

#### Healthwatch Lincolnshire

Dr B Wookey.

#### Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Chris Weston (Consultant in Public Health (Wider Determinants)), Tony McGinty (Interim Director of Public Health), Karen Brown (Director of Finance, United Lincolnshire Hospitals NHS Trust), Dr Tim Davies (NHS England Screening and Immunisation Lead, Public Health England) and Dr Jarna Kumbang (Consultant in Communicable Disease Control Public Health England).

### 36 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R A Renshaw, P Gleeson (Boston Borough Council), T Boston (North Kesteven District Council).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor R B Parker to replace Councillor R A Renshaw on the Committee until further notice.

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It was noted further that Councillors S Woodliffe (Boston Borough Council) and Mrs P Whittaker (North Kesteven District Council) had attended the meeting on behalf of Councillors P Gleeson (Boston Borough Council) and T Boston (North Kesteven District Council) respectively, for this meeting only.

An apology for absence was also received from Councillor Mrs S Woolley, Executive Councillor for NHS Liaison and Community Engagement.

### 37 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs P F Watson advised the Committee that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

Councillor Stephen Woodliffe advised the Committee that he was currently a patient of United Lincolnshire Hospitals NHS Trust.

Councillor C J T H Brewis advised the Committee that he was currently a patient of the Anglia Community Eye Service, Wisbech.

### 38 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 11 OCTOBER 2017

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 11 October 2017, be approved and signed by the Chairman as a correct record, subject to a grammatical error, bullet point one, fifth sentence, the moving of the word 'in' to the following position in the sentence '*There was recognition that in the present*'.

### 39 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised that further to the announcements circulated as part of the agenda, an additional announcement had been received concerning the Grantham A & E Overnight Closure.

It was reported that at a meeting of the United Lincolnshire Hospitals NHS Trust Board held on 7 November 2017, the Board had decided to support the re-opening of the Grantham A & E 24 hours a day over the winter period. However, it was highlighted that NHS Improvement (NHSI) had requested that the final decision concerning the opening should be deferred by one month to allow for an independent review of staffing to be carried out. The Committee was advised that the review would look at the staffing model for all three A & E's, to ensure that before Grantham was reopened overnight, safe staffing levels could be maintained over the busy winter months. The Committee was advised further that the next Board meeting would be held on 15 December 2017 to consider the review findings.

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The Health Scrutiny Officer advised that a copy of the report had been circulated to all members of the Committee prior to the meeting, but several members requested a hard copy of the report being made available to them at the end of the meeting.

RESOLVED

That the Chairman's update be noted.

40     UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - FINANCIAL SPECIAL MEASURES UPDATE

The Committee gave consideration to a report from United Lincolnshire Hospitals NHS Trust, which provided information on the number of support packages that were in place to assist the Trust in developing a recovery plan to exit Financial Special Measures. It was reported that a draft recovery plan had been developed and submitted to NHS Improvement (NHSI). The plan's main aim was based on making current services more efficient and effective.

The Chairman welcomed to the meeting Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust and Karen Brown, Director of Finance, United Lincolnshire Hospitals NHS Trust.

The Committee was reminded that an additional paper entitled Quality and Safety Report for October 2017 had been circulated by email to all members of the Committee on 2 November 2017, a copy of the said document was tabled at the meeting.

The Committee received a joint update from the Chief Executive, United Lincolnshire Hospitals NHS Trust and the Director of Finance United Lincolnshire Hospitals NHS Trust, which brought the Committees attention to the table on page 21, paragraph 2.5 which described the main elements of the Trust's structural deficit of £70m; and provided a breakdown of the £70m as follows:-

- |   |      |
|---|------|
| • Duplication of services across multiple hospitals | £30m |
| • Use of agency staff                               | £13m |
| • Loss of elective (planned) work                   | £13m |
| • ULHT inefficiencies                               | £14m |

The Committee noted that the Trust had not achieved a breakeven position since 2011/12; and that the graph detailed on page 21 identified the levels of deficit since that time. Reference was made to the increased costs of delivering and investing in services over the Trust's three main sites; and that the large geographical area of Lincolnshire had not assisted the Trust in delivering the national efficiency agenda. It was noted that the projected budget deficit for 2017/18 of £75m allowed for investment for quality of care in the future.

It was reported that to exit financial special measures three elements were required, which included a robust recovery plan, which needed to be approved by the ULHT Board and NHSI within one month; and also the production of a detailed delivery plan

providing evidence of significant efficiencies within a further two months' timescale. It was highlighted that the NHSI might also require evidence of delivery over a further three month period; and the implementation of further actions as detailed at paragraph 4.2 of the report. It was highlighted further to the Committee that there was some recognition from the NHS and NHSI that there needed to be a more co-ordinated approach to commissioning services.

During discussion, the Committee raised the following issues:-

- One member asked for an explanation of the word 'structural deficit'. It was explained that the term structural deficit referred to a long-term mismatch between income and expenditure. The Committee was advised that there was a balance between exiting financial special measures and delivering quality; and as a result the recovery plan needed to be balanced so that it did not affect the quality of care being provided;
- One member enquired when the Trust's circumstances would improve. There was acknowledgement that more efficiencies could be delivered and that the Sustainability and Transformation Partnership would help reduce some of the inefficiencies by remodelling some services, for example by reducing the number of people unnecessarily admitted to hospital and the introduction of Neighbourhood Teams would assist in this. The implementation of the model would ensure that a better service was provided for patients within their communities. Remodelling would also help reduce the number of people attending A & E when it was not necessary, this would also help in attaining more efficiencies;
- A question was asked as to whether the Trust knew how much funding was required in order for it to deliver a quality service. The Committee was advised that the Trust's overall budget was £440m; and that the deficit was approximately 16% of that total – one of the highest in percentage terms in the country. It was noted that some work had been undertaken on zero based budgets, however, budgets in the NHS were not calculated in that manner, they were calculated on the basis of the tariff for a particular patient episode multiplied by the volume of patient episodes;
- A question was also asked as to whether there was a contingency for the Trust to remain within budget. The Committee was advised that United Lincolnshire Hospitals NHS Trust was contracted to provide care; and could not therefore refuse to provide that care to the residents of Lincolnshire;
- The Committee was advised that the loan to the Trust from the Treasury had been charged at a rate of interest between 1% and 1.5%. It was noted that as a result of financial special measures the loan rate automatically increased to a rate of 6% which had caused an extra cost pressure of £400,000. The Committee was advised that the reason for the increased rate was to encourage the Trust to move out of financial special measures more swiftly;
- The Committee noted further that fire safety had also been an issue, as the Trust had had been investing £2.5m a month to improve fire safety at its hospitals;
- One member asked whether any work had been undertaken on the estimated costs of reducing the services from three sites to two. The Committee was

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advised that no work had been done to estimate the costs of reducing from three to two sites. It was noted that if there was a change in service, the Trust would have to decide where to replace the activity. It was confirmed that the three sites were required by the Trust, however, reconfiguration of some services might need to be considered;

- The impact of Brexit with regard to agency staffing – The Committee was advised there had been some impact on staffing numbers; it was noted that nationally the number of European workers had reduced. It was reported that the Trust's permanent staff rates had improved;
- The situation regarding Delayed Transfers of Care (DTOC) – The Committee was advised that as a result of close working between health and social care, DTOCs were not a significant issue; and that the current position was at 3.5%;
- The need for more positive communication – Some members of the Committee felt that the Trust needed to promote the services it provided successfully better. A further point raised was whether the NHS could promote locally and nationally the impact to the NHS of patients missing appointments. The Committee was advised that the Trust had a Communication Plan, but acknowledged that there was more that could be done;
- A suggestion was made for the Trust to join the campaign for Fairer Funding for Lincolnshire. The Committee was advised that the Trust was more than happy to support for Fairer Funding for Lincolnshire;
- Turnaround Programme – Page 23 of the report provided the Committee with details of a high level financial turnaround programme. It was highlighted that key themes of the plan were to reduce the costs of delivering services through several initiatives, and to ensure that the level of service provided to patients was not affected. The Committee was advised that the Trust had engaged with staff and the public regarding ideas to help the Trust reduce wastage and develop new service going forward. To date, the Trust had received over 1,200 savings ideas, all of which were being considered and would be included in the Trust's plans, as part of the 2021 vision. It was highlighted that anyone could make a suggestion through a generic email address. The Committee received a short explanation of some of the themes. Page 24 of the report provided a description of each of the themes;
- Quality Impact Assessment – The Committee was advised that all efficiency schemes were subject to a full quality impact assessment (QIA) signed by the Medical Director and the Director of Nursing to ensure that quality was not being reduced. It was noted that the QIA had not been yet been completed on all schemes, and that this might affect some of the content of the final plan. The Committee was advised that the reason for QIA was to ensure that any decision taken with regard to finances did not affect the quality of care provided by the Trust. It was noted that the Trust was in deficit each month by £6m. Out of the £18m (turnaround figure), £6m still had to be go through QIA;
- Role of the Modern Matron – The Committee was reassured that matrons were frontline staff. The Committee was advised that a golden hour had been introduced each day where heads of nursing and matrons set aside time to do structured checks of wards to check the care being provided to patients to ensure that each area of the hospital was providing the same high quality standard of care; and

- Catering provision – The Committee was advised that following an independent survey concerning catering provision; the level of satisfaction had increased.

In conclusion, the Committee agreed to receive the information presented on financial special measures and to updates being presented each quarter.

The Chief Executive United Lincolnshire Hospitals NHS Trust advised the Committee that owing to the levels of specialist nurses available, paediatric services were extremely fragile at the Lincoln and Boston sites. Reassurance was given that although the service was fragile it was operating safely at the moment.

#### RESOLVED

1. That the update from United Lincolnshire Hospitals NHS Trust concerning Financial Special Measures be received.
2. That quarterly progress reports be received by the Committee.

#### 41 IMMUNISATION IN LINCOLNSHIRE

Consideration was given to a report from Dr Tim Davies, NHS England Screening and Immunisation Lead, Public Health England, which provided the Committee with details of the local arrangements for the delivery of immunisations to the population of Lincolnshire and its current performance with regard to vaccination programmes.

The Chairman welcome to the meeting Dr Tim Davies, NHS Screening and Immunisation Lead, Public Health England, Dr Jharna Kumbang, Consultant in Communicable Disease Control, Public Health and Tony McGinty, Interim Director of Public Health.

Tony McGinty, the Interim Director of Public Health provided a short presentation, which outlined to the Committee the Lincolnshire Health Protection Assurance Process; and provided details relating to the National Immunisation Programmes in Lincolnshire.

It was highlighted that as a result of concerns raised by the Lincolnshire Health and Wellbeing Board, the information provided to the Committee focussed on the vaccination programme for those under the age of five years of age.

Dr Tim Davis, NHS Screening and Immunisation Lead, Public Health England advised the Committee that immunisation programmes for children up to the age of five had uptake targets of 95%. It was noted that this uptake target needed to be high with diseases such as measles to ensure a good level of immunity.

Details pertaining to the routine immunisation schedule along with selective immunisation programmes; and additional vaccines for high risk individuals was detailed in Appendix A to the report. It was highlighted that NHS England was responsible for the commissioning and system management of the routine



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immunisation programme through its local offices. It was highlighted further that local authorities through their Director of Public Health (DPH) had a duty to provide advice and advocacy to protect the population of Lincolnshire; and that NHS Clinical Commissioning Groups (CCGs) had delegated authority for co-commissioning primary care; and also needed to have oversight and scrutiny of the routine vaccination programmes.

Table one on page 31 of the report provided information relating to the uptake of immunisations by age group for 2015/16, 2016/17 and quarter one for 2017/18. The table highlighted that generally the performance of childhood immunisations measured at one year was good, with an uptake at or around the 95% target. The Committee noted that the uptake of vaccines at age two years and five years were areas where improvement could be made.

Figure 1 - Trend in the uptake of MMR by CCG - on page 32 of the report identified that Lincolnshire East CCG had had the lowest uptake. It was highlighted that this pattern was reflected in all of the under 5 vaccination programmes. It was noted further that in figure 3 - Uptake of immunisations at 1 year compared to peers and national average for 2013/14 and 2016/17 and figure 4 – Uptake of immunisations at 5 years compared to peers and national average for 2013/14 to 2016/17, Lincolnshire's performance was above the national average.

The Committee noted that immunisation was a parental choice; and that nationally there was a slow decline in uptake rates for childhood vaccinations. It was felt that the decline was as a result of a number of issues such as the complexity of the programme; problems accessing primary care; and the lack of visibility of some of the diseases that immunisations were given for; and also there was a small rise in the number of individuals who did not believe in the need for vaccinations.

Page 34 of the report detailed actions that were being taken to increase the uptake of childhood vaccinations in Lincolnshire.

In conclusion, the Committee was advised that there was a comprehensive programme of immunisations being delivered across Lincolnshire, which was minimising the risks of harm to the local population.

During discussion, the Committee raised the following points:-

- The need to ensure that working parents had the opportunity to take young children for their vaccinations. The Committee was advised that there needed to be easy access to primary care; and flexibility to attend immunisation sessions;
- Whether the provision of a record book for each child would help encourage parents to get their children immunised. The Committee was advised that the red book was still in existence; a copy of which was given to all new mothers, this was not welcomed by all mothers as it used to be. It was noted that there was good progress in developing an electronic immunisation record for Lincolnshire children;

- A suggestion was also made for the need to have a more informative approach to immunisation as this would help to alleviate any fears parents of young children might have. Clarification was given that repeat immunisations would not cause any harm. A further point raised was the impact of social media; an example given was that the MMR vaccine contained gelatine and it was confirmed that this was the case. There was agreement that there was a need to do more promotional work;
- Access to immunisation records – The Committee was advised that since 2013 efforts had been made to develop comprehensive immunisation records. Confirmation was given that Child Health Records now had all immunisations records for those practices on System-One in Lincolnshire. It was noted however, that there were 25 practices that were not on this system; and that work was ongoing with regard to this matter;
- Teenage Vaccination uptake in schools – The Committee was advised that the uptake of teenage vaccinations in schools had been in excess of 80%. It was reported that primary schools could not be used to help increase the immunisation rates for five year olds, as the vaccines needed to be given to the children prior to starting school;
- One member enquired as to what the potential risk was if the required numbers of children were not vaccinated. The Committee was advised that the overall objective of immunisation was to eradicate the disease; and therefore the target of 95% for a disease such as measles would be pursued. It was reported that actions were being taken to try to increase the uptake of children's vaccinations. A request was made for the inclusion of figures to accompany the percentages provided in future reports. The Committee noted that chicken pox was not part of the national immunisation programme, as some evidence had suggested that a chicken pox vaccine might cause more harm, particularly in relation to causing the onset of shingles;
- A question was asked as to why children in the Lincolnshire East CCG area had the lowest rates of immunisation compare to the rest of Lincolnshire. The Committee was advised that there was no documentary evidence available pertaining to ethnic minority groups. The Committee was advised that all practices had been visited to obtain information relating to how childhood immunisation services were organised. The outcomes of this exercise would then be used to inform development visits in Lincolnshire East CCG to focus on what was good and what could be done better drawing on the experience of peer practices within the county. The Healthwatch representative confirmed that the one issue the Healthwatch survey had established was that quite a few people had not been invited to attend routine vaccinations, but there had been insufficient information for NHS England to follow up on. A suggestion was made that invitations for immunisation should be sent out on practice headed paper. Confirmation was given that invitations should be sent from practices. Reference was also made to the fact that key members of practices were not now available. It was highlighted that previously Health Visitors had been instrumental in liaising with new mothers regarding immunisation. The survey had also identified that there was a lot of deprivation in the Lincolnshire East CCG area;

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- Whooping cough vaccination – The Committee was advised that the whooping cough vaccine was given to pregnant women, to help protect their babies until they could be vaccinated; and
- One member enquired as to what elected members could do to help get the message out to the communities they represented. The Committee was advised that there was literature available in surgeries, which if members wished could be incorporated in to their newsletters. The Committee was advised further that more would be done on social media. A further suggestion was made for information to be sent to members of the Committee so that they could send it out to district councils through business brief.

The Chairman extended thanks to the presenters for their informative update.

**RESOLVED**

1. That the report presented be received.
2. That a report concerning Immunisation in Adults be presented to a future meeting. (For the said report to include figures to accompany percentages quoted).
3. That information relating to immunisation be circulated to all members of Committee.

**42      LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018**

Consideration was given to a report from Chris Weston, Public Health Consultant, which asked the Committee to consider the project plan timelines from the 'Lincolnshire Pharmaceutical Needs Steering Group' on the production of the 2018 Lincolnshire Pharmaceutical Needs Assessment (PNA). The report also asked if the Committee wished to initiate a working group to comment on the draft Pharmaceutical Needs Assessment during the 60-day public consultation.

In guiding the Committee through the report presented, the Committee was advised that the Health and Social Care Act 2012 had transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWB). It was noted that the first PNA had been completed on behalf of Lincolnshire HWB and had been submitted to NHS England by the 1 April 2015, and the next PNA was due to be submitted to NHS England by 1 April 2018.

Appendix A to the report provided the Project Plan for Lincolnshire 2018 PNA for the Committee's consideration.

It was reported that a public questionnaire had been produced by the PNA Steering Group to seek views and comments on current pharmaceutical service provision. A total of 1145 responses had been received from all age groups above the age of 16 years. A summary of the responses received was detailed in Appendix B to the report presented. The Committee was advised that the next stage of the process was a 60-day mandatory consultation on the findings of the draft PNA, which would

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be approved by the Lincolnshire Health and Wellbeing Board at their 5 December 2017 meeting. The Committee was advised further that the planned dates for the consultation were from 11 December 2017 to 11 February 2018. The results of the consultation would then be considered by the Steering Group at its meeting on 27 February 2018. A final PNA would then be produced with a recommendation for the Lincolnshire Health and Wellbeing Board to publish, at its meeting on 27 March 2018. It was noted that the final PNA had to be published no later than 31 March 2018.

It was highlighted that regulations listed a range of stakeholders who needed to be consulted. The Health Scrutiny Committee was invited therefore to initiate a working group during the consultation period to feed into the consultation of the draft PNA.

The Committee was also advised that Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations required that Joint Health and Wellbeing Strategies, when carrying out assessments for the purpose of PNAs, had to have regard to:-

- The number of people in its area who require pharmaceutical services;
- The demography of its area; and
- The risks to the health or wellbeing of people in its area.

A short discussion ensued from which the following points were raised:-

- One member enquired in accordance with Regulation 9, whether the issue of Pharmacists being open seven days a week along the coast had been taken on board as part of the Strategy. Confirmation was given that this issue had been taken into consideration;
- A request was made for a further breakdown of information contained in Appendix B to show demographical areas and age groups. The Public Health Consultant agreed to circulate this information to members of the Committee;
- Page 56 – Question 13 – A concern was expressed regarding the disposal of needles and to the fact that due consideration needed to be taken regarding disposal in pharmacies;
- A question was asked as to how the PNA took account of proposed housing developments, which would lead to an increase in demand for pharmacy services in a particular area. The Committee was advised that information was obtained from all district councils on potential housing developments over the next 20 to 30 years, however, there was a slight mismatch between the three-year planning cycle of a PNA and housing development plans which could be up to thirty years in length;
- Whether the PNA took into account the physical capacity (storage and patient consultation) of an existing pharmacy or pharmacies, in cases of increased demand. The Committee was advised that it would;
- A request was made for a map showing the location of Pharmacies across the county. The Public Health Consultant advised that this would be included in the PNA, which would be made available to members of the Committee;
- A question was asked as to whether funding changes to pharmacists would have any effect on the PNA. The Committee was advised that as yet, no

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details of the funding change had been published by the Department of Health. It was highlighted that as the PNA was a living document, and that the steering group met on a regular basis; any changes in need would be regularly monitored;

- A concern was raised regarding the presentation of the data on page 58, question 17. Officers agreed to look into this matter;
- Opening times – One member highlighted that there was a need to ensure that pharmacies in a location needed to make provision to stagger their opening times; and
- Page 56, question 13 reference to needle exchange. Some members felt that this was a service that needed to be included as a service being provided by a local pharmacy.

An invitation was extended to the members of Committee to participate in a working group to draft a response to the consultation on the Pharmaceutical Needs Assessment. The following members indicated that they wished to participate in the working group: - Councillors C J T H Brewis, J Kirk, C S Macey, and either R B Parker or R A Renshaw.

The Healthwatch representative advised that Healthwatch would be responding to the consultation; but confirmation would be sought as to whether Healthwatch would be responding separately, or whether comments would be included in the response from the Committee.

**RESOLVED**

1. That the process to produce a revised Pharmaceutical Needs Assessment (PNA) by 1 April 2018 be noted and that the comments raised by members of the Committee be considered by officers.
2. That the project plan timelines from the 'Lincolnshire Pharmaceutical Needs Assessment Steering Group' on the production of the 2018 Lincolnshire Pharmaceutical Needs Assessment be received.
3. That a working group be set up to draft a response to the consultation on the Pharmaceutical Needs Assessment, comprising of the following Councillors C J T H Brewis, J Kirk, C S Macey, and either R B Parker or R A Renshaw.

**43     HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME**

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider and comment on the content of its work programme to ensure that scrutiny activity was focussed where it could be of greatest benefit.

Appendix A to the report provided the work programme from 13 December 2017 to 16 May 2017.

The Health Scrutiny Officer enquired as to when the Committee wished to consider the previously identified four priorities from the Lincolnshire Sustainability and Transformation Partnership. It was agreed that the Committee would be consulted via email.

The items the Committee agreed should be considered at future meetings were highlighted as:-

- An update concerning Paediatric Nurses;
- Quarterly Update from United Lincolnshire Hospitals NHS Trust;
- Adult Immunisation; and
- Update on the Grantham A & E

The Committee was invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.


One member requested whether the item concerning EMAS scheduled for the 21 February 2018 could be brought forward to an earlier meeting, due to information received that East Midlands Ambulance Service was withdrawing ambulances from ambulance stations in the West Lindsey area. The Chairman agreed to look into the matter and report back to members of the Committee.

**RESOLVED**

That the work programme as detailed in Appendix A be received, subject to the inclusion of the items listed above.

The meeting closed at 1.25 pm

# Agenda Item 4

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 December 2017</b>
Subject:	<b>Chairman's Announcements</b>

## 1. **East Midlands Ambulance Service NHS Trust - New Operating Model**

As reported in these announcements last month, the East Midlands Ambulance Service NHS Trust (EMAS) is implementing the national Ambulance Response Programme (ARP).

As part of this implementation, EMAS is consulting with staff on fast response vehicles and double crewed ambulance on changes to their rotas. The intention is to launch the new operating model from 2 April 2018.

EMAS has also indicated that across Lincolnshire it is looking to increase the number of ambulances available from 47 ambulances on average during the day to 48; and from 26 ambulances during the night to 32.

There have been discussions in some parts of the county, for example, in Gainsborough on the number of ambulances based at particular ambulance stations. EMAS has stated in response to these discussions that as an emergency healthcare provider its staff travel in ambulances to where help is needed and patients are not treated in ambulance stations. When an ambulance crew starts their shift, it is very rare for them to return to their base station until their meal break several hours later. This means that the ambulance that you see in your local town might well have started their shift from a base many miles away.

Performance information under the ARP is gradually being released. For example, the EMAS Board of Directors received performance information at a trust-wide level at its November meeting, which covered the months of August and September. Information at a Lincolnshire level would be welcome.

## **2. Lincoln County Hospital - Neonatal Unit Refurbishment**

On 16 November 2017, United Lincolnshire Hospitals NHS Trust announced that a newly refurbished neonatal unit, which cares for premature and unwell babies at Lincoln County Hospital, opened following a £2.1 million refurbishment.

The modernised unit now provides two intensive care, three high dependency and twelve special care cots. It is more flexible in its design and includes two further cots for babies requiring isolation should they require it.

The new unit provides a more comfortable and modern space for parents to use during their baby's stay: three parent bedrooms; a kitchen; sitting room facilities; and a play area for siblings.

The total refurbishment means that the layout of the unit is more open-plan providing a bright and airy environment for staff to deliver care to those babies and their families that require it.

## **3. Louth Fire and Ambulance Station**

On 17 November 2017, Louth Fire and Ambulance Station was officially opened. It is part of the blue light collaboration programme, whereby emergency services work together to improve services to the public and provide value for money. This is the first joint fire and ambulance station in the County as part of the blue light collaboration programme. I look forward to further instances of collaboration between ambulance and fire services in Lincolnshire.

## **4. Lincolnshire East Clinical Commissioning Group Governing Body Meeting**

On 23 November 2017, I observed the meeting of the Governing Body of Lincolnshire East Clinical Commissioning Group, as well as an extraordinary meeting of the Primary Care Commissioning Committee. The Governing Body considered a full agenda, which I understand included all the standard reports on performance, assurance, and finance, as well as updates on the Sustainability and Transformation Partnership and the Lincolnshire Winter Plan, which is on the Committee's agenda.

I would like to draw the Committee's attention to two matters referred to at the meeting. Firstly and most importantly, NHS England is seeking assurance from Lincolnshire West CCG, as the lead commissioner for cancer care, and United Lincolnshire Hospitals NHS Trust, as the lead provider of cancer treatment in the county, on how improvements to cancer performance can be made.

Secondly, reference was made to the creation of a single Accountable Officer and single Executive Management Team for Lincolnshire.

I look forward to seeing further information on these two issues.



## **5. Lincoln Medical School Bid**

The University of Nottingham in partnership with the University of Lincoln has submitted a joint bid to the Higher Education Funding Council for England to provide undergraduate medical education in Lincoln.

As part of the bid, it is proposed that in the future, students will be able to apply to study for the University of Nottingham medical degree based in a new building on the Lincoln campus. This is part of a national bidding process and it will be several months before Higher Education Funding Council for England announces the results of the bidding process.

## **6. Out-of-Hours GP Service – Care Quality Commission Report**

On 29 November 2017, the Care Quality Commission (CQC) published its inspection report on the Lincolnshire Out of Hours GP Service, which is managed by Lincolnshire Community Health Services NHS Trust. The latest inspection took place in August and September 2017 and concluded that the service is 'Good' overall. This follows a previous report in August 2016, which had led to a rating of 'Inadequate'.

The full report is on the CQC website: <http://www.cqc.org.uk/location/R55H1>

The CQC recorded the following improvements:

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Patients' care needs were assessed and delivered in a timely way.
- The trust had systems in place to engage with staff and obtain their views about the out-of-hours service.
- A 'green card' system saw palliative care patients being given a dedicated telephone number so they or their carers could access the out-of-hours service directly via their clinical assessment service (CAS), without the need to call NHS111.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients experienced a service that was delivered by dedicated, knowledgeable and caring staff. They were positive about their interactions with staff and said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Primary care centres had good facilities, were well equipped to treat patients and meet their needs with the exception of Lincoln primary care centre, where this inspection highlighted areas for improvements. The vehicles used for home visits were clean and well equipped.

## **7. United Lincolnshire Hospitals NHS Trust – Grantham A&E**

I would like to remind the Committee that United Lincolnshire Hospitals NHS Trust is due to hold its Board of Directors meeting on 15 December. I expect the agenda for the Board will include a report for decision by the Board on the opening of Grantham A&E overnight. This follows the decision of the Board last month to support the overnight re-opening of Grantham A&E, subject to a review being undertaken on behalf of NHS Improvement. If there is any further information available, it will be reported to the Committee at the meeting.

## **8. Louth GP Practices**

On 19 July 2017, the Health Scrutiny Committee was advised of consultations on several proposed mergers of GP surgeries in the Louth area. On 23 November 2017, the Primary Care Commissioning Committee of Lincolnshire East Clinical Commissioning Group approved the merger between the New Coningsby Surgery, Newmarket Medical Practice and the Wolds Practice with effect from 1 April 2018. In a separate decision the Primary Care Commissioning Committee approved the merger of James Street Family Practice and the Kidgate Surgery into a single practice, with effect from 1 April 2018. As a result of this merger the Kidgate Surgery premises would close.

## **9. Lincolnshire Community Health Services – Draft Quality Priorities 2018/2019**

Lincolnshire Community Health Services NHS Trust (LCHS) has begun stakeholder consultation on its quality priorities for 2018/19. Quality priorities are key elements of the Quality Account process and this Committee has a specific statutory role making statements on draft Quality Accounts during the spring of each year.

LCHS is seeking comments on the following proposed quality priorities for 2018/19:

- Priority 1: Improving management of the deteriorating patient and reducing sepsis in community settings
- Priority 2: Insulin administration - Right dose, right time
- Priority 3: Deep vein thrombosis (DVT) - Improved DVT management
- Priority 4: Patient Reported Outcome Measures - to be developed for the diabetes care pathway and leg ulcers
- Priority 5: Leg ulcers - Improving our healing rates to improve outcomes for patients
- Priority 6: Complaints - Improve the response times for handling of complaints
- Priority 7: Suicide Safe

Further information is available from the Health Scrutiny Officer.

**10. Centre for Public Scrutiny Event: Scrutinising Sustainability and Transformation Partnerships**

On 9 November 2017, I attended a course entitled Scrutinising Sustainability and Transformation Partnerships (STPs), which was run by the Centre for Public Scrutiny. Materials from the course have been emailed to members of the Committee. I would draw your attention to two documents in the email: *Ten Questions to Ask About Sustainability and Transformation Plans / Partnerships* and *Ten Questions to Ask About Service Reconfiguration*, which we will make use of at the appropriate time.


**11. Gary James – Accountable Officer – Lincolnshire East Clinical Commissioning Group**

Gary James, the Accountable Officer of Lincolnshire East Clinical Commissioning Group, is retiring at the end of December. Gary has acted as the special advisor to this Committee over the last three years. I would like to put on record the Committee's thanks to Gary for undertaking this role.

Samantha Milbank has been appointed as the Interim Accountable Officer for Lincolnshire East CCG. In terms of the special advice to this Committee, this role will now be shared in the future by several colleagues from the local CCGs.

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# Agenda Item 5

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 Lincolnshire West Clinical Commissioning Group

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 December 2017</b>
Subject:	<b>Alternative Provisions to the Lincoln Walk-in Centre</b>

## Summary:

This report from Lincolnshire West Clinical Commissioning Group (LWCCG) updates the Health Scrutiny Committee on the progress in implementing plans to enhance primary care services and its public awareness campaign as to the alternative provisions to the Lincoln Walk-in Centre and invite the Committee to review and comment.

This report includes a review in key areas of - University students, children under 5, additional primary care appointments and access for patients requiring treatment at weekends. The report sets out the decision of Lincolnshire West Clinical Commissioning Group Governing Body on 29 November 2017.

## Actions Required:

The Health Scrutiny Committee is asked: -

- (1) To note the progress with regards improved access to GP, the development of alternative provisions and the communication and engagement plans of Lincolnshire West Clinical Commissioning Group;
- (2) To consider:
  - (a) whether there are any comments on the progress we are making and any areas where the Committee would like any additional information; and
  - (b) whether the Committee consider that the communication and engagement plan addresses the correct issues and uses the right language for patients, staff and the public; and
- (3) To consider the offer of a one-off meeting with the CCG to discuss the initiatives and communication plans in more detail.

## **1. Background**

On 12 June 2017 Lincolnshire West Clinical Commissioning Group (LWCCG) launched a public consultation on the future of the Walk-in Centre which concluded on 18 August 2017. On 27 September 2017, our Governing Body meeting decided to keep the Walk-in Centre open over the winter period and close only when the Governing Body is satisfied with evidence based reviews. The first evidence based review was presented to the Governing Body on 29 November 2017, and a further review will be presented at the meeting on 24 January 2017. The evidenced based reviews will be in the key areas of university students, children under 5, additional primary care appointments and access for patients requiring treatment at weekends.

The ten week public consultation on the future of the Walk-in Centre was extensive and engaged patients, the general public, public bodies, key stakeholders including health care partners and the third sector. The feedback received through the consultation was extremely useful in reaching a decision and shaping the plans to strengthen primary and urgent care.

## **2. Current Developments**

The ongoing plans to strengthen alternative provisions are in six key areas:-

1. GP Appointments and Access;
2. Urgent Care Provision;
3. Clinical Advice and GP Access for Children;
4. University of Lincoln Practice Plans – Students;
5. Homeless and Vulnerable Patients;
6. Communication and Engagement Plans, which also include the communication and engagement campaign which is focused on the key groups mentioned above, as well as the wider community.

Current attendance to the Walk-in Centre has significantly reduced. Walk-in Centre attendances in October 2017 saw a 26.8% reduction from the previous year. The attendances in September 2017 attendances were the lowest monthly attendance of the Walk-in Centre for over 2.5 years and this coincided with the public promotion of the alternative services in place.

We have identified an increased capacity of at least 90 appointments per day across LWCCG from 1 December 2017 as a result of progress in the alternative provision plan (see Appendix A Alternative Provisions Plan). Currently the average daily attendance at the Walk-in Centre is circa 85 per day.

We have provided details of the status of our alternative provision plans in the attached document (Appendix A - Alternative Provisions Plan).

### University Practice

LWCCG supported a targeted communications and engagement initiative by the University Practice, during freshers' week to encourage students to register with a GP. The University Practice saw a net increase in registrations of 3,150 students.

## Other Alternative Provision

The alternative provisions already in place include: GP same day access arrangements for urgent need; skype access at the University Practice; additional community pharmacists; GP Out of Hours; 111 supplemented by Lincolnshire Clinical Assessment Service (Clinical Assessment Service); pharmacy support of CAS Emergency Medication Service; and Neighbourhood Team implementation progression (Gainsborough and the South of Lincoln areas).

In addition to the above, GP Practices have confirmed that they have arrangements in place to support any potential increase in demand. Please note not all Walk-in Centre utilisation will require a corresponding GP appointment and 70% of patients do not currently approach their GP to check whether there is an appointment available. Therefore we are modelling our GP Practices provision for maximum impact, which is unlikely to materialise in full. The main population using the Walk-in Centre are patients registered with central Lincoln General Practices. Service provision by General Practices in the City Centre has been reviewed and for some services are being extended or improved to accommodate patients who are currently accessing the Walk-in Centre. On average this is approximately 3-10 additional appointments per practice per day.

## Children's Hubs

To enhance care for new parents and children the first of eight children's hubs across Lincolnshire will be opening on 4 December 2017. The first is in Birchwood in the Lincoln City area. The children's hubs will be another source of advice and guidance for parents with children under 5 and will include health visitor advice and appointments, wellbeing services, feeding support groups etc. Four children's hubs will be introduced by March 2018.

Information is provided within Appendix A to demonstrate the progress made with associated supporting initiatives.

## Transition Planning

We have been working in partnership with Lincolnshire Community Health Service (LCHS), who provide the Walk-in Centre services, to ensure we have an effective plan to facilitate transition. This transition plan incorporates the introduction of triage as a method to direct the public to the appropriate provision for them and provide education to the alternative provisions available.

Through this partnership LCHS have highlighted that a number of staff have secured alternative employment and that over the coming months the number of staff in post will reduce significantly. Following reviews of the level of demand and confirmation that alternative provisions are now available and the significant cost of agency staff should we have to cover shifts, we have recommended that the executive leads from LWCCG and LCHS review opening hours of the Walk-in Centre so that the staff resource is deployed to cover periods of peak demand.

## A&E Attendances

A&E attendances are being kept under careful review as the numbers attending the Walk-in Centre fall in tandem with public promotion of the alternative services in place. This communication reiterates that patients should only be presenting to A&E when it is an emergency and that if they are unsure to contact 111.

We are actively monitoring data and performance associated to the changes to the Walk-in Centre and A&E performance. We continue to work with the A&E Delivery Board to ensure that any adverse impact is quickly identified and plans to mitigate are implemented.

## Push Doctor

The Committee is asked to note that a Push Doctor app is promoting its online 'walk-in centre' services to patients in the Lincoln area. This issue has been brought to the attention of NHS Lincolnshire West Clinical Commissioning Group. This is not a service that has been commissioned by Lincolnshire West Clinical Commissioning Group and we have had no interaction or conversations with the company behind the app. This is a purely commercial venture based in Manchester and has no links with our CCG. We have released a statement to this effect and highlighted that patients should be aware the service comes with a cost and as always, our advice for anyone who needs medical attention but whose condition is not A&E necessary is to try your GP, visit your local pharmacy or call NHS 111.

## Decision of the Lincolnshire West Clinical Commissioning Group Governing Body

LWCCG Governing Body met on 29 November 2017 and was assured by the progress made regarding the use of the Alternative Provisions to the Walk-in Centre and agreed to the recommendations detailed in the Walk-in Centre paper.

The Committee is asked to note that the Executive Nurses of LWCCG and Lincolnshire Community Health Services (LCHS) will be closely monitoring the demand and staff availability. Should the risks of maintaining access to the Walk-in Centre escalate, the LWCCG's Governing Body will convene an extraordinary meeting to review the risks and outline plans to mitigate these risks. Should this situation arise, representatives of LWCCG will liaise directly with the Chairman of the Health Scrutiny Committee to consider the arrangements for members' consideration of the issues.

The Governing Body noted the significant reduction in current attendance at the Walk-in Centre and data regarding A&E attendance and considered that the evidence suggested that the public awareness campaign was encouraging patients to make use of alternative provision. The increase in student registrations and services, together with increased primary care capacity was also evidenced and discussed. Governing Body members had sought independent views on progress of the alternative plans prior to the meeting and were able, therefore, to share this and validate the evidence reported.

The detail of the Public Awareness Communication and Engagement Campaign was also considered. It was acknowledged that this programme would be ongoing but the Governing Body was positive about the numbers of the patient population reached through the use of different media.



The Governing Body was assured of the progress of the alternative provision plans and approved the following recommendation relating to Lincoln’s Walk-in Centre:

- The Executive Team continue to manage the roll-out of alternative provisions – namely; Out of Hours GP access, NHS 111 and Clinical Assessment Service (CAS), Community hubs, increased primary capacity across LWCCG, use of local pharmacy walk-in facilities, and local surgery walk-in services.
- To further reduce demand on the Walk-in Centre through continuation of full communication and engagement plan.
- To support the continued implementation of the transitional plan to enable the Walk-in Centre service to close at the end of the winter period.
- That the Executive Nurses of LWCCG and LCHS would review opening hours of the Walk-in Centre by continuously monitoring demand and staff availability. The Governing Body made it clear that if the balance of managing demand and staffing resources escalates and that the risk assessment suggests that the risk of maintaining access to the Walk-in Centre is high, then an extraordinary meeting, in public, of the Governing Body would be convened to review the risks and outline plans to mitigate these risks.

### 3. Consultation

This is not a direct consultation item. The Health Scrutiny Committee for Lincolnshire responded to LWCCG's consultation on the Walk-in-Centre in August 2017.

### 4. Conclusion

The Health Scrutiny Committee is requested to note the progress with regards improved access to GP, the development of alternative provisions and the communication and engagement plans of Lincolnshire West Clinical Commissioning Group. The Committee is asked to consider whether there are any comments on the progress we are making and any areas where the Committee would like any additional information; and whether the Committee consider that the communication and engagement plan addresses the correct issues and uses the right language for patients, staff and the public. Finally the Committee is asked to consider the offer of a one-off meeting to discuss the initiatives and communication plans in more detail.

### 5. Appendices

These are listed below and attached at the back of the report	
Appendix A:	Alternative Provisions Plan
Appendix B:	Alternative Provisions Description
Appendix C:	Communication Plan
Appendix D:	Communication Initiatives Description
Appendix E:	Alternative Provisions Engagement Plan

## **6. 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 Sarah-Jane Mills, Chief Operating Officer, who can be contacted on 01522 513355 or [Sarah-Jane.Mills@LincolnshireWestCCG.nhs.uk](mailto:Sarah-Jane.Mills@LincolnshireWestCCG.nhs.uk)

## ALTERNATIVE PROVISIONS PLAN 2017

Provision	Description	KPI's to Evidence	Milestones	STATUS	Additional Capacity per day in LWCCG 1st Dec 17	Target Additional Capacity per day in LWCCG	
<b>1. GP Appointments and Access</b>		<b>Responsible Person : Sarah Button</b>			<b>5 days</b>	<b>7 days</b>	
1.1	GP Optimisation	Reduce GP admin time; create up to 6 GP appointment per day	Training to provide up to 6 Extra Appointments Per Day per GP	Planned; 50% Dec 17 to 50% Jan 18	AMBER	-	99
1.2	Same Day Access for Urgent Need	Arrangements to ensure patients are seen appropriately to meet their clinical need. Develop by sharing best practice.	100% confirm arrangements for review of patients requiring urgent same day treatments when appointments are limited.	In Place	GREEN		
1.3	Extending clinical skills in the Primary Care team	Includes Utilising community pharmacists for medical issues	4 Additional Pharmacists with 1 further appointment.	In Place	GREEN	40	50
1.4	Care Navigation Training and sharing best practice models	Ensure practices are signposting patients to the most appropriate help and support. Will free up appointments by avoiding unnecessary ones.	120 receptionists trained across 33 practices	Full coverage by the end of March 18	AMBER		
1.5	City Centre Practices Provision	Identified 1 GP practice that is struggling to match local demand and service capacity. Plan in place to mitigate this risk which will if required, include refresh GP boundaries to take account of changes in demographics, local demand and service capacity	Remedial plans or revised boundaries	Planned;	AMBER		
1.6	8-8 - 7 days a week planned care	GP Surgery; Hub: Group of Hubs.	120 Additional Hours across 33 Practices	Planned Apr-18 - Apr-19	AMBER	-	69
1.7	Continued action on reducing DNA rates	Practices utilising proven methods to prevent high DNA rates eg. pre-appointment reminder text and comms to let your GP practice know if you can't make your appointment etc	DNA rate reduction per practice	All Practices confirm best practice actions taken	GREEN		
1.8	Implementation of Neighbourhood Teams	NT at each (4) localities including community nurses, mental health professionals and clinical pharmacy; Enable "homeless patients" and those supported by local third sector to better access primary care	A&E attendance avoidance and reduce ambulance conveyance	Gainsborough established; South Lincoln Federation in place; IMP and City dates TBC	GREEN/ AMBER		
<b>2. Urgent Primary Care / GP Out of Hours / WIC Transition / CAS</b>		<b>Responsible Person : Wendy Martin</b>					
2.1	GP Out of Hours Service	Provides Urgent medical care outside normal GP hours (evenings, weekends and bank holiday)	NQRS standards maintained	In Place	GREEN		
2.2	111& CAS	Provision of 111 and CAS capacity	A&E attendance avoidance, reduce ambulance conveyance, OOH appointment reduction, reduction of unnecessary face to face	In Place	GREEN	20	20
2.3	A&E Attendance Avoidance	Including Home First; EMAS Pathfinder & See and Treat capability; CAS (Care Home Support - Advanced Care Planning; Star 6 and Pharmacist and Consultant Geriatrician support)	A&E attendance avoidance and reduce ambulance conveyance	Programmes in progress	AMBER		
2.4	Emergency Medication (Prescriptions & Advice)	Community pharmacy supports 111 and CAS (via 111)	50 participating pharmacies across Lincolnshire; Hours coverage incl. bank holiday cover	In place	GREEN	20	20
<b>3. University of Lincoln Practice Plans</b>		<b>Responsible Person : Sarah Button</b>					
3.1	Additional clinical rooms	Plans to develop the GP practice premises	3 Additional Consulting Rooms	In development from 1 Apr 18	AMBER		
3.2	Access to Routine Appointments	Review of clinic times and access. (Increase in student registration from last year is 3,150)	Additional appointments	From Dec 17	GREEN	5	5
3.3	Access Choice	Skype Utilisation	Skype Utilisation	Pilots Complete; Other pathways to use skype	GREEN	5	5
3.4	Clinic in Bishop Grosseteste University	Deliver services at BGU campus	1 additional consulting room	In development	AMBER	-	5
<b>4. Clinical Advice and GP Access for Children</b>		<b>Responsible Person : Wendy Martin</b>					
4.1	Same Day Access for Children	Ensure arrangement are in place for Same day access for Children (and Urgent)	100% confirm arrangements for review of patients requiring urgent same day treatments when appointments are limited.	In place	GREEN		
4.2	Children's Centres	Local hubs for family support; health visitors appointments	8 Children's Centres across Lincolnshire	Planned pilot Birchwood goes live 4th December 17; 4 in total across Lincolnshire by end of March 18	AMBER	-	9
4.3	Telephone Line for Children	The CCG did consider introducing a telephone line specifically for children, but thought this would cause further confusion with the nationally supported lines of 999 for emergency need and 111 for urgent health care need and advice.	111 urgent care line in place; communication plan implemented to promote 111 for urgent care need	In place	GREEN		
<b>5. Homeless and Vulnerable Patients</b>		<b>Responsible Person : Sarah Button</b>					
5.1	Community Clinic for Homeless / Violent Patients (<0.5% of attendance)	Opportunity to link the services provided at Nomad Trust with Primary Care by engaging their ANP's to give them access to routine GP appointments, signposting and support services access including NHT	Increased Provision	Planned	AMBER		
<b>6. Comms and Engagement</b>		<b>Responsible Person : Wendy Martin</b>					
6.1	Comms Plans	using media, GP practices; social media channels;	Full plan underway. See Appendix 3 and 4	Ongoing	GREEN		
6.2	Engagement Plans	Including Alternative Provision Plans	Full plan underway See Appnedix 5	Ongoing	GREEN		
					<b>90</b>	<b>282</b>	

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## Lincoln Walk-In Centre Consultation 2017

## ALTERNATIVE PROVISIONS DESCRIPTION

<b>1. GP Appointments and Access</b>		<b>Responsible Person : Sarah Button</b>
1.1	GP Optimisation	
<p>Plans are in place to implement GP Workflow Optimisation across the CCG's GP Practices. This training will be delivered by AT Medics. The aim of this initiative is to make the most effective use of primary care resources by transforming the way administrative tasks are undertaken within general practice. This is an innovative way of improving capacity within general practice – ultimately it will release GPs to focus on clinical care for their patients.</p> <p>Members of the GP practice clerical team are trained to read, code and action incoming clinical correspondence according to a framework based on practice protocols. Each Practice has an identified GP champion for this initiative and they are supported in the key responsibilities of their role – the role is pivotal in ensuring the practice achieves a safe, sustainable and full implementation of Workflow Optimisation.</p> <p>This training has been proven to free up to 6 appointments per GP per day and is planned over December 2017 and January 2018.</p>		
1.2	Same Day Access for Urgent Need	
<p>Same day access for Urgent need is currently available at all practices. This means that if a patient cannot get an appointment that day but considers it is urgent, either a nurse or GP will call back. If, following this phone conversation, it is deemed urgent, the nurse or GP will book the patient an appointment that day. This applies for both children and adults.</p> <p>If it is not urgent that person may be given a routine appointment or advice on how to self-care a condition such as a cold or hay fever or signposted to the nearest pharmacy for over-the-counter medicines.</p> <p>If patients have difficulty in getting through to their practice early in the morning and they have an urgent issue, they can ring NHS 111, where they will be diverted to the Lincolnshire Clinical Assessment Service (CAS) for an urgent clinical issue. This service has been fully established</p>		

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

since April this year and sees a Lincolnshire clinician pick up calls, where necessary, to give clinical input. They are able to discuss medical needs, recommend and arrange treatment.

There is 24/7 access to a GP or an advanced nurse practitioner via the GP Practice or the GP Out of Hours Service (OOH). This is accessed by calling 111. There is a GP OOH's base located at Lincoln County Hospital, meaning patients who don't need to attend A&E can still be seen locally if an out of hours appointment is indicated for their clinical condition when their GP practice is closed.

The GP OOH's service runs between 6.30pm and 8.00am every weekday and 24 hours a day over weekends and Bank Holidays. This service can also offer home visits to those patients who would genuinely find it difficult to get to Lincoln County Hospital. There are also other out of hours units across the county which means patients who genuinely need to see a nurse or GP out of hours, can do so.

1.3

Extending clinical skills in the Primary Care team

Many GP practices are employing community pharmacists which will see patients and free up GP's appointments accordingly. 4 additional Pharmacist have been employed (one more planned in April 2018) whose roles will develop to see patients where it's more appropriate than to see their GP. The Pharmacist can complete medical reviews and treat minor ailments as appropriate.

1.4

Care Navigation Training and sharing best practice models

Care Navigation Training is being organised for our CCG's GP Practice staff to ensure patients are signposted to the most appropriate help and support. Sometimes the GP isn't really the best person to see. Patients could be seen or treated quicker by a pharmacist, nurse or a physiotherapist for example and in some cases, the GP practice might not be the right place at all for the query. Care navigators are receptionists and admin staff who through specialist training will be able to signpost patients to the right place which could free up appointments by avoiding unnecessary ones. We plan to train 120 staff across 33 practices in LWCCG by the end of March 2018.

**Lincoln Walk-In Centre Consultation 2017**

**ALTERNATIVE PROVISIONS DESCRIPTION**

1.5	City Centre Practices Provision
<p>We have identified 1 GP practice that is struggling to match local demand and service capacity. The plan in place to mitigate this risk which will if required, include a refresh of the Practice boundaries to take account of changes in demographics, local demand and service capacity. We are currently working closely with this practice to support them in exploring ways of increasing their capacity.</p>	
1.6	8-8 - 7 days a week planned care
<p>LWCCG is following a national direction and from April 2018 to April 2019, national funding will be made available to provide an extra 120 hours access to GP practices across the area. This is on top of an extra 70 hours that are already available across our practices every week. Many practices already offer additional Saturday morning sessions, evening sessions or sessions earlier in the morning to help patients see a GP sooner.</p> <p>The national direction is to deliver extended hours though GP hubs (a group of practices) to open seven days a week – with extended hours into the evening. This will involve GP practices working together further, as many already do.</p> <p>Local practices publish their current extended hours on their website or at the surgery.</p>	
1.7	Continued action on reducing DNA rates
<p>LWCCG comms. plan includes communication aimed at reducing DNA ( do not attend) rates. This will ask patients to remember to let the GP Practice know if they can't attend their appointment as soon as possible and to consider signing up to the text message reminder service.</p>	

**Lincoln Walk-In Centre Consultation 2017**

**ALTERNATIVE PROVISIONS DESCRIPTION**

1.8	Implementation of Neighbourhood Teams	
<p>GP's are working together as Federations to work within Neighbourhood Teams. These teams promote care closer to home and continuity of care from a Neighbourhood Integrated Team. The aim is only specialist services will need to be provided to patients outside this community health and social care support structure.</p> <p>These Neighbourhood Teams will see GP's working alongside a dedicated team of highly skilled Advanced Nurse Practitioners, Nurse Practitioners, Community Nurses, Occupational Therapists, Clinical Pharmacists, Mental Health Professionals, plus social care and voluntary sector partners. Team members will also have direct links to mental health services, physiotherapy, palliative care, chronic disease specialist nurses, social care and the third sector as well as inpatient and outpatient secondary care services and diagnostics.</p> <p>These services will increase services and capacity in the community and avoid A&amp;E attendance and reduce ambulance conveyance.</p> <p>The Gainsborough Neighbourhood Team is established; the South Lincoln Federation NHT is commencing with IMP (North Lincoln) and City dates of establishment to be confirmed.</p>		
<b>2. Urgent Primary Care / GP Out of Hours / WIC Transition / CAS</b>		<b>Responsible Person : Wendy Martin</b>
2.1	GP Out of Hours Service	
<p><b>GP Out of Hours Service</b> This service is provided by Lincolnshire Community Health Services. It provides urgent medical care outside normal GP hours, which is during evenings, weekends and bank holidays. The Out of Hours Service is accessed by calling 111, which is the national recommended route for accessing urgent medical care. 111 is the number to call when medical help is required urgently, but it is not an emergency. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand. In Lincolnshire the Out of Hours Service is provided from bases in Lincoln, Gainsborough, Grantham, Boston, Louth, Skegness and Spalding. The Out of Hours Service also provides for home visiting where this is indicated by the clinical need. When the walk in centre closes the capacity of OOH provision at weekends will be monitored to ensure that there are the facilities to support any additional demand that is</p>		



Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

<p>assessed as requiring face to face treatment by the Clinical Assessment Service or 111, The GP Out of Hours Service provided by LCHS was inspected in October 2017 by the CQC with a good outcome from the inspection visit.</p>	
2.2	111& CAS
<p><u>NHS 111</u></p> <p>NHS 111 was launched in Lincolnshire in 2010 and has been in operation since that time. It is a free local single non-emergency number medical helpline operating in England and Scotland. The service is part of each country's National Health Service. The service is available 24 hours a day, every day of the year and is intended for 'urgent but not life-threatening' health issues and complements the long-established 999 emergency telephone number for more serious matters.</p> <p>There is a continued national drive to have NHS 111 as the route into urgent care provision. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand. 111 was actually introduced in order to prevent public confusion about which healthcare service to access and when 111 is the number to call if a patient needs urgent medical advice or treatment in and out of hours but the health issue is not serious enough to attend accident and emergency. General Health advice can also be accessed through 111 and advice on which health service is needed and how to access that service. So the national 111 service is very important for helping people access the right care and treatment for their needs at times when the traditional routes such as GP surgeries are closed. We have had a new provider for the NHS 111 Service in Lincolnshire since October 2016: Derbyshire Health United (DHU). DHU provides NHS 111 services across the East Midlands region. The calls picked up through this service are subject to regular clinical audit, demonstrating a consistently good quality of response to calls answered.</p> <p>When a patient rings 111, the call is picked up by a trained health advisor, who is often not a clinician but is supported by a team of clinicians. The health advisor will take the caller through a series of questions to determine what the best service is for that patient's needs. The algorithm of questions has been carefully designed by expert clinicians and is called NHS Pathways. This ensures navigation to the most appropriate level of care, supported by a comprehensive Directory of Services. (For non-English speaking patients there is also a translation service that supports 111).</p>	

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

From this initial call, if a patient needs to speak to a clinician the health advisor will arrange for this by either transferring the call (warm transfer) directly over to a clinician or will arrange for a clinician to call the patient back in a time frame suitable to the clinical urgency. In Lincolnshire the clinical response is provided by the Lincolnshire Clinical Assessment Service (CAS).

In addition to telephoning 111 the public will also have access to an online 111 service from December 2017. Using an established national website, patients will be able to type in their concern, answer relevant questions and then receive advice on which service to access and when. There will also be the ability for the patient to access a clinician for advice if the response to the questions (a public version of NHS pathways) indicates this to be necessary.

The Clinical Assessment Service (CAS)

The Lincolnshire Clinical Assessment Service (CAS) has been fully operational since April 2017. It is an Alliance arrangement between Lincolnshire Community Health Services and East Midlands Ambulance which provides clinical assessment into 111 calls. When someone calls 111 and the health advisor picking up the initial call concludes the caller needs clinical advice and/or treatment, the call is re-directed to this service. The CAS is staffed by Lincolnshire Clinicians who will give health advice, arrange treatment if needed or refer the patient on to another required service. CAS calls are also subject to regular clinical audit and also demonstrate good quality clinical care provision. Both NHS 111 and the supporting CAS are able to arrange ambulance dispatches through EMAS when this is indicated.

2.3

A&E Attendance Avoidance

There are various initiatives in place across the county to reduce demand on urgent and emergency care provision. Just a few examples are provided below:

Home First and Neighbourhood Teams – the driver is to ensure patients can remain or return quickly to their own homes for care. Work to enable this includes consistent care needs assessment (eg. Edmonton tool), good care planning and review with the patient in conjunction with the multi-disciplinary Neighbourhood Team.

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

<p>EMAS Pathfinder, Hear &amp; Treat &amp; See &amp; Treat - EMAS have done significant work in the last couple of years to increase both hear and treat and see and treat capabilities in order to reduce ambulance attendances and conveyances respectively. The EMAS Pathfinder initiative ensures that where a patient conveyance is necessary, the conveyance is to the most appropriate place, avoiding A&amp;E units where possible.</p> <p>CAS Care Home &amp; Health Professional Support – the Lincolnshire Clinical Assessment Service is also accessible by healthcare professionals eg. care home staff members, Ambulance staff or community nurses for advice on urgent care if they are with a patient and require additional advice on ongoing management. This often enables patients to remain in their home rather than needing to be conveyed to hospital.</p> <p>Frequent attenders/Care Planning: Where patients frequently (&gt;10 times in a year) attend A&amp;E, a managed care plan will be put in place by the GP and where appropriate the Neighbourhood Teams with the patient. The health and social care plan is a personalised care and support plan. It will help all involved in the patients care to understand what’s important to the patient and how best to support them.</p>	
2.4	Emergency Medication (Prescriptions & Advice)
<p>Urgent Repeat Prescriptions are now available through contacting 111. This service integrates with the NHS 111 service and CAS to manage requests from patients for urgent medications. At least 50 pharmacies are now signed up to provide this service in Lincolnshire whose opening hours include bank holidays.</p>	
<b>3. University of Lincoln Practice Plans</b>	<b>Responsible Person : Sarah Button</b>
3.1	Additional clinical rooms
<p>Architect plans are being drawn to develop the University of Lincoln Practice premises to provide additional consulting rooms. The plans would provide additional appointments. Funding is being identified for this and therefore this development would be after 1 April 2018.</p>	

**Lincoln Walk-In Centre Consultation 2017**

**ALTERNATIVE PROVISIONS DESCRIPTION**

3.2	Access to Routine Appointments
<p>There are plans to provide additional appointments per week at the University of Lincoln Practice. We are reviewing and modelling to establish the most appropriate clinic times to best suit the patient's needs. E.g. Wednesday evening or Thursday morning after Wednesday afternoon sports.</p>	
3.3	Access Choice
<p>A pilot to use Skype appointments has been completed and other opportunities are being explored to further utilise Skype in this way, E.g Advice and Guidance. There has also been extensive communication and engagement initiatives particularly with students to encourage GP registration and to ensure aware of access routes to self-care, routine and urgent healthcare. See Communication &amp; Engagement Plan details.</p>	
3.4	Clinic in Bishop Grosseteste University
<p>We are currently working with the University Practice and Bishop Grosseteste with the aim to provide a clinic for students at the University. We are currently assessing a potential consulting room and identifying what services and which clinic times are best suited to the patient's needs.</p>	

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

<b>4. Clinical Advice and GP Access for Children</b>		<b>Responsible Person : Wendy Martin</b>
4.1	Same Day Access for Children	
<p>Same day access for Urgent need is currently available at all practices. This means that if a patient cannot get an appointment that day but considers it is urgent, either a nurse or GP will call back. If, following this phone conversation, it is deemed urgent, the nurse or GP will book the patient an appointment that day. This applies for both children and adults.</p> <p>If you are worried your child is ill, there are several options to consider:</p> <ol style="list-style-type: none"> <li>1: If there is an urgent need then a GP will see your child that day after a nurse or GP calls you back under the system described above. Practices will not refuse an appointment to a child who needs urgent medical attention.</li> <li>2: Many practices actually run their own walk-in facilities – so check with your local practice about this option.</li> <li>3: If you can't get through to your GP practice in the morning and it doesn't run a walk-in facility, you can ring 111. NHS 111 will put your call through to a clinician, if needed, in the Lincolnshire Clinical Assessment Service (CAS) (see 6.3 details of CAS) or direct you to the most suitable treatment option.</li> <li>4: Is it a condition you can treat yourself? Colds, hay fever, and sore throats (for example) can be treated with over the counter medicine.</li> <li>5: Call in at a pharmacy where trained members of staff can give you advice on health and treatment.</li> <li>6: If it is a medical emergency, call 999 or visit the nearest A&amp;E.</li> </ol>		
4.2	Children's Centres	

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To enhance care for new parents and children the first of four Community hubs across Lincolnshire will be opening on 4th December 2017. The first in Birchwood is in the Lincoln City area. The Community hubs will be another source of advice and guidance for parents with children

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

under 5 particularly and include health visitor advice and appointments, wellbeing services, feeding support groups etc. Four Community hubs will be introduced by March 2018.	
4.3	Telephone Line for Children
The CCG did consider introducing a telephone line specifically for children, but thought this would cause further confusion with the nationally supported lines of 999 for emergency need and 111 for urgent health care need and advice.	
<b>5. Homeless and Vulnerable Patients</b> <b>Responsible Person : Sarah Button</b>	
5.1	Community Clinic for Homeless / Violent Patients (<0.5% of attendance)
There is an opportunity to link the services provided at Nomad Trust with Primary Care by engaging and providing practice learning time for their Advanced Nurse Practitioners with the aim to give them access to routine GP appointments, signposting and support services access including to the Neighbourhood Teams. The details of this are currently being developed between our Primary Care Team, Engagement Team and the third sector organisations.	
<b>6. Comms and Engagement</b> <b>Responsible Person : Wendy Martin</b>	
6.1	Comms Plans
Full details and description of the comms. plan is detailed in Appendix 3 and 4.	
6.2	Engagement Plans
Full details and description of the engagement plan is detailed in Appendix 5.	



**Lincolnshire West**  
Clinical Commissioning Group

**Lincoln Walk-In Centre Consultation 2017**

**ALTERNATIVE PROVISIONS DESCRIPTION**



# Lincolnshire West CCG Comms. Plan



**Lincolnshire West**  
Clinical Commissioning Group

Summary		Key							
Social Media		SM							
Leaflets / Posters		L							
Media		M							
Internal Comms.		IC							
Website		W							
Subject	Target Group	Nov-17				Dec-17			
		6th Nov	13th Nov	20th Nov	27th Nov	04th Dec	11th Dec	18th Dec	25th Dec
<b>Alternative Provisions</b>									
Patients reminded of the role of Pharmacy	Pharmacy		SM	SM, W	SM	SM, W	SM, W, M	SM	SM, W
Pharmacy drop-in service and private consultation room in pharmacies	Pharmacy		SM, W	SM	SM, W	SM, W	SM, W, M	SM, W	SM
Choose Well	Alternative Provisions		SM	SM	SM, L, M	SM, L	SM, L	SM, L	SM, L
Awareness of 111 and how to use it	Alternative Provisions		SM, W, M	SM	SM, W	SM, W	SM	SM, W	SM
Clinical Assessment Service and the benefits to Lincolnshire	Alternative Provisions		SM	SM, W	SM, L, M	SM, W	SM, W	SM	SM
Student Self-care	Self-care		SM	SM	SM, L	SM, L	SM, L	SM, L	SM, L
Promote flu jabs to older adults	Self-care		SM	SM, W	SM, W	SM	SM, W	SM, W	SM
First aid kits and what to stock your cupboard with	Self-care		SM, W	SM	SM, W	SM, W, L	SM	SM, W	SM
Promotion of out of hours service	Alternative Provisions		SM, W	SM	SM	SM	SM	SM	SM
Same day access for Urgent Care	Alternative Provisions		SM	SM	SM	SM, L	SM, L	SM, L	SM, L
Which practices have extended hours and when they are?	Alternative Provisions		--	--	--	--	SM, W, M	SM, W, M	SM, W, M
Patient who do not Attend appointments (DNA's)	Alternative Provisions		--	--	--	--	SM, W, M		
Your Child will be seen - if Urgent	Alternative Provisions		SM, W	SM, W	SM, W	SM, L, W	SM, L, W	SM, L, W	SM, L, W
Only attend A&E if its an emergency	Alternative Provisions		SM	SM	SM	SM	SM	SM	SM
<b>Public Consultations</b>									
Cliff House Practice Provision	General Public		IC	IC	IC	IC	IC	IC	IC
Brant Road and Springcliffe	General Public		IC, W	IC, W	IC, W	IC, W	IC, W	IC, W	IC, W
<b>National Campaigns with Local Angle</b>									
Self-care week	Self-care		L, M, W, SM	N/A	N/A	N/A	N/A	N/A	N/A
Use antibiotics wisely	Wellbeing	SM	SM	SM	SM	SM	SM	SM	SM
Promote flu jabs to older adults	Older Adults	SM	SM	SM, W	SM, W	SM	SM, W	SM, W	SM
Eating disorders awareness	Wellbeing		--	SM	--	SM	--	SM	--
<b>Winter Planning</b>									
While you are Christmas shopping stock up your medicine cabinet	Self-care		SM, W	SM	SM, W	SM, W, L	SM	SM, W	SM
Order your holiday prescriptions early	Self-care		SM	W, M, SM	SM, W	SM	SM	SM	SM
How to have healthy Christmas	Self-care		SM	SM	SM, L	SM, L	SM, L, W	SM, L, W	SM, L, W
Reduce the spread of Norovirus	Self-care		SM	SM	SM	SM	SM	SM	SM
Stay Well this Winter	Self-care		SM	SM, W	SM, L, W	SM, L, W	SM, L, W	SM, L, W	SM, L, W
Reduce slips, trips and falls	Self-care		SM	SM	SM	SM	SM	SM	SM
Healthy Lifestyles - New Year's Resolutions	Self-care		--	--	--	--	--	SM	SM
Keep Warm This Winter	Elderly/Self-care		SM	SM	W, M, SM	SM, W	SM, W	SM, W	SM, W
Look out for your elderly neighbour	Elderly/Self-Care		SM	SM	W, M, SM	SM, W	SM, W	SM, W	SM, W
Vulnerable Groups get the Flu Jab	Winter Plans	SM, W, M	SM	SM, W	SM	SM, W	SM, W	SM	SM, W
Stay active and hydrated at all times	Self-care		SM	SM	SM	SM	SM	SM	SM
Use antibiotics wisely	Alternative Provisions		SM	SM	SM	SM	SM	SM	SM
Promote flu jabs to older adults	Self-care	SM, W, M	SM	SM, W	SM, W	SM	SM, W	SM, W	SM
Dry January	Self-care		--	--	--	--	--	--	SM
<b>Routine</b>									
What's Hot	Staff	IC	IC	IC	IC	IC	IC	IC	IC
Monthly column	General Public		--	--	M	--	--	--	M
Your Health Magazine	General Public		In Production		Printing	Distribution			

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## Lincoln Walk-In Centre Consultation 2017

# COMMUNICATIONS INITIATIVES DESCRIPTION

## 1. ALTERNATIVE PROVISIONS

### Pharmacy

We have been and continue to promote key messages surrounding pharmacies through a number of platforms. On social media, we are posting key messages including reminding patients of the role of pharmacies, how they operate as mini walk-in centres etc and linking to stories and articles that have been uploaded to the CCG website.

A press release has also been written (**see below: Pharmacists can help this winter**) which will be sent out to local media on December 13, uploaded to the CCG website and promoted through social media.

### Alternative Provisions

We have developed and continue to deliver an extensive communications plan around alternative provisions, including Choose Well, NHS 111 and CAS, Out of Hours, same day Urgent Care and only attending A&E if urgent.

These have been included in a special edition of our Your Health magazine which was published in the summer, with 1,000 copies distributed around the city and surrounding areas. The articles for these respective categories have previously been uploaded to the CCG website and are regularly linked to in social media posts which are continuing throughout the winter period.

As well as this, we are having 5,000 Z-Cards and 2,000 scratch cards printed to be handed out to patients. These outline the alternative provisions available in Lincoln and surrounding areas and how to decide which is the best treatment pathway for your condition.

Finally, we are planning to print 30,000 double-sided A5 leaflets full of our key messages around alternative provisions and self-care which is planned to be distributed to every household in Lincoln and surrounding areas.

### Self-Care

During Self-care week, dozens of social media posts were sent from the CCG platforms containing messages including keeping active and healthy, flu jab key messages and the importance of having well stocked first aid kits and medicine cabinets among other self-care themes. These also included links to a series of previous press releases which had been uploaded to the CCG website with more self-care information. A press release (**see below: Self care**) was also sent to the local media, while the Lincolnshire Echo also published a full page article about self-care and some success stories in Lincoln. (**see below: Self-care**)

## Lincoln Walk-In Centre Consultation 2017

### COMMUNICATIONS INITIATIVES DESCRIPTION

#### 2. PUBLIC CONSULTATION

We continue to provide internal communications and website updates for a series of public consultations including the Lincoln Walk-in Centre, Cliff House Practice and Brant Road/Springcliffe. This internal communications includes important updates, information on engagement events etc.

Where the public need to receive information regarding engagement events, we have in the past issued press releases to the local media.

#### 3. NATIONAL CAMPAIGNS WITH LOCAL VIEW

##### Self-Care

During Self-care week, dozens of social media posts were sent from the CCG platforms containing messages including keeping active and healthy, flu jab key messages and the importance of having well stocked first aid kits and medicine cabinets among other self-care themes. These also included links to a series of previous press releases which had been uploaded to the CCG website with more self-care information. A press release (**see below: Self care**) was also sent to the local media, while the Lincolnshire Echo also published a full page article about self-care and some success stories in Lincoln. (**see below: Self-care**)

##### Wellbeing

In terms of general wellbeing messages such as using antibiotics wisely and awareness campaigns around eating disorders and other conditions, we have used social media to share information pages and any sources of support available to anyone who may be suffering from these conditions.

##### Older Adults

This section has mainly focussed around the flu jab (file name vulnerable groups urged to get flu jab) and making sure the older generation keep warm this winter (file name Keep warm this winter).

These press releases are scheduled to be released to the local media over the winter period and will also be uploaded to the CCG website and used on social media.

#### 4. WINTER PLANNING

Our annual winter plan is supporting the national messaging being promoted by NHS England. Throughout the year CCGs and health and social care providers face significant challenges and demands, but winter brings an increased level of pressure to the health and care community.

## Lincoln Walk-In Centre Consultation 2017

### COMMUNICATIONS INITIATIVES DESCRIPTION

Seasonal variations in illness have historically resulted in increased emergency admissions and length of stay in hospital during winter months with pressures peaking between December and March.

NHS LWCCG has played a leading role in winter communications and media coverage and the flu jab has extensively been used through radio, TV etc.

As we move into winter, we want to continue and intensify this communication roll-out even more.

A winter eight-page Your Health magazine – with all the above features included is being printed and distributed over the next fortnight, while all the articles are also being uploaded to the CCG website and being used across our social media channels to reach as many people as possible.

We are aiming for more people to use their pharmacies and over the counter for self-care problems, rather than their GP or A&E and believe our communications strategy is vital in achieving this.

**(see attached: Keep warm this winter, Order your prescriptions early, Pharmacists can help this winter, Self care and Vulnerable groups urged to get flu jab)**

#### 5. ROUTINE

##### What's Hot

We continue to produce a weekly What's Hot publication for internal use. This comprises a notice board of key updates for CCG staff and a more in-depth focus on a specific team within the CCG. This is designed to keep all CCG staff up to date with key messages to ensure they use consistent messaging when speaking with the public.

##### Monthly Lincolnshire Echo Column

We have secured a monthly column in the Lincolnshire Echo. In this, we can write about anything we like and to date it has been used to talk about subjects including the alternative provisions available in the area, winter pressures and how everyone can help ease them, Out of Hours provision and the important role of receptionists and how they can help signpost patients to the most appropriate treatment.

The Lincolnshire Echo is read by approximately 55,000 people every week.

##### Siren FM slot

We also have a monthly slot on Siren FM to talk about whatever health topics we want. So far, we have used this slot to talk about flu, winter pressures and alternative provisions.

## Lincoln Walk-In Centre Consultation 2017

### COMMUNICATIONS INITIATIVES DESCRIPTION

We have further slots in mid-December, mid-January and mid-February.

#### **Your Health**

Our 8-page Your Health magazines continue to be a popular method of communication with our patient population. We produced one in the summer containing a series of articles on alternative provisions and how they will all work to take any burden following the closure of the Walk-in Centre and how they can in fact be used more appropriately than current usage.

We are also in the process of producing and distributing a winter edition which will cover all our winter messages and be delivered across the city.

#### **BBC Radio Lincolnshire**

We also have a good working relationship with BBC Radio Lincolnshire which regularly sees a member of the CCG staff go on the breakfast show to discuss health topics. Recently, these have included DNAs and the impact they can have on the system, self-care messages and flu and winter messages.

#### **Comms Examples:**

##### **Patients urged to keep warm this winter**

Lincolnshire residents have been encouraged to keep warm and look out for elderly neighbours this winter in a bid to tackle recurring seasonal health issues.

Bosses at NHS Lincolnshire West Clinical Commissioning Group say keeping homes well heated and making sure elderly relatives and neighbours are well looked after can go a long way to preventing common winter illnesses.

Colds, flu and even pneumonia are illnesses regularly reported by patients in the region over the winter months but Terry Vine, deputy chief nurse at the CCG said there are little things people can do to reduce the risk of getting ill.

He said: "When the temperature drops to below eight degrees centigrade, some people can be at increased risk of heart attacks, strokes, flu, pneumonia and hypothermia.

"Cold weather can also affect people with mental health conditions such as depression and dementia so it is important people keep themselves warm and look out for others who may be at risk.

"Very cold weather can be a problem for everyone, but you are most vulnerable if you are 65 or older, on a low income so can't afford heating, have a long term health condition or are pregnant or disabled.

## Lincoln Walk-In Centre Consultation 2017

### COMMUNICATIONS INITIATIVES DESCRIPTION

“Being prepared for the cold weather that winter brings with it is very important for your health. Stay aware of weather forecasts and heat your home to at least 18 degrees centigrade, keeping windows shut.

“Keep curtains closed at dusk and keep doors shut to block out draughts as well as getting your heating system regularly checked out by an engineer.

“If you are eligible for a free flu jab, get it done. It is the best protection there is against this unpredictable virus that can cause very unpleasant illness in children and severe illness or even death among those in the more vulnerable at risk groups.

“Also, make sure you wear enough clothes to keep yourself warm.

“If you have an elderly neighbour or relative, check on them and make sure they are prepared and that their medicine cabinet and food cupboards are well stocked.

“Looking after yourself and others and keeping warm this winter will help reduce your risk of falling ill.”

Some people may be eligible for financial and practical help with heating their homes. Grants available include the Winter Fuel Payment and the Cold Weather Payment.

#### NOTES FOR EDITORS

- NHS Lincolnshire West Clinical Commissioning Group is one of four across Lincolnshire and more than 200 countrywide, which work to buy healthcare for its respective group of residents. Lincolnshire West includes 240,000 people living in Lincoln, Gainsborough and surrounding villages.  
It is made up of 33 GP surgeries who all work to provide or buy high quality healthcare services – helping to reduce health inequalities for our residents.

### **Get your prescriptions early to avoid the Christmas rush**

Patients across Lincolnshire are being urged to be prepared with their medication over the festive period.

With Christmas approaching ever more quickly, health bosses are reminding patients to ensure they have enough medication to get them through the festive period.

Many GP practices will have limited opening hours between Christmas and New Year so patients with long term conditions have been encouraged to make sure they order and collect their repeat prescriptions as soon as possible.

## Lincoln Walk-In Centre Consultation 2017

### COMMUNICATIONS INITIATIVES DESCRIPTION

Wendy Martin, executive lead nurse, midwife and quality at NHS Lincolnshire West Clinical Commissioning Group said there were now new ways to be able to order repeat prescriptions.

She said: “We know that lots of people with long term conditions and illnesses rely on prescribed medication to help them manage their condition and keep it under control.

“The Christmas and New Year period can be a difficult one for them if they do not have enough medication at home when GP practices and some pharmacies are closed, so it is important they order their repeat prescriptions early.

“We would urge patients to double check how much medicine they have got in their cupboards and how much they will need to get them through the festive period and if they need more to order their repeat prescription in plenty of time.

“To make ordering repeat prescriptions easier, patients can now do this online by signing up to GP Online Services which is a national initiative where patients can also make GP appointments online.”

To find out more about GP Online Services, visit <http://www.nhs.uk/nhsengland/aboutnhsservices/doctors/pages/gp-online-services.aspx>

For more information on what you can do to stay well visit [www.nhs.uk/staywell](http://www.nhs.uk/staywell)

#### NOTES FOR EDITORS

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## Lincoln Walk-In Centre Consultation 2017

### COMMUNICATIONS INITIATIVES DESCRIPTION

#### **Patients reminded on role of pharmacists as winter approaches**

Patients across Lincolnshire are being reminded of the important role pharmacists play in health care across the county ahead of likely increased demand on services this winter.

Each year, health services such as GP practices and accident and emergency departments often seem a rise in demand over the winter months as seasonal illnesses take hold.

Today, Dr Sunil Hindocha, chief clinical officer at NHS Lincolnshire West Clinical Commissioning Group and a GP at Portland Medical Practice, urged patients to consider whether their local pharmacist could help with their conditions when seeking medical help.

He said: “Pharmacists play a very important role in helping to provide quality health care to patients.

“They are experts in medicines and can use their clinical expertise as well as their practical knowledge to advise you on the more common problems including coughs, colds and aches and pains.

“Pharmacists can help you with over the counter medicines for minor ailments and they are also able to help you with lifestyle choices such as healthy eating and quitting smoking.

“As well as dispensing your medication, many pharmacies have a consultation room where you can have blood pressure checks and get advice on your medicines among advice on other minor ailments.

“Pharmacists can also help you decide whether you need to see another health professional such as a GP or even whether you need to go to A&E.

With many pharmacies open later and at weekends, they are an important cog in the wheel of health care provision, servicing the needs of a lot of patients

To find your nearest pharmacy, visit <http://www.lincolnshirewestccg.nhs.uk/your-health-local-services/>

#### NOTES FOR EDITORS

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## Lincoln Walk-In Centre Consultation 2017

### COMMUNICATIONS INITIATIVES DESCRIPTION

#### **Self Care can help keep you healthy this winter**

Health bosses in Lincolnshire have backed a national campaign and urged patients to learn more about self care to keep them healthy this winter.

Self Care Week runs from November 13 to 19 and aims to educate people in the benefits of doing everything they can themselves to look after their health and wellbeing.

Empowering individuals to self care has many benefits for their short term and long term health and this is important since people are living longer.

Helping people to look after their own health, and their family's health also helps to manage demand on health services.

Wendy Martin, executive lead nurse, midwife and quality at NHS Lincolnshire West Clinical Commissioning Group, said people learning how to best care for themselves would help them stay fit and healthy more often.

She said: "Self care is all about knowing how to live healthier lives by changing habits and lifestyle choices.

"It is also about knowing what minor ailments such as hay fever or cuts and grazes you can treat yourself with a well stocked medicine cabinet or first aid kit and how pharmacists can help with over the counter medicines.

"There is also a wealth of information available on the NHS Choices website to help you look after yourself when suffering from more minor conditions.

"Self care can help relieve a lot of the pressures faced by health services such as GP surgeries and Accident and Emergency departments so it is an important thing for people to be aware of.

"As winter approaches, by being clear on good self care practices and alternative places to get health advice and minor treatment, people can make sure they stay healthy over the colder months."

For more help and advice on self care and the Self Care Week, visit <http://www.selfcareforum.org/>

#### NOTES FOR EDITORS

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## Lincoln Walk-In Centre Consultation 2017

### COMMUNICATIONS INITIATIVES DESCRIPTION

It is made up of 33 GP surgeries who all work to provide or buy high quality healthcare services – helping to reduce health inequalities for our residents.

#### **At risk groups urged to get flu vaccination for winter protection**

Health bosses have urged patients who fall within at risk groups to have a flu vaccination ahead of winter to protect themselves from the illness.

Pregnant women, patients with long term conditions such as heart disease, diabetes and respiratory problems and those aged 65 and above are all at risk of developing flu-related complications if they do not get their free vaccination.

Children aged two and three are also eligible for free protection with a nasal spray version.

Today, Dr Sunil Hindocha, chief clinical officer at NHS Lincolnshire West Clinical Commissioning Group, urged anyone who thinks they might be eligible for the flu jab to find out and have it as soon as possible.

He said: “The free flu vaccination is an important element of protecting vulnerable patients over the winter and it is important those who are eligible for the jab get it.

“Flu vaccination is the best protection that we have against what is an unpredictable virus that can cause very unpleasant illness in children and severe illness and even death among those in the at risk groups.

“Studies have shown that although the vaccination doesn’t provide a 100 per cent guarantee you will be flu-free, if you do get it after a jab then it will be milder and shorter-lived than if you were not vaccinated.

“If patients in risk groups don’t have the flu vaccination, they are more likely to develop potentially serious complications of flu, such as pneumonia so it really is important to have the vaccination if you are eligible.”

The injected flu vaccine is offered free on the NHS every year to adults over the age of 18 at risk of flu, including everyone aged 65 and over, pregnant women and children aged six months to two years who are at risk of flu.

The flu vaccine is also routinely given on the NHS as an annual nasal spray to children aged two and three plus children in reception class and school years one, two, three and four as well as children up to the age of 17 who are at a particular risk of flu.

You can find out if you are eligible for a free flu jab by speaking with your GP or pharmacist and the vaccination is available at your GP surgery, a local pharmacy if it is offering the service or your midwifery service if they offer it to pregnant women.

Lincoln Walk-In Centre Consultation 2017

COMMUNICATIONS INITIATIVES DESCRIPTION

NOTES FOR EDITORS

- NHS Lincolnshire West Clinical Commissioning Group is one of four across Lincolnshire and more than 200 countrywide, which work to buy healthcare for its respective group of residents. Lincolnshire West includes 240,000 people living in Lincoln, Gainsborough and surrounding villages.
- It is made up of 33 GP surgeries who all work to provide or buy high quality healthcare services – helping to reduce health inequalities for our residents.

Self-Care

- 

26 NEWS For breaking news visit [www.lincolnshirelive.co.uk](http://www.lincolnshirelive.co.uk) Thursday November 16, 2017

# Sharon and Sue show it's never too late to get fitness back on track

By Nicholas Fletcher  
[nf@lincolnshirelive.co.uk](mailto:nf@lincolnshirelive.co.uk)

A woman who piled on the pounds after she fell from a horse and fractured her skull has turned her life around because she did not want to be a burden on the health services.

Sharon Longthorne from Lincoln, then 19, had her life torn apart when she was diagnosed with scleritis after she also damaged her back from the incident.

But her life went from bad to worse when she was diagnosed with ME just four years later.

Her symptoms then worsened from stress because of the death of a close friend.

Sharon was determined to get back into shape and didn't want to become another statistic – and her life changed when she met Karun

**'I only started at the end of August this year and I have already lost weight and an incredible nine inches from my body'**

Dixon from Curves gym.

The now 44-year-old said: "We got talking and I found out that she ran a gym and the rest is history. I only started at the end of August this year and I have already lost weight and an incredible nine inches from my body."

"I now have somewhere I can go and get fit and be supported by people who are just like me."

She added: "My partner is a first responder and he sees many people cutting him out simply because of their lifestyle choices. I didn't want to add to those statistics."

Sharon told her story as part of national Self Care Week, which is running now until Sunday,



November 19. It aims to educate people in the benefits of doing everything they can themselves to look after their health and wellbeing.

Health, care and voluntary organisations in Lincolnshire are backing the national campaign to urge everyone to learn more about self-care to keep healthy this winter.

And Sue Priestley, at the age of 70, who hadn't been on a bike since a teenager, has recently got back in the saddle.

The pensioner, who has signed up for Cycle60, a programme run by

Active Lincolnshire and funded by Lincolnshire County Council, said: "I just want other people to know that they don't have to be young and fit to make a start."

Wendy Martin, executive lead nurse, midwife and quality at NHS Lincolnshire West Clinical Commissioning Group, said: "Self-care is all about knowing how to live healthier lives by changing habits and lifestyle choices."

"It is also about knowing what minor ailments such as hay fever or cuts and grazes you can treat yourself with a well-stocked medicine cabinet or first aid kit and how

pharmacists can help with over the counter medicines.

"There is also a wealth of information available on the NHS Choices website to help you look after yourself when suffering from more minor conditions."

"As winter approaches, by being clear on good self-care practices and alternative places to get health advice and minor treatment, people can make sure they stay healthy over the colder months."

Pats Hill, programme manager at Lincolnshire County Council, said: "Some simple changes to your lifestyle can add up to big improve-

ments to your health. "Whatever your goals – whether you want to look younger, have more energy, get a good night's sleep, better manage a health condition or feel fitter, there is a range of useful 'One You' tools, apps and support."

Bin Barry, chief executive of Voluntary Centre Services in Lincoln, explained: "The benefits of volunteering are vast to both the individual and the organisation they

choose to support.

**Sue Priestley**



"We are able to help individuals connect with a growing network of community organisations, such as scout groups, charities or local support group."

**Don't know where to start?** Many people know they need to start improving their health, but don't know what they should focus on.

Answer some questions about your lifestyle at the link below and the results will give you an idea of changes you could make. If you put your postcode in, you will also be shown where to get further help and support.

Visit [www.nhs.uk/oneyou](http://www.nhs.uk/oneyou) to find out more and take the quiz.

# Alternative Provisions Engagement Plan

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## Introduction

Following the decision by the LWCGG Governing Body to close the Lincoln NHS Walk in Centre (WIC) after the winter period if assured of alternatives, the CCG continues to engage with high user groups of the WIC, i.e. students, parents with children under 12, etc. to prepare them for the closure. One of the requests from the governing body was that the CCG encouraged people to take more responsibility over their own health, give them the confidence to treat minor illness and conditions themselves, and give them a better understanding of which services they should access for support. A series of engagement activities have been planned with high user groups to talk to them about these topics.

## Engagement aims and objectives

- Raise awareness of the importance of self-care and using NHS services appropriately.
- Increase people's understanding of what services they should be accessing if they require healthcare advice, guidance, treatment, and support.
- Build people's confidence in treating minor conditions and illness themselves and knowing what over the counter medicines to stock up on.
- Encourage people to register with a local GP or call NHS 111 if they have urgent medical need and their surgery isn't open.
- Promote some of the changes to services that have already happened since the decision to close the WIC was made and what further changes can be expected in primary and urgent care as part of the GP Five Year Forward View and Sustainability and Transformation Plan.

## Stakeholders

- **Students:** University of Lincoln, Lincoln College and Bishop Grosseteste University.
- **Parents with children under 12:** Children's Centres in Lincoln city centre and surrounding areas.
- **Workers:** Lincoln city centre.
- **Homeless organisations:** Rough sleepers, homeless, and vulnerable adults.
- Patients from top 10 GP practices who frequently use the WIC.
- Lincoln NHS Walk in Centre attendees.

## Resources

- **Z-cards and scratch cards:** Patient information on which services to access based on symptoms.

# Alternative Provisions Engagement Plan

- **Staffing:** Engagement Manager, Engagement officer, LWCCG.
- **Posters:** Promoting engagement activities to be displayed at various locations.
- **Communications:** Social media posts promoting engagement activities.

## Engagement activities

Engagement activities will be held in a variety of locations and will be informal discussions between the CCG and stakeholders identified. Scratch cards (see Appendix 1) will be used as a conversation starter, followed by some questions (see samples below) and will end with stakeholders receiving the z-cards (see Appendix 2). With consent, stakeholders contact details will also be taken so we can update them with further information and health advice.

### Sample questions:

- How much do you know already about treating minor conditions yourself and what services to access if you need support?
- How confident are you in treating minor conditions and illness yourself and knowing what over the counter medicines to stock up on?
- What would help you to make better decisions about living a healthier life and taking more responsibility over your own health?
- What is the best way for us to inform you of what services are available?
- **Attendees of the Walk-in-Centre:**
  - Did you visit a local pharmacist before coming here today?
  - Did you try to book an appointment with at your GP practice before coming here today?

### Action planner:

All Stakeholders				
Date	Activity/Channel	Comments	Lead	Status
20 Nov	Design and print z-cards and scratch cards.	Quote for printing and sign off from senior CCG.	KG	In progress
20 Nov	Design, print and display posters promoting engagement activities at various locations.	Email posters to contacts at each location.	KG	In progress
20 Nov	Confirm time/date for engagement activities.	Liaise with contacts at each location. Check availability of Sam M.	KG	In progress
20-30 Nov	Promote engagement activities across social media.	Liaise with Sam M to confirm content.	KG	Not started
TBC	Engagement activity at University of Lincoln.	Seek support from Uni Health Service, SU, and	KG	Not started

# Alternative Provisions Engagement Plan

		student wellbeing service.		
TBC	Engagement activity at Lincoln College.	Seek support from SU.	KG	Not started
TBC	Engagement activity at Bishop Grosseteste University.	Seek support from SU.	KG	Not started
TBC	Engagement activity at Birchwood Children's Centre.	Attend baby and toddler sessions.	KG	Not started
TBC	Engagement activity at Lincoln North Children's Centre.	Attend baby and toddler sessions.	KG	Not started
TBC	Engagement activity at Lincoln Central Children's Centre.	Attend baby and toddler sessions.	KG	Not started
TBC	Engagement activity at Lincoln Toy Library.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Lincoln Walk in Centre.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Lincoln Walk in Centre.	Attend during week day evening session.	KG	Not started
TBC	Engagement activity at Lincoln Walk in Centre.	Attend during weekend session.	KG	Not started
TBC	Engagement activity at Lincoln high street.	Lincoln Stonebow and Waterside Centre.	KG	Not started
TBC	Engagement activity at Abbey Medical Practice.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Brayford Medical Practice.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Portland Medical Practice.	Attend during week day session.	KG	Not started
TBC	Engagement activity at University Health Service.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Richmond Medical Practice.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Newark Road Surgery.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Minster Medical Practice.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Lindum Medical Practice.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Glebe Park Medical Practice.	Attend during week day session.	KG	Not started
TBC	Engagement activity at Brant Road Surgery.	Attend during week day session.	KG	Not started

# Alternative Provisions Engagement Plan

## Appendix 1 – Scratch card

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**What do I choose?** **NHS**

Day 1 or 2 with upset tummy	GP	Pharmacist	Call 111
In pain after a bad fall	Call 111	Self Care	Pharmacist
Severe earache	Self Care	GP	Pharmacist

**What do I choose?** **NHS**

Day 1 or 2 with upset tummy	<b>GP</b> Wrong! This can be treated by a Local pharmacist	<b>Pharmacist</b> Correct! Get professional advice and medication without an appointment	<b>Call 111</b> Wrong! This can be treated by a local pharmacist
In pain after a bad fall	<b>Call 111</b> Correct! Specialist advisors can help 24/7	<b>Self Care</b> Wrong! Call 111 for specialist advice	<b>Pharmacist</b> Wrong! Call 111 for specialist advice
Severe earache	<b>Self Care</b> Wrong! Your GP can provide specialist advice	<b>GP</b> Correct! Your GP provides a range of health services	<b>Pharmacist</b> Wrong! Your GP can provide specialist advice

1.1 Scratch card front answers concealed

1.2 Scratch card front answers revealed

### Which NHS service is best for me?

Sore throat, cough, grazed knee, hangover?	<b>Self Care:</b> A lot of illnesses or symptoms can be treated by stocking up on over the counter medicines, getting plenty of rest, and drinking lots of fluids.
Diarrhoea, runny nose, painful cough, headache?	<b>Pharmacist:</b> Your local pharmacist is a highly trained professional and can give you advice on common illnesses and the medicines you need to treat them.
Vomiting, ear pain, sore belly, backache?	<b>GP:</b> If you have an illness or injury that won't go away, make an appointment with your GP surgery. If you are not registered with a local GP you should do so asap.
Unwell, unsure, confused, need help?	<b>NHS 111:</b> Call 111 when you need to access medical help fast but it is not an emergency. It is free to call and available 24 hours a day, 7 days a week, 365 days a year.
Need to see a GP urgently when your surgery is closed?	<b>Out of Hours GP:</b> If you have an urgent medical need that can't wait until your GP surgery re-opens, call 111 who, if required, will direct you to the out of hours GP.
Heavy bleeding, broken bones, burns, heart attack, stroke?	<b>A&amp;E or 999:</b> Accident and emergency departments and the 999 ambulance service should only be used in a serious or life threatening situation.

1.3 Scratch card back



# Alternative Provisions Engagement Plan

## Appendix 2 – Z-card



### Useful Information

My GP's name and telephone number:

\_\_\_\_\_  
\_\_\_\_\_

My NHS number:

\_\_\_\_\_

2.1 Z-card front folded

2.2 Z-card back folded


# Alternative Provisions Engagement Plan

<p>Useful Information</p> <p>My GP's name and telephone number:</p> <p>My NHS number:</p>	<p>Some helpful contacts</p> <p>For information on all local NHS services visit the NHS Choices website or call 111.</p> <p>If you require this leaflet in another format please call 01522 515380 or email communications@lincolnshirewestccg.nhs.uk</p> <p>Keep it in your wallet or purse.</p> <p><b>healthcare advice.</b></p> <p>Feeling unwell or in need of right NHS services if you live in Lincoln and are injured, feeling unwell or in need of healthcare advice.</p>	<p> Sore throat cough grazed knee hangover?</p>	<p> Diarrhoea Runny nose Painful cough Headache?</p>	<p> Vomiting Ear pain Sore belly Back ache?</p>	<p> Unwell Unsure Confused Need help?</p>	<p> Need to see a GP urgently when your surgery is closed?</p>	<p> Heavy bleeding Broken bones Burns Heart attack Stroke?</p>	
<p> <b>Self-Care</b></p> <p><b>Symptoms:</b> Sore throat, cough, blocked nose, cold, upset stomach, grazed knee, hangover.</p> <p>Stock up on: paracetamol, aspirin, ibuprofen, anti-diarrhoea medicine, re-hydration mixtures, indigestion remedies, plasters and a thermometer.</p> <p> <b>Pharmacist</b></p> <p><b>Symptoms:</b> Diarrhoea, minor infections, headache, toothache, general aches and pains.</p> <p>Pharmacists are a great source of professional advice and treatment for a range of common illnesses and complaints. Many pharmacies are open in the evenings, weekends, and bank holidays.</p> <p> <b>GP</b></p> <p><b>Symptoms:</b> Feeling unwell, child with fever, vomiting, ear pain, backache, persistent cough, general concerns, concerns about child health.</p> <p>GPs can provide a wide range of family health services. Nurses and healthcare assistants often work alongside the GPs to support patients' everyday health.</p>	<p> <b>NHS 111</b></p> <p><b>Symptoms:</b> Unwell, unsure, confused, need help, minor injury or illness, not sure where to go.</p> <p>NHS 111 makes it easier for people to find the right local service. You can talk to a fully trained advisor supported by a team of local healthcare professionals.</p> <p>Call 111 24 hours a day, 7 days a week, free of charge from both mobiles and landlines.</p> <p> <b>Out of Hours GP</b></p> <p><b>Symptoms:</b> You have an urgent medical need that can't wait until your GP surgery re-opens.</p> <p>Call 111 for assistance. If required they will direct you to the out of hours GP.</p> <p>The service is located at Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY and offers telephone advice, face-to-face consultations, or home visits for patients who are housebound.</p> <p>It is available 6.30pm to 8am weekdays, and 24 hours a day at weekends and Bank Holidays.</p>	<p> <b>A&amp;E or 999</b></p> <p><b>Symptoms:</b> This is for life-threatening accidents and emergencies only such as: Suspected heart attack or stroke, loss of consciousness, heavy bleeding, severe breathing difficulties, severe burns or fits that are not stopping.</p> <p>The A&amp;E is located at Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY.</p> <div data-bbox="728 619 1003 798"> <p>Making small changes to your lifestyle can improve your health and increase your chance of staying healthy as you get older. Take the free <b>One You</b> health quiz and see how you score. <a href="http://www.lincolnshire.gov.uk/fornewyou">www.lincolnshire.gov.uk/fornewyou</a></p> </div> <p> <b>Which NHS service is best for me?</b></p>	<p><b>Self-care</b></p> <p>Self care at home is the best choice for most minor illnesses, ailments and injuries. Normally with things like coughs, colds, stomach upsets, sore throats and headaches, plenty of fluids and proper rest are enough to help you feel better within a day or two.</p> <p>Make sure you have a well stocked medicine cabinet and first aid kit including pain killers, cold and flu remedies, plasters, cleansing wipes, thermometer, etc. If you're a family with young children, make sure you've got the right medicines according to their age.</p>	<p><b>Pharmacist (Chemist)</b></p> <p><b>Pharmacists can:</b></p> <ul style="list-style-type: none"> <li>Give advice on treating minor illnesses, ailments and injuries and sell you the right treatments</li> <li>Provide advice on whether you should see a GP</li> <li>Dispense prescriptions and provide advice on how to take them</li> <li>Help you manage long term conditions</li> <li>Give advice on sexual health and contraception</li> <li>Give advice on staying healthy, including stopping smoking and getting active</li> </ul>	<p><b>GP (Doctor)</b></p> <p>GP surgeries are normally the first point of call for non-urgent, on-going illnesses when self care has not relieved the symptoms.</p> <p><b>The types of healthcare services provided by GP surgeries include:</b></p> <ul style="list-style-type: none"> <li>Examinations</li> <li>Treatment of minor injuries</li> <li>Prescriptions and repeat prescriptions for medicines</li> <li>Vaccinations</li> <li>Mental health and emotional wellbeing</li> <li>Advice on any health problems or concerns</li> <li>Advice on, and referrals to, other health and social care services</li> </ul>	<p><b>NHS 111</b></p> <p>Call 111 when you need to access medical and dental help fast but it is not an emergency.</p> <p><b>When should I call 111?</b></p> <ul style="list-style-type: none"> <li>If you, or someone with you, is unwell and you are unsure what to do or where to go</li> <li>If you need medical help and advice or urgent dental care but your GP/dental surgery is closed</li> <li>If you think you might need to go to A&amp;E or call 999 for an ambulance but you are not sure</li> <li>If you need any information or advice about a health issue</li> </ul>	<p><b>Out of Hours GP service</b></p> <p>If you need urgent medical advice or treatment out of hours (when your own GP surgery is closed) call 111.</p> <p>If your condition requires the need for out of hours care you will be transferred to the clinical assessment service, where you will either be given advice or asked to attend an appointment at the Out of Hours GP service.</p> <p>If it is thought appropriate, a visit from a doctor will be organised based on clinical need.</p>	<p><b>A&amp;E or 999</b></p> <p>Accident and emergency departments and the 999 ambulance service should only be used in a serious or life threatening situation.</p> <p>A&amp;E provides immediate emergency care for people who show the symptoms of serious illness or are badly injured. If you telephone 999 the telephone advisor may send a response vehicle to your location.</p> <p><b>Please remember:</b> Emergency services are very busy. They should only be used in very serious or life-threatening situations.</p>

2.3 Z-card front folded out

2.4 Z-card back folded out

# Agenda Item 6

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 Lincolnshire West Clinical Commissioning Group

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 December 2017</b>
Subject:	<b>Non-Emergency Patient Transport Service for NHS Lincolnshire CCG's – Thames Ambulance Service Limited (TASL)</b>

## Summary:

Thames Ambulance Service Limited (TASL) took over as provider for the non-emergency patient transport service on 1 July 2017 following a competitive tender process. Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioning for non-emergency patient transport services on behalf of the four CCGs. The provider is a national company with a number of contracts, and had been already been delivering services in Hull, and in North and North East Lincolnshire. Northamptonshire went live at the same time as LWCCG and Leicestershire and Rutland went live in October 2017.

A number of concerns have been raised in all systems about delivery of the agreed contract by the provider. Lincolnshire has the same or similar issues to neighbouring health systems.

This report has been written to provide the Health Scrutiny Committee with an oversight of CCG response to the challenges faced by the mobilisation of the new provider of the non-emergency patient transport service.

## Actions Required:

The Health Scrutiny Committee is asked

- (1) To consider this report and the actions Lincolnshire West CCG is taking to ensure that Thames Ambulance Service Limited make the essential improvements in the quality of the services provided to patients.
- (2) To consider what future reports the Committee would like to receive in order to maintain oversight of performance of non-emergency transport services.

## 1. Background

Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioning for non-emergency patient transport services on behalf of the four CCGs. Thames Ambulance Service Limited (TASL) took over as provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process. The provider is a national company with a number of contracts, and had been already been delivering services in Hull, and in North and North East Lincolnshire. TASL began a contract in Northamptonshire at the same time as in Lincolnshire. TASL began a contract in Leicestershire and Rutland in October 2017.

A number of concerns have been raised in all systems about delivery of the agreed contract by the provider. Lincolnshire has the same or similar issues to neighbouring health systems. Attached as appendix A is the summary report of performance against the agreed contract performance indicators.

The main concerns are as follows:

- Call handling. The call centre is currently receiving approximately 70 calls every 15 minutes but has capacity to answer approximately 50% of that number. This has led to a number of complaints from patients and other providers concerning the difficulty in getting through. October data shows that call waits and abandonment rates have improved at the end of October. It is not yet known whether this trend has continued in to November
- Journey planning. There is evidence that planning of jobs is not effective and can lead to unnecessary mileage. In turn this leads to reduced capacity and missed or delayed arrival at appointments, delayed or failed discharges and some refusals to accept bookings.
- Not collecting patient at booked time, leading to long waits which has meant missing appointment times, or delays in being collected for the home journey. There have also been a number of journeys that have not been fulfilled at all due to the ambulance not turning up.
- Delays in discharge from ULHT and community hospitals due to journeys not being fulfilled. This has led to ULHT booking private ambulance support to facilitate improved management of emergency flow.
- Increased complaints received by the CCG, other CCGs and direct to provider.

LWCCG has worked very closely with the management team at TASL throughout the mobilisation period and thereafter. However concerns in Lincolnshire and the failure of TASL to achieve each of the contract key performance indicators at the end of September led to the issue of a Contract Performance Notice on 7 November 2017.

Zero incidents of harm have been reported within Lincolnshire at this stage and Datix is used to monitor incidents being reported.

A meeting with TASL to discuss the Contract Performance Notice was held on 17 November 2017 and a Remedial Action Plan (RAP) has been required by LWCCG as Lead Commissioner for Lincolnshire. In accordance with the Contract, the Remedial Action Plan was received on 24 November 2017. This was reviewed by the LWCCG and suggestions were made on how it could be more robust and targeted. A resubmission was received on 1 December 2017; LWCCG are due to review this in the week commencing 4 December to ensure that it is more robust and delivery against the plan can robustly monitored. TASL have also agreed to share their internal improvement plan.

Improvement measures include streaming out the calls received by number selection which has led to more timely call handling, streamlining crews' contact with the call centre by providing them with a dedicated number and SMS text messaging, putting in a priority call handling service for patients that are vulnerable, needing chemotherapy, radiotherapy or dialysis.

LWCCG has implemented weekly monitoring calls with the provider.

Across the East Midlands, it has been agreed that the lead commissioners will work more closely together to secure improvements from the provider with Leicestershire and Rutland CCG taking a lead role.

The TASL management team has had some significant changes in personnel and at present the Chief Executive is on long-term sick leave with the role being covered by the Director of Finance with support from TASL's financial backers who are based in Spain. A new Improvement Director has recently been appointed and this role is prioritising improvement to the call centre and journey planning processes.

As well as contract meetings with the provider, the CCG will carry out a number of quality assurance visits to TASL premises and hospital sites and will meet with crews and patients. This is planned to take place in early December.

Following reporting to the Quality Surveillance Group, NHS England called a Risk Review Meeting on the 20 November 2017. This meeting was attended by the three lead CCGs Executive Nurses (or deputy), NHSE, CQC, NHSI, Healthwatch and provider representatives. After agreeing a number of actions predominantly for the provider, a follow up meeting is being planned in another 4 weeks to determine position. If improvement is not satisfactory, NHSE have the option of calling a full Risk Summit. The Risk Summit process and contract management process in Lincolnshire are complimentary and are designed to work together to seek to secure improvement.

There is some evidence to suggest that mobilisation of a number of new contracts in a short space of time has placed considerable pressure on TASL and TASL recognise this as being an issue. The recent additional resource put into the senior team has the potential to deliver the changes required and TASL have committed not to bid for any other contracts during until improvements have been made.

In Lincolnshire the concerns over the performance of TASL have been escalated to the System Executive Team, A and E Delivery Board and Winter Task Force.

Contingency arrangements are being worked up in the event that TASL are unable to deliver improvements. These arrangements will be targeted at supporting discharge from hospital, renal patients and cancer patients attending for radiotherapy and chemotherapy,

In summary LWCCG are working closely with the provider, other providers, other CCGs and NHSE to support the service towards improvement and recognise the difficulties the provider are having in mobilising the additional contracts they have taken on.

## **2. Conclusion**

LWCCG, as the lead commissioner for non-emergency patient transport, through contract management arrangements, is actively addressing the concerns with regards the quality of services being provided to Lincolnshire residents. Details of the current performance are provided at Appendix A.

TASL provides non-emergency transport service in surrounding areas including Hull, North and North East Lincolnshire, Leicester and Rutland. LWCCG is working closely with the lead commissioners in these areas to secure improvements from the provider.

A contract performance notice has been issued and a remedial action plan received to support rapid improvement. The CCG management team have weekly monitoring calls with the provider.

Contingency plans are being developed in partnership with key stakeholders and partner organisations including Lincolnshire County Council.

LW CCG would be pleased to provide regular progress reports to members of the Health Scrutiny Committee.

## **3. Consultation**

This is not a consultation item

## **4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	TASL Operational KPI Summary

## **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 Sarah-Jane Mills Chief Operating Officer Lincolnshire West CCG, who can be contacted on: Tel 01522 515381 or by email Sarah-Jane.Mills@lincolnshirewestccg.nhs.uk


TASL - Operational Summary – KPI Summary  
Appendix A

Key Performance Indicators		Target		Jul-17	Aug-17	Sept-17	Oct-17
KP12	Journeys cancelled by Provider	0.5%	Total %	16642 2.17%	14439 0.67%	14024 0.66%	14557 1.68%
KP13a	Same day journey collections within 150 mins	95%	Total %	870 75%	907 84%	900 91%	1111 78%
KP13b	Same day journey collections within 180 minS	100%	Total %	870 78%	907 85%	900 93%	1111 82%
KP14a	Renal patients collected within 30 mins	95%	Total %	910 53%	1148 65%	1171 65%	1162 52%
KP14b	Non-Renal patients collected within 60 mins	95%	Total %	3377 53%	3829 64%	3702 82%	3627 66%
KP14c	All patients collected within 80 mins	100%	Total %	4287 59%	4947 67%	4852 85%	4753 71%
KP15	Fast Track journeys collected within 60 mins	100%	Total %	20 85%	20 95%	39 79%	41 71%
KP16a	Renal patients to arrive no more than 30mins early	95%	Total %	1031 41%	1201 50%	1182 53%	1201 42%
KP16b	Patients to arrive no more than 60 mins early	95%	Total %	3417 47%	3795 74%	3675 74%	3633 59%
KP17	Journeys on arrive on time	85%	Total %	4448 52%	5023 77%	4887 80%	4878 68%
KP18	Patients time on vehicle should be less than 60 mins	85%	Total %	9877 60%	11181 70%	10867 73%	11004 66%

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# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 Lincolnshire East Clinical Commissioning Group

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 December 2017</b>
Subject:	<b>Winter Planning</b>

## Summary:

The purpose of this item is to update the Health Scrutiny Committee on planning for winter pressures across the health and care economy in Lincolnshire.

## Actions Required:

The Health Scrutiny Committee is asked to consider the approach to preparing for winter pressures as set out in the report and to offer their comments and suggestions.

## 1. Background

Increasingly, there is a national recognition of increased demand on urgent and emergency services across the winter months which officially run from November to March. Winter can represent the most challenging time for the local health and care system with additional pressures often resulting in poor outcomes for people if they experience longer waits for urgent and emergency care services, cancelled operations or delays in being discharged from hospital.

It is essential that a “whole system” approach is taken in anticipating how, when and where increased demand is likely to present and to the planning of appropriate inter-agency responses to ensure that no part of the system is overwhelmed or unable to function with knock on effects for other parts.

## **1.1 National context**

Year round pressures in the health and social care system become particularly obvious in winter months. Winter weather exacerbates many long term conditions; increases the incidence of injuries from falls and other accidents, and creates conditions for contagious diseases to spread more quickly. Winter weather can also add to one's sense of social isolation; further undermining resilience to physical illness and ability to cope with frailty, disability or caring for another person. The combined effect of these factors contributes to a significant increase in demand on health and social care services over the winter months.

## **1.2 Local context**

System partners have developed a good understanding and positive working relationships particularly during time of increased pressure and demand including winter. There is a history of strong and supportive relationships between partner organisations; working together and providing support a time of stress within any part of the system.

Currently the health and social care system is running "hot" with the usual expected easing of pressures during summer no longer being experienced. Recently, there has been a noticeable absence of the usual suspects that cause 'winter pressures'. The incidence of winter vomiting bugs like norovirus – which can rapidly close entire wards and reduce the number of beds available for patients awaiting admission from A&E – was lower in 2016/17 than in previous years; and the relatively dry and mild weather limited the demands made by respiratory conditions such as influenza-like illness. This suggests a deeper challenge now facing our A&E departments. The recent emphasis on redirecting A&E patients with minor medical conditions to primary care may help to relieve some pressure, but the lack of available hospital beds (due to a mix of rising demand from sicker and more complex patients) impacts negatively on the number of long waits in A&E. Unlike other years, the United Lincolnshire Hospitals Trust will not see an increase in bed numbers during the winter period 2017/18.

There is national and local concern that any extra demand into the system will cause issues during winter in a system struggling with attendance levels that are now "business as usual". However, we know there is a marked growth in the need for urgent and emergency services across the winter months which increases pressure on already struggling emergency departments across Lincolnshire that consistently underperform against the 95% 4 hour standard.

The Lincolnshire 2017/18 Winter Plan was produced by the Urgent Care Team with contributions from partners across the health and care community. It was reviewed by key partner organisations to ensure robustness and was compiled using previous proven approaches. For 2017/18 NHS England and NHS Improvement wrote to Local A&E Delivery Board (AEDB) leaders in July setting out the assurance process and reminding local systems of the national imperatives and how they will be monitoring delivery and preparation for winter. This paper updates the Health Scrutiny Committee on the

arrangements and outlines progress to date with respect to compliance with national expectations.

## **Assurance**

All A&E Delivery Boards were reminded of the requirements for each local system.

This included:-

- Leadership - Overall assurance that the AEDB has effective leadership and was effectively progressing plans for winter resilience.
- Streaming – Urgent Care Streaming is required to be in place in by October 2017 (this is explained further below)
- Delayed Transfers of Care and Bed Occupancy reductions - There remains a national focus on trying to reduce both delayed discharges and bed occupancy in the run up to the winter. NHS England & NHS Improvement have agreed stretching but achievable trajectories for both with most systems and are in the process of pursuing this with systems where this has not yet been achieved.
- Winter Plans - Draft winter plans to be submitted to regulators for review and assurance by 7 August 2017.

## **Progress to Date: Assurance and Winter Plan**

*The Winter Plan* prepares the system in Lincolnshire to:-

- focus on admission avoidance schemes and ambulatory care pathways.
- create the capacity to meet increased demand.
- link the Winter Plan to the Lincolnshire System Resilience Plan.
- robustly performance manage the system to maintain quality, activity, safety and experience.

*Urgent Care Streaming* has been in place at the front door of A&E since 27 September 2017. The service is provided by both United Lincolnshire Hospitals NHS Trust (ULHT) and Lincolnshire Community Health Services NHS Trust. Patients are triaged by an A&E nurse when arriving at A&E then referred to be seen, treated or discharged by a primary care practitioner if appropriate depending on their presentation.

*To support winter planning 17/18*, AEDB have established a “Winter Taskforce” which meets weekly; bringing together plans that give assurance Lincolnshire will deliver operational resilience over the winter period. The multi stakeholder group will build on lessons learnt from last winter.

The plan itself describes how the system aims to manage pressures by:

- The acute hospital focusing on delivering improvements in bed flow processes, Emergency Department (ED) efficiency and fully implementing ambulatory emergency care and SAFER (**S**enior review; **A**ll patients have discharge date; **F**low; **E**arly discharge; **R**eview).

- The community services and local authority focusing on enhancing capacity and reablement to avoid admissions and speed up complex discharges.
- Commissioners will focus on driving greater throughput at treatment centres and ensure that demand management schemes are effective in reducing Emergency Department attendance.
- Collective effort focusing on managing complex medically fit patients with fewer delays, and implementing improvements to support and divert greater numbers of over 75 year old patients outside of the acute hospital.

The demand for services and the complexity of needs of patients and communities has remained high and performance is below trajectory. Whilst some areas have shown improvement such as Delayed Transfers of Care (DToc) lost bed days, others recovery actions are behind plan such as SAFER and Frailty.

### **Assurance of the Plan**

It is an expectation of NHS England and NHS Improvement that a robust system wide plan is in place for each winter. The A&E Delivery Board must have assurance that all commissioners and providers' plans evidence both individual organisation and system wide congruence and resilience. This system wide plan builds on the lessons learned and history of recent years.

The Winter Plan has been assured by Regulators NHS England and NHS Improvement and was signed off by the Lincolnshire A&E Delivery Board on 14 November 2017.

### **Communication**

A winter communication plan (based upon national guidance and material) has been developed jointly across the Lincolnshire Health and Care System. This will ensure that messages are consistent and cover the widest possible area and groups, including staff from all organisations.

### **Surge and Escalation and Winter Plan**

Both the Surge and Escalation plan and the Winter Plan have recently been updated.

The system is clear about the expectations of NHS England and the NHS Improvement on our winter response, particularly in relation to:

- Preventative measures including flu campaigns and pneumococcal immunisation programmes for patients and staff.
- Joint working arrangements between health and care – particularly to prevent admissions and speed discharge.
- Ensuring operational readiness (bed management, capacity, staffing, bank holiday arrangements and elective restarts)

- Delivery of critical and emergency care services
- Delivery of out of hours' services
- Working with ambulance services – particularly around handover of patient care from ambulance to acute trust and strengthening links with primary care and A&E
- Strong and robust communication across the system.

At a high level, our response to winter is to:

- Minimise the risk to patients/service users during a period when the service is under increased pressure.
- Maximise the capacity of staff by working systematically and effectively in partnership.
- Maximise the safety of the public by promoting personal resilience e.g. seasonal flu vaccination, and choosing the right service through the communications campaign and community engagement processes.
- Maintain critical services, if necessary, by the reduction or suspension of other activities.

This Plan includes the sharing of information across the system in the form of daily SITREPs (Situation Reports) and triggers the move towards daily teleconferencing. The Plan supports both short-term and more sustained periods of escalation. The Plan was refreshed for 2017/18, and includes the following elements:

- (a) A single definition of thresholds for escalation/de-escalation and trigger points for action across the local system.
- (b) A new A&E Delivery Board Dashboard - supported by Arden and GEM CSU will provide the A&E Delivery Board with urgent and emergency care performance indicators, KPI's are shown against plan trajectories and national standards.
- (c) A tactical level team (telephone conferences as dictated by critical incident escalation level plus a supplementary weekly Thursday afternoon urgent care leads teleconference) will operationalise and monitor delivery of the Surge & Escalation Plan.
- (d) Developing plans with Local Medical Council and NHS England to obtain data from GP Practices on surges in demand which would be used for predicting potential system surge and also monitoring the impact of GP practice/pharmacy initiatives to support Winter.
- (e) Clarified who is responsible for prompting escalation and de-escalation/for what period, and ensuring an effective communications plan to ensure all partners are quickly aware of the change in status.
- (f) A view on predicting and mitigating the impact of our winter actions on planned care. The A&E Delivery Board will monitor any impact and work to mitigate the impact on planned care pathways and ensure smooth restarts of patient activity.

- (g) Strengthening on site and on-call arrangements in all organisations to ensure a high quality of response and knowledge/competence. The Urgent Care Team will continue to collate on-call rotas from providers.

## **Cold Weather Plan**

The national Cold Weather Plan provides advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather. It is supported by the Met Office Cold Weather Alert Service. The Service starts on 1 November 2017 and runs until the end of March 2018. Each member of the A&E Delivery Board has been asked to ensure they are clear on their roles and responsibilities during periods of cold weather. The Surge & Escalation Plan developed for Lincolnshire sets out organisational responses and actions in detail such as identification of vulnerable patients and staff rotas and the local system have developed a local cold weather plan based on National guidance.

## **Seasonally Related Illness**

It is reasonable to assume that there will be an increase in seasonally-related illness (principally gastrointestinal or respiratory illness) between November and March. Each A&E Delivery Board provider organisation has an Outbreak Plan which details processes for managing seasonally related illness linked to their business continuity plans. Public Health teams in Lincolnshire County Council working with Public Health England provide a range of oversight functions dependent upon the provider setting. The A&E Delivery Board has oversight of the Infection Control plan and will receive notification of any outbreaks.

As well as protecting against flu, the **NHS Stay Well This Winter campaign** will urge people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses.

The NHS '**Stay Well This Winter**' campaign urges the public to:

- Make sure you get your flu jab if eligible.
- Keep yourself warm – heat your home to least 18C or (65F) if you can.
- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious.
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve.
- Always take your prescribed medicines as directed.
- Look out for other people who may need a bit of extra help over winter.
- Public Health will circulate epidemiological information on disease outbreaks to system-wide Lead Nurses. These will be used by the system to monitor the seasonal illness position in the county.

## **Flu Prevention**

The National Flu Plan is a key element of the prevention agenda for winter. This plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England taking account of lessons learnt during previous flu seasons. It provides the public and healthcare professionals with an overview of the coordination and the preparation for the flu season and signposting to further guidance and information.

The plan includes responsibilities for: NHS England, Public Health England, Local Authorities, providers, CCGs and general practitioners. The A&E Delivery Board will test that it is a feature of partner organisation business continuity plans, as well as ensuring their operational plans allow for the identification of vulnerable groups (including those with a physical and learning disability) who need to be a particular focus of their vaccination programmes. NHS England and Public Health England have provided guidance to primary care on particular cohorts of patients in communities who need to be targeted.

In addition, the A&E Delivery Board will be seeking assurance that procedures are in place within community service providers (Lincolnshire County Council, Lincolnshire Community Health Services) for ensuring vaccination of the housebound patients and staff.

In addition, Lincolnshire County Council and NHS Providers/Commissioners have pro-actively contacted their own front line health and social care staff to promote the uptake of flu vaccination.

Although it is seen as an employer's responsibility to protect staff from flu, Lincolnshire County Council recognises that some social care providers may struggle to provide this. With that in mind, Lincolnshire County Council has funded flu vouchers for contracted domiciliary care workers in the County; any surplus from the flu vouchers procured will be offered to contracted residential care homes for their staff.

## **Maximising Capacity**

It is essential to ensure that the whole health economy concentrates on maximising capacity to deal with any surges in demand.

CCGs in Lincolnshire are already working with their membership organisations to ensure that each practice is:

- Working hard to ensure that patients are educated about the importance of self-care and the appropriate routes for accessing care in different situations.
- Striving to improve its access.
- Ensuring that systems are in place to identify and discuss inappropriate A&E attendances with patients.
- Effectively utilising any extended hours provision to support improvements in access.
- Providing assurance to NHS England on the quality of business continuity plans and evidence that they have been tested.

- Ensuring they are taking all steps to reduce staff sickness through winter through maximising flu vaccinations for staff.
- Working with NHS England on any potential capacity and demand issues – particularly single-handed and small practices.

### **Christmas and New Year**

Assurance has been sought via NHS England teams on Christmas and New Year opening in GP practices and pharmacies. As such:

- A full listing of negotiated opening hours for pharmacies will be available in late November 2017 which will be communicated with the public.
- NHS England wrote to all GP Practices to advise them that they would expect practices that normally operate extended hours on a Saturday, to provide these on 26th December and 2nd January.

Over these holiday periods it is anticipated that all organisations will reduce the amount of activity undertaken in none essential services in order to provide critical services. Staffing will be reduced accordingly and therefore reallocated to cover escalation in other services and to aid cross-agency support.

### **Planned Care Activity over Winter**

With the expected increasing demand from emergency admissions over Winter, many acute hospital trusts plan to reduce planned care activity during peak months of demand such as January and February. This is managed by “front loading” in-patient elective (surgical) activity through early or later months in the year. ULHT and Peterborough and Stamford Hospitals Foundation Trust (PSHFT) Hospitals have agreed this plan. It should be noted that day cases and outpatient appointments will continue unaffected throughout this period; it is the in-patient elective care activity that will reduce.

### **Transitional Care (Intermediate Care), Reablement and Home Care Capacity/Facilitated Discharge Teams**

There are a number of projects that require delivery from across the A&E Delivery Board partners to ensure the optimising of patient flow (of both simple and complex discharges), and to ensure there are minimal delays in discharge across acute and community settings. There are discharge hubs in two of the acute hospital sites, Pilgrim Hospital Boston and Lincoln County Hospital, where multi-agency community teams actively ‘pull’ people out of hospital. There is a discharge team in place at Grantham District Hospital.

Lincolnshire CCGs are proactively working with providers of social care (for reablement and home care capacity), continuing health care (CHC) and community services to ensure that transitional care services are able to cope with additional demand through winter and that a discharge to assess policy is facilitated.



## **Local Authority Plans**

The local authority has a critical role in ensuring that the system is able to cope through winter. Particular aspects are ensuring:

- Delivery of elements of the Adverse Weather Plan.
- All local authority clients receiving critical care at home are identified and included in their business continuity plans.
- They are working with NHS England to ensure delivery of the National Flu Plan through their Public Health Teams.
- Delivery of their local infection control duties through the Public Health Teams.
- Business continuity plans are in place and tested in relation to care home providers.
- Processes are in place for timely spot purchasing of additional care home capacity if needed – linked to the Surge & Escalation Plan.
- Strong communication between Public Health Teams and NHS England in relation to delivery of emergency resilience.
- Lincolnshire County Council Adult Care participates in the A&E Delivery Board Winter Planning and Out of Hospital Groups and participates in teleconferences as required.

## **Mental Health**

Lincolnshire Partnership NHS Foundation Trust will continue to support the health and care system by offering the following core services:

- 24/7 Crisis Team for the county of Lincolnshire providing response, intervention and treatment for patients with an urgent mental health need. The service is accessed by the LPFT Single Point of Access.
- Psychiatric Liaison Service for the county. The multi-disciplinary MHLS is based at Lincoln, Grantham, Boston and Peterborough acute hospitals and takes referrals of patients from acute trust staff and also undertakes case-finding to deliver rapid assessment of mental health needs. The team is Consultant led, operating a mixture of specialty aligned/embedded posts in A&E and Care of the Elderly Medical wards with further peripatetic specialist mental health liaison staff who proactively visit all other inpatient areas.
- Child and Adolescent Service Tier 3 Plus team providing service into the accident and emergency departments and into community settings to provide crisis support to patients and families.

## **Acute Services**

As demand rises, the challenge to improve and sustain performance in emergency departments becomes increasingly complex. Further impact is demonstrated when unscheduled admissions spill into elective beds; this can result in scheduled admissions being cancelled and rescheduled, resulting in backlog of patients waiting for treatment and 18 week referral to treatment performance can decline.

## **Risks and Mitigations**

The Lincolnshire Health and Social Care economy is a complex system delivered by multiple agencies, across three acute hospital sites, which initiates a risk in itself. All organisations are responsible for managing their own individual risks with the A&E Delivery Board responsible for identifying, agreeing and mitigating actions and monitoring system risks.

## **Conclusion**

It is essential that a 'whole system' approach is taken to anticipating how and where in the system increased demand is likely to present, and to the planning of appropriate inter-agency responses to ensure that no part of the system is overwhelmed or unable to function with knock on effects for other parts.


The A&E Delivery Board will do its utmost to mitigate impacts within existing resources and operational arrangements will assist with this. However there are inevitably limits to what can be achieved within existing resources and this is likely to have impacts elsewhere in the system.

## **Consultation**

This is not a direct consultation item.

This report was written by Ruth Cumbers, Urgent Care Programme Director, who can be contacted on 01522 513355 ext. 5424 or via email [Ruth.Cumbers@lincolnshireeastccg.nhs.uk](mailto:Ruth.Cumbers@lincolnshireeastccg.nhs.uk)

# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 December 2017</b>
Subject:	<b>Congenital Heart Disease Services – Decision by NHS England</b>

## Summary:

Between 9 February 2017 and 17 July 2017 NHS England undertook a consultation on congenital heart disease (CHD) services for children and adults. The Health Scrutiny Committee for Lincolnshire submitted its response to the consultation on 17 March 2017. The Committee's primary contention was that it did not support NHS England's proposal to decommission Level 1 services (surgery and interventional cardiology) from the University Hospitals of Leicester NHS Trust (UHL). On 30 November the NHS England Board considered the outcomes of the consultation and decided to continue to commission Level 1 services, *conditional* upon UHL achieving full compliance with the standards in line with UHL's own plan and demonstrating convincing progress along the way.

## Actions Required:

To note the decision of NHS England on 30 November 2017 in relation to the future of Congenital Heart Disease services, in particular its decision to continue to commission Level 1 Congenital Heart Disease services from the University Hospitals of Leicester NHS Trust (UHL), *conditional* upon UHL achieving full compliance with the standards in line with UHL's own plan and demonstrating convincing progress along the way.

### 1. Background

#### Consultation by NHS England

Between 9 February 2017 and 17 July, NHS England launched a consultation on congenital heart disease (CHD) services for children and adults. The proposals in the consultation included:

*"Surgery and interventional cardiology for children and adults would cease at University Hospitals of Leicester NHS Trust, and patients requiring such procedures would be most likely to receive their care at either Birmingham Children's Hospital NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust, or Leeds Teaching Hospitals NHS Trust, as closer for some patients than Birmingham. There is a possibility that the hospital trust might continue to provide CHD services for children and adults other than surgery and interventional cardiology. This option remains open for discussion."*

### NHS England's Standards

NHS England's commissioning standards for Level 1 (surgery and interventional cardiology) Congenital Heart Disease centres are extensive and were subject to a previous consultation in 2014. The standards include:

- all Level 1 CHD centres should have **four surgeons**;
- all surgeons at Level 1 centres should undertake a minimum of **125 operations per annum**, averaged over three years;
- all children's CHD Level 1 services should be **co-located with other paediatric services**.

### Response of the Health Scrutiny Committee to the Consultation

The Health Scrutiny Committee for Lincolnshire submitted its response to the consultation on 17 March 2017. As part of its response to the consultation, the Committee referred to NHS England's apparent dismissal of the growth plan which had been submitted by University Hospitals of Leicester NHS Trust (UHL), as well as UHL's plans to co-locate its CHD services with other paediatric services. The Committee also highlighted the apparent inequitable treatment of Level 1 centres by NHS England, with some centres being more time to meet the standards. It appeared that NHS England was providing more support to certain providers than others.

### Decision by NHS England

The NHS England Board met on 30 November 2017 and decided to agree the recommendations for changes to the provision of Level 1 and Level 2 adult and paediatric CHD services and the associated implementation schedules. The NHS England Board also agreed the proposals for full implementation of all the standards, and in particular confirmed its support for the recommendations relating to better information, formal CHD networks and peer review.

The report submitted to the NHS England Board was emailed to members of the Health Scrutiny Committee on 30 November 2017, and is available at the following link:

<https://www.england.nhs.uk/publication/nhs-england-board-meeting-papers-30-november-2017/>

The full decision of the NHS England Board on 30 November 2017 and the sections of the report relevant to University Hospitals of Leicester NHS Trust are set out in Appendix A.

## **2. Conclusion**

The Health Scrutiny Committee for Lincolnshire is invited to note the report.

## **3. Consultation**

NHS England undertook a public consultation on CHD services for children and adults between 9 February and 17 July 2017, to which the Health Scrutiny Committee for Lincolnshire submitted its response on 17 March 2017. This report advises the Committee of the outcomes of the decision by NHS England.

## **4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Extract from Report to NHS England Board on 30 November 2017 on Congenital Heart Disease Services for Adults and Children: Future Commissioning Arrangements

## **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](mailto:simon.evans@lincolnshire.gov.uk)

## NHS ENGLAND BOARD – 30 NOVEMBER 2017

**Decision of NHS England Board on Item 6 - Congenital Heart Disease Services for Adults and Children: Future Commissioning Arrangements**

The NHS England Board:

- (1) noted the results of the consultation;
- (2) noted the assurances that due process has been followed and that it may appropriately proceed to take decisions;
- (3) agreed the recommendations for changes to the provision of level 1 and level 2 adult and paediatric CHD services and the associated implementation schedules; and
- (4) agreed the proposals for full implementation of all the standards, and in particular confirm its support for the recommendations relating to better information, formal CHD networks and peer review.

Commissioning Decisions Regarding Level 1 and Level 2 Centres

- Commissioning Liverpool Heart and Chest Hospital NHS Foundation Trust to provide level 1 adult CHD services in the North West, with Manchester University Hospitals NHS Foundation Trust providing the full range of level 2 adult CHD services as an integral part of a North-West CHD Network;
- Continuing to commission University Hospitals of Leicester NHS Trust to provide level 1 CHD services, *conditional* on achieving full compliance with the standards in line with their own plan to do so and demonstrating convincing progress along the way;
- Backing the Royal Brompton and Harefield NHS Foundation Trust's ambitious new outline proposal for achieving full compliance with the standards and continuing to commission level 1 services from them in the meantime, *conditional* on demonstrating convincing progress along the way;
- Continuing to commission Newcastle upon Tyne Hospitals NHS Foundation Trust to provide level 1 CHD services until at least March 2021, with further consideration to be given, by NHS England, to the future commissioning of both the Trust's advanced heart failure and transplant service and its level 1 CHD service;
- Ceasing to commission level 2 CHD services, including cardiology interventions in adults with CHD, from Blackpool Teaching Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust, Nottingham University Hospitals NHS Trust, and University Hospital of South Manchester NHS Foundation Trust.

**Extract from Report - Relevant to University Hospitals of Leicester NHS Trust  
(Pages 12-14)**

Level 1 Services: University Hospitals of Leicester NHS Trust

29. In the East Midlands, specialist inpatient services for people with CHD (level 1) have been provided by University Hospitals of Leicester NHS Trust (UHL) from its Glenfield Hospital site in Leicester. This is one of the two smallest level 1 CHD services in the country, and this has meant that, to date, the Trust has cared for too few patients for its surgeons to be able to fully develop and maintain their skills. In recent years the service has grown, but it still is not big enough to allow each of its three surgeons to do at least 125 operations per year, a minimum requirement that came into effect on 1 April 2016. In addition, Glenfield is a mainly adult hospital, so the other specialists whose care and advice are sometimes needed for children with congenital heart disease were not all immediately at hand. When their help was needed they were usually at one of the Trust's other hospitals, the Leicester Royal Infirmary (LRI), and that meant either the doctor or the child would need to travel to a different hospital. It also meant that the specialist heart doctors at Glenfield were not so easily available to the children with other conditions, who were at the LRI.
30. UHL has produced plans to address these concerns, so that the standards could be met. Although we were happy with their plan to move children's services all under one roof at the LRI, we did not think, at the time, that we could be sure that their plan to increase the number of patients they care for would be enough for them to be able to meet the surgical activity standards. As a result, NHS England proposed that UHL should not provide level 1 CHD services in future, and patients needing surgery, cardiology interventions and specialist inpatient care or investigations would go to another hospital, generally in either Birmingham or Leeds. Under those proposals, it would still have been possible for patients with CHD to have most of their care - most outpatient appointments and investigations and some inpatient admissions and cardiology interventions - in Leicester because it would still have provide level 2 services.
31. Since that time, and in response to that prompt, UHL has further developed its plans to attract more patients to its service, and gained support from many of the surrounding hospitals. We also know from the consultation that, assuming UHL is meeting the standards, people want to see them continue to provide a level 1 CHD service.
32. Taking these developments into account we think it is now reasonable to give the Trust the opportunity to prove that it can implement its plans to meet the standards. To succeed, it will need to change the choices made by referring doctors and their patients, so neither we nor the UHL leadership can be absolutely certain what will happen. We plan, therefore, to monitor UHL's progress against their plan closely, and should it become clear that it is not going to be able to deliver its commitments and so meet the requirements, we will take the necessary action.

33. If UHL succeeds in attracting additional patients as planned, it will, of necessity, mean that activity levels at other hospitals will fall. Our analysis shows that the greatest impact is likely to be on Great Ormond Street and the Birmingham hospitals. The scale of the likely impact should not materially affect any other hospital's ability to meet the standards.

### **Recommendation for consideration by the Board**

*After careful consideration of consultation responses, other supporting materials and the additional evidence supplied by University Hospitals of Leicester NHS Trust around plans for achieving the co-location standard and meeting the surgical volumes standards, the Board is asked to confirm if it is content to continue to commission level 1 services from Leicester, conditional on the Trust achieving full compliance with the standards within the required timeframes, as described in its new plan to do so, and the Trust demonstrating convincing progress in line with the implementation milestones and key performance indicators (KPIs) set out in the implementation schedule at Appendix 1. Should this not be achieved, referral to the Specialised Services Commissioning Committee will be made to confirm that the process of decommissioning level 1 services should begin, with alternative arrangements put in place to ensure patients are able to benefit from receiving care from centres compliant with the required standards.*

### **Assurance**

- University Hospitals Leicester has provided a detailed plan for increasing the number of operations to be undertaken by its surgeons to allow it to meet the requirement of having a team of four surgeons, each undertaking 125 operations per year, from 1 April 2021. It has also provided statements of support from many of the hospitals that would be required to increase referrals.
- The impacts of implementing this recommendation have been assessed. The full assessment is reported in the Decision Making Business Case. This confirms that the recommendation could be implemented by the NHS England Board and the impacts of doing so could be appropriately managed.

### **Implementation**

NHS England will monitor UHL's progress towards meeting the standards and take commissioning action if it becomes clear that the standards will not be met according to the agreed timescale and KPIs. These timescales and KPIs are informed by the Trust's own plans and the original timetable set out in the standards.

University Hospitals of Leicester NHS Trust will be required to achieve full compliance with the standards within the timeframes set out in the detailed implementation schedule which can be found at Appendix 1 to this paper. This includes achieving full co-location for all inpatient paediatric CHD care by April 2020 and increasing surgical activity so that it has a team of at least four surgeons, each undertaking at least 125 operations per year, from April 2021.



**Extract from Report - Relevant to University Hospitals of Leicester NHS Trust  
(Pages 25-26)**


***University Hospitals of Leicester NHS Trust***

- University Hospitals of Leicester NHS Trust will be required to achieve full compliance with the standards within the required timeframes and specified milestones. This includes achieving full co-location for all inpatient paediatric CHD care by April 2020 and increasing surgical activity so that it has a team of at least four surgeons, each undertaking at least 125 operations per year from April 2021.
  
- NHS England will monitor UHL’s progress towards meeting the standards and take commissioning action if it becomes clear that the standards will not be met according to the timescale set out in the implementation schedule. These timescales are informed by the Trust’s own plans and the original timetable set out in the standards.

<b>Milestone – No Later Than</b>	<b>Deliverable</b>	<b>Commissioner Action if Not Delivered</b>	
		<b>Trust required to produce and agree with NHS England a recovery plan</b>	<b>Referral to Specialised Services Commissioning Committee for Decision whether to Terminate the Contract to Provide Level 1 Services</b>
April 2018	Surgical activity for the year 2017/18 at least 375 operations.	Surgical activity less than 356.	Surgical activity is less than 337.
	Surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2018/19.	Fewer than three surgeons in post; no appointment made for replacement(s)
April 2019	Surgical activity for the year 2018/19 at least 403 operations.	Surgical activity less than 382.	Surgical activity is less than 362.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2018/19.	Fewer than three surgeons in post; no appointment made for replacement(s)

Milestone – No Later Than	Deliverable	Commissioner Action if Not Delivered	
		Trust required to produce and agree with NHS England a recovery plan	Referral to Specialised Services Commissioning Committee for Decision whether to Terminate the Contract to Provide Level 1 Services
April 2020	Surgical activity for the year 2019/20 at least 435 operations.	Surgical activity less than 418.	Surgical activity is less than 402.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2019/20.	Fewer than three surgeons in post; no appointment made for replacement(s).  One or more surgeons undertook fewer than 125 operations a year averaged across 2018/19 or 2019/20.
	Full co-location achieved for all inpatient paediatric CHD care.		Full co-location not achieved for all inpatient paediatric CHD care,
April 2021	Surgical activity for the year 2020/21 at least 471 operations.	Surgical activity less than 453.	Surgical activity is less than 435.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2019/20.	Fewer than three surgeons in post.  One or more surgeons undertook fewer than 125 operations a year averaged across 2018/19, 2019/20 and 2020/21.
	Fourth surgeon appointed and in post		No appointment made for fourth surgeon
April 2022	Surgical activity for the year 2021/22 at least 500 operations.	Surgical activity less than 487.	Surgical activity is less than 475.
	Four surgeons undertaking at least 125 operations per year.	Fewer than four surgeons in post.  One or more surgeons undertook fewer than 125 operations in 2019/20.	Fewer than three surgeons in post.

# Agenda Item 9

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 December 2017</b>
Subject:	<b>Health Scrutiny Committee for Lincolnshire - Work Programme</b>

**Summary:**

This item enables the Committee to consider and comment on the content of its work programme, which is reviewed at each meeting of the Committee so that its content is relevant and will add value to the work of the Council and its partners in the NHS. Members are encouraged to highlight items that could be included for consideration in the work programme.

**Actions Required:**

The Health Scrutiny Committee is invited to:

- (1) review, consider and comment on the work programme set out in the report; and
- (2) highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

## 1. Work Programme

Set out below are the items covered on this meeting's agenda: -

Alternative Provisions to the Lincoln Walk-in Centre
Non-Emergency Patient Transport Service for NHS Lincolnshire CCGs – Thames Ambulance Service Limited (TASL)
NHS Winter Planning
Congenital Heart Disease Services – Decision by NHS England

Planned items for the Health Scrutiny Committee for Lincolnshire are set out below:

<b>17 January 2018 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>
Lincolnshire Sustainability and Transformation Partnership - Update	John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership
Lincolnshire Sustainability and Transformation Partnership: Two Priorities – GP Forward View and Neighbourhood Teams	<i>Contributors to be confirmed</i>
Lincolnshire Pharmaceutical Needs Assessment – Finalisation of the Committee's Response to the Consultation	Simon Evans, Health Scrutiny Officer
Joint Health and Wellbeing Strategy Update	David Stacey, Programme Manager (Strategy and Performance) Adult Care and Community Wellbeing, Lincolnshire County Council
Dental Services in Lincolnshire	<i>Item to be confirmed.</i>
North West Anglia Foundation Trust – Update on Peterborough City Hospital and Stamford and Rutland Hospital	Stephen Graves, Chief Executive, North West Anglia NHS Foundation Trust

<b>21 February 2018 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>
Lincoln Walk-in-Centre	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group  Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group
Lincolnshire Sustainability and Transformation Partnership: Priority – Mental Health	<i>Contributors to be confirmed</i>

<b>21 February 2018 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>
East Midlands Ambulance Service NHS Trust Update	Richard Henderson, Chief Executive, East Midlands Ambulance Services NHS Trust

<b>21 March 2018 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>
Lincolnshire Sustainability and Transformation Partnership: Priority – Operational Efficiencies	<i>Contributors to be confirmed</i>
Annual Report of the Director of Public Health	Director of Public Health, Lincolnshire County Council
Arrangements for the Quality Accounts 2018-19	Simon Evans, Health Scrutiny Officer
Pharmaceutical Needs Assessment – Final Approved Document	Simon Evans, Health Scrutiny Officer

<b>18 April 2018 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>
Lincolnshire Sustainability and Transformation Partnership - Update	John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership

<b>16 May 2018 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>

### **Items to be Programmed**

- Lincolnshire Sustainability and Transformation Plan Consultation Elements:
  - Women's and Children's Services
  - Emergency and Urgent Care
  - Stroke Services
  - Cancer Care
- Specialised Commissioning
- Lincolnshire East Clinical Commissioning Group Update

- Lincolnshire West Clinical Commissioning Group Update
- South Lincolnshire Clinical Commissioning Group Update
- South West Lincolnshire Clinical Commissioning Group Update
- Commissioning of Continuing Health Care
- Adult Immunisations

## **2. Conclusion**

The Committee's work programme for the coming year is set out above. The Committee is invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

## **3. 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, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)